Writing into Remembering

by Jacqueline Boyce, teaching associate in the Edwards College of Humanities and Fine Arts at Coastal Carolina University

This is the first of a series on Memoir Writing that Jackie will be doing for PrimeTimes. Writing is one of her many interests, and she believes that whether your aim is the “best seller” list or a personal chronicle for your grandchildren, writing about your life is a worthwhile endeavor. What you need is a way in, a place to start; this process can be an inner journey for you or a collection of writings to share with others for posterity. Jackie teaches “Memoir Writing” for Lifelong Learning. In the articles to follow, Jackie will lead us into the techniques of “Memoir Writing.”

After living in Santa Fe, N.M., for 10 years, I knew it was time to come home. As much as I loved the rich cultural blend and heritage of the Spanish and Indian cultures intertwined with the influence of the more recent “Anglo” culture of my newly adopted home, I knew it was not my home and that it was time to come back to my Eastern and Southern roots. Every year when the dusty, dry desert winds of the springtime in Santa Fe irritated me and the bleak, desert colors were a pale contrast to the colorful, spring blooms and bright spring greens of my native South Carolina, it would be a reminder and tug to my spirit of what I was missing. And as much as I loved the open air opera and the cool breezes of summer evenings with the bright, starry nights of the desert, summer also left me feeling incomplete without the ocean nearby on the South Carolina coast so happy in childhood memories filling my senses with the creek marsh smells and ocean breezes. And to all these places and sensations of memory were tied the people I’d loved and whod given me the sense of my identity and the stories and relationships and memories that went with them.

I had left 10 years earlier for Santa Fe in search of new beginnings and new frontiers following my mother’s death and a shattering of the family closeness as I’d known it that often follows a parent’s death. I’d had at that time to make the fateful choice between claiming ownership of our beautiful, ancestral family home in Marion, S.C., (now a B&B - Montgomery’s Grove) and opening to the possibility of a new and different world with my own beautiful, New Mexican, Santa Fe-style home with its passive solar design and desert views with snow-capped mountains. Our ancestral home, an outstanding place to start; this process can be an inner journey for you or a personal chronicle for your grandchildren, writing about your life is a worthwhile endeavor. What you need is a way in, a place to start; this process can be an inner journey for you or a collection of writings to share with others for posterity. Jackie teaches “Memoir Writing” for Lifelong Learning. In the articles to follow, Jackie will lead us into the techniques of “Memoir Writing.”

Exercise and Aging: From Benefits to Barriers

by Gib Darden, Ph.D., chair/associate professor of Coastal Carolina University’s Department of Health, Physical Education and Recreation, and Christine Rockey, lecturer in the Department of Health, Physical Education and Recreation

This is the first of two articles related to exercise and aging. The second article in the next issue of PrimeTimes will provide strategies and tips for the aging exerciser.

EXERCISE We know it is good for us, has many benefits and is the best form of health insurance. However, taking time for regular exercise appears to be a challenge to most Americans. About 34% of adults 65 and older are inactive, engaging in no leisure time, household or transportation physical activity. If including “insufficient” physical activity, the number goes to 65%, meaning that 2/3 of older adults are not getting enough exercise to positively impact their health.

In 1991, the U.S. government developed a plan, “Healthy People 2000,” for developing a healthier nation. Most objectives were not met as healthy and productive as possible.

THE ROLE OF EXERCISE; THE TOP TEN BENEFITS

To dispel a common myth, successful aging results from individual lifestyle choices - not from genetic inheritance. According to the Surgeon General, being physically active is the most important step all adults can take for overall good health. The benefits of exercise depend on the individual exerciser. The benefits of physical activity are universal, but many are unique to an aging population; what benefits a 20 year old may not work for an 80 year old. Much research exists already and researchers continue to demonstrate the health benefits of increasing physical activity among people in their 70’s, 80’s and even into their 90’s. Summarizing the research, we have identified our “Top 10” exercise benefits for the aging “mover.”

- IMPROVED MOOD AND PSYCHOLOGICAL STATE
Feeling and looking better always leads to increased self-confidence. For
Looking for an exciting day trip that doesn’t involve a lot of driving and is easy on that expensive tank of gas? You might want to consider spending the day in Conway’s Downtown Historic District. Conway is one of the oldest towns in South Carolina. From its beginnings as a “Kings Town” (established as Kingston in the early 1730s), it has played a major role in the development of Horry County. “Kingston” was created in 1734 as part of Royal Governor Robert Johnson’s “Township Scheme.” It was laid out on a riverside bluff in the center of what would become Horry County. Its isolation spared it from warfare during the Revolution, but afterwards patriotic citizens wanted to discard the name that honored Great Britain’s King George II. The name was changed to Conwayborough for local Revolutionary war veteran and five-term legislator Robert Conway.

Start your visit at the Conway Visitor Center for free brochures, a shopping/dining guide and copies of the popular self-guided tours. One such brochure, “A Guide to Conway’s Historical Trail,” offers a tour that winds its way past a number of 19th-century houses, churches, graveyards and a free museum.

Locals and visitors alike are delighted with the unique treasures of long ago found along the Historical Trail. Turn a corner or cross a bridge, and you’ll bump into the past. From the Robert Mills designed County Court House built in 1824-1825 (now City Hall) to Kingston Presbyterian Church, built in 1858 by shipbuilders from Maine, numerous sites offer a glimpse of the city’s rich heritage.

The downtown Historic District has eight sites listed in the National Register of Historic Places. While downtown, be sure to stop at the museum. There you’ll find artifacts of early native tribes, a display of regional wildlife and an informative look at local industrial history. The museum also offers a variety of changing exhibits.

As the trail moves into the residential area, it follows a course that leads down winding streets shaded by moss-laden live oak trees to stately homes such as those of Joseph W. Holliday and John R. Beaty (homes on this tour are privately owned and must be viewed from public sidewalks.) There are a total of 27 homes on the tour route.

