Retirement Matters

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Meet Edith-Wilma Connor - at 77-years of age, an inspirational lady

Some grandmothers bake cookies, some crochet, and some still work the 9-5 grind, but not too many can claim to lift more than the weight of most men in their 20s. Meet Edith-Wilma Connor – mother, grandmother, and great-grandmother extraordinaire, and a Guinness Book of World Records holder.

In May 2012, just in time to celebrate Mother's Day, Edith-Wilma Connor of Denver, reached for, and won, an unusual honour for her age. She was named the Guinness World Records' '*Oldest Living Female Bodybuilder*', after she competed in the NPC *Armburst Pro Gym Warrior Classic Bodybuilding Championship.* Yes, you read that correctly, at 77-years old then, now 83, Edith-Wilma Connor is a competitive bodybuilder, business owner, mother, grandmother, and great-grandmother. According to CBS News Sporty Seniors, she won first place in the first competition she entered – the *Grand Masters* in Las Vegas – on her 65th birthday. It takes some people a number of years to reach this level, and some never do, but Mrs. Connor? She was a spring chicken.

Getting her bodybuilding start in her early 60s, when she thought her data entry job was making her too stagnant; her data entry business kept her at her desk up to 10-hours a day. She needed to move, so she took up bodybuilding.

In last year's *Viera Voice* article, in the Senior Living section, Connor explained, "*It was a tension releaser. I sit at a computer all day, so it was one way for me to take it out on the weights instead of the employees.*"

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Meet Edith-Wilma Connor - at 77-years of age, an inspirational lady

Edith's routine is simple:

- Set reasonable goals for yourself – you know your body best.
- Educate yourself on what foods remove body fat.
- Work out at least three times per week.
- Eat responsibly (no fad diets here. In fact, rid yourself of the word '*diet*' altogether).

In addition to the above routine, she does step-aerobics with her great-granddaughter. Her oldest grandson is her personal trainer, and armed with her own personal trainer certification, she shares her knowledge as a coach for an over-50 group of women with a focus on the mature body. With advancements in modern medical technology, the rise of healthy living at every age, and a new lease on life for independent seniors, we have more time than ever to connect with our elders. We all have goals, aspirations, family and expectations, and we are constantly on the lookout for stories to inspire and drive us. Life doesn't end at 65, 70 or even 100 for that matter. For some, over 60 is only the beginning.

Courtesy of Custodia Senior Support

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In Edith's case, becoming a body-building champion at the age of 77, rather than a 'spring chicken' perhaps she could be termed a 'spring granma?'

Seniors: Stay social, active for '*Optimal Aging*,' Study Shows

The benefits of friendships and activity aren't just for the young.
Staying socially active can also help older adults age their best, according to new research that pinpoints volunteering and recreational activities as important for seniors. Co-author Mabel Ho, a doctoral candidate at the University of Toronto's Faculty of Social Work and the Institute of Life Course and Aging, said ... *"Being socially active is important no matter how old we are. Feeling connected and engaged can boost our mood, reduce our sense of loneliness and isolation, and improve our mental health and overall health,*" Ho added in a university news release.

To study this, the researchers analyzed data from more than 7,000 Canadians aged 60 and older, following them for three years. The investigators only included those in excellent health at baseline, which was about 45% of the respondents. The findings showed that those who participated in volunteer work and recreational activities were more likely to maintain excellent health. They also were less likely to develop physical, cognitive ("*thinking*"), mental or emotional problems. It also meant having high levels of self-reported happiness, and good physical and mental health.

The study found that 72% of respondents who participated in volunteer or recreational activities at the start of the study were still aging successfully three years later. That compared with just two-thirds of those not participating in these activities.
The study was published online June 6 in the *International Journal of Environmental Research and Public Health*.

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Amended from MedicineNet's Senior Health Newsletter
By Cara Murez HealthDay Reporter
FRIDAY, June 9, 2023 (HealthDay News)

The myth that seniors are unable to learn new skills

There is a myth which holds that elderly people become stupid... that in their dotage, they are incapable of learning anything new... of learning any new skills! ***This is false!*** Research by International academics at *Stanvard University*, have recently discovered a hitherto unknown language, which has been named - SCRIP.
SCRIP stands for

Senior Cenile Reactionary Interjection Parlance.

And the language's true merit lies in the fact that in the case of seniors - it doesn't have to be memorised, or learnt parrot fashion (as was the case with the a*mo, amo,amass, amat, amamus, amatis, amant - 'bull-sh..t'* that we were subjected to in our school days). This newfound language is in large part instinctive; probably lurking in our jeans (Oops! Sorry! I meant genes).

