

Women & Aging



Women of Enlightenment

Center of Enlightenment

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On Being an Aging Woman: An Annual Conversation

<https://www.asaging.org/blog/being-aging-woman-annual-conversation>

By Joan Ditzion, Phyllis Mitzen, and Connie Goldman

In 2006, Connie Goldman, Martha Holstein, Phyllis Mitzen, and Joan Ditzion, longtime professionals in the field of aging and longtime members of the American Society on Aging (ASA), realized there was no place at the Aging in America (AiA) Conference where we could talk with one another about our own aging process. We all voiced this same thought: “At the Aging in America Conference, let’s wear our personal hats and talk about aging as us not them!”

All of us at that time were pre–baby boomers—aging women spanning two decades (ages 75 to 62)—who had been activists, with second-wave feminists roots. Suddenly Pogo’s quote, “We have met the enemy and he is us” translated for us to, “We have met old age as professionals and now we are growing old.”

Thus, in 2006 at AiA, we formed an annual panel discussion group, **“On Being An Aging Woman: A Conversation.” We promised a safe place for participants of all ages (and genders) to give voice to our aging process. Here we could support one another wherever we were in our aging process, recognize and resist ageist attitudes as they oppress us in our journey into aging, and help each other to liberate ourselves from ageist generalizations.**

Aging is a personal and a political process.

It is impossible to age in our society without encountering ageist attitudes—personal, cultural, and institutional. We believed that the feminist approach to deconstructing sexism could give us a way to deal with ageism. Along with economic insecurity and illness, ageism is the greatest societal barrier to aging well. We needed to start with ourselves—to recognize and deconstruct our internalized ageism and the cultural and institutionalized ageist attitudes targeted at us.

Feeling “over the hill,” “invisible,” etc., not only are personal and stigmatizing assaults on women’s sense of self, but they are political problems requiring changes in the cultural, social, political, and economic contexts of women’s lives. The personal was political then and it remains so now. We believed that we needed to reinvent the women’s consciousness-raising groups of the 1960s, but now they would address aging, and be applied throughout the life course. Sharing our personal stories would give us a unique way to get to the roots of ageism and how it oppresses us in visible and invisible ways. Our stories could be the basis of an agenda for social action.

For women, the stakes are higher: women outlive men and tend to be caregivers. Our well-being and the well-being of our children and grandchildren depend upon us. There aren’t clear road maps for us, but together we can find a way. We need a new generation of intergenerational consciousness-raising.

Our Panel Discussion Group’s Eleven-Year Evolution

Our panel of women is diverse, representing different decades, starting with those who are in their 50s, and our diverse audience has ranged from people in their 20s to their 80s. Each year, we attract loyal followers and new audiences.

We invite new people to join our core panel to represent intergenerational activism and to give an authentic voice to women’s experiences and stories at each decade (Eleanor Browne, 2009–2011; Pat Pullens, 2012–2014; Catherine Williamson, 2016–2017).

We panel founders also have aged, passing the milestone years of 65, 70, 80, and 85, becoming grandparents, adjusting to new patterns of work and retirement, dealing with health challenges, and losing parents, partners, and friends. We were conscious about the changing place we held in our social, political, economic, and cultural positions in society and talked each year about finding ways to adapt and cope. Our goal was to inspire participants to apply principles of the consciousness-raising process in their personal and professional lives, and to replicate or adapt the model back home.

The panel's discussion session starts with each panelist spending three to five minutes responding to the question, "Can you give examples in the last year when age-related challenges felt particularly central to your identity? How did you feel?" The audience reflects on the panelists' experiences, and we then divide into intergenerational groups of four to five to discuss a question that enables audience members to reflect on their own aging processes. The room buzzes with conversation before audience members report back to the larger group. The conclusion is an open discussion on implications for resisting ageist attitudes.

Some of our sample discussion questions include the following:

- **In what ways has your aging process shifted the priorities in your life from what they were last year, both in your internal process, and the way you relate to the world?**
- **Has your aging body led you to make any specific choices about how to live your life?**
- **What does a good old age mean to you? What do you fear most about becoming an old woman?**
- **In our youth-obsessed culture, how do you accept the natural changes in your aging process and not give in to cultural attitudes that devalue us as we age? How do you deal with your own internalized ageist attitudes?**
- **How do you react to your face in the mirror? What do you see?**
- **How has the role of friendship in your life changed as you have aged?**

This annual AiA session allows space for authentic dialogue among our age cohorts and across generations, as together we rethink the aging paradigm and co-create new narratives.

