

SOCIAL GERONTOLOGY FOR THE 21ST CENTURY



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en gérontologie sociale

pluralages

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PluralAges is published by the Centre de recherche et d'expertise en gérontologie sociale (CREGÉS) of the CSSS Cavendish – Centre affilié universitaire, and is released in three issues per year. This magazine is designed to inform the public and raise awareness of social issues surrounding aging by, among other things, presenting the research initiatives and expertise being developed by members of the CREGÉS. Created for and by seniors, PluralAges also aims to promote and foster ties between the research, teaching and citizenship milieus and practitioners. Issues related to aging are addressed through a socio-gerontological lens, touching on such themes as diversity in aging, recognition of the elderly – both socially and as citizens, experiences with social exclusion and solidarity, political concerns, State directives and public policy targeting the aging population and its needs.

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Toward a 21st Century Social Gerontology

The *PluralAges* Committee is primarily comprised of professionals working at the Centre for Research and Expertise in Social Gerontology (Centre de recherche et d'expertise en gérontologie sociale – CREGÉS), a university-affiliated centre (CAU) that is a part of the CSSS Cavendish. From its inception, including the perspective of the elderly community by means of a representative senior from outside the CREGÉS has been an essential component. The following editorial was completed and prepared for publication before Jacques Boulerice (JB), (our "official old guy" as he calls himself) arrived on the scene. The use of balloons came to us as a practical way to help him catch up and step into our thinking on the fly, as well as to spice up our editorial along the way, so that is how we incorporated his thoughts and comments.

JB: Before it became an insult, "old" meant someone who had lived a while.

We are very pleased to present the first-ever issue of *PluralAges*, Review of the CREGÉS. It will replace the *Vital Aging* Bulletin, which, after keeping you informed for the past fifteen years, needed to be updated and refreshed to better reflect the CREGÉS of today (more about that later). So *PluralAges* comes in a new guise, but that is not all: its orientation, perspective and content have also been renewed so that it more dynamically approaches the importance aspects of 21st century social gerontology.

"Ageing well" ...or a variety of ways to age

First of all, the new title comes from a critical look at the idea of "ageing well" undertaken by the editorial team and research group. While it was a praiseworthy initiative in public health around 1990, it now sometimes

JB: An editorial board rejuvenated by a genuine old-timer who doesn't mind getting in a few remarks of his own!

JB: ... Optimistic about the future, not tied to the past.

implies a restrictive and unchanging approach that doesn't accurately reflect the wide variety of ageing experiences that people actually live through. So, how exactly does one "age well"? Rowe and Kahn, in their celebrated instruction manual *Successful Ageing* (1998), suggest it means remaining physically, mentally and socially active and optimistic about the future, maintaining a healthy regime and preventing illness. If one doesn't do these things, does it mean one has "messed up" old-age, made it humiliating, something for "bad old folks" to feel guilty about? Are people who don't "age well" likely to be marginalized or ostracized and blamed for "costing the system too much money, more than they're entitled to"?

JB: Where have we heard this before?

Far be it for us to deny the efforts of those who try to improve their conditions, but these new concerns in public health have become the norm and somewhat taken for granted, and yet they might still be open to question – politically, socially and culturally. Ageing is of course a biological and psychological process, but it is above all social, and as such, is connected to the involvement of the state and various levels of government and the services provided.

continued on page 4 »

JB: I'm looking at a letter addressed to me by Service Canada: Jacques Boulerice – REQUEST FOR OLD-AGE PENSION. So this makes it official!

Do we choose how we age, or is it imposed on us? Is there a particular age when one officially becomes "old"? Aren't such things arbitrarily set by the society we live and grow old in? We believe ageing, in individuals and in societies, is tied to a multitude of health and social factors, including

a wide range of individual experiences, perceptions and notions of society.

It has been noted that the ways people age depend on a number of factors: ethnic and cultural origins, socio-economic and living conditions, gender, sexual orientation, a particular region and its socio-political features, family history, life-story, education, and so on. Yet individual ageing is also influenced by external factors, such as negative or pejorative perceptions (often the result of ageism) which for older people often translate into having their abilities and growth-possibilities dismissed simply because they are supposedly beyond the "age-limit". All of these factors, in their complexity and variety, underlie what this new publication seeks to address. We will attempt to cast light on the many facets of ageing while resisting the temptation to pass value-judgements or "pigeon-hole" certain viewpoints.

JB: ... going past the age-limit -- like going too far.

Of course, it is beneficial to age actively by exercising daily, eating properly and by maintaining social contacts with one's family and community. It is well known that these habits help prevent the physical and cognitive incapacitation that often come with ageing, as well as the social isolation that stems from loneliness and limited outside contacts. We simply wish to point out that the social workings of ageing are complex, and that it is necessary to understand the experience of those who, for whatever reason, do not "age well" or who opt to age in their own particular way; for instance, by avoiding personal and societal interaction.

JB: You don't get arthritis from choices made in the prime of life. When old age comes, they're still not out-of-date.

Of course, we support social interaction and an active life for the elderly, but this should not be considered the only path. In other words, for

a society to be worth living in and growing old in, it must acknowledge, appreciate and support all of the ways in which its citizens live their senior years.

What is Social Gerontology?

The CREGÉS credo holds that age and ageing are not just universal; they are also very complex. They affect individuals and groups, even entire societies.

It is much easier to imagine individuals inevitably approaching a stage where they are referred to as elderly than to conceive of the ageing of an entire population, regardless of how much this has been discussed in the media over the past few years.

Specialists and scientists in a variety of disciplines, gerontologists are interested in number of different aspects of old age and ageing. For some, biology comes first – the ageing of cells, ailments that particularly concern the elderly. Others are more concerned with the isolation of the elderly, or the abuse that some undergo, or the families who take care of elderly parents with limitations, or even retirement policies, etc. These are all part of social gerontology, which is defined as the study of social factors in ageing. This area of research seeks to lay down the ground-rules of how society and the ageing process influence one another. (see CREGÉS' internet site: www.santemontreal.qc.ca/CSSS/Cavendish).

PLURALAGES

A name that is open to many outlooks

The name of this new publication was chosen by the members of CREGÉS. *PluralAges* emphasizes the multiplicity of experiences and ways of ageing, plus the fact that CREGÉS is a multi-disciplinary team with a special interest in the questions of old age and ageing. It also reflects our wish to promote the co-operation that is essential between generations. It sets a course for inclusion and solidarity between and among the different forms that ageing itself takes.

A Social and Critical 21st Century Gerontology

PluralAges will also take a critical look at the social features of ageing and social action by the elderly, with particular attention to the obstacles that impede or retard establishment of an inclusive society. These might take the form of ageist practices or attitudes, inequality, discrimination, or a variety of social exclusions. Its approach is one of socially critical gerontology, similar to that developed in Great Britain in the 1980s following the massive wave of privatization undertaken by Margaret Thatcher. It seeks to emphasize the ways in which ageing is affected by political and social practices, as well as by the degree of state involvement¹. Following in the footsteps those concerned—agents, researchers and the elderly themselves—we believe that institutional, structural and social barriers exist that can create or recreate situations which exclude or marginalize people along the lines that differentiate them².

We also challenge a number of popular myths or images of aging currently in vogue, which often reduce the experience of ageing to stereotypes stamped with prejudice that suggest the elderly are all the same – easy to spot in ways that are usually negative. It is not surprising then that the thought of growing old scares people! This static and simplistic way of looking at ageing is simply not how elderly people really live their lives, and it provides fertile ground for continuing prejudice, discrimination and exclusion against “oldsters”, perceived in many ways as “undesirables”; in other words, a burden on society, useless, narrow-minded and against anything new.

PluralAges: a springboard to openness, exchange and sharing

PluralAges thus becomes a link among scientific, social and practical approaches and applications, as well as among members of CREGÉS. In these pages, we will present research results, special areas of expertise developed by our agents, community services, and ideas and projects presented by CREGÉS members, among other contributions. We wish to promote interaction and mutual assistance in the completion of projects developed over time in the research and practice communities of the CSSS Cavendish, where CREGÉS makes its home.

Over the past twenty years, collaboration between researchers and agents in the field have helped evolve new ways of doing things in both areas, especially in terms of improving the living conditions of caregivers, preventing mental health problems in those over 60, as well as in the prevention of, and intervention in, elder-abuse cases. Our collective knowledge, fine-tuned over these two decades,

is rooted first in those who created it, with their own wealth of history and experience, and who we are convinced are worth writing about (in fact, a special section will be devoted to this aspect).

JB: Old folks' memories are not like a winter sun: they can warm as well as light the way for young people.

PluralAges will highlight the projects and the dynamism of CREGÉS and its members; it also is expected to provide links between the fields of research, teaching, professional intervention and citizen involvement concerning the elderly. In other words, it is not just for professionals and researchers, but for everyone concerned with

the question of ageing in the 21st century: community groups, seniors-rights defence associations and political decision-makers.

We would like our reflections and discoveries, our specialized abilities and our experience to become a part of the day-to-day work carried out in the field. *PluralAges* could thus contribute to everyone's awareness of the social dimensions of ageing and to the improvement of living conditions for the elderly.

JB: I must learn to be curious, just like the young. I got this from my granddaughter Mariane just before she turned 9.

JB: ...sure, like all old folks want is a ton of meds!

One of our long-term goals is to allow the elderly—whose numbers are increasing—to express themselves through this publication. We shall begin with a space reserved exclusively for those over 60, “For crying out loud” where in each issue, someone over 60 can express himself/herself freely on any subject and in any fashion, be it the experience of ageing, the underlying forces of ageing, or simply a reaction to current events. In this very first issue, for example, we feature an article by Françoise Bouffière, a “young” novelist and a former teacher.