The Beaty-Little house (ca. 1858) is a two-story, framed weatherboard house built by the Eaton Brothers from Maine who were hired to build ships at Bucksville. The home was taken over by Union officers during the occupation of Conwayborough during the War Between the States. The Holliday house is an outstanding example of Beaux Arts architecture and features a two-story portico with large paired ionc columns. It is unaltered and conveys the prosperity of the era of large Southern landowners.

At the trail’s end, the route leads to the banks of the dark and mysterious Waccamaw River. Here, the Conway Riverwalk offers a tranquil riverside stroll beside a series of historic sites that define the early days of the town. The Waccamaw River Historic Warehouse District includes four sites listed in the National Register of Historic Places. Conway’s revitalized riverfront offers spectacular scenic beauty and the chance to soak up warm sunshine and cool river breezes as you complete your journey along Conway’s Historic Trail.

You can tour the Historical Trail at your own pace, but allow some time for shopping and dining along the way! The downtown historic district is full of inviting shops worthy of the most discriminating shopper as well as some of the area’s finest eateries. Restaurants, bistros and cafes offer dining experiences that range from “home style” to cuisine that satisfies the most adventurous palates. It’s easy to spend the entire day in Conway!

For information about guided tours, upcoming events and to plan an exciting day trip to Conway, call the Conway Visitor Center at (843) 248-1700.

We want to hear from YOU!

If you have comments or questions about articles in this issue, want to submit a Letter to the Editor, ask a question or make a comment, or if you would like to suggest appropriate subjects for consideration in future issues of PrimeTimes, the PrimeTimes staff wants to hear from you. Previous PrimeTimes newsletters are available on our Web site: www.coastal.edu/csaar. If you want to be added to the PrimeTimes mailing list, just call, fax or write to let us know.

Location: The Center for the Study of Aging and Active Retirement Coastal Carolina University’s Foundation Center, room 313 2431 U.S. 501E, Conway, S.C.

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10 keys to smart aging

Part VI
by Reid Johnson, Ph.D., Gerontological Psychologist

NOTE: This is the sixth and final installment in a series on maintaining and even enhancing one’s intellectual abilities despite advancing age after 60. Your questions or comments on this or any other Prime Times articles are always welcome, and if you missed earlier parts of this series, back issues can be ordered from the CSAAR office.

Review

This series began by noting that “common sense” experiences and most scientific research up through the latter part of the 20th century supported the belief that aging beyond 60 was marked by a gradual, inevitable and irreversible decline in cognitive (intellectual) abilities called “senescence.” Senescence was assumed to weaken one’s thinking, learning, memory, decision-making, problem-solving and other higher brain functions more and more each year until death. Fortunately for all of us in that age range, newer and better scientific research has disproven the senescent or “decremental” model of old age, and replaced it with the more accurate and optimistic “incremental” model, which has shown that significant declines in cognitive abilities are neither inevitable nor irreversible until much later in life, if then. Furthermore, recent studies have identified a number of critical behaviors and activities older adults can use to postpone or even prevent senescence. We have assembled those into a “top 10” list for this series, and presented them in a format of stating the scientific principle, critical behaviors and activities older adults can use to postpone or even enhance their intellectual abilities despite advancing age after 60.

Principle 1 was to keep the knowledge and skills acquired during one’s career alive after retirement by finding related ways to apply them to part-time or consultative work, avocations, hobbies or other constructive activities.

Principle 2 was to keep both the quantity and quality of one’s everyday intellectual activities high - “use it or lose it” - by performing challenging cognitive activities like reading high level books or magazines, playing chess or bridge or difficult computer games, watching stimulating television programs on current events, historical, nature or scientific topics, or participating in demanding mental sports like golf or tennis.

Principle 3 advised us to socialize often with new people in new settings, encouraging cognitive “cross-fertilization” by interacting with different information, ideas, attitudes and opinions, all of which enhance our vital critical thinking skills.

Principle 4 was to seek out formal and informal educational and training experiences - perhaps the single best way to age smartly - by going back to college or graduate school (which adults over 60 can do free at public colleges in South Carolina), participating in Coastal Carolina University’s extensive Lifelong Learning Program of short-courses at four different sites throughout Horry and Georgetown counties, or taking a training program for a new job, avocation or hobby.

Principle 5 was to increase one’s competencies by mastering new areas of knowledge and/or skills, noting that it’s never too late for “an old dog to learn new tricks.” While new learning may be somewhat harder and take longer for seniors who are out of practice, it’s more than worth the trouble for the extremely beneficial effects on one’s brain.

Principle 6 employed some psychological jargon to make a practical point; i.e., use “selective optimization with remediation and compensation” cognitive strategies - meaning spend enough time to keep you areas of expertise sharp (selective optimization), but also work to strengthen your intellectual weaknesses (remediation) and find other ways to circumvent irremediable weak areas (compensation) - to keep from developing intellectual stagnation and problems that can lead to senescence.

Principle 7 noted that brain health is highly correlated with general physical health and advised to avoid obesity (common but deadly curse of old age) by minimizing the intake of “bad cholesterol” and transfatty acids, maintain a diet rich in proteins, vitamins, calcium and anti-oxidants, and perform at least two hours of aerobic exercises each week to oxygenate your brain and avoid heart diseases. Also, “start low and go slow” on all medications, especially psychoactive drugs.

Principle 8 said to try to maintain continuity among your life settings, roles and relationships by “aging in place” = remaining in your home as long as possible (or moving to a new home by choice, not coercion), working to preserve your status in the community and neighborhood, and nurturing relationships with the kind of acquaintances that think of you and treat you as an attractive, competent and independent individual.

Principle 9 - to avoid high stress as much as possible - seems obvious but has a deeper meaning. Research consistently shows that low stress - such as dealing with the day-to-day problems of living, managing one’s own household and finances, scheduling and planning activities, and having to overcome life’s normal reversals of fortune and bad luck - is actually good for us and helps keep up sharp. No stress (e.g., having someone else make all our decisions and do everything for us) and high stress - which promotes psychological disorders like anxiety, phobias and depression - are both very detrimental to smart aging, and we should diligently use our cognitive abilities to avoid or minimize those two conditions whenever we can.