The themes that arise are rich in the diversity and complexity of women's lives. We talk about our roles as caregivers for parents, and about spouses, children, grandchildren, lovers, and friends. We talk about divorces, widowhood, and loss. We talk about the power of community, particularly as we transition from work (including ageism in the workplace) to retirement. We talk about changing living environments as we downsize or anticipate moving to age-segregated housing, and the financial implications—will I have enough money for the rest of my life?

Legacy has been a thread that wove through many conversations: how can we engage in meaningful activities while passing on our legacy to future generations? We talk about the many changes happening in our bodies and society's pressure on us to stay young. We talk about coping with the inevitable changes in our health, accepting new vulnerabilities as we uncover hidden suffering, along with acceptance of these changes. There is always the lingering question of "Who will care for me"? And this leads to offshoot questions: Who will I survive? How will I face my own mortality?

At the end of our session, the panel routinely challenges the group to think about how its collective conversation can be a starting point to reform society—to rethink lifecycle stages, to address gender and intergenerational inequalities, to end ageism, and to activate women's voices in public and political spaces.

A Few Final Thoughts

Panelists at our AiA sessions are all aging activists and are highly motivated to change the public perception, redefine the narrative of what it means to be women, and to deal with whatever challenges we face as we grow old. It's a hard problem to solve and we have a long way to go.

The power of this session has been the ability of professionals in the field of aging to come together to recognize our attitudes, to take ownership and to embrace changes, opportunities, and challenges in our own diverse and complex aging processes. Each year, we learn new insights based on our experience and we acknowledge that the solutions to our problems require collective action. Through our personal learning and engagement in these spirited intergenerational conversations, we discover new ways to fight ageism—internal, societal, and cultural—create new narratives about ourselves, and contribute to changing the aging paradigm in ways that will help create and drive an inclusive social movement.

The model we developed eleven years ago has withstood the test of time and is reproducible in our personal and work lives. We are all professionals in the field of aging and therefore have the obligation to understand ageism and the richness and complexities of aging. Many of us are on the front lines, working every day with aging women and dealing with ageist attitudes, which sometimes emanate

from the people we serve or the institutions where we work. As panelists, we offer this model with the hope that it will be replicated and adapted to create consciousness-raising groups in people's personal lives, workplaces, and communities.

All of us have a unique opportunity to engage in intergenerational dialogues, to be role models and mentor younger women, and to provide thought leadership to educate and raise consciousness in the public arena about what it means to grow old. The current political climate has stimulated cross-generational activism.

As professionals in the field of aging, and as women, we can once again raise the banner to create a social movement to end ageism.

Personal Reflections on Aging as a Feminist: Joan Ditzion

Reflecting on my adult life at age 74, I see there has always been interplay between my personal life, feminist activism, and my professional work—all with a commitment to social justice values and making the world a better place.

Looking back, I feel it was fortuitous that I was in the right place in the right time in the late 1960s and early 1970s to become one of the original Founders of the Boston Women's Health Book Collective, now Our Bodies Ourselves (OBOS). None of us would have imagined that the book would have touched the hearts, souls, and minds of so many women here and around the world.

I am forever grateful I came of age during the second wave of the women's movement, when a whole generation of women was just awakening to the implications of having been socialized female in a patriarchal society. We began to deal with our internalized sexism, embrace our identities as women, foster a women-centered view of the world, and begin to trust our voices and authentic experiences about our bodies, ourselves, and our lives. We believed that everyone would benefit if we eliminated sexism and embraced feminism and the full economic, social, and political equality of women and men.

I was involved with the Civil Rights Movement, and when I was a graduate student at Berkeley I became politically active and was arrested while participating in the

Free Speech Movement. But the women's movement touched me personally, at my core, like no other social change movement had. The personal is political.

Over the years, I have grown up with the *Our Bodies, Ourselves* book. Initially, I was interested in female identity and in claiming a non-sexist, women-centered view of the world. When I chose to become pregnant, my focus shifted to affirming parenthood (if chosen) in the context of reproductive justice for all, raising the next generation, and the importance of society supporting caregiving, childcare, and work-family balance.

This is still the unfinished business of the women's movement.

The OBOS project led and inspired me at age 42 to become a geriatric social worker. I have always felt a synergy between the values of the social work profession and my personal-feminist values, which have informed my work: writing, clinical practice, teaching, conducting workshops, and advocacy. The firsthand experience of caring for my mother forever deepened my sensitivity to the needs of aging women.

I'm personally devastated by the election of Donald Trump, the rise of misogyny, and the fact that sexism is still alive. But it inspired activism and has gotten us back to our roots. The current generation of younger women now understands and has born witness to misogyny; these women more deeply understand the negative impacts of patriarchal power. Diverse women of all ages are stepping up to the plate: we will find ways to work together, young and old, to build on the past and nurture female friendship across generations to defend and protect the advances made, oppose reversals, and end ageism.