It is our hope that *PluralAges* will contribute, however modestly, to developing a society in which ageing can at last be considered a positive experience, even if all is not always for the best, as in any other part of life. Much remains to be done before we can claim to have grasped all of the complexities associated with growing old. The same could be said of our aim to bridge the gaps among those in research, teaching, intervention and public action, all of whom are attempting to improve our society. <<

1. e.g.: Philipson, C. 2001. *The Family and Community Life of Older People: Social Networks and Social Support in Three Urban Areas*, London: Routledge.
2. Billette, V. & Lavoie, J.-P. (forthcoming). «Vieillissements, exclusions sociales et solidarités», In Chapentier, M. & al. (dir.). *Vieillir au pluriel. Regards sur les aspects sociaux du vieillissement* (provisional title). Montréal, Presses de l'Université du Québec.

The Multiple Identities of CREGÉS

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The Centre de recherche et d'expertise en gérontologie sociale (social gerontology research and expertise centre, known by its French acronym, CREGÉS) is where the academic mission of the Centre de santé et de services sociaux (CSSS) Cavendish, one of six CSSS' in Québec that have been designated as Affiliated University Centres (AUC) is carried out. CREGÉS has five overarching goals in social gerontology, its area of specialization: 1) Conduct scientific research; 2) Develop and test cutting-edge services and practices; 3) Offer university-level instruction and training to health and social service practitioners; 4) Facilitate the exchange and sharing of knowledge and expertise; and, finally, 5) Play a leadership role and develop partnerships with the community. In this first issue of *PluralAges* we thought it appropriate to devote some space to a clear presentation of the specific—and still relatively unknown—mission of a CSSS-AUC, illustrating it with a description of some of CREGÉS' activities and achievements. What we particularly want to do in this article is describe how CREGÉS executes its research mission.

A stimulating environment and committed players

What sets CREGÉS apart and infuses it with strength and vitality is that it unites the worlds of research, clinical practice

and community action around a common project: to improve public services and intervention, enabling seniors to take their rightful place in society free of any form of exclusion based on their age or social condition. CREGÉS members are resolutely committed to the joint creation of new knowledge in the field of critical and applied social gerontology.

A research centre that shares its resources and goals with front-line practitioners can promote the creation of research fields that are anchored in people's lived experience, and enable the practical application of research findings. It should also lead to the creation of community services that have been stimulated and enriched by research, improving the response to identified needs. At the CREGÉS, numerous research projects emerge directly from questions originating in front-line practice and issues encountered by practitioners. CSSS Cavendish's «cutting-edge services» for seniors have grown out of groundbreaking knowledge and expertise in the associated disciplines.

For practitioners working in the CLSCs, residential centre and seniors rehabilitation hospital that constitute CSSS Cavendish, the CREGÉS provides an opportunity to adopt a more reflective mode (stop for a moment and step back), and individually and collectively test and develop their professional practice by initiating or collaborating on a variety of research projects. For the researchers, it is a chance to be more pragmatic (moving closer to actual practice), and to place their expertise and knowledge at the disposal of the community, motivated by the knowledge that their contribution will be vastly more useful to more people, and will contribute to addressing the requirements and complexity of the practice. For seniors, it is an opportunity (that we must develop

further) to take part in action research projects, to make their voices heard and to participate in the development of the knowledge on which the decisions and actions concerning them will be based. For Québec society, it is an accumulation of diverse, modest and large contributions at the local, regional, national and international levels: a gauge of the quality, renewed knowledge and relevance of the resulting interventions.

CREGÉS currently numbers roughly 60 members who share this commitment and concern for seniors. They represent numerous disciplines—social work, psychology, public health, anthropology, epidemiology, kinesiology, nursing science, sociology and applied human sciences—and work together in interdisciplinary teams, employing diverse research methodologies for their projects, based on the project's objectives. Comprehensive and qualitative approaches are often preferred because they give more voice to those directly concerned. Researchers, practitioners, master's and doctoral students, technicians, professionals and managers work together on developing varied types of expertise and disseminating this collective knowledge.

Five research streams

Seventeen researchers, all members of CREGÉS, are responsible for scientific research. These university professors and researchers based in health and social services institutions—including three from CSSS Cavendish—are affiliated with the Université du Québec à Montréal, the Université de Montréal, McGill University, Université Laval, the Université du Québec en Abitibi-Témiscamingue and the Institut de gériatrie de Montréal. This team is completed by 25 practitioner-researchers and a dozen students seeking their master's degree, doctorate, or pursuing post-doctoral studies.



Together they initiate and lead some 60 projects grouped into five research streams:

1. Multiple forms of aging and their representation. Certain images of older persons have become fairly pervasive in our society, for example, the image of a retired and rich baby boomer travelling or playing golf, or that of failing and ill seniors, living in institutions and being a financial burden on the State. These representations are not merely images. They frequently guide the practice of planners, managers and professionals. Yet they are often only simplistic stereotypes that may not correspond at all with the reality. Even though they are the same age, the situations of a grandmother who regularly babysits her grandchildren, an elderly immigrant man who has just arrived in Québec, a gay man who has severed ties with his family, and a scholar who is continuing to pursue an active academic career, differ vastly. Heterogeneousness is an essential characteristic of seniors. Aging, whether individually or collectively, takes place within a diversity of contexts, commitments, and conditions of belonging that have marked the life trajectory of each person and thus, their aging process. The aim of research projects in this stream is to describe and comprehend the multiple forms aging can take and the representations attached to each. To this end, the team is researching, among other things, older gays and lesbians, immigrant seniors, volunteerism and the intergenerational transmission of knowledge and values. All these aspects exemplify the multiple contexts and processes of aging.

2. Social environments and living situations of older persons. The trajectories of aging are also conditioned by the different environments in which we live. Research teams are focussing both on the family and social circles, and on living environments. Families can be small or numerous, and members may live nearby or at a great distance from each other. Some families are very close while others are marked by

emotional distance and conflict. Being surrounded by close friends and relatives, or being socially isolated are significant factors that condition the experience of aging. Similarly, living in a health care institution or at home, or in a safe neighbourhood where everything is within walking distance, versus an unsafe neighbourhood or where people are more dependent on cars greatly influences people's lifestyles. In this research stream, projects focus on family dynamics, the support received by aging parents who have become incapacitated, and grandparents' involvement with their grandchildren. Other projects concern seniors' living environments, institutional life, and the influence of neighbourhood on the daily lives of aging residents.

3. Intervention with and for seniors and their close relatives and friends. Since CREGÉS is located in a health and social service centre (CSSS) and many practitioners are members of CREGÉS, the analysis of intervention practices, in particular those of the CSSS, is an important concern for our team. Some of the projects are devoted to assessing the operation and the effects of innovative interventions and programs. Other projects focus more on the premises, beliefs and values guiding current practices and programs. One underlying principle is that seniors must be treated as more than patients or recipients of these interventions. Particular attention is given to their role in these interventions, which is often transformative, and to the steps they take to prevent or deal with difficult situations. For us, they are the subjects of their aging process, even when they are patients.

4. Public policies on aging and citizen action. Public policy is central to the structuring of the aging experience. Indeed, the official old age threshold—65—was determined after this age was selected to establish eligibility for old age pensions. These pensions have made it possible for seniors to exit the extreme poverty that characterized them until the

middle of the last century. Policies, particularly health and social service policies, also condition the services and interventions addressed to older persons. Moreover, seniors are not simply affected by public policy, they are also citizens who are active politically and are changing the course of society and public policies, and not merely those that directly affect them. This research stream is concerned with public policies and how they affect aging—including the use of age in defining individuals' rights—in addition to being about the services addressed to older persons, especially home care and housing services. And finally, they address seniors' involvement in citizen and community action.

5. The fifth research stream is cross-cutting. The projects in this stream concern the four preceding subjects, but analyze them through the lens of **the forms of social exclusion associated with aging and the actions of solidarity that counter it.** How do social representations, living environment, and public services and policies help to reinforce exclusion or, on the contrary, reduce it? What solidarity-based practices combat the social exclusion of seniors? The projects seeking to answer these questions enhance our understanding of the obstacles to the recognition of needs or of valuing of the roles older persons can assume. The expansion of our knowledge of the different manifestations of solidarity makes it possible to work on developing an inclusive society that values plurality and recognizes the diversity of its members' contributions.

Scientific research, as much as our cutting-edge practices and services, is also integral to the CREGÉS' four other missions, which are the development and testing of cutting-edge practices and services, knowledge sharing, training and education, and leadership and partnerships with the community. These different dimensions of CREGÉS' activities will be presented in upcoming issues of *PluralAges*. <

A GROUNDBREAKING INITIATIVE IN QUÉBEC, COMBINING PRACTICE AND RESEARCH IN THE FIELD OF SOCIAL GERONTOLOGY

Cutting-edge Services at CSSS Cavendish

THE ORIGINS

CSSS Cavendish's social gerontology services sprang from frontline practice – the concrete problems that workers at Jewish Family Services were confronted with in the 1980s – specifically, violence against vulnerable seniors and the burnout of family caregivers.

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In the early 1990s, Léon Ouaknine and his team, seeking to provide a concerted response to these problems, created the University Institute of Social Gerontology of Québec (UISGQ), operating out of CLSC René-Cassin, in the city of Côte-Saint-Luc. The academic mandate of the UISGQ research centre was to collaborate with practitioners who were dealing with these social problems. The objective of «cutting-edge» services in social gerontology was to alleviate the problems of vulnerable seniors and their families.

Cutting-edge services combines a team of multidisciplinary workers responsible for a range of programs and services for seniors and their families with a research centre run by specialists in the humanities and social sciences. These academics

work in partnership with the practitioners to develop practices that provide the basis for applied research in social gerontology. These cutting-edge services rely on the principle of partnership between the community and government and on knowledge sharing.

The services, ranging today from elder abuse prevention and support for family caregivers to mental illness screening programs for older persons, including health promotion and palliative care for seniors, have been developed over time using evaluation and qualitative research tools and are based on a gerontological approach applied in Québec. A common vision of advancement has continuously prevailed, both in terms of service to the community and in a university mandate.