Principle 10 The final principle in our “top 10” list is to maintain a strong and reliable social support system. Social support may come from friends or family. Research shows that as we age beyond 60, the number of friendships typically decreases, but the overall importance of having close friends remains constant. The average number of important friendships reported decreases from around 12 to 16 for young adults (age 20 to 40) down to less than four for “old-old” adults (age 80+). Since the value of our friendships remains about the same throughout life, that means that close friends are two to four times more important to us in older adulthood than they were when we were younger!
Each issue of Prime Times will feature an outstanding local agency, business or organization serving older adults and retirees on the Grand Strand to illustrate the range of services available in the area. If you would like to nominate a facility for this feature – or if you are in an organization that would like to be featured – we want to hear from you!

When Pam Grate, certified nursing assistant with Regency Hospice, stands up in the midst of a memorial service for a multitude of families and healthcare providers, all eyes focus on the diminutive, dark haired woman with a heart as big as the world. She lifts a candle, brown eyes gleaming with tears, and quietly says her piece, “I want to thank you for letting me into your homes and your hearts and your lives... I am so blessed to know you, and I love you all like family.”

As an aide with Regency Hospice in Garden City, Grate comes to the aid of countless families along the Grand Strand. She is one of a team of compassionate professionals who seek to serve patients and families dealing with life limiting illnesses.

As families wrestle with a myriad of issues that confront them as life wanes and strength diminishes, new patients may fear an onslaught of virtual strangers coming into their home. Regency Hospice nurses, aides, volunteers and social workers quickly become friendly faces who are welcomed, thankfully, with open arms.

The responsive staff not only cares for patients and families in a clinical regard, but also cares for them emotionally and spiritually.

For Regency Hospice patients, it’s about an improvement in “how you live.” It’s about moving from hope for a cure to hope for what the patient and family most value. It’s about providing clinical support for the best pain and symptom management, help with daily living, emotional and spiritual support, even financial support. Medications and supplies, related to the hospice diagnosis, are covered in full by hospice along with any necessary medical equipment.

There is an unspoken misconception that choosing hospice could deprive patients of medical care. Actually, hospice care does not mean less care. In most cases, it means more care can often be provided. Patients and families benefit immensely from the knowledge that they are not alone. The patient’s physician works closely with Regency Hospice nurses to ensure all needs are addressed. Regency staff is happy to discuss a plan of care and review all items that will be covered with families at the time of admission. Though the financial burdens have often been daunting for many families which hospice can help relieve, this pales quickly to the love and support families feel from Regency Hospice staff.

Though just two years old in our community, Regency Hospice has already established itself as a leader in end of life care. The stellar staff of experienced, loving professionals provides exemplary patient and family care. The clinical team, led by executive director Joyce Calabrese, works with families from Loris to Georgetown, and has plans to begin serving Williamsburg County as well.

Skilled registered nurses and compassionate aides team with social workers, chaplain, volunteers and the rest of the Regency Hospice staff to ensure their patients and families are dealt with honestly and lovingly throughout the end of life process. Validating the emotions and experiences of patients and communicating openly in working with all concerned are hallmarks of Regency Hospice care.

Bringing full attention to patient and family concerns helps empower families to make the most of the time they have. Yet for all the strides made in end of life care by the hospice movement since the 1960s, hospice still reaches only one in four dying Americans. This occurs despite research that shows patients and families want to have control over and discuss end of life preferences.

Once used primarily for end stage cancer patients, medical guidelines now enable Regency Hospice to care for cardiac, dementia, liver disease, neurological disease, pulmonary disease, renal disease and failure to thrive patients.

If you or someone you know is facing an illness that may be life-limiting, talk with someone from Regency Hospice to see if they may be able to help. At the very least, you’ll have contact with competent, compassionate staff who love you “like family” ... and that may be the best service Regency Hospice has to offer.

The Senior Services Directory, developed jointly by Coastal Carolina University and Horry-Georgetown Technical College, is having the First Annual Senior Services Directory Fair on Friday, March 17, 2006, from 10 a.m. to 2 p.m. The Fair will be at the Horry-Georgetown Technical College Grand Strand Campus Conference Center-Building 600. Agencies and services listed in the Directory will be present to talk about their services and distribute information. The fair is free and open to the public.
example of Victorian architecture, was built around 1894 by my great-grandparents, the Montogmerys, in Marion. I knew I had to choose the future rather than the past at that point in my life, but at the same time I knew what a deep core part of me, my soul and spirit and identity that ancestral home was. With its beautiful wainscoting, virgin pine paneled drawing doors opening into the parlor, dining room and library off the grand hallway, it was one of the most beautiful examples of Victorian architecture of that time period. With a fireplace in each room, 14-foot ceilings, and a yard that was more like a park with its spreading oaks and magnolia trees, the grace and beauty of this home exuded comfort, a gracious living, and more than that, family stories and history.

As a child I loved to roam the house with my eyes and fingers caressing the furnishings, each with their own story and history - my grandfather's oak desk with the secret panel for keeping his gentleman's bottle of liquor, my great-grandfather's roll top desk carved with exquisite detail from fine woods. And then there was the leather-bound law book inscribed with my great-grandfather's signature, the date, and the significant words, “This was all that was left of the fire.” There's also the story of my great-grandfather inviting the builder and his family from Florence, S.C., to move in with them for the year while the house was being built. It was too lengthy and arduous to make the trip over the rivers and swamps between Florence and Marion for more than a rare occasion in the 1890's before the bridges and highways we take for granted today. Through these furnishings, places, and stories and the love of their descendants, who preceded me, I feel like I know these ancestors whom I never met.

Of more recent history was the double-sided grandfather's desk or partners desk, my grandfather's wedding present to my grandmother after a 10 year engagement. My grandmother, Bell Montgomery Tilghman, had managed to prolong her engagement to my grandfather since that was the only way a woman could enjoy a career in those days (the early 1900's). Prior to her marriage at age 35 to my grandfather Horace Tilghman Sr., then 42, she had all but finished her Ph.D. in history at Columbia University in New York after completing her B.A. at Winthrop in an era when it was more the exception than the norm for a woman to go to college at all. She also served for many years as the dean of a woman's college in Mississippi. Since her dissertation had been on General Grant's influence on the South, she had even interviewed his son. Once she began her married life and began having children (my mother Anne Tilghman Boyce was born to her in 1919), her dissertation became stillborn. My grandfather ultimately nicknamed the double, partner's desk “Grant's Tomb.”