I fully embrace my sense of self as an aging woman and an aging activist. I want to pass on my legacy to a younger generation and continue cross-generational conversations as we do on this annual panel event at Aging in America. I want to have a sense of agency as I age, to age well with passion and purpose until my last breath, and to work together to mobilize an inclusive, pro-aging social movement to end sexism and ageism.

Personal Reflections on Aging as a Feminist: Connie Goldman

I was a mother raising one girl and two boys in the 1950s and 1960s, a time when very few women had emerged from the home-centered role. I wanted my children to understand that women were beginning to accept roles outside the home, in addition to managing an orderly household, and that both could exist simultaneously. In the mid-1970s, when my career in public radio started, I was working with a majority of males. I struggled at Minnesota Public Radio and National Public Radio to establish myself, and the validity of women, in the world of journalism.

In those days, broadcasting was a male-dominated workforce and society thought women belonged at home. It was a time when people commonly disregarded the female point of view if it conflicted with the male perspective. I had to find less aggressive ways of presenting any ideas for change, and learned to become very subtle. If I had an idea, I avoided conflict and rejection by suggesting that a male had inspired it. It was more important to me that the idea be implemented than to fight for credit.

In the 1980s, American culture was focused on finding ways to avoid and deny discussing aging. On my birthday, greeting cards arrived containing implications that I was heading into a time of life that I should try to avoid. I wasn't much cheered by them. Hey, we loved turning 21; it opened new worlds. Why wouldn't additional years continue to present expanding horizons? What if we looked at midlife and years beyond as a quest, not a crisis? Maybe our later years would be richer if we labeled them "mature" instead of "old"?

I began to interview others to find out how they remained active and involved as they aged. I quickly learned that the power of personal stories offers a perspective that facts cannot, yet also offers a source of comfort and inspiration. We hear a story and we laugh, cry, empathize, and sympathize. Insight, inspiration, and new possibilities can arrive as we learn about ourselves through the stories of others.

Our annual panel is and has been a reminder that together we have power and that we need encouragement to express ourselves in accepted and appropriate ways. It is an important experience for us all as we face individual changes and

challenges. In my earlier years, I earned the gift of validation, which has brought me to a time of life, at age 86, where I am working not only by example, but also by the words I write and speak. I hope what I say confirms the reality that we are more than “old ladies” and we can eventually remove the implication that old ladies are “used up.”

I’m hopeful our AiA sessions “On Being an Aging Woman” will help others to welcome their later years. Together we can unlearn some of society’s attitudes, and by telling our stories with honesty, we can inspire others to stay active.

The women’s movement touched me like no other social change movement had.

Personal Reflections on Aging as a Feminist: Phyllis Mitzen

My path to my career and feminism evolved over the course of life experiences, career choices, and social movements. I was a child of the 1950s, brought up with the traditional image of husband as breadwinner and wife tending house and raising children. My mom was a stay-at-home mom. I married in 1961 at age 19, having completed two years of college. I imagined myself teaching other people’s children while our children were in school. However, we had three children in rapid succession. In 1965, my father was diagnosed with Parkinson’s disease, and had experimental surgery precipitating a debilitating stroke. My mother, with teenagers at home, had nowhere to turn to get help with my rapidly aging dad and turned to me. He died seven years later.

All of this took place during the 1960s and early 1970s—with children in tow, our family campaigned for Bobby Kennedy, we marched against the Vietnam War, travelled to Washington, D.C., to see Resurrection City (the 1968 Poor People’s Campaign), and wrote letters to support the Civil Rights Movement.

Reading *The Feminine Mystique*, *Ms. Magazine*, and *Our Bodies Ourselves*, was revolutionary for me. My friends and I, all PTA ladies, joined the League of Women Voters, ran for local office, and went back to school. We shared child-rearing as we studied, worked, and talked about what we wanted for ourselves and for our daughters. There was no clear path for us, only the restless idea that there needed to be a radical reordering of the public and private spheres.

My father's illness and mother's predicament had a profound effect on me. I worked for a brief time in a nursing home, which helped me to realize my affinity for working with older adults. Having an academic mentor who focused on aging was a catalyst for shaping my ideas of what I wanted to do. I thought I could have a positive impact on how individuals age and how our society and culture organizes itself around aging. At age 36, I chose social work, deciding that it would give me the broadest practical and philosophical structure with which to address emerging issues. I chose the University of Chicago in order to study for a master's degree under Bernice Neugarten, a hero, and Shelly Tobin, a mentor. My field instructor schooled me on the insidiousness of ageism shortly after Robert N. Butler first framed it as an "ism."