Over 25 years have elapsed since the first initiatives were developed by Jewish Family Services of Montréal. Various administrative reforms have since redefined the service structure. In 1991, Jewish Family Services became the local community services





centre (CLSC) René-Cassin, thereby going under the jurisdiction of the Québec government; the University Institute was transformed into an Affiliated University Centre (AUC) in social gerontology, which later became the Centre de recherche et d'expertise en gérontologie sociale (centre for research and expertise in social gerontology, known as CREGÉS). The CLSC René-Cassin, meanwhile, was merged into the Centre de santé et de services sociaux (CSSS) Cavendish as part of the administrative mergers decreed by the Ministère de la santé et des services sociaux (MSSS) of Québec in 2005.

It is this history that we want to present, chapter by chapter, in our upcoming issues. Our institution has a collective history, the product of a long period of development that would not have been possible without the initiatives of its artisans, whose stories will be told here. In this first chapter, we present the genesis, spanning the period of foundation in the 1980's and the development and challenges that marked the 1990's. In upcoming issues, we will present the multiple aspects of CSSS Cavendish's cutting-edge services, which can be summarized by these key words: practice, research, knowledge transfer and partnership. We begin with accounts from four of our pioneers.

Services resulting from a dynamic synergy

"It's clear that in this territory, the percentage of older persons has historically been the highest in Québec and among the highest in Canada. With this population base, there was enormous pressure to respond to seniors' needs and requests. At that time, we were dealing with all forms of abuse. It all started with the case of an abused senior; I remember it well. A social worker came and asked me, 'What can I do?' We still had no answer. No structural response, no tools, no psychological or social procedure in place. The only responses we had were to feed people, provide them with housing, the basics, but

things like protection, environmental and systemic approaches, these were still in the future. So, when we did the literature review, we were able to identify and frame the issue. Later, when we were defining cutting-edge, we went back to the same process that we had followed back then. We followed the same steps for all the other cutting-edge services. It was really hard. Services had to be developed to meet these needs. What to do, how to intervene in these situations? The academic training model did not provide the answers. So, we asked our director for a budget to conduct a literature review to see if we could find any solutions." (Joëlle Khalfa, former executive director of CLSC René-Cassin).

"After applying to become a university institute of social gerontology, we developed, between 1990 and

and practice, and included the questions and specific needs of practitioners. It was continually questioning, never static, always in development.

We were among the first people in Canada to take this approach." (Maxine Lithwick, former chief administrator of PALV program (Home Care Services Department) While the cutting-edge services and the university mandate essentially concerned senior abuse screening tools, it was not long before new services sprang up, always in relation to community needs. The home support team, for example, was encountering the issue of family caregiver burnout. The creation of a support centre for family caregivers was seen as a priority. The caregiver respite service, in the form of a drop-in centre, was much appreciated by the community.

« We decided that a cutting-edge service was a service that questioned the current practice, linked research and practice, and included the questions and specific needs of practitioners. It was continually questioning, never static, always in development. »

1994, models for abuse prevention: a tool, a guide with screening tools, an intervention protocol and training materials. When we applied to become a university institute, we knew that to obtain certification, we would need a research team. With this in mind, I participated in several seminars and became involved in abuse prevention research. We described some aspects of the concept of a cutting-edge practice in the charter of the university institute, but we hadn't yet arrived at a definition of cutting-edge service. We decided that a cutting-edge service was a service that questioned the current practice, linked research

One of the project's instigators, Lucy Barylak, describes how the initiative came into being:

" At that time I was working as an intake worker at our pre-CLSC, and also carrying a few cases at the time, but mostly being responsible for making sure cases were being picked up and dealing with difficult situations. I was also a member of the revision committee where practitioners, case manager's would come every 3 months and do revision on cases and see where we're going. So as I was listening and hearing, what appeared to me
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is that case managers were talking a lot about family members who were having tremendous difficulties, and when I used to ask "Well, what do you mean by that?" They would say, well they can't seem to go to appointments because they can't seem to leave their husband, their wife, whatever. I was thinking to myself: we care about the care-receiver, but these people are having a difficult time. As I said, we didn't call them caregivers, but I thought to myself, well, maybe we need to respond to them somehow. And because we did not have a day centre in our territory, a lot of our clients were restricted in the opportunity to send the care-receiver to a day centre and have some time for themselves. So, we said, why don't we have 2 afternoons a week, a Drop-In, where family members can bring their – we didn't call them care-receivers either –, they can bring the "clients" and have some time for themselves. And it actually worked. So how it started really was just a mobile Drop-In. And that's what happened. So, 2 half-days a week, we thought we were so amazing, and I guess we were..."

The multidisciplinary practitioners subsequently prioritized other issues, also based on needs related to an aging population. We will come back to these questions in a later issue. For now, we will consider the great challenge of establishing the university mission and linking the concerns of practitioners with those of university researchers.

A Major challenge

Approaching the world of research

At the beginning, all the cutting-edge services staff had frontline practice backgrounds; they were professional practitioners who were seeking solutions, as quickly as possible, to the practical problems they encountered every day in their work. However, joining forces with researchers in the fields of humanities and social sciences who were specialized in specific areas (program evaluation,

creation of screening tools, etc.) was a fundamental condition of the university mandate. At the beginning, this alliance, accepted by the management team and imposed by the requirements of becoming a university institute, was far from easy:

"It wasn't easy at all. The practitioners had no idea about what was involved in research. They didn't see why we needed researchers; they thought they could do everything

« At the beginning, all the cutting-edge services staff had frontline practice backgrounds; they were professional practitioners who were seeking solutions to the practical problems they encountered every day in their work. »

themselves. So, they weren't very open to the researchers. Especially since services were developing at the same time, not just with the cutting-edge service, but also we now had the concept of quality that was beginning to be defined, and certification and the creation of an affiliated university centre. The concepts of evaluation and results, needs and services—these concepts were increasingly important in all the institutions, including ours. So when the researchers arrived, the practitioners had the impression they were being attacked from every direction. In other words, they saw the researchers as being there to evaluate their work, productivity, the results of their interventions and to tell them how to do their jobs. The researchers brought their academic knowledge, their pride, and a lack of interest in understanding the services in practice. We had these two monolithic forces who were not very interested in understanding each other." (Joëlle Khalfa)

The difficulty of retaining researchers and integrating them into the intervention process

This mutual lack of understanding was undoubtedly the main challenge to the development of cutting-edge services. Indeed, there were considerable differences in the perception of the problems to be addressed, depending on whether one was working with clients to find a solution or one was a university researcher seeking to develop a research

problematic. There was considerable variation in the conception of time, for example, to the point that this initial lack of understanding became the principal obstacle to the development of the university mandate. Researchers were recruited, and practitioners received explanations of the reasons for an alliance, but synergy was far from automatic, affirms Maxine Lithwick:

"It was so hard; it was like two solitudes. In the first place, the practitioners and service managers didn't understand that to be a cutting-edge service, we had to devote time to research; they didn't understand because they saw it as time that could be spent on interventions. Second, some researchers viewed the practitioners' role as to assist them with their research. It was two worlds. Even today, not many people can operate in both worlds. To be able to understand the needs of research and those related to frontline professional practice and



to be comfortable in both worlds is quite rare. The researchers live for research and want the practitioners' involvement. But do their questions correspond to the practitioners' needs? Not necessarily. I think for cutting-edge practice, it is important to have practitioners who can inhabit both worlds." (Maxine Lithwick).

Today this alliance has proven to be productive, as we will show in future issues, and it has even been deemed/called "natural". The tools and programs that continue to be developed bear solid witness, as will those still to come. The following aspect completes this presentation of the beginnings of the current CREGES's university mission – the Vital Aging program.

A program that struggled to get off the ground: Vital Aging

Apart from this difficult alliance, the development of our cutting-edge services focussed on solving glaring problems (senior abuse and family caregiver burnout). Prevention was not yet a buzzword when the directors developed a gerontological service that got a very mixed reception: the Vital Aging program (now known as the Prevention/Promotion in Health and Aging program). Why have such a program when there were immediate and urgent problems that needed to be addressed? Marie Amzallag, who for a time was responsible for developing this program, tells of the widely diverging views on the merits of the new program:

"It's important to understand how people saw things back then. At the time, people didn't understand the concept of prevention. Also, the proposed concept seemed completely unrealistic; people thought it was mainly geared to a highly educated, sophisticated clientele who probably didn't even need the program to enjoy a vital old age. The very idea of prevention was not yet firmly established. They were providing services to vulnerable people, home support and mental health services

needed to be developed. They didn't understand why money should be allocated to this concept when there was so much need elsewhere. At one point, I said to myself: this program doesn't belong here. It should be offered somewhere else where it will be integrated and accepted, because people here aren't going to accept it. Every time we tried something, there was just this tremendous lack of credibility." (Marie Amzallag).

Despite the practitioners' reservations and the difficulties in getting it off the ground, this program has ended up being the one where the research-intervention alliance has encountered the fewest pitfalls. The intervention programs developed by the team, such as *Jog your mind* or *I'm taking charge of my arthritis*, are still recognized by their originality and are in high demand across Quebec.

Arising from a practical concern, CSSS Cavendish's cutting-edge services aim to provide solutions to the social problems associated with an aging population. This ambitious project led to

the development of a University Affiliated Centre in Social Gerontology that combines professional practice, research and partnership with the community. Many obstacles had to be overcome before arriving at this indispensable synergy among practitioners, university researchers and community organizations. We have presented here the creation of the first cutting-edge service; the mental health program for people over 60 and the palliative care service came later, and we will present these in the next issue. <<

Practices and services based on cutting-edge knowledge and expertise

The five areas of specialization of cutting-edge services:

- » The Caregiver support Centre
- » Elder Abuse Consultation Centre of Québec
- » Mental Health and Aging
- » Promotion/Prevention in Health and Aging
- » Community Palliative Care

The Care-ring Voice Network Launches the “Not Superheroes” Campaign

The Care-ring Voice is a free, bilingual and confidential program that gives information and support to caregivers and their families through teleconferences. The Care-ring Voice Network of the Caregiver Support Centre of CSSS Cavendish helps caregivers rediscover themselves.