My grandmother was one of five children in the Montgomery family growing up in this home, now Montgomery's Grove, at the turn of the century in the early 1900's. While my grandmother Bell all but finished her Ph.D. in history, her brother Carol went on to Harvard Business School after Wofford College. Her sister Kate became a lawyer, her sister Mabel became a writer of S.C. history and people, and their youngest brother John Kinley became a pioneer aviator. He, along with his Chilean copilot, was the first man to fly over the Andes Mountains. They took along as passengers the parents of the man who'd died trying to do it before them. The diary of his journey is in the archives of the South Carolina Library in Columbia. The same John Kinley Montgomery almost lost the family fortune when he borrowed the money from his widowed mother to start a car business in Marion when cars still had a dubious reputation for scaring the horses.

The ancestral home has become a focal point of all these family stories and history. I know that my connection to them is part of my own story and sense of who I am. It is partly why I see the value of memoir writing and enjoy teaching it to excavate and record these stories for our own sake and the sake of those to come. Through writing our stories and our family's and ancestor's stories, we can connect to who we are. Whether we write for our own inner process as a gift to ourselves, or whether we do it for the generations to come or for posterity so that they may know history through the stories, it is of value. The important thing is for us to write and share and record these stories, knowing that we and others are richer for it, an that if we don't, then the stories die with us or are told through the lens of another generation further removed from the heart of the stories. §

Jackie Boyce can be reached at jboyce@coastal.edu.
Q: What are the “winter blues” and how can I get over them?

A: Some people think the “winter blues” are a fallacious old wives’ tale, and to avoid feeling down in the dumps in the winter time is just a matter of believing in a positive outlook on life, having a strong constitution, or being good at self-control. But such views are not consistent with scientific evidence on the matter.

The “winter blues” - or “Christmas Blues” or “New Year’s Blues” or “Holiday Blues” - are other names for a real and important psychological phenomenon, called Seasonal Affect Disorder (which is shortened to an unusually appropriate acronym, S.A.D.). S.A.D. is defined as a transient but significantly prolonged and/or deepened state of depressed positive affect (emotions) which usually occurs during the winter months (December, January and February). In other words, normal people become somewhat depressed for all or part of the winter months. Some experts think everyone suffers some degree of S.A.D. every winter!

S.A.D. is an unusually widespread mild-to-moderate psychological disorder which affects many millions of Americans every year, of both genders and all ages, and its primary cause is sunlight deprivation due to the shortened daylight hours starting in the late fall, peaking at the Winter Solstice, and ending in the spring. Our brain chemicals are genetically programmed by a biological clock that requires somewhere between 30 to 60 hours of sunlight each week to function normally. It is defined as “transient” because for most people S.A.D. lasts only a few weeks or months at the longest, before and after which they demonstrate a normal range of emotions. For many, S.A.D. is not limited to the winter time, and can occur more briefly at other times of the year when there are extended periods of cloudy weather, usually when relatively dark days last for at least a week or more. (Yes; Eskimos, Inuits, Scandinavians, Siberians, New Zealanders, Patagonians and other populations who live in the extreme northern or southern hemispheres year-round - thus receiving less natural sunlight each year - do indeed suffer statistically more depression than populations who live closer to the equator!)

One need not suffer from “clinical depression” to fall victim to S.A.D. S.A.D. is a malady of otherwise normal people, while clinical depression is a deeper, more pervasive, longer lasting and more debilitating state of negative emotions. S.A.D. produces a noticeably less positive anticipation of or participation in normally enjoyable winter events - like holidays from work, visiting with family members or friends, gift buying and giving, gift receiving, ritual meals, New Year’s celebrations or resolutions, etc. - and noticeably more negative normal post-holiday let downs (i.e., right after Christmas, Hanukkah, Kwanza, New Year’s Eve). Clinically depressed individuals can’t even muster the motivation, energy or executive cognitive functions necessary to meaningfully plan or participate in winter holiday rites or celebrations.

Recovering from clinical depression usually requires a program of counseling or psychotherapy, along with a course of anti-depressant medication(s). As noted above, however, S.A.D. is “self-correcting” in that it usually gradually lifts with the advent of the longer sunny days of spring. (If you think you have S.A.D., but don’t feel significantly better by the end of March or April at this latitude, that could actually be an indication of a more serious depressive condition that requires professional intervention.)

There are also several things you can do to battle S.A.D. during the winter time. First, there are certified “light therapy” facilities where you can go to sit in artificial sunlight for 10 to 20 hours each week for relatively inexpensive charges. (I don’t know if there are such facilities on the Grand Strand or not. I find none in the Yellow Pages here, but they are common in larger cities up north.) These are usually not the same thing as our ubiquitous tanning salons, which use ultra-violet light to darken the melanin in one’s skin. Second, take an extended vacation or two somewhere south, and soak up rays for at least a week in a location with longer, sunnier days – preferably in January. That gives you a break in the gloomy weather back home and provides a lift that can boost your mood for weeks. Third, add a solarium, sun room or skylight(s) to your home to bring more sunlight inside during the winter. Fourth, install fluorescent lights in several rooms of your house to replace incandescent lights, especially in dens, offices, kitchens and bedrooms (wherever you spend the most time.) Fluorescent lights are artificial sunlight, and have the additional advantages of showing truer colors and costing less in the long run. Finally, spend time outside on sunny days as often as possible - but at least two or three days each week - throughout the winter. It doesn’t matter what you do - walk, jog, bike, ride, play outdoor sports, or just sit and look around - as long as your eyes feed your brain’s inherent need for exposure to reflected sunlight.

So fight your natural urge to go into a form of “hibernation” or “house arrest,” staying inside in your warm, dry house during these relatively cold, wet, dreary winter months, and force yourself to get out into the sunlight as much as you can. Your brain will thank you for it, and your mood will show beneficial results for you and everyone around you!