All this was at the beginning of my career. Now, toward the end, participation on our annual panel has had a profound effect on me. Year by year, I reflect on my personal story and the stories of hundreds of women and some men. Now, as in the 1970s, I see no clear path, but retain a restless desire to mentor younger women (in the company of colleagues and friends) and challenge our—and others'—assumptions about women and aging in both the public and private spheres.

'The feminist approach to deconstructing sexism could give us a way to deal with ageism.'

'If I had an idea, I avoided conflict and rejection by suggesting that a male had inspired it.'

Resources for Networking the Experiences of Aging

Our annual session at the Aging in America Conference has also provided an opportunity for panelists and participants to share their experiences with the following organizations that embrace aging with all its warts, losses, and possibilities:

Conscious Elders Network (www.consciouseldersnetwork.org)

Encore (www.encorenetwork.org)

Generation to Generation (www.generationtogeneration.org)

Life Planning Network (LPN; www.thelifeplanningnetwork.org)

Pass It On Network (www.passitonnetwork.org).

Sage-ing International (www.sage-ing.org)

The Renewment Project (www.renewmentproject.com)

The Transition Network (www.thetransitionnetwork.org)

And also of note: At AiA 2016, early leaders in the field of aging and ASA founders gathered to form the Corps of Accomplished Professionals (CAP) as a way to provide meaningful roles for ASA members as they “age out” of the aging field, or as they age into old age.

HOW TO COPE WITH THE AGING PROCESS

<https://www.aging.com/how-to-cope-with-the-aging-process/>

Also, By Mayo Clinic Staff

You know that aging will likely cause wrinkles and gray hair. But do you know how aging will affect your teeth, heart and sexuality? Find out what changes to expect as you continue aging — and how to promote good health at any age.

As we grow older, many changes occur within us both physically and emotionally and coping with these changes can become stressful. Vitality we once had as young men and women is now gone.

Indeed, even though people generally enjoy a longer life expectancy nowadays, the aging process can be a painful fact to come to terms with. The truth, however, is that many older people are afraid of what they don't understand, which will only worsen as the years roll by.

Once you know the changes that are happening in your body as you age and how to cope with them, then you will be better prepared to deal with them, in terms of physical and mental health changes.

In this article, we look in depth at the changes that occur and how older adults can cope with them. First, we shall explore the common physical changes.

Physical Changes

Your Bones, Joints and Muscles

As we advance in age, our bones reduce in size and become weaker. This change is especially true for post-menopausal women and it can result in osteoporosis. When this reduction of bone mass occurs, it predisposes us to dangerous falls which, in many cases, cause injuries. Healing from such injuries becomes impaired as we advance in age.

This slow healing process is due to a weak immunity associated with old age. According to the Center for Disease Control and Prevention (CDC), falls are the highest cause of death related to injury among seniors.

What's happening

With age, bones tend to shrink in size and density, weakening them and making them more susceptible to fracture. You might even become a bit shorter. Muscles generally lose strength, endurance and flexibility — factors that can affect your coordination, stability and balance.

What you can do

To promote bone, joint and muscle health:

- **Get adequate amounts of calcium.** The National Academy of Science, Engineering, and Medicine recommends at least 1,000 milligrams (mg) of calcium daily for adults. The recommendation increases to 1,200 mg daily for women age 51 and older and men age 71 and older. Dietary sources of calcium include dairy products, broccoli, kale, salmon and tofu. If you find it difficult to get enough calcium from your diet, ask your doctor about calcium supplements.
- **Get adequate amounts of vitamin D.** The recommended daily intake of vitamin D is 600 international units for adults up to age 70 and 800 IU for adults over 70. Many people get adequate amounts of vitamin D from sunlight. Other sources include tuna, salmon, eggs, vitamin D-fortified milk and vitamin D supplements.
- **Include physical activity in your daily routine.** Weight-bearing exercises, such as walking, jogging, tennis, climbing stairs and weight training can help you build strong bones and slow bone loss.
- **Avoid substance abuse.** Avoid smoking and limit alcoholic drinks. Ask your doctor about how much alcohol might be safe for your age, sex and general health.

Your Heart

Your heart pumps blood at a lower rate, becomes slightly enlarged, and its walls may thicken.

What's happening

The most common change in the cardiovascular system is stiffening of the blood vessels and arteries, causing your heart to work harder to pump blood through them. The heart muscles change to adjust to the increased workload.

Your heart rate at rest will stay about the same, but it won't increase during activities as much as it used to. These changes increase the risk of high blood pressure (hypertension) and other cardiovascular problems.