PHOTO: CLAUDINE BÉLANGER

Caregivers who support loved ones or friends with health problems don't have it easy. Often, they juggle multiple responsibilities, such as fulltime jobs, being parents, grandparents, maintaining a household and on top of this, caring for a person with an illness. All this translates into extra money, energy and time, not to mention ongoing emotional support. Only 20% of all the care required is provided by the health and social service system.

The facts:

- Over 500 000 caregivers in Quebec support loved ones or friends with a health problem.
- 80 per cent of all the care provided is undertaken by families and people in the community
- Over 60 per cent of individuals are balancing work and care
- 25 per cent of all caregivers are diagnosed with depression
- They have increased rates of mortality, illness, stress, and burnout

For more information visit: www.notsuperheroes.com

Source: Website Not Superheroes Campaign and Care-ring Voice Network

BABY BOOMER CAREGIVERS

New trends in family care

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Baby boomers, or those born between the end of the Second World War and the early 1960s, have now entered the 50 to 65 year range. Many of them have to take care of an elderly parent with a disability, a spouse with a degenerative disease or a child with a physical or mental disability or mental illness, all the while trying to be a part of their grandchildren's lives. They form what Claudine Attias Donfut calls the family solidarity "pivot" generation, or the "sandwich" generation. How do these baby boomers, who are reported to be deeply self-centred¹, manage this family dynamic, and especially their dependent relatives' need for support and assistance? What shape will the responsibility for caring for a family member day after day—once deemed "natural" (for women)—take, when female baby boomers' lives are characterized by multiple commitments at the professional, social and familial levels?

The staff at the CSSS Cavendish Caregiver Support Centre who work with caregivers had noticed considerable differences between the baby boomers and caregivers from older generations

-- namely with respect to the claim to (or rather, demand for) services from the health and social services network. We thus received the mandate to conduct two studies, based on interviews and group discussions with caregivers born between 1945 and 1959, in order to get a clearer picture of their realities².

Before moving further, we must first take a look back at the fate of this generational grouping that is the baby boomer generation. The 1960s were defined by what was dubbed the Quiet Revolution, which saw the establishment of a modern welfare state in Québec. This process involved, among other things, massive investments in and the democratization of the education system, the development of day-care services, the introduction of family policies, the nationalization and the advancement of health and social services. All of these changes would lead the baby boomers to become the first generation in Québec that had broad access to higher education. Women were entering the labour market like never before, and were keeping their jobs even after bearing children, thanks to newly established daycares. With such measures, the State became a legitimate player in the family domain. Renée B. Dandurand and Marianne Kempeneers³ have suggested that baby boomers helped redefine the parenting—or family—structure by engaging the welfare state as a partner. Indeed, the far-reaching involvement of the State may have profoundly influenced the notion of family solidarity and obligations. The following is thus one part of what the baby boom generation of caregivers, particularly female caregiv-

ers⁴, had to say about their experience caring for a parent, spouse or even an adult child.

It bears noting that when it comes to caring for a relative with a disability, many respondents believe that more often than not this responsibility involves ensuring their relative receives the care he or she requires, as opposed to providing it themselves. Such needs are thought by many to be complex, requiring expertise these women do not possess and demanding time they do not have. In large part, respondents feel that the context of caregiving today is a far cry from their mothers' experience. They claim that older generations of women had little experience working outside the home and devoted most of their time to domestic responsibilities and child rearing, so caregiving was, to some extent, an integral part of their lives. Whereas, for most of the women interviewed, today, caring for a family member has to fit into a spectrum of other priorities and identities:

» *... I think that natural caregivers tend to be women. We take on several roles; we're not housewives anymore, we have jobs and kids, and we have the person who needs our time and energy, so for me, there's a big difference in that respect.*

It appears that caring for a relative is no longer a given, it no longer seems obvious or natural. Moreover, among these myriad responsibilities, caregiving does not appear to be a central concern for many women, as evidenced by this testimonial:

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ZOË POULIOT-MASSE ©

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» *I have to work my mother's needs into my daily schedule. Okay, obviously I would never leave my mother to fend for herself, but I can't drop my own commitments either; they're stimulating for me, they bring me so much...*

For many of the interviewees, their work ethic is a defining characteristic of the baby boomer generation, and, more than ever, a woman's career or professional life forms a crucial part of her identity⁵. It is no surprise then that there is much resistance among women when it comes to sacrificing their professional lives to care for a family member. As one caregiver explains:

» *...Baby boomers want to [...] keep their jobs, and their advancement is important to them. They won't quit their jobs to care for a relative... it's very rare anyway.*

Nevertheless, given the virtual absence of measures for reconciling one's career and caring for an elderly parent, some are forced to cut back on work or leave the workforce altogether. This results

in a profound sense of frustration, all the more so because these caregivers are acutely aware that investing so much in caregiving will eat away at their financial stability, their health and their retirement dreams. With no reconciliation measures in place, many have raised the question of compensation or payment for those who quit their jobs to care for a relative:

» *For those who worked but had to quit their jobs, only to find themselves struggling to get welfare because they are caring for one of their parents, well, those people should maybe be paid.*

Expressed by baby boomers, this opinion constitutes an unprecedented demand in Québec. It not only reflects the importance women place on their careers and the income it brings them, but also the redefining of family obligations, which no longer includes providing unlimited fundamental care to relatives. The desire to maintain a variety of other commitments and this reform in family responsibilities also explains the demanding attitude that health and social services profes-

sionals have observed among countless caregivers. They will not be satisfied with services delivered piecemeal or merely as a supplement. And, just as they did when they were raising young children, they are once again looking to strike a balance between their careers and their responsibilities toward their families. <

1. Jeambar, D. & J. Remy, 2006. *Nos enfants nous haïront*, Paris, Seuil; François Ricard, 1992. *La génération lyrique. Essai sur la vie et l'œuvre des premiers-nés du baby boom*, Montréal, Boréal.
2. *Les proches aidants du baby-boom et leur interface avec les professionnels : conflit ou coopération ?*, (N. Guberman, J.-P. Lavoie, I. Olazabal and A. Grenier) Standard Research Grant, Social Sciences and Humanities Research Council (SSHRC), 2005-2008; *Les baby-boomers comme personnes aidantes : Une nouvelle réalité, un nouveau défi pour le système de santé*, (N. Guberman, J.-P. Lavoie, I. Olazabal, and A. Grenier) Standard Research Grant, Canadian Institutes of Health Research (CIHR), 2005-2008.
3. Dandurand R. B. & M. Kempeneers, 2002. "Pour une analyse comparative et contextuelle de la politique familiale au Québec", *Recherches sociographiques*, vol. XLIII, n° 1: 49-78.
4. Since the majority of caregivers are in fact women, we have used the feminine form throughout.
5. Olazabal, I., L. Blein, J.-P. Lavoie, and N. Guberman (2009). "Être ou ne pas être un baby-boomer. Identité assignée et identité auto-attribuée", In I. Olazabal (editor), *Que sont les baby-boomers devenus? Aspects sociaux d'une génération vieillissante*, Québec, Éditions Nota bene, 87-106.

FOR OLDER ADULTS WITH MENTAL HEALTH PROBLEMS

A Community Collaboration

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The majority of older adults live at home and, for the most part, are independent, although roughly 20% of them suffer mental health problems that require additional assistance. In the next few decades it is estimated that one-third of older adults will be afflicted with mental illness necessitating intervention.¹ The concept of mental health problems refers to psychological distress and mental disorders (depression, anxiety, schizophrenia, etc.).

Today, due to social, emotional, psychological, physical, financial or organizational barriers, nearly 50% of older adults with mental health problems do not receive the appropriate services for their condition.² More worrisome still, 90% of seniors suffering from depression do not receive services to address this problem.³

To reach this group, it is important to review the priority that has been given to proactive outreach models of health prevention and promotion. The aim of the P.I.E. project, part of CSSS Cavendish's community and mental health program for adults aged 60 and over (PCSM 60+), is to strengthen outreach efforts to older adults with mental health problems by combining the forces of community members and traditional social services.

The «gatekeeper» model and Projet P.I.E.

After a review of the literature on best practices, we selected an approach that has been validated and assessed, known as the «gatekeeper» model. This initiative, developed in the United States by the Washington State Department of Social and Health Services, Mental Health Division, is essentially about encouraging outreach, and it relies

the urban context in which it was being implemented; the gatekeeper model was initially created in a rural setting. The outreach program being implemented here has become known as Projet P.I.E.

The goal of Projet P.I.E. is to identify older persons in the community who have a mental health problem and refer them to the CSSS. The project has three main components:

«Due to social, emotional, psychological, physical, financial or organizational barriers, nearly 50% of older adults with mental health problems do not receive the appropriate services for their condition.»

on non-traditional points of reference. Diverse members of the community, known as «gatekeepers,» are marshalled together to do outreach. They are generally individuals who, while not health professionals, nevertheless maintain regular contact with seniors through their work or daily activities (bank tellers, pharmacists, apartment building superintendents, hairdressers, etc.).

We adapted the gatekeeper model to the Québec health and social service system and integrated the empowerment approach. This means, for example, that the person's consent must be obtained before making a referral, and that they are encouraged to contact the service outlet themselves. In developing a new model, it was also necessary to take into account

- 1. prevention:** inviting the community to become involved and to assist seniors suffering from mental illness before they experience a severe loss of independence;
- 2. intervention:** offering information and assistance and,
- 3. education:** countering deep-rooted prejudice against the most vulnerable and disadvantaged members of society.