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**PRIMETIME NOTE:**

Dr. Johnson is now doing counseling, consulting and training and can be reached at (843) 237-7262 or nandru@sc.rr.com. He is also teaching the following short courses at the CCU Waccamaw Higher Education Center: Gerontology; Psychology of Aging; “How to Judge the Quality of Senior Services;” “The Dr. Doolittle Memorial Lecture (Talking to Animals is Easy - Getting Them to Talk Back, That’s the Trick!) Human’s Place in the Animal Kingdom,” and “A Psychology of Religion: Science and Spiritual Beliefs.” For more information about the courses, call (843) 349-4032. §
Exercise and Aging: From Benefits to Barriers . . . . . . . Continued from page 1

older individuals, exercise has been shown to help ease symptoms of depression; one study found strength training as effective as medication in reducing depressive symptoms. Whether it is due to feeling better, increased self-esteem or biochemical changes to the brain (e.g., natural endorphins), exercise creates a healthy state of mind.

► INCREASED MENTAL ACUITY AND REDUCED COGNITIVE DECLINE Increased resistance to cognitive declines and to Alzheimer's disease has been a consistent research finding for older individuals who are physically active.

► DECREASED RISK OF CHRONIC HEALTH CONDITIONS Regular exercise reduces the risk for heart disease, diabetes, high blood pressure and many types of cancer. Increased immune function is often a side effect of physical activity, and one study found dramatic improvements in glucose control in diabetic men and women comparable to taking diabetic medication. Remember the statistic that 80% of Americans age 65 and older have at least one chronic health condition?

► BETTER SLEEP PATTERNS Regular physical activity can improve the quality of sleep in older adults. Most research suggests that exercisers receive more quality sleep and maintain better sleep routines.

► INCREASED SOCIAL INTERACTION One of the natural side effects of exercise is the social benefit, should one seek it. For many older adults, physical activity sessions become one of their primary social outlets and one with double the benefit!

► WEIGHT MANAGEMENT Physical activity increases metabolism, muscle mass and reduces body fat. Improved body composition serves the aging musculoskeletal system, allowing the body to naturally consume more calories.

► FALL PREVENTION Increased mobility, balance and flexibility from exercise helps prevent falls. One interesting study reported a 58% reduction in falls among older women who began an exercise program.

► IMPROVED BONE DENSITY AND ARTHRITIS MANAGEMENT Health organizations recommend physical activity to reduce pain, improve joint function and decrease the risk of osteoporosis. Strength training has been shown to ease the pain of osteoarthritis and rheumatoid arthritis as much as, if not more than, medications. Exercise increases bone strength and reduces the risk for fractures, particularly among older women.

► DECREASED MEDICAL COSTS There is a strong association between physical activity and medical costs. As physical activity levels increase, medical costs are reduced and this association increases with age, particularly among women. Health plans and insurance companies are awaiting more data to support offering financial incentives to physically active clients. Health insurers may currently cover physical activity counseling. Perhaps this could change in the near future.

► DELAYED ONSET OF DEPENDENCE Perhaps the culminating benefit of an active lifestyle is increased bodily functioning adding years of independence and quality of life. It has been reported, for example, that inactive, nonsmoking women at age 65 have six fewer years of active life expectancy than nonsmoking women who are highly active.

BARRIERS TO EXERCISE

What is stopping us? Barriers are not excuses. Barriers are real things that prevent us from adopting a physically active lifestyle. Barriers must be addressed, not just for individuals, but for our society as a whole if we are to make any progress changing the exercise habits of older individuals.

► PERCEPTION OF PHYSICAL ACTIVITY VS. EXERCISE The health club revolution of the last two decades left a legacy defining exercise as for the physically fit with thin, muscular bodies in leotards and spandex. This is not a vision most older people can imagine. A wealth of research has determined that physical activities outside the realm of “exercise” have cumulative health benefits. The key is to elevate the heart rate and overload muscles and joints regularly. This can be done via gardening, housework, walking from your car with groceries or playing with grandchildren. Though they have their place, physical activity doesn’t require fancy equipment of fitness centers or planning 30-minute sessions with heart rate checks and physical trainers. The physical activity community advocates a regular, physically active lifestyle. As discussed in the next article, this can be created and maintained in many ways.

► HEALTH CARE PROVIDERS Patients report that physicians and other providers have considerable influence over their health-related behaviors. One study found that individuals who report they were advised by a health care individual to lose weight are almost three times more likely to report trying to lose weight than those not receiving that advice. Another study found that 70% of women say doctors are their most reliable source of health-related information. Most data suggest that patients and physicians do not talk about exercise and physical activity during their consultations and that really amounts to “lost opportunities.” One study found that only 36% of adults age 50 and older report that their health care providers have asked about their levels of physical activity during routine check-ups. Another study indicated fewer than 50% of older adults reported that their health care provider had ever recommended exercise. Health care settings are the most trusted points of contact for many older adults but many health care professional lack training or time to prescribe and monitor physical activity, particularly with older adults with chronic conditions. If exercise counseling does occur, it usually is a general recommendation for walking or swimming. However, consumers also contribute to this barrier. Several studies have found that people find it difficult to ask questions of their health care providers — so the reality is that both patients and physicians need to open the communication about physical activity.

► HEALTH INSURERS Most health plans do not support or encourage physical activity counseling, and programs within the health care setting further contribute to this barrier. Reasons range from short term costs to historic exclusions. Medicare and Medicaid do not currently cover physical activity counseling. Perhaps this could change with more research data and public health efforts.

► FITNESS FACILITIES The International Council on Active Aging provides a comprehensive guide in selecting an age-friendly fitness facility. Choosing the right one is important and includes evaluating facility accessibility, emergency procedures, equipment usability, programming and staff qualifications. Easily adjustable equipment, large type on written materials, and programs aligned with chronic conditions are examples of an age-friendly facility.