What you can do

To promote heart health:

- **Include physical activity in your daily routine.** Try walking, swimming or other activities you enjoy. Regular moderate physical activity can help you maintain a healthy weight and lower your heart disease risk.
- **Eat a healthy diet.** Choose vegetables, fruits, whole grains, high-fiber foods and lean sources of protein, such as fish. Limit foods high in saturated fat and salt.
- **Don't smoke.** Smoking contributes to the hardening of your arteries and increases your blood pressure and heart rate. If you smoke or use other tobacco products, ask your doctor to help you quit.
- **Manage stress.** Stress can take a toll on your heart. Take steps to reduce stress, such as meditation, exercise or talk therapy.
- **Get enough sleep.** Quality sleep plays an important role in the healing and repair of your heart and blood vessels. Aim for seven to nine hours a night.

Your Brain and Nervous System

As you advance in age, you will experience changes in your reflexes and senses. You may also suffer slight memory loss. In some cases, plaques and tangles form which can damage brain and nerve cells. These abnormalities predispose you to dementia.

What's happening

Your brain undergoes changes as you age that may have minor effects on your memory or thinking skills. For example, healthy older adults might forget familiar names or words, or they may find it more difficult to multitask.

What you can do

You can promote cognitive health by taking the following steps:

- **Include physical activity in your daily routine.** Physical activity increases blood flow to your whole body, including your brain. Studies suggest regular exercise

is associated with better brain function and reduces stress and depression — factors that affect memory.

- **Eat a healthy diet.** A heart-healthy diet may benefit your brain. Focus on fruits, vegetables and whole grains. Choose low-fat protein sources, such as fish, lean meat and skinless poultry. Too much alcohol can lead to confusion and memory loss.
- **Stay mentally active.** Staying mentally active may help sustain your memory and thinking skills. You can read, play word games, take up a new hobby, take classes, or learn to play an instrument.
- **Be social.** Social interaction helps ward off depression and stress, which can contribute to memory loss. You might volunteer at a local school or nonprofit, spend time with family and friends, or attend social events.
- **Treat cardiovascular disease.** Follow your doctor's recommendations to manage cardiovascular risk factors — high blood pressure, high cholesterol and diabetes — that may increase the risk of cognitive decline.
- **Quit smoking.** If you smoke, quitting smoking may help your cognitive health. If you're concerned about memory loss or other changes in your thinking skills, talk to your doctor.

Your Digestive System

Your metabolism and digestion slow down with age. When we get older, the digestive tract becomes firmer and rigid and does not contract normally to make food move to different processing stations in the gastrointestinal tract. The result can lead to nausea, constipation, and stomach pain. Production of saliva and stomach acid also slows down. These physiological changes result in possible choking and food-borne illnesses as it becomes harder for your body to dispose of harmful bacteria.

What's happening

Age-related structural changes in the large intestine can result in more constipation in older adults. Other contributing factors include a lack of exercise, not drinking enough fluids and a low-fiber diet. Medications, such as diuretics and iron supplements, and certain medical conditions, such as diabetes, also might contribute to constipation.

What you can do

To prevent constipation:

- **Eat a healthy diet.** Make sure your diet includes high-fiber foods, such as fruits, vegetables and whole grains. Limit high-fat meats, dairy products and sweets, which might cause constipation. Drink plenty of water and other fluids.
- **Include physical activity in your daily routine.** Regular physical activity can help prevent constipation.
- **Don't ignore the urge to have a bowel movement.** Holding in a bowel movement for too long can cause constipation.

Your bladder and urinary tract*What's happening*

Your bladder may become less elastic as you age, resulting in the need to urinate more often. Weakening of bladder muscles and pelvic floor muscles may make it difficult for you to empty your bladder completely or cause you to lose bladder control (urinary incontinence). In men, an enlarged or inflamed prostate also can cause difficult emptying the bladder and incontinence.

Other factors that contribute to incontinence include being overweight, nerve damage from diabetes, certain medications, and caffeine or alcohol consumption.

What you can do

To promote bladder and urinary tract health:

- **Go to the toilet regularly.** Consider urinating on a regular schedule, such as every hour. Slowly, extend the amount of time between your toilet trips.
- **Maintain a healthy weight.** If you're overweight, lose excess pounds.
- **Don't smoke.** If you smoke or use other tobacco products, ask your doctor to help you quit.
- **Do Kegel exercises.** To exercise your pelvic floor muscles (Kegel exercises), squeeze the muscles you would use to stop passing gas. Try it for three seconds at a time, and then relax for a count of three. Work up to doing the exercise 10 to 15 times in a row, at least three times a day.
- **Avoid bladder irritants.** Caffeine, acidic foods, alcohol and carbonated beverages can make incontinence worse.

- **Avoid constipation.** Eat more fiber and take other steps to avoid constipation, which can worsen incontinence.