Some examples of SCRIP words are as follows:

Aw! … Normally used as a prefix in phrases such as for example ... '*Aw sh..t!*' or '*Aw damn*!' You will note that the exclamation mark immediately affixes itself to the end of the final word. (Amongst seniors, the word is often for example a reaction to an internet or mobile phone request for a password.)

Ooh! … is an expression of delight that a senior makes to themselves, as they sink into the comfort of an armchair after working tirelessly in the garden for at least 15-minutes. The word may also sometimes be used as an expression of vocal admiration - for example "Everyone *oohed and aahed after* she had put on her new bra's - as her boobs (Oops – she!) looked totally uplifted!"

Aha! … is an expression of surprise and triumph made by a senior, as their 11-year old grand-daughter hands them back a mobile phone, which the child had sorted out in 3-minutes (after their grandparent had been struggling for 2-weeks to delete an unwanted app on the phone). In a manner of speaking it is also intended to indicate the message ... "*I knew how to do that all along – anyway!"*

Aargh! … is a SCRIP word utilised to express frustration, annoyance, and disappointment, when for example a pensioner views the prices of essential foodstuff in the local supermarket (and recalls what it used to cost when they were young). It is pronounced as a guttural, r-like sound. It is also spelled as *ar, arg or ahr, ahrg*.

Ugh! ... is an interjection that is used to show a strong feeling of disgust or horror at something very unpleasant. It is an onomatopoeic word that can be spelled with different numbers of ***h's…*** to exaggerate the emotion. It is always used to express a negative emotion, such as annoyance, horror, or boredom. For example in the SCRIP language a senior may use it in response to noting that he has three pots and four frying pans to wash after supper... his vexation being that the more utensils there are to wash - the more likely it is that the food will taste bitter!

Oof! … an expression of surprise, and discomfort as a senior experiences painful stiffness, while attempting to arise from the couch in front of the TV.

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The myth that seniors are unable to learn new skills

Benefits of SCRIP

The new language has the following advantages:

- It is a generic language common in elderly communities all over the World.
- It has only 10 letters in its alphabet (instead of the 26, comprising of 5 vowels and 21 consonants, owned by the English and French languages, and the 74 making up the Cambodian dialect).
- Unlike French and Mandarin, the newly recognised language is not generally gender based – the only exceptions being '*aw sh..t!*' and 'aw flip' - the former being used by elderly males – while its counterpart – the *flip* version is reserved for use by elderly females.
- It is comprised mainly of vowels, with very few consonants.
- Its spelling is phonetic i.e. you spell it like it sounds!
- The pronunciation of each world definitely has a soothing effect on the speaker.
- SCRIP currently has no more than a few dozen words (the next language in line for the least number of words being Latin with approx 50,000).
- The words are extremely expressive - to the point where even those who have never studied the SCRIP language, immediately know exactly what seniors are trying to say!

Phew! So there we have it! ... *Humph;* And you thought that seniors were over the hill... well, think again... their mastery of a new language, understood by all (irrespective of age, culture and creed, once again demonstrates that they have yet to reach the crest!)

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Izzy Dorff

Warning signs: How to identify an inappropriate/incapable Chairperson of your retirement village's Board of Trustees or Management Association

The following are ***symptoms*** of an incapable/inappropriate Chairperson:

- Every time other trustees or residents disagree with them they **threaten to resign.**
- They expect all their ideas and suggestions to be welcomed with open arms... and are both surprised and dismayed when this reaction is not forthcoming.... and **exhibit drama queen tendencies.**
- They **expect all other members of their committee to cow-tow before them**, and do not comprehend that the primary duties of a chairperson are to encourage, facilitate and co-ordinate the input of others – not to behave in a dictatorial manner.
- **They encourage the election of like-minded members**, such as friends and colleagues - merely in the interests of strengthening their own support base.

Diagnosis:

All of the foregoing are symptoms of **IEP (*Inflated Ego Syndrome*),** a disease which has no place in communal enterprises such as retirement villages. (Statistical research undertaken by Professor May B Dorff of *Nodding Hills University*, seems to indicate that the prevalence of this dreaded diseases is much higher amongst people who during the working career were *'Captains and Kings'* of industry- and think that they still are!

Remedial action:

Encourage their resignations, and don't be dorff enough to re-elect them!

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Izzy Dorff

Qualities that a good carer needs

If you're thinking of hiring a carer to look after an elderly relative (or yourself) at home, you'll obviously check their qualifications and references. But there are other qualities that a good private carer needs. Qualities that cannot be taught. These are natural abilities that a person either has or doesn't have. And they make all the difference.