There are three principal categories of actors: community organizers, trainers and outreach workers (gatekeepers). Community organizers are responsible for managing, organizing and implementing the project in their territory and training the trainers (practitioners, volunteers, student interns, etc.). Trainers attend a one-day training

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session during which they learn about the reality of vulnerable seniors and acquire knowledge about risk behaviours,⁴ the referral system, confidentiality issues, etc. After this training, they are then prepared and expected to offer training to community members/outreach workers to equip them to act as gatekeepers.

The training given to community members lasts between 45 and 60 minutes; the objective is to enable them to: 1) recognize risk behaviours, 2) approach the older individuals who have been identified and provide them with information about the CSSS, and 3) encourage the seniors to refer themselves to the CSSS or to make the referral after obtaining the individual's consent. Business cards printed with the number of the special phone line dedicated to this clientele are distributed to the community gatekeepers and to older people in general to facilitate the referral process. Individuals can call the CSSS or go to the psychosocial reception desk.⁵ The project's implementation process was evaluated to obtain a better understanding of the influence of its various related components, the extent of its implementation in conformity with the stated intentions, and the anticipated level of effort involved.

In a broader sense, the project can contribute to the development of social solidarity. The prevention component on which the project is based

should enhance communities' capacity to act while contributing to community solidarity and strengthening the social fabric. The sense of social solidarity is defined here as «the sense of responsibility and interdependence in a group of individuals who are morally obligated to each other»⁶ and refers to the social bonds that exist despite differences and inequality.⁷

A convincing experience

The conclusions of the evaluation are promising and encouraging, and clearly indicate that the project is reaching the target group. Furthermore, institutions and practitioners have expressed strong interest in receiving P.I.E. training, which they appreciated and found quite adequate. The P.I.E. meets people's need to be able to «do something» and to know how to respond to older persons who appear particularly vulnerable or confused and where to refer them. The project made it possible to transmit knowledge on various problems seniors experience and raise awareness about community services. Some 25% of the community gatekeepers indicated the desire to receive even more information on these two aspects.

At CSSS Cavendish, Projet P.I.E. had a major impact, not only on its community mental health program for people aged 60 and over (PCSM 60+), but also on the PALV (loss of independence due to aging) program, to which 36% of

the clients were referred. Among these clients were older people likely to be afflicted with a form of dementia.⁸

Conclusion

The P.I.E. project is in line with current governmental policy that promotes homecare for the elderly in Québec (allocation of home support budgets) and «discourages» placement (closing of residential resources). It is a useful strategy as part of a population-based model because it relies on community involvement to reach a vulnerable clientele. Considering the average budget of a CSSS (roughly \$75 million per year), this initiative is both inexpensive and promising. Based on the conclusions drawn from our findings, we believe the implementation of P.I.E. projects in CSSS's throughout Québec is desirable, relevant and economically viable. An exhaustive evaluative study of its implementation in the different CSSS's across Québec would be justified. In a second evaluation, it would be possible to identify the factors related to organizations' operations that might thwart or contribute to the implementation of this type of project in other settings, to understand the motivations and reservations of community gatekeepers regarding referrals, and to identify the problems they encounter. More knowledge about their experience would shed light on how the project can contribute to a community's sense of social solidarity. <<

1. The concept of mental health problem refers to psychological distress and mental disorders (depression, anxiety, schizophrenia, etc.). See Van Citters, A.D., Bartels, S.J., 2004, Caring for older Americans with mental illness: Geriatric care management and the workforce challenge, *Geriatric Care Management Journal*, 14, 25-30; Gravel, R., Connolly, D., Bédard, M., 2003, *Enquête sur la santé dans les communautés canadiennes, Santé mentale et bien-être*, Statistique Canada.

2. Health & Consumer Protection, Directorate-General, 2005, *Green Paper. Improving the mental health of the population: Towards a strategy on mental health for the European Union*, European Communities, European Union, Brussels; Klap R., Unroe, K.T., Unützer, J., 2003, Caring for Mental Illness in the United States: A focus on Older Adults. *American Journal of Geriatric Psychiatry*, 11, 517-524.

3. Mood Disorders Society of Canada, 2008, <http://www.mooddisorderscanada.ca/depression/>.

4. The identification of older adults with mental health problems is not based on an assessment of distress or mental disorder. It would be impossible to ask community gatekeepers, who are lay people, to make such an assessment. They screen for risk behaviours associated with mental health problems, referring to behaviours that result in personal and social dysfunction and compromise the elderly person's health and safety or that of others. The risk behaviours identified for this study are those proposed by the PARBAS tool (Psychogeriatric and Risk Behaviour Assessment Scale), a psychogeriatric screening scale of risk behaviours associated with a validated mental health problem that is used by health practitioners. See Nikolova, R., Demers, R. et F. Béland. 2004. "Trajectories of

cognitive decline and functional status in the frail older adults". *Archives of Gerontology and Geriatrics*, 48, 1, 28-34.

5. Brown, B., Nour, K., 2007, Project P.I.E.: A community response to the needs of vulnerable or isolated older adults, *Vital Aging* 13, 3, 6-8.

6. *Toupictionnaire: le dictionnaire de politique*. www.touppie.org/dictionnaire/solidarit.htm, consulté le 4 mai 2008.

7. Zoll, R., 1998, Le défi de la solidarité organique: Avons-nous besoin de nouvelles institutions pour préserver la cohésion sociale?, *Sociologie et Sociétés*, 30, 2, 49-58.

8. Although from a conceptual perspective, dementia has been considered here as a mental health problem, due to organizational concerns, persons likely to be suffering from a form of dementia are monitored under the Home care department.

AGE LIMITS IN THE WORKFORCE

A Century of Evolution in Quebec and Canada

Aline Charles

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In 20th century Québec, as in other parts of the Western world, age has taken on an unprecedented significance, and our need to clearly define the various stages of human life has reached unparalleled heights. The measure of years lived has been gaining in popularity and is reaching an extraordinary degree of precision, in a century where bureaucratization is accelerating at an astounding pace. Since it facilitates the establishment of standardized categories, chronological age is becoming routine information, common knowledge—from ever more popular birthday celebrations to increasingly indispensable pieces of identification. Most notably, the State made this information its tool of choice between 1885 and 1982 to regulate one area in particular, that of labour, at a time when adulthood was becoming progressively more associated with “activity”, and old age and youth with “inactivity”.

It would be difficult to address these many considerations at once, simultaneously and in parallel. Thus, a new study, conducted in the context of a larger research initiative, “Histoires de vieillesse, de travail... et de seuils”, recently received a grant from the Centre de recherche et d'expertise en gérontologie sociale (CREGÉS) to more accurately pinpoint the various dimensions concerning the final stage of life.

The goal is to shed light on the processes through which 20th century



HEALTH CANADA®

Quebec and Canada (i.e. the State) made increasing use of highly specific age limits to make entry into old age coincide with entry into retirement, more specifically, ages 70, 65 and 60. Over time, these age limits have become virtually a given, even today, but this fact should be subject to question. Very little is known about the arguments justifying their introduction in the early 1900s, the surrounding debates or their use being called into question, beginning in the 1980s. There is also too little known about how these limits are applied differently based on gender and on an age-old scheme which, since antiquity, has perceived women as aging faster and entering old age earlier.

Four specific governmental measures will be examined for the purposes of analyzing this issue: a) the federal old age pension established in 1927 for

destitute individuals aged 70 or older; b) the old age security given to people over the age of 70, beginning in 1951; c) the Québec Pension Plan which, in 1965-66, standardized retirement at age 65; and d) Québec's 1982 banning of mandatory retirement at a specific age, now considered to be discriminatory.

Arguments and controversies surrounding the age limits used for these various measures will be garnered from the Journal des débats of the National Assembly of Québec and the Hansard of Canada's House of Commons, two publications that detail the debates between Canada's and Québec's elected officials on matters of social import. These rich, still-underexploited resources will provide excellent insight into the manner in which the State expresses old age and labour limits based on constantly evolving conditions and players. <<

The unique features of ethno-culturally sensitive day centre services for older adults

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As our population ages, we are seeing an increasing population of older adults from diverse ethnic and cultural backgrounds. Many speak French or English as a second language, some speak neither. Many of these older adults have religious beliefs, cultural values and practices that are different from mainstream Quebec society, which can result in marginalization and social exclusion.

Les centres de jour font partie des Day centres are part of the public services available to older adults with a loss of autonomy. Most function in French, a few in English and some have the mandate to serve a particular ethnic or linguistic community. Their mandate is to offer the opportunity for socialization and therapeutic activities to older adults with a loss of autonomy living in the community. Those older adults who are from ethno-cultural minority groups, particularly those who speak languages other than French or English, are at a risk of additional social isolation. As such, they should be prime candidates for day centre programs. However, we are questioning how day centres are

able to offer their services to this population.