► CONVENIENCE AND MODERNIZATION Most modern conveniences deprive us of the normal level of activity our ancestors experienced, minimizing effort and caloric expenditure for required daily activities. Our grandparents likely didn’t have the same access to elevators, online shopping, restaurant choices and automobile travel that we have. This barrier underscores the increased need for intentional

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The CSAAR would like to encourage older adults and retirees from the Grand Strand to take advantage of the many university events that may be of interest to them. You can stay up-to-date about cultural, athletic and other informational or entertainment events that are free and open to the public by viewing the Calendar of Events on Coastal’s Web site: was.coastal.edu/calendar.

Here is a small sampling of events to be held at CCU during the next few months that community members are invited to attend. Events are free unless otherwise noted. For more information or details on any event, call the Wheelwright Box Office at 349-2502.

- Feb. 12 ~ Faculty Recital, “Songs of Life and Love: Music for Voice and Flute” featuring Patti Yvonne Edwards and Amy Tully; Edwards Recital Hall; 4 p.m.
- Feb. 13 ~ CCU Symphonic Band Wheelwright Auditorium; 7:30 p.m.
- Feb. 23 ~ Liederabend (Evening of Song) Students, faculty and guests will present a program of German music; Wheelwright Auditorium; 7:30 p.m.
- Feb. 26 ~ Beethoven! The Long Bay Symphony Wheelwright Auditorium; 3 p.m. Admission: $20, $15 for senior citizens, $5 students
- March 22-26 ~ Oklahoma! Coastal Carolina University Theater - Wheelwright Auditorium; Thursday through Saturday at 7:30 p.m., Sunday at 3 p.m. Admission: $10; $5 students
- April 3 ~ David Bankston and Friends Wheelwright Auditorium; 7:30 p.m.
- April 6 ~ Sax Ensemble Edwards Recital Hall; 7:30 p.m.
- April 12 ~ Pop 101 Wheelwright Auditorium; 7:30 p.m.
- April 18 ~ Percussion Ensemble Wheelwright Auditorium; 7:30 p.m.
- April 21 ~ Faculty Recital, Mozart 259th Anniversary Piano Sonata Series featuring Gary Steggall Edwards Recital Hall; 7:30 p.m.
- April 23 ~ CCU Concert Choir Wheelwright Auditorium; 4 p.m.
- April 24 ~ Jazz After Hours Wheelwright Auditorium; 7:30 p.m.
- April 26-30 ~ second.
  Coastal Carolina University Theater - Edwards Theater Thursday through Saturday at 7:30 p.m., Sunday at 3 p.m. Admission: $10; $5 students
- April 27 ~ CCU Symphonic Band Wheelwright Auditorium; 7:30 p.m.
- April 29 ~ The 5 Browns Wheelwright Auditorium; 7:30 p.m. Admission: $20, $15 for senior citizens, $5 students

Exercise and Aging: From Benefits to Barriers

and deliberate physical activity and exercise strategies in our daily lives. We MUST think about it and WORK at getting enough health-enhancing exercise.

► DISCOMFORT Discomfort when exercising often leads to avoidance of activity; that causes a decline in fitness and more discomfort. This cycle can be a strong barrier to many older adults. While it does take time, discomfort usually subsides within a few weeks and exercise is more tolerable as joint pain improves.

► PERCEIVED FRAGILITY AND FEAR OF INJURY Most experts agree it is a myth that older adults are fragile and cannot exercise. Research suggests that with proper guidance older adults can sustain high levels of exercise intensity and receive benefits comparable to what a 22 year old would receive. There are fragile individuals and more health issues and potential adverse events can occur as you go up the age spectrum, but that is rare when compared with the norm. Older adults may need a bit more attention, but their chronic conditions are often mild. Remember, the reason for exercise is to reduce frailty. After seeing the results from a weight training study of elderly adults, one researcher commented, “...they don’t die, they double and triple their muscle strength and throw away their walkers.”

► TIME Lack of time is a universal barrier and is the most frequently cited barrier for people of all ages.

► THE STAGES OF CHANGE For older non-exercisers, introducing exercise is a major change and can be very challenging. Starting an exercise program is a step-by-step approach, beginning with “pre-contemplation” (getting motivated) and ending with “maintenance” of a behavior. Behavior change takes a significant amount of time and requires a great deal of patience and persistence.

► PERSONAL INERTIA This category includes the reasons of being too busy, laziness, depression or boredom. These barriers differ among exercisers and non-exercisers. While exercisers more often cite time constraints, non-exercisers more often cite lack of motivations and depression. These barriers are personal in nature and must be addressed if exercise is to become a part of one’s lifestyle.

We are meant to be active animals. It is our natural state. Research is pouring in that provides evidence of beneficial physiologic and functional effects of physical activity for the aging populations. Perhaps most importantly, exercise can preserve function and independence. Admittedly, there are some significant barriers to being physically active as older adults. Recognizing this, our next article in PrimeTimes will focus on how older adults might overcome exercise barriers by providing practical tips and strategies for including and maintaining physical activity and exercise into our daily lives.

PRIMETIMES NOTE: In a CSAAR survey in 2004, 25% of respondents ages 50-79 reported exercising once a week and 62% almost daily. The 60-74 aged group reported 48% once a week and 41.8% almost daily; the 75-79 group was 3.6% and 9.1% respectively. Gib Darden has announced a Community Fitness Testing program available to CCU and the extended community. To learn more about this program, contact Stacey Beam, coordinator, Smith Exercise Science Lab, at 349-2807 or e-mail: sbeam@coastal.edu
The clients whom we assist with non-medical home care wish to remain in their own homes as long as possible. The little known Veterans Administration Aid and Attendance Program may be the key for many to make that wish of remaining safe and cared for in their home a reality.

According to the Veterans Administration Web site description of the Aid and Attendance Program, to be eligible, “A veteran who is determined by the VA to be in need of the regular aid and attendance of another person, or a veteran who is permanently housebound, may be entitled to additional disability compensation or pension benefits. A veteran evaluated at 30 percent or more disabled is entitled to receive a special allowance for a spouse who is in need of the aid and attendance of another person."

Here are the criteria for eligibility:

**Service Requirements:**
- Served in the armed forces - with 90 or more days active duty, at least one of which was during war time.
- Was discharged other than dishonorably.