Your Senses

You may notice that your body does not react to stimuli as strongly as it did; it takes much more energy and time to be stimulated. This translates in a reduced sense of smell, taste, touch, and vision.

The changes in taste and smell will usually lead to a decreased appetite which is detrimental to your health. The compromised sense of smell and taste can be dangerous. You can accidentally consume food or beverages that have gone bad causing food poisoning.

Your eyes and ears

What's happening

With age, you might have difficulty focusing on objects that are close up. You might become more sensitive to glare and have trouble adapting to different levels of light. Aging also can affect your eye's lens, causing clouded vision (cataracts).

Your hearing also might diminish. You might have difficulty hearing high frequencies or following a conversation in a crowded room.

What you can do

To promote eye and ear health:

- **Schedule regular checkups.** Follow your doctor's advice about glasses, contact lenses, hearing aids and other corrective devices.
- **Take precautions.** Wear sunglasses or a wide-brimmed hat when you're outdoors, and use earplugs when you're around loud machinery or other loud noises.

Your Teeth

Over the years, you become increasingly susceptible to cavities this is because the enamel which protects your teeth from decay wears out. With old age comes a greater risk of gum disease.

The natural recession of the gums which causes your teeth to look long and shaky becomes prevalent. A lot of the time, you will have a dry mouth, which is a side effect of most of the medication for older adults.

What's happening

Your gums might pull back from your teeth. Certain medications, such as those that treat allergies, asthma, high blood pressure and high cholesterol, also can cause dry mouth. As a result, your teeth and gums might become slightly more vulnerable to decay and infection.

What you can do

To promote oral health:

- **Brush and floss.** Brush your teeth twice a day, and clean between your teeth — using regular dental floss or an interdental cleaner — once a day.
- **Schedule regular checkups.** Visit your dentist or dental hygienist for regular dental checkups.

Your Skin

When you get older, your skin begins to wrinkle and lose its elasticity. This is particularly evident with seniors who smoke.

What's happening

With age, your skin thins and becomes less elastic and more fragile, and fatty tissue just below the skin decreases. You might notice that you bruise more easily. Decreased production of natural oils might make your skin drier. Wrinkles, age spots and small growths called skin tags are more common.

What you can do

To promote healthy skin:

- **Be gentle.** Bathe or shower in warm — not hot — water. Use mild soap and moisturizer.
- **Take precautions.** When you're outdoors, use sunscreen and wear protective clothing. Check your skin regularly and report changes to your doctor.

- **Don't smoke.** If you smoke or use other tobacco products, ask your doctor to help you quit. Smoking contributes to skin damage, such as wrinkling.

Your weight

What's happening

How your body burns calories (metabolism) slows down as you age. If you decrease activities as you age, but continue to eat the same as usual, you'll gain weight. To maintain a healthy weight, stay active and eat healthy.

What you can do

To maintain a healthy weight:

- **Include physical activity in your daily routine.** Regular moderate physical activity can help you maintain a healthy weight.
- **Eat a healthy diet.** Choose vegetables, fruits, whole grains, high-fiber foods and lean sources of protein, such as fish. Limit sugar and foods high in saturated fat.
- **Watch your portion sizes.** To cut calories, keep an eye on your portion sizes.

Your Sex Life

After menopause, women experience physical changes specifically vaginal dryness or lack of lubrication while men experience erectile dysfunction.

What's happening

With age, sexual needs and performance might change. Illness or medication might affect your ability to enjoy sex. For women, vaginal dryness can make sex uncomfortable. For men, impotence might become a concern. It might take longer to get an erection, and erections might not be as firm as they used to be.

What you can do

To promote your sexual health:

- **Share your needs and concerns with your partner.** You might find the physical intimacy without intercourse is right for you, or you may experiment with different sexual activities.

- **Get regular exercise.** Exercise improves the release of sexual hormones, cardiovascular health, flexibility, mood and self-image — all factors that contribute to good sexual health.
- **Talk to your doctor.** Your doctor might offer specific treatment suggestions — such as estrogen cream for vaginal dryness or oral medication for erectile dysfunction in men.

You can't stop the aging process, but you can make choices that improve your ability to maintain an active life, to do the things you enjoy, and to spend time with loved ones.

Emotional Changes

Stress is common among seniors and tends to stem from grief. The older we become, the more people we lose around us and this can get painful.

Pressure among seniors may also result from lack of purpose associated with retirement, children leaving home, and the physical changes occurring in our bodies. Following are some considerations for coping with physical changes.

Proper Diet

Reports from World Health Organization (WHO) indicate that malnutrition is a significant challenge for people aged 65 and above.