What are the qualities you should look for in a carer, and why are they important?

1. Empathy

Good carers are able to understand and identify with the feelings of others. They care deeply about people and their well-being, and have a genuine desire to help alleviate distress and pain so their clients feel happier and more comfortable. Because they are able to put themselves in someone else's shoes, an empathetic carer will avoid upsetting your loved one by saying or doing things that make them feel embarrassed or ashamed. This is particularly important if they will be responsible for your loved one's personal care – bathing them or helping them use the toilet.

2. Respect

Having to rely on someone else to do the things you normally do for yourself makes most people uncomfortable. A good carer understands that her (or his) client feels embarrassed or vulnerable, and acts in a professional, respectful manner. Being respectful means not discussing your loved one with you as if they weren't there. Even if the elder is living with Dementia and appears not to be following the conversation, it's rude to speak as if they cannot hear you.A respectful carer will not use offensive language (derogatory expressions or swear words), or express opinions you may not agree with – e.g. religious convictions. This respect will extend to your home and your possessions; they will neither envy, nor look down on, what you have.

3. Patience

Patience is an essential trait in anyone involved in elder care. The presence of chronic conditions may hinder an elder to respond and move as quickly as they would like. Many carers will answer for their clients, rather than allowing them time to speak for themselves. Or do things for them that they would prefer to do themselves, because it's quicker. But this further adds to your loved one's sense of helplessness, and he or she may entirely give up on trying to communicate with others. Look for a carer who has the patience to wait for them to speak or act.

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Qualities that a good carer needs

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4. Reliability

Being able to rely on your carer to arrive when they say they will is crucial. Most people have a daily routine, which will be upset if the carer doesn't arrive in time to help them get up, or prepare a meal for them.
There may be other people living in the home, who will be inconvenienced if they can't leave on time for work because their loved one can't be left alone and the carer turned up late. Being reliable is also a form of respect.

5. Cheerfulness

There are some people who have the knack of making you feel better just by being around. This is the kind of person you want to look after you, or your parents, at home. Cheerfulness and positivity play a huge part in someone's well-being. You want to be greeted with a smile and a cheerful attitude, because it brings out the best in you.

6. Observant

Your carer will probably spend a lot of one-on-one time with your loved one. So, she (or he) is more likely to notice anything out of the ordinary. For instance, good observation skills can prevent a pressure sore from developing. An observant carer will also notice things like the elder's meal or tea have been left untouched – and take steps to prevent dehydration and malnutrition.
Observant carers can even save lives by noticing and reporting unusual signs and symptoms, so that health conditions are recognised and treated in time.

Finally...

Even if you know what to look for in a carer, how do you know the person you're interviewing has these qualities? If possible, invite them to meet your loved one and watch how they interact with him or her. Ask for references and check with previous employers to make sure they are truthful.

Courtesy of TAFTA (The Association for the Aged)
Durban, South Africa

This article supports my long held view that what elderly people, in both care facilities and at home need, is ...

Care, Commitment, Compassion and Ccommonsense!

While '*nursing*' staff are on frequent occasions both invaluable and vital... we seldom nurse people (even in care facilities)... we care for them... a far more affordable practice!
The main role of nurses is to mentor, manage, and monitor care practices (which TAFTA's nurses do very well!)
Henry Spencer

Care Facility Terminology

During my career in the field of caring for elderly people, I have noticed an exponential expansion in terminology used to describe accommodation and care services. Yesteryear's names were quite simple. Generally, dependant on the level of care needed, it was referred to either as retirement villages, or frail care facilities. Today retirees are confronted by a plethora of names including ageingin-place, step-down, life-style villages, sub-acute care and a host of others designed to impress, but which most times merely adds to the confusion.

What's in a name?

Every profession has buzzwords designed to create the illusion that things are far more complex, and therefore valuable, than they really are. Why; because the more complicated it sounds, the easier it becomes to persuade people to part with their money. *Sub-acute care* for example, sounds so much more professional than *step-down*; and *cottage care* far more enticing than *supported living*.

An additional reason for the tendency to concoct more technical names, is possibly due to the fact that medical aid "hospital plans" might view such care more worthy of funding… as it sounds more akin to hospital and medical terminology? Sadly however, often the result is that we purchase without ascertaining the true range and nature of the care on offer. This article seeks to clarify the terminology used; to explain... "*What's actually in the name?*" Some often misunderstood senior healthcare terms are as follows:

Hospitalization

At the top of the list is hospitalization, where a person is admitted either to a State or private hospital, hopefully to recover. In truth, however, when you receive the invoice, you may either need to be immediately re-admitted to ICU… or you may perhaps even wish that you hadn't recovered! Prices vary greatly, with some private hospitals charging R6, 000 per day for ICU and R3, 000 per day for general wards.