**Disability Requirements:**
- Permanently or totally disabled - the VA accepts a doctor’s letter stipulating to the disability status.
- Is in need of care and assistance on a regular basis to protect the veteran/survivor from the hazards and dangers of his/her daily environment, although he/she does not have to be totally helpless.

**Net Worth Income Requirements:**
- Up to $80,000 assets (home not included); no penalty or look back for transfer funds.
- Income cannot exceed $1,675/month. HOWEVER, many non-reimbursable expenses can be deducted from income including Non-Medical Homecare.

Several of our clients have had personal experience in accessing this program and they have been very pleased with the outcome. Although it may take some time for the VA to process the application, if approved, it is retroactive to the date of application.

We suggest that older vets or those caring for them gather their discharge papers, proof of disability (a doctor’s notice will usually suffice), proof of net worth (excluding home) and proof of monthly income and call 1-800-827-1000. We hope that this “well-kept secret benefit” will not be a secret for long. §

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**Service Learning ACTIVITIES at CCU**

**Coastal’s Gerontology Certificate Program: Services-Learning Activities Curriculum Component for Students**

by Sara Brallier, Ph.D., director, Gerontology Certificate Program at Coastal Carolina University

In an effort to meet community needs within the elderly population in Horry and Georgetown counties and enrich the educational experiences of students, faculty in the Gerontology Certificate Program at Coastal Carolina University are revising the program to incorporate a service learning component into three separate introductory courses in the program. These courses include: Gerontology, taught by Williams Hills, Ph.D.; Sociology of Aging, taught by Sara Brallier, Ph.D.; and Biology of Aging, taught by Richard Moore, Ph.D. Students in these courses will be placed in practical, educational service experiences that match the courses’ educational objectives.

Sara Brallier has been incorporating service learning into her Sociology of Aging course since the summer of 2003, when she received a grant funded by the Corporation for National and Community Service (www.nationalservice.org) administered by the Association for Gerontology in Higher Education (www.aghe.org) and Generations Together/University of Pittsburgh (www.gt.pitt.edu). The service-learning activities incorporated into this course were designed to provide social support to older persons with AIDS (PWA) and education about HIV/AIDS to the older adults in Horry County. Working closely with CARETEAM, the local AIDS Service Organization, students participated in a friendly-visitor program entitled “The Buddy Program.” The students’ responsibilities included developing personal relationships with their buddies, service as CARETEAM liaisons for their buddies, and service as personal resources and emergency contacts for their buddies. This activity was designed to address the need for social support services for older PWA; many local older PWA suffer from both depression and isolation. Some lack social supports because their partner and friends have either died or they are themselves coping with AIDS. Others are isolated from their community and family because of the stigma associated with the disease, their sexual orientation and/or excluded from the gay community because of their age.

Students also designed an educational brochure entitled “AIDS and Older Adults” to address the concern expressed both nationally and locally by health professionals regarding ignorance about HIV/AIDS among older adults and lack of educational programs to address this ignorance.

There were a number of positive outcomes from these projects. Students were able to relate the “real life” experiences of their buddies to numerous topics covered in the course (e.g., ageism; the welfare state and older adults; family relationships and social support systems, life course transitions; and care giving to the frail elderly) and this enhanced students’ comprehension of course content. Moreover, many students were motivated to continue engaging in community service. Two-thirds of the students opted to continue to work with their buddies after the conclusion of the course.

For Gerontology Certificate Program information, visit Coastal’s Web site: www.coastal.edu/sociology/GCP_page_soc.html/. §
The best mirror is an old friend...

When you look back over your shoulder into your memories of the life you’ve led thus far, who is it that you see? Is it a skinny little kid helping you chase a kite that won’t fly in an open horse pasture on a not-so-windy day, or is it the kid who helped you cast baited lines into a canal ditch not too far from where you live? Or is it your friend, who during her first overnight stay at your house, fought you over your very first baby doll you lovingly called Mary?

Or do you remember who helped you make your first homemade batch of baby oil and iodine suntan lotion while singing to the tops of your lungs “Let’s hear it for the boy?” Or perhaps your first double date in a red car with very loud music and a very wrong selection of young men comes to mind. Or do you remember the friend who stood right beside you while you told your mom the lie about your whereabouts over the phone because you just couldn’t look her square in the eye?

Do you think of the friend who played short stop while you played first - the only one who could make you look good in your position and threw dead-on into your glove every time? Or do you remember your first long walk on the beach with your new beau and how late you called her to tell her about the long kiss, or how her mom dared you to ever call that late again? Or perhaps it’s the memory of her painting her lips with no-so-hot pink lipstick and singing “Girls just want to have fun” to make you laugh when you cried all night because that someone broke your heart. Or maybe you remember your senior party and how everyone in your graduating class pitched in to plan, but only she showed up to help you clean up the next mornings trash.

Or do you remember the first time you cut school and ran your car out of gas on the other side of town, and she laughed so hard she almost wet her pants because you had to call your brother to come to the rescue, and then cried when he said he wouldn’t lie about it for you?

When I look back I see my best friend. I see her cry with me over spilled milk and I see her cry with me during times I thought I’d never overcome. I met her in first grade and I watched her grow up, get married, have babies, become a great mom and a woman whom I admire because she just won’t succumb to who has what or who make the most money or lives in the finest home.

Another school year is about to start, and it’s a time when best friendships will be nurtured. That’s where we all met the people who have carried us through life. And soon enough, our lives and responsibilities take us over. We all get so busy surviving in the world that we often forget just how special those best friends were and still are.

But then, just as it dawns on me how neglectful I’ve been, the phone will ring and I’ll hear that same voice from my past - the same one that sang skip-rope songs with me. The same one that cheered me on. The same one that coaxed me in and out of trouble those many years through school. And she’ll do it again. She’ll tell me she’s proud, just checking in, busy, would love to see me, will catch me sometime soon - and she’s gone...gone back to her life...her responsibilities.

We wish for you dreams, goals, challenges, a lifetime of achievement and success, but most importantly, best friends!