However, it is under-diagnosed since its symptoms, which include lightheadedness, muscle weakness, and weight loss can easily be interpreted as symptoms of another ailment. Proper diet is therefore very important in ensuring you live a happy and healthy life.

Here are some tips to guide you on your diet:

- Your diet should have lean protein and high fiber fruits, vegetables, and whole grains. Fiber helps with your now slowed-down digestive system and keeps you feeling energetic.
- Take your supplements. While you may not be able to consume all the minerals your body needs through your diet, certain minerals such as calcium and vitamin D which are essential for healthy bones can be absorbed in the form of supplements. Seek advice from your health provider regarding supplements.

- Drink plenty of water, even when you do not feel thirsty. As you get older, you do not feel thirsty as often as you did before but your body still needs water. If your urine is dark and cloudy, then that is a sign that you are dehydrated. Nutritionists recommend that you drink 3–5 glasses of water each day.
- Eat with a friend, a neighbor or a family member. This will allow you to spend time with them and reconnect and also ensures you eat well and you do not skip meals. It is also fun and faster to prepare the meal and clean up as a team.

Physical Activity

A study conducted on older sedentary Americans aged 70–89 researchers found that those who met to walk around a track twice a week (under supervision) were 28 percent less likely to be persistently disabled physically as opposed to their counterparts who did not walk. This study indicates that it is not too late to begin and also shows the importance of physical exercise.

The benefits of exercise include:

1. It helps relieve chronic pain brought about by conditions such as arthritis and pinched nerves, for instance, due to a herniated disc.
2. It helps keep your weight under control which prevents obesity, diabetes and some cardiovascular diseases.
3. Exercises like muscle training and resistance help reverse bone loss which comes with age and gives you a strong back and shoulders.
4. You feel good after a workout and your energy levels go up.
5. You sleep better after exercise.
6. Exercise boosts your immune system.
7. Your posture and balance are improved.
8. It keeps you mentally strong and alert.
9. It lowers your blood pressure.

Here are a few tips for you:

- a) Consult your health provider before signing up for an exercise program.
- b) Start slowly and then increase your pace, frequency as you move along.
- c) Identify an exercise that you find interesting; this way you look forward to doing it. This could be swimming, golf, walking a pet, or yoga.
- d) Exercise with a friend so that you motivate each other or join a class.

Exercises for Your Brain

With old age come forgetfulness and other mental challenges. You can stimulate your mind by:

1. Learning a new instrument, game or language.
2. Adding variations in your usual activities (for instance, if you like to cook food on the stove you can bake now and then); you can use different routes to get to say the supermarket or the golf club.
3. Playing word games or crossword puzzles and advancing to harder ones as you move along so as not to challenge yourself.

Preventive Measures

It is important to see your physician often and go for screening and testing as recommended. *These include:*

1. Checking your blood pressure.
2. Screening for colorectal cancer.
3. Pelvic exam.
4. Screening for diabetes.
5. Eye test.
6. Hearing test.
7. Mammogram.
8. Screening for prostate cancer (for men).
9. Dental exam.

It is also recommended you get your vaccination for tetanus, flu, and pneumonia.

Protective measures you can take at home include:

1. Check for loose wiring or frayed carpets that would cause a fall.
2. Ensure your electrical and gas appliances are up to date.
3. Ensure proper lighting in all your rooms.
4. Remove furniture or things that can obstruct you and cause a fall.

Have A Positive Outlook

Some of the ways to deal with the painful emotional challenges that come with old age are:

1. Join a support group. Interacting with individuals who have gone through your experience helps you feel less alone. Facing your issues and talking about issues and facing them is also a powerful way to work through them.
2. Spend time with at least one person a day. This could be a neighbor or a family friend. Physical interactions are much more enriching than a text, and this helps ward off feelings of loneliness and depression.
3. Visit a museum, go to a concert, or a park you now have time to do all the fun stuff you could not do when you were busier at work.
4. Travel to a place you have always wanted to go. It doesn't have to be expensive it could be a national park in your town that you always wanted to visit
5. Accept the changes that have happened instead of trying to resist them. Getting old and losing loved ones is inevitable – it happens to everyone. Once you accept and enjoy what you have you will be free to live a happier life.
6. Indulge in a new hobby like golf, biking, or baking or pay attention to an old one.
7. Learn a new language, a sport, or a musical instrument.
8. Meditate and take care of your spiritual needs—this will lead to a more relaxed life.
9. Become a volunteer. This is a great way to meet people who share the same interests as you do, also helping others with their problems enables you to forget your own and be grateful for your life.
10. Write a memoir. You have the time, why don't you do it? Reflect on the lessons, struggles, and victories of your life and share it with the world. Many people will learn from it.