In Montreal, it appears that a number of these programs have developed ways to meet the needs of these older adults through ethno-culturally sensi-

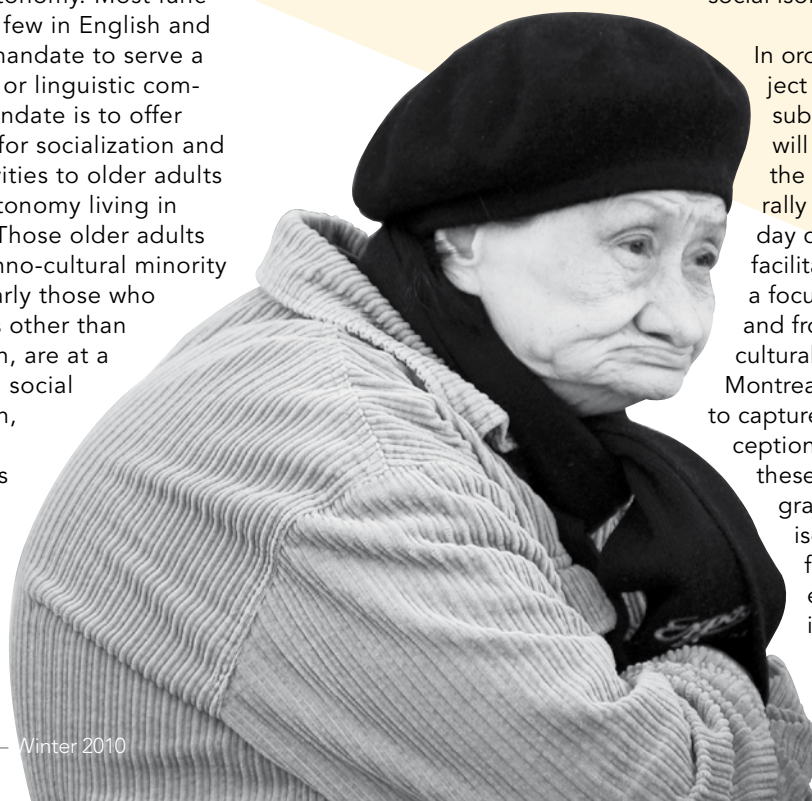
capture the views and experiences of older adults who attend or families whose relative attends ethno-cultural and linguistically adapted day centres; examine and compare the role and impact of different "types" of ethno-cultural day programs on older adults

« Those older adults who are from ethno-cultural minority groups, particularly those who speak languages other than French or English, are at a risk of additional social isolation. »

tive day centre services. We are interested in learning more about what exists, and describe these adapted program, their structure and functioning. Our research project hopes to

and families and; expand the theoretical knowledge by developing a theoretical framework that identifies the unique components of ethno specific day programs and their relationship to social isolation and exclusion.

In order to develop this project and to prepare for a grant submission in 2009-2010, we will be conducting a review of the literature on ethno-culturally and linguistically adapted day centres, as well as plan, facilitate, and analyze data from a focus group with administrators and front line workers of ethno-culturally specific day programs in Montreal. The focus group will aim to capture service providers' perceptions of the unique features of these programs and the programs' contributions to social isolation and exclusion. The focus group will also aim to engage community partners in the process of developing a larger study. <



ANALYZING SOCIAL PRACTICES IN GERONTOLOGY THROUGH THE LENS OF SOCIAL EXCLUSION

Lessons from the Front lines

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In April 2009, the 3rd international congress of the *Association internationale pour la formation, la recherche et l'intervention sociale* was held in Hammamet, Tunisia. At this conference, under the theme of "*Intervention sociale et développement: Quelles références pour quelles pratiques?*" Alan Regenstreif presented some initial thinking about a research project on intervention and social exclusion being conducted jointly by the cutting-edge services coordinating team and Michèle Charpentier.

This action research project addresses the phenomenon of social exclusion in interventions with seniors who utilise the public health and social service system. Social exclusion is a fundamental concept in the programming of the *Équipe VIES (Vieillissements, exclusions sociales et solidarités)* and a shared concern of all practitioners and managers at CSSS Cavendish. It is nonetheless difficult to define, circumscribe and anchor in practice. Services for seniors, by their nature and clientele, deal with the phenomenon of social exclusion on a daily basis. The principal question driving our work



is: what determines whether a social intervention with an individual senior or group of older persons and their loved ones diminishes (defuses) or augments (perpetuates or reinforces) social exclusion? The study makes use of the situations encountered in frontline work to reflect on the concept of social exclusion and analyze the impact of interventions on this condition.

This action research project seeks to establish the connections between different worlds: 1) social exclusion and social inclusion among seniors; 2) theory and practice, using the reports of situations encountered in

practice as material; and 3) clinicians and researchers, who are working together on an equal basis to jointly develop this project.

Alan Regenstreif presented the methodology employed for the research, the underlying theoretical concepts, including social exclusion, a case study illustrating the richness of the analytical process, and the findings (lessons learned) that will be used to inform the practice.

This action research is continuing, pursuing its dynamic and creative path. You will definitely be hearing more about it soon. <<

LIFE STORIES FROM MONTREAL'S BLACK COMMUNITY

Documenting the History of our Elderly

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Amanda Grenier

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Description of Project

The project, funded by Heritage Canada, consisted of a collaborative effort between Dr. Amanda Grenier at the School of Social Work (McGill) and the Council for Black Aging. In this project, we collected and documented the life stories of 12 senior members of the Black community in Montreal. The objectives of the project were to (1) reach out to senior members of the community in order to recognize their contributions (2) collect and document social history of the Black community in Montreal as shared through the experiences of its most senior members, and (3) involve and educate community members and younger generations, with the goal of learning about the past and gaining insight into strengthening Black families and the community.

The project was comprised of 4 main elements:

Research Training & Data Collection

Members of the Council for Black Aging (both older and younger members) were trained in the methods of interviewing and data collection. Participants were interviewed (at either their homes or at the Council for Black Aging office) by 2 or more trained members of the team. Parti-

cipants were also actively followed up by telephone in order to answer additional questions. Training the leadership of the Black Council on Aging and younger community members to conduct qualitative interviews allowed members to play a major role in the collection of their community's history and enables possibility for future projects. The interview guide served for this project as well as a base for the continuation of the project at a future point. Having completed a project of this nature, the Council are better prepared to expand on the project should they desire.

Black History Month Event

Over 100 members attended a slideshow and dinner event held during Black History Month. The event extended project participation to seniors of all ages, community and Council members (majority being seniors), and included several of the project participants. This presentation showcased photos taken by our photographer Tatiana Gomez, accompanied by the life lessons and inspirational quotes collected throughout the duration of the project. A meal, whereby several women from the community cooked regional dishes from their diverse countries of origin was provided. This represented a significant and meaningful social outing for many of the seniors, as many members of the older Black community continue to talk about the event. Several attendees expressed a desire to participate in this project should it be presented again in the future.

Life Story Booklet and CD

The social histories and experiences outlined in the interviews were organized into a life story booklet containing key quotations and photos of the participants. 100 booklets containing participant's portraits, life lessons and memorable quotations were produced for circulation by the Council for Black Aging. Additionally, 100 CDs containing the slideshow, booklets and other relevant documentation were produced and available for distribution. The booklet and CD will continue to foster exchange beyond those involved in the initial project. Feedback from the community has led us to believe that this will be a relevant tool for distributing the material to youth and community groups.

Ongoing Presentations

The Black History Month slideshow has also been presented to an academic and community audience at McGill University, and at CLSC Rene Cassin where it received positive feedback. The booklet and CD will allow for results to be presented in various health and community organisations for seniors throughout Montreal. In addition, thematic results have been used to inform the "Black Demographics Project", a demographic profile coordinated by McGill's Consortium for Ethnicity and Strategic Social Planning, also funded by Heritage Canada.

Community Impact

Overall, this project had several lasting impacts. These include, but are not limited to the following: 1)

suite à la page 21 »



suite de la page 20 »

The project encouraged the intensive social participation of 12 senior members by providing the space and time for them to share their life stories and experiences in a meaningful way; 2) The project encouraged various opportunities for intergenerational conversations between seniors of different ages and with younger generations; 3) The Black history month event served to reinforce a sense of community. It provided the opportunity for those in attendance to hear the stories of twelve black members of their community as well as share and reflect on their own experiences over a meal. Through this event, all attendees were invol-

ved in a community project and given recognition for their collective struggles and achievements, thus building a strong sense of community capacity and partnership.

Feedback and Reception

Participants and community members gave excellent feedback on the objectives, process and overall products of this project. Older members of the Black community were able to share stories and experiences that may have otherwise remained unknown. In many cases, participants were encouraged by the possibility of sharing their knowledge with younger generations. Members

of the community and the Council also provided positive feedback, and expressed a desire to continue and expand the project in the future. Many of the seniors were impressed by the scope and depth of the project, and believe that it offered a means to bridge a disconnect that exists between youth and older members of the black community.

Members of the McGill team, community organisations on aging, and the academic community also expressed enthusiasm and interest in the life histories and social history of older members of the Black community in Montreal. <

CREGÉS OUT OF BOUNDS

Aging with HIV/AIDS

Isabelle Wallach

Adjunct Professor, School of Social Work, McGill University; Associate Researcher, CREGÉS

HIV infection is affecting a growing number of people aged 50 and over due to the combined effect of greater life expectancy of those infected and an increase of newly diagnosed people in this age group. Although in the United States some studies have looked at the social issues experienced by people living with HIV over age 50, the situation in Canada is largely unknown. A research, titled: *Aging with HIV/AIDS: A qualitative Study on the Experience of People 50 Years and Over Living in Quebec* attempts to fill this gap. A paper has been presented during the 18th Annual Canadian Conference on

HIV/AIDS Research that took place in Vancouver last April. The theme of the conference was: "Facing the Evolving Epidemic".

Our research aims to fill that gap by documenting the experiences of several people living with HIV/AIDS aged 50+ (PLHIV50+) in Quebec. Specifically, it examines how the aging process, or being elderly, influences how one lives with HIV. Following a qualitative methodology, individual semi-structured interviews were conducted with nine PLHIV people aged 50 to 68. The preliminary results show that because of the double vulnerability associated with being elderly and having HIV, the respondents encounter numerous difficulties on a personal and social level. The study revealed their personal issues,

such the experience of deteriorating physical abilities that cause a discrepancy between their real age and how old they feel, difficulties in knowing whether their symptoms are due to HIV or aging, decreased sexual activity, fear of discrimination from other older people, and feelings of loneliness. On a social level, the participants recounted financial difficulties, premature ending of employment, the need for home care, and worries about issues related to institutionalization when they lose their autonomy.

These preliminary findings demonstrate that PLHIV50+ encounter very specific difficulties that are important to document so that interventions and programs adapted this double-sided issue can be put into place. <

AGING IN A KNOWLEDGE-BASED SOCIETY

How do we value age-accumulated wisdom in the 21st Century?