PrimeTimes occasionally sights articles appearing in one of our local papers or tabloids that just seem worthy of passing on to our readers. What follows is one of those and we’ll call it “A Memoir by a Local Personality.” (This “personality” is Bridgette Johnson, executive director of the Conway Chamber of Commerce and the piece appeared in The Horry Independent.)

SCAMWATCH...Invest Wisely in 2006 . . . .

seminars (to take advantage of soaring housing prices), advance stock notifications for Mexico-based companies (to serve growing Hispanic populations), and investment pools (to help hurricane and tsunami victims).

To avoid falling victim to fraud, the BBB advises investors to be particularly cautious of any of the following red flags:

- Words like “risk free,” “guarantee,” “high return” or “limited offer.” According to government regulators, no financial investment is “risk free” and a high rate of return means greater risk.
- Offshore scams and investment opportunities in other countries, particularly if they claim to be “tax-free” and “confidential.” If you send your money abroad and something goes wrong, it will be particularly difficult to locate your money.
- Promises of “quick” profits or “fast” cash, “ground floor” opportunities, offers to share “inside” information, and pressure to invest immediately because the “market is moving.”

“Before making an investment decision, get the facts in writing,” said Trudeau. “At the very least, you should obtain and verify the following information.”

- If the investment and seller are licensed and registered. Check with the U.S. Securities and Exchange Commission (www.sec.gov) and the state securities agency in the state (www.nasaa.org) where you live.
- If there is a record of complaints about the promoter or the investment company at the BBB, the SEC or the state securities agency.
- The costs to buy, hold and sell the investment.
- The risk that you could lose the money you invest.
- The rate of return to expect on your money and when.
- The company’s headquarter location, how long it has been in business, and its product or service.
- What the promoter is being paid to tout the investment opportunity.

In addition, the BBB advised investors to always request and carefully read through financial information about the investment, such as a prospectus, annual report, offering circular and financial statements.

“Compare the written information to what you were told or read online. Watch out if you are told there is no such information available,” the BBB president said.
In the Fall issue of PrimeTimes we listed some Web sites to visit for information on aging, health and other subjects. In this issue we are providing additional ones we have become aware of. However, other than our own Services and Agencies Directory, we cannot be responsible for the content in these Web sites. And, there are many more out there with diverse value and interest.

10 keys to smart aging . . . Continued from page 3

We have fewer friends in old age not so much because we’re any less likable than we’ve always been - although there is some truth in the perception that older people are “more set in their ways” and less tolerant of people they don’t like - but it’s more often due to us or our friends moving away (to retire, to be closer to distant adult children or to go into a residential facility), and the fact that mortality statistics catch up with us; the older we get, the more likely we are to have friends die. Because close friends play such a major role when we’re older, it follows that we should expend more time and effort nurturing such key relationships because losing them hurts worse than at any other time in our lives. This pain of loss is only partially offset by the fact that losing friends to relocation or death in old age is less surprising - and therefore somewhat easier to recover from than it is at younger ages.

For most of us, family relationships are even more important to smart aging than are friendships. Old age is often the time when we recognize the paramount contributions to our lives close relatives have made - usually parents, siblings and children, but perhaps aunts, uncles and cousins - and we both give and receive more meaningful expressions of love and appreciation than we did when we were younger. Older adults are also more likely to “let bygones be bygones” and more willing to heal family rifts caused by actions in the distant past. The importance of being able to count on the support of tried and true family members in later life cannot be overstated.

An especially important source of social support in old age that combines the best aspects of both friendship and family is what gerontologists call a “sexual or sensual dyad” (= a romantic couple); usually marriage. Many scientific studies conclude that married older adults are two to four times more likely to rate their lives after 60 as “happy” or “successful” than single seniors do. Of course, due to well known mortality statistics, older women are more than four times more likely to be widowed than are men. And older married men are more than twice as likely as women to cite their marriage as a key factor to their happiness as are women. Both men and women who remarry in old age, however, consistently rate their lives as improved over being single.

But whatever types of social relationships we have in older adulthood - friends, family and/or spouses(s) - the most important purposes of social support remain the same, as represented by the “3 A’s”: affection, affirmation and aid. Affection means the receipt and sharing of positive emotions, such as liking, joy, poignance and love. Affirmation means the other person sees you the same way you see yourself, or as you want to be seen. Aid means the other person provides appropriate and helpful support and assistance when you need it. (Not providing aid when we need it, and providing aid when we don’t need or want it, are both usually perceived negatively, and thus don’t qualify as social support!)

Very simply, the more of the “3 A’s” any social relationship provides us, the more beneficial and important it is to us, and the more it contributes to smart and successful aging, especially in senior adulthood.

With enough social support, we are likely to be able to withstand and even triumph over whatever trials and tribulations old age brings. Without it, we are much more likely to fall prey to its unique crises.

This concludes the six-part “Smart Aging” series, and probably my contributions to the CSAAR’s PrimeTimes newsletter (since I’ve “re-retired,” although I will be teaching short-courses at the Waccamaw Higher Education Center in Pawleys Island.) I hope you readers have found my articles to be informative and helpful as you try to successfully negotiate this special time of life, the “prime times” of older adulthood. I hope I can some day look back on these years beyond 60 as the best and most meaningful of my life, and wish the same for all of you.
Prime Times recognizes that there’s always room for a smile – occasionally even a laugh out loud – among the serious topics we address. If you have a humorous story about the lighter side of aging, send it in and we may publish it in future issues of the newsletter.

Smile~A~While

The Silent Treatment

A man and his wife were having some problems at home and were giving each other the silent treatment. Suddenly, the man realized that the next day, he would need his wife to wake him at 5 a.m. for an early morning business flight. Not wanting to be the first to break the silence (and LOSE), he wrote a note on a piece of paper, “Please wake me at 5 a.m.” He left it where he knew she would find it.

The next morning, the man woke up, only to discover it was 9 a.m. and he had missed his flight. Furious, he was about to go and see why his wife hadn’t wakened him, when he noticed a piece of paper by the bed. The paper said, “It is 5 a.m. Wake Up.”

(Men are not equipped for these kinds of contests!)  $