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By Therese J. Borchard

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Mark Twain once wrote, “Age is an issue of mind over matter. If you don’t mind, it doesn’t matter.”

I like that. But get real. In a culture preoccupied with youth and beauty, why has there been a 114 percent increase in the number of cosmetic surgeries performed since 1997?

How do women escape the judgment conferred on them every time they open a magazine, get online, or turns on the tube? How does she silence the menacing messages she sends herself when a new gray hair is found, or her crow’s feet grow an inch longer?

Very deliberately and carefully say Vivian Diller, Ph.D and Jill Muir-Sukenick, Ph.D, both professional models turned psychologists, in their new book, “Face It: What Women Really Feel as Their Looks Change.” The authors propose a six-step process to deal with this kind of anxiety that is prevalent but not often discussed among middle-aged women.

Step one: Confront our changing looks. Diller and Muir-Sukenick call them “uh oh” moments: when you notice your first wrinkles, smile lines, graying and thinning hair, darkening circles below the eyes, varicose veins, brown spots on hands and face, loss of muscle tone, hanging skin on arms or neck, and hot flashes. I’ve experienced many “uh oh” moments recently, but the one that comes to mind is last summer, when a friend of mine said to me about another friend, “She’s our age ... you know, late 40s.” I was, at that time, late 30s and stopped by the drug store to pick up some moisturizing cream, which I have used a total of two times.

Step two: Identify our masks.

Not the ones we are supposed to be wearing at night to stay wrinkled-free and pretty. Diller and Muir-Sukenick mean the ways we hide from or avoid our fears

by layers of protection that, in reality, make us look ridiculous. Like, for example, deciding to wear our daughters' clothes to work—in order to prove to ourselves that we, too, can wear a size six, and that our body looks like an 18-year-old's. That kind of denial covers up the shame, embarrassment, and anxiety we feel as we age. But the problem with wearing masks? Say Diller and Muir-Sukenick: “Clinging to an illusion of physical youth often leads to reliance on the approval of others to validate that illusion. Women's sense of beauty is then too dependent on external sources, rather than an internal experience.”

Step three: Listen to our inner dialogues.

We give ourselves so many memos throughout the day that it is difficult to keep track. One day I did, and realize I had delivered over 5,000 nasty grams to myself in one 24-hour period. Just as a mask covers up our insecurity, our internal dialogue exposes it. It's an ongoing conversation within us that we are, most of the time, oblivious to. But the rest of the body hears the dialog and registers the message: You're old, fat, ugly, and useless. So we have to pay attention to these blabbers and catch them after they hurl a bunch of toxic stuff into our nervous system. One way that I like to turn out the toxic talk is by envisioning that I am having a conversation with a friend instead. I would never insult her that way. So I should honor the same manners with myself.

Step four: Go back in time.

Here comes the part where you get to blame your mother. Not really. But it helpful to know where your self-image is coming from, because only then can we redesign it based on what we know about ourselves. Write Diller and Muir-Sukenick: “As adults, our psychological reservoirs are ours to fill....Instead of feeling a loss of control as we get older, we in fact have increased opportunities to fill our reservoir with responses that can now come from our own selves and from people we choose to have in our lives.”

Step five: Consider our adolescence.

No! You might say. I buried those scars long ago. For Pete's sake, leave them alone! At least that's how I feel. Because I was an ugly 8th-grader with bad acne and a popular twin sister invited to all the parties. But I do think this is an important step, because, as the authors suggest, there are parallels between gray-hair anxiety and the awkwardness we went through as adolescents. In addition to my unpopular, acne-ridden self, I forgot that it was at this point that

my dad left my mom, who was about 40 then, and married a woman who was 17 years his junior. No wonder why I'm a tad shaky about turning 40.

Step six: Get a face lift.

Kidding! It's actually to let go. To mourn the youthful part of ourselves that is embedded into our memories. Viewing the aging process this way is helpful for me—because instead panicking and coloring every gray hair, I can look at the silver dandruff as an invitation to a new wiser, mature, but just as fun self.

Several of the women quoted by Diller and Muir-Sukenick said that they associated beauty with the time that they were most happiest—and that wasn't necessarily their younger years. I can relate to that because I am much more gentle with myself now, know myself much better, and can be a friend to myself in ways that wouldn't have made sense in my 20s.

In her book, "Motherless Daughters," Hope Edelman writes, "Loss is our legacy. Insight is our gift. Memory is our guide." It's about coming up with a new meaning of beauty, a new definition of "youthful," one that, perhaps, doesn't require a plastic surgeon, but just a lot of raw and candid self-exploration and acceptance.

**A beautiful face
will age and a
perfect body will
change, but an
awesome woman
will always be an
awesome woman.**

Tanya Masse // Quoteistan.com