Michèle Charpentier

Professor, École de travail social
Université du Québec à Montréal;
Scientific director, CASSS-CAU Cavendish/CREGÉS

The editorial committee of *PluralAges* kindly invited me to contribute to the first issue with a «word from the science director.» Was this simply a courtesy, because of my new status within the team? Perhaps, but I decided to turn it into something a little more stimulating. After some reflection I decided that simply sharing my vision of *PluralAges* as an outreach and communications tool was too limited in scope. Likewise, boasting about the originality of our journal and the quality and industriousness of its editorial committee would be pretentious and of little interest to our readers.

I therefore decided, simply and sincerely, to write a column on social issues related to aging, drawing on the ideas generated by my research, teaching and social gerontology interventions. It would be a short freestyle piece, which, first, would release me from the requirements of scientific rigour demanded by peer reviewed journals (solid references, theoretical framework, rigorous methodology and demonstrations, etc.) and, second, be unconstrained by administrative norms and logic (predetermined forms, targeted goals, grant application criteria, etc.).

In short, I want to raise several questions. Asking questions is often

what researchers do best. Answering them, however, is another story! In this column I want to try to integrate different questions that arise from, and that take into account, my life trajectory as a woman, mother, spouse, daughter who accompanied her parents in the final stages of their lives, social worker and community organizer working with seniors (public and community-based networks), teacher, scholar and social gerontology researcher. As I turn 50, will I finally start learning

ning this first column of the “Question marks” section.

It is often said that we live in a knowledge society, or rather, a society with diverse forms of knowledge. In the 21st century, modernity implies knowledge of all kinds. We are inundated by a ceaseless barrage of diverse kinds of information. Our status and power in society is closely tied to our relationship to knowledge. According to this logic, older people

«CREGÉS’ members, both researchers and practitioners, have adopted qualitative approaches and narrative-based practices to give a voice to seniors and their loved ones, thereby providing us with a better grasp of their perspectives and knowledge. We want to hear and value the voices of the elderly, those who are directly affected by the issues of aging.»

what it means to get old? To age wisely? Aging wisely—does it mean acknowledging, simply and honestly, your age, who you are, and what you want and can contribute to private and public life? Knowing that time is precious: is this an example of wisdom associated with aging? Can you learn and transmit this knowledge? These are some of the questions underpin-

who have lived longer and consequently accumulated more experience and learning should be accorded special social status and recognition. The African proverb puts it well: «each time an old person dies, a whole library goes up in flames.»

Learning and knowledge are valued, to be sure, but not all of their forms.

They are organized and categorized according to a hierarchy in which popular, common, intuitive, emotional and experiential knowledge are underrated and given little credibility compared with professional and scientific knowledge. There are no honorary doctorates to recognize the knowledge of the old. The old are excluded from the spaces of knowledge production, deliberation and communication – especially older women, individuals from disadvantaged socio-economic backgrounds and elderly people with little formal education. It is in part to counter this form of symbolic, intellectual, and institutional social exclusion that CREGÉS members, both researchers and practitioners, have adopted qualitative approaches and narrative-based practices to give a voice to seniors and their loved ones, thereby providing us with a better grasp of their perspectives and knowledge. We want to hear and value the voices of the elderly, those who are directly affected by the issues of aging. They are in a unique position with regard to knowledge about aging; they know what it is to be old, with all of its hazards and unforeseen events. Here are the comments of a 96-year-old woman who participated in our study on the rights and the power to act of people living in senior residences¹:

“You’d think we, the elderly, had no place in society. Me, I was young once, but they (the staff and supervisors) have never been old. So how do you expect them to understand us?”

Living and aging wisely until the age of 96 is no small achievement! We invest so much energy acquiring the information and knowledge we need for our years of working life (roughly 30-35 years) and so little in preparing ourselves for all the other years, our so-called retirement and old age, which can represent 20, 30 and even 40 years of our lifetime, especially for women. We cannot deny the importance and significance of knowledge about aging, both individually and as a society.

Such knowledge would give us as individuals, citizens and communities more control over our own aging process and a better understanding and perspective on the changing world around us. Let’s learn about aging and learn and discover more about ourselves and others as we age, rather than pushing away and running from the very idea of aging. Learning how to age wisely and acquiring knowledge as we age – it’s a wonderful project and challenge for ourselves, for a knowledge-based society and for an aging population! But how can we democratize this challenge and make it inclusive, knowing that we are unequal when it comes to our relationships to knowledge, depending, as it does, on our personal resources and social capital?

First and foremost, we should use the plural form, and refer to different forms of aging knowledge, so as to avoid replicating the social exclusion process that we have just criticized. It is important, therefore, to recognize and share the multiple types of scientific, professional, experiential and other knowledge. *PluralAges*,

with its columns on applied research, innovative practices and citizens’ commentaries, aims to be a journal that welcomes diverse types of knowledge about aging. Another way to encourage the transmission of knowledge about aging would be to make it amusing and entertaining. People learn much better when they’re enjoying themselves. So, when possible, social gerontology and thinking about aging should be presented in a stimulating and diverting way. *PluralAges* aims to reflect the image of the 21st century and serve as an attractive window on our society of multiple forms of knowledge about, and ways of aging. Is aging, like living and resisting, something we can learn and transmit to others? It’s worth our while to try, to commit ourselves to placing these forms of essential and human knowledge on our agenda, because we are all concerned by aging, our own, and that of our loved ones. <

1. Charpentier, M. & M. Soulières, 2007, *Vieillir en milieu d’hébergement. Le regard des résidents*. Québec, Presses de l’Université du Québec.

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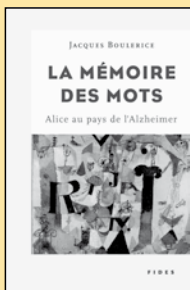
Are you a shutterbug? Do you have photos to share that illustrate the upsides and downsides of aging in the 21st century? Want to share your thoughts or comments or even suggest article topics for future issues?

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We welcome your ideas and suggestions.

To reach us: creges.cvd@ssss.gouv.qc.ca

LA MÉMOIRE DES MOTS : ALICE AU PAYS DE L'ALZHEIMER

Jacques Boulерice
Éditions Fides, Montréal, 2008,
236 pages



This book recounts the unique story of a woman who thumbs her nose at memory loss and Alzheimer's. For over 10 years she instinctively creates her own committed strategy to maintain the joy

of being fully present despite everything that was happening to her. Even as dementia inexorably drags her downward, she fills her days with glowing musings on childhood, love, aging, madness – both real and imaginary, illness, despair, and serenity. Everything is recorded and carefully reported. Navigating through her confusion, this self-taught mother teaches her writer son something essential about the power of words and the vocation of aging.

VIEILLES, ET APRÈS ! FEMMES, VIEILLISSEMENT ET SOCIÉTÉ

Michèle Charpentier and Anne Quéniart, editors,
Éditions du remue-ménage, Montréal, 2009,
295 pages



The stereotypes about women and aging are tenacious, ranging from the fragile and dependent old lady to the eternally young supermom with the impossible agenda. It's time we recognized the

multiple faces, life trajectories and experiences of older women. Social and citizen participation, family res-

ponsibility, poverty, housing, health-care, self-image, sexual discrimination and heterosexism are some of the topics addressed in this collection. *Vieilles, et après !* revisits the preconceived notions about «older women,» beginning by re-appropriating this term that disturbs so many, and presenting its plural realities.

Pieces by Claudine Attias-Donfut, Line Chamberland, Aline Charles, Michèle Charpentier, Francine Dufort, Laurence Fortin-Pellerin, Catherine Gourd, Amanda Grenier, Émilie Grenon, Tania Navarro Swain, Lise Payette, Simone Penne, Guilhème Pérodeau, Anne Quéniart, Ruth Rose, Maryse Soulières and Thomas Vannienwenhove.

QUE SONT LES BABY-BOOMERS DEVENUS? ASPECTS SOCIAUX D'UNE GÉNÉRATION VIEILLISSANTE

Ignace Olazabal, editor
Éditions Nota bene,
collection Santé et société, Québec, 2009,
295 pages



«Never trust anyone over 30.» That was the slogan of the baby-boomers at the end of the 1960's. Now, 40 years later, they must come to terms with the social and personal reality of aging. Although heterogeneous and to a large

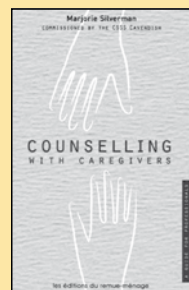
degree constructed, this reality is also affected by certain generational traits. The older baby-boomers often envisage their future proactively, which translates into social engagement, in contrast to the widely represented image of this generation as self-centred and self-involved. This active stance calls into question the traditional image of aging, old age

and the roles associated with this stage in life.

Contributions by Julie Bickerstaff, Laure Blein, Anne-Caroline Desplanques, Kim Engler, Louis-Robert Frigault, Nancy Guberman, Jacques Hamel, Jean-Pierre Lavoie, Solange Lefebvre, Alain Léobon, Joseph Josy Lévy, Ignace Olazabal, Catherine de Pierrepont, Christine Thoër and Thomas Vannienwenhove.

COUNSELLING WITH CAREGIVERS A Guide for Professionals

Marjorie Silverman
for CSSS Cavendish
Translated by Marie-Chantal Plante
Éditions du remue-ménage, Montréal, 2008,
144 pages



It is likely a matter of when, not if, most people will become either the givers or receivers of care. As increasing numbers of families are confronted with caregiving obligations, there is a corresponding need for health

and social service practitioners to offer emotional and psychosocial support to those providing regular care to someone with a loss of autonomy or disability.

Counselling with Caregivers: A Guide for Professionals is intended to sensitize healthcare practitioners to the challenges faced by caregivers and to provide a practical and accessible guide for responding to their needs. With chapters on everything from assessing caregivers' needs to how therapeutic models can be applied to counselling with caregivers, this guide is a "how-to" manual on psychosocial intervention with caregivers. Case studies and reflection exercises enhance the hands-on approach to the topic, making it a precious tool for anyone interested in psychosocial intervention.



FOR CRYING OUT LOUD

She's talking about aging...

Françoise Bouffière
Novelist, former Special education teacher

When I arrived for the interview, she told me I was much too early. She was not yet old: she hadn't yet started to shrink. (Well, not too much!)

Shrinking: this is what aging means to her and she really doesn't mind! She began to laugh and even more wrinkles lit up her face.

I persisted. I wanted to know if she was afraid to die. She said it was hard to say. What frightens her now is the death of her loved ones.

– No matter what my age, I will only be old when I lose my spouse, not before, she boasted, adding that she was saying silly things because in the end, we really don't know who'll be the first to go. As the song says, it's the one who stays behind who lives in hell! About death? We don't really know about it. For the time being, I'm dealing with the weight of my body which refuses to carry me in the carefree way it did before.

Some days, she feels like a hard-to-close wooden door, swollen from the humidity; a door she tries to shut in vain. Articulations are wearing out; bones rub roughly against each other, joints squeak, the body refuses to bend – or bends only with loud protest. Rigidity. The body's loss of an innocence taken for granted for so long that we don't think about it.

Now she has to carry this body like an old injured friend, carefully, on her back, without knowing how much it can take or where she's going. She wonders



ZOË POULIOT-MASSE ©

whether one day this package of skin and bones will be able to do much more than creak.

– It will cry out to me, she says. It will cry so loud and say that maybe the time has come to start envying those who have already died. I say "maybe", because we never know! Dying is the last thing that we do for the first time. Have you ever thought about that? It's almost exciting, isn't it?

Like a young girl who knows everything about desire without ever having made love, she imagines her death as a play, creating an infinite range of possible scenarios.

– You know, when we get older, we dissect the death notices in the papers; we compare the birth dates of the deceased with our own. A simple way to calculate how much time we have left – impossible arithmetic! What madness!

Poking a little fun at herself she adds: I have at least twenty more years to live,

you realize! We live so old nowadays, it's like it never ends!

This indefinite time given to us has become almost annoying now that she's become aware of her mortality. She says she doesn't want to die too old, to have to depend on others, to not be able to laugh at herself and her mixed-up head and withered body. We must learn to be very humble when the day comes we can't anymore... Can't do what anymore? She won't tell me: the list would be too long. The road to humility scares her, the loss of control too.

Do not think about that; don't even talk about it around her. She can't think about "that." There are a lot of other things to do in life than think about death.

Because her obvious mortality gives her new energy, she says she wants to take advantage of it. A feeling of urgency is setting in, she wants to work extra hard, to make up for lost time. Lost to what?

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She doesn't want to answer. Afraid to end her life having achieved too little, she hints. Do not go unheeded. Write. Translate into words this little corner of the world that was hers.

She wants to learn more, or rather take in more. To bring it to her grave, to keep it all. To store knowledge like we store grain against famine. See more of the World; impregnate it in her memory, even though it's getting a little faulty.

She says the older she gets, the freer she feels. She knows what she wants and what she doesn't want. She's giving up things that feel unimportant, developing a feeling of lightness that contrasts with the heaviness of her body.

She wants to see more, to feel more, to love more – mostly to love. To not let her fears wither her life away. To not shrink, become cramped in her own skin: that really is the current obsession. I ask her to explain to me what she means by "shrinking."

– You know what it means: all those little things old people do, their little routines. After that, we lose interest in what's going on in the world... you have to admit it can be a little repetitive. The loss of attention to the world, to others, it's terrible, don't you find? I'm already a bit like that, you know! I don't hear what others say to me very well anymore. It seems to me that other people's conversations concern me less and less. I prefer silence to chatter. Is that wisdom or the shutters closing?

Sometimes the growing feelings of sympathy she has for others surprise her. She was once a being of desires, now she is a being of tenderness. – It happened just like that. It came by itself, she said, raising her eyes.

Infinite sympathy for those close to her, mixed with the fear of losing them. – It takes so little for everything to fall apart! Sudden death is terrifying.

The death of others, of course! The sudden loss of those close to us is ter-

rible. Growing old means consciously living in a precarious balance. We know that we can lose everything from one day to the next!

She tells me that recently she's been paying attention to the reports of plane crashes and car accidents. Ambulance sirens no longer pass unnoticed. Everything ephemeral is calling out to her. The word itself – ephemeral – bothers her and delights her at the same time.

« Our past comes back to us in bursts. Our childhood mostly: distorted, transformed, sometimes embellished and dramatized. »

She pays special attention to flowers. She's moved by peonies bent over from the weight of their blossoms. Supporting them with stakes and resolving to cut them before they die. She puts them in a vase so she can better see their petals separate themselves from their hearts. – Flowers have so little time!

She rescued the remains of a dying plant by placing it in water and was excited when some roots appeared. She's waiting to be able to transplant it so she can have the daily pleasure of looking for the birth of new leaves. Life begins anew each day, doesn't it? Death – Life – Life – Death. It's a cycle after all!

She's happy to be part of it.

She notices that winters are getting longer. She looks forward more and more to springtime. The children in the playgrounds both fascinate and tire her. We see clouds of birds, leaves dancing in the wind. She mimes their curious agitation with her arms.

– And to think I was once like this! Sometimes at night she dreams, crazy with desire, of a young man lying on her body. She wakes up full of an urge she can't satisfy, feeling nostalgic for

someone else's gaze. Remembering times when she was all desire, remembering the first touch of desire on her body. The touch of a thumb on her hand was enough to make her body shiver! She laughs about it and regrets running away, that first time.

– It's this intensity that we lose with aging, you see. The young are always in a state of desire. The elderly are somewhere else...

I ask, Where is this "somewhere else?" – In the past and with our regrets, she answers.

Our past comes back to us in bursts. Our childhood mostly: distorted, transformed, sometimes embellished and dramatized. She now has some hints of tenderness for her mother, once disparaged and the source of her anger, and regrets never being able to love her enough. "My poor mother" she says to me.

Beyond the "Alas" and the "What do you expect, that's the way it is, we can't do anything about it", she maintains that she lives in the present, even in the moment -- at least, a lot more than she did before.

– And the future?
A bit exasperated, she told me she'd already explained that we don't know anything about the future and can only accept what's in store for us.

– The future belongs to our children. It doesn't belong to us anymore. If you want to know my future, you have to come back in ten years, when this future has finally become the past! However, you're certainly taking a risk that I won't be around, or worse still, that I will have lost my words. You will forget about me then... <

THE CREGES MEETINGS ARE FREE AND ALL ARE WELCOME!

A forum for exchanging and sharing experiences among researchers, practitioners, students, seniors and their families and friends, as well with those who are interested or curious, CREGES meetings are opportunities to reflect upon questions and current issues surrounding the social dimensions of aging.

This series of conferences/meetings are organized in a variety of formulas, deal with a range of issues, and will be addressed by a diverse set of individuals. The CREGES hopes that this series will find its way onto your agendas and that it will be a most productive experience.

DATE	THEMES	SPEAKERS	PLACE
Wednesday December 9, 2009 14:00 – 16:00	Suicide and Older People: Improving Prevention Through Understanding Le suicide chez les personnes âgées: comprendre pour mieux intervenir	Brian Mishara, Ph.D. Dir. Centre de recherche et d'intervention sur le suicide et l'euthanasie CRISE - UQAM English presentation - French visual support Bilingual question period	CSSS Cavendish Richardson Hospital 5425 Bessborough Ave. 2nd Floor Employees' Cafeteria
Tuesday January 12, 2010 13:00 – 14 :00	An Introduction to Cultural Consultation in Older Adults	Dr. G. Eric Jarvis, M.D. Dir. Cultural Consultation Service Jewish General Hospital	CSSS Cavendish CLSC René-Cassin 5800 Cavendish Blvd. 6th floor, Rooms 19-20-21
Thursday January 28, 2010 12:00 – 13:00	La mémoire des mots. Alice au pays de l'Alzheimer	Jacques Boulerice Poet, storyteller and novelist Elder and caregiver French presentation	CSSS Cavendish CLSC René-Cassin 5800 Cavendish Blvd. 6th floor, Rooms 19-20-21
Thursday February 25, 2010 15:00 – 17:00	Questioning the Effects of our Interventions on Social Exclusion of Elders Workshop / Atelier Questionner les effets de nos interventions sur l'exclusion sociale des aînés	Michèle Charpentier, Ph.D. CREGES Scientific Director and CSSS Cavendish Cutting Edge Services to Elders Team Leaders : Patrick Durivage, Norma Gilbert, Alan Regenstreif, Vivian Saginur, Sarita Israël, Marjorie Silverman	CSSS Cavendish CLSC NDG-Mtl-Ouest 2525 Cavendish Blvd. Room Décarie
International Women's Day Monday March 8, 2010 12 :00 – 13 :00	La contribution des femmes au réseau de la santé, d'hier à aujourd'hui	Aline Charles, Ph.D. Département d'histoire, Université Laval CIEQ & CREGES member French presentation	CSSS Cavendish CLSC René-Cassin 5800 Cavendish Blvd. 6th floor, Rooms 19-20-21
Thursday March 25, 2010 12:00 – 13:00	L'importance du lien entre les intervenants en soutien à domicile, les personnes âgées immigrantes et leurs proches aidants	Marie-Emmanuelle Laquerre Candidate au doctorat en communication, UQAM French presentation	CSSS Cavendish CLSC NDG-Mtl-Ouest 2525 Cavendish Blvd. Room Décarie
Thursday April 22, 2010 12:00 – 13:00	Les rendez-vous des générations : dialogue des âges sur le vieillissement de la société	Michel Venne Dir. Institut du Nouveau Monde French presentation	CSSS Cavendish CLSC René-Cassin 5800 Cavendish Blvd. 6th floor, Rooms 19-20-21

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