Step-down, sub-acute, post-operative and convalescence care

Second in the care ladder are *step-down care, sub-acute care, post-operative care* and *convalescence care*. These are all very similar and provide a higher level of care than frail care. They will be referred to under the generic term "*step-down*." A person requiring step-down care has normally undergone treatment in hospital due to illness or an operation and is requiring temporary care to recuperate before returning home. Most medical aid schemes will fund care of this nature, albeit on a limited time-scale. (There is a common misconception that the term Step-down, also refers to lower levels of care, which can be provided within a normal Frail Care facility… however this is not true. Step-down units require formal accreditation; specialized medical equipment as well as compliance with strict regulatory conditions.

Frail care

The third rung down is fully-*fledged frail care*, which are invariably attached to retirement facilities. These cater for patients needing significant care assistance; such may include support with dressing, toileting, washing and regular attendance and turning during the night. The frail care unit is ideally managed by a registered Sister. The patients may include both mentally and physically frail elderly, as well as people suffering from dementias, such as Alzheimer's, Vascular and other forms. Frail care homes are also known as *care centres; advanced care units; or healthcare centres*. (In current times, what used to be described simply as frail care, is sometimes even sub-divided into *low-care, mid-care, and high-care*). It is essential to remember a frail care facility does exactly what the name suggests - it offers care… *not* nursing!

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Care Facility Terminology (continued)

Assisted living

The fourth rung down, *assisted living*, is sometimes also known as *supported living, medium care - or mid-care*. Assisted living units are residential facilities which provide care on a 24-hour basis to moderately frail elderly people who are incapable of coping with all the tasks associated with daily living. They may for example only require assistance with bathing, toileting and medicine administration. Such assistance may include the onsite services of health care workers, as well as the provision of meals when required.

In-cottage care

This differs from situations where people living independently, either in private dwellings, or in individual cottages in retirement villages, hire private care staff to attend to their needs on a frequent or even on a 24/7 basis. The main difference being that in-cottage care staff are normally provided by retirement villages themselves (mostly staffed from the frail care facility) This form of care often comprises 2 or 3 visits per week; or for example every evening to assist with bathing etc. It may also be of a temporary nature – for example in response to an illness or surgical procedure.

Conclusion

Two facility names omitted are those of an *old age home* and a *nursing home*, as these models derive mainly from the UK where the former is defined as: "A multi-residence housing facility intended for old people. The usual pattern is that each person or couple in the home has an apartment-style room or suite of rooms. Additional facilities are provided within the building" Living in retirement and care accommodation can provide and extremely pleasant lifestyle; and a healthcare safety net - but choose wisely. Do not rush into purchasing a unit in the first facility you encounter. Investigate fully, shop around, get promises in writing, and read the fine print, as it is probably the largest and most important decision of your life. And remember not only do you get what you pay for… you get what you ask for… So get it right!

"What's in a name? That which we call a care home,
by any other name might not smell as sweet?"
(Courtesy of William Shakespeare)

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Henry Spencer

How much water is best for my health?

T he U.S. National Academies of Sciences, Engineering, and Medicine say more fluid is better for average, healthy adults - 15.5 cups a day is ideal for men, while 11.5 cups a day from all food and drinks is enough for most women.
But this includes hydration from food and all beverage sources. Your own needs depend on your health, how active you are, and the climate where you live. Check with your doctor on how much you need.

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Medicinenet

The miraculous (and unrecognised) health benefits of Coca Cola

Coca Cola is a much maligned drink that has *vastly* unrecognised and unrewarded health benefits... This I know through my personal experience with the drink.

In my mid-thirties, I experienced an accident which nearly cost me the amputation of my right foot, and it was only through drinking Coke that both the surgeons and I were able to save the foot!

My first parachute jump in 1977 occurred while working in Durban as a Manufacturing Manager for an international apparel company, *Wrangler Jeans.* I discovered that one of my employees, Alan Scorer, had enrolled for a parachute jumping course. So, always game for adventure and keen to experience this as yet, untried sport, I decided to join him.

We attended a few evening lectures in Durban, and then, the following Saturday, we travelled to Pietermaritzburg to undergo practical training, prior to actually participating in our initial two jumps. The training was undemanding and exceedingly simple. It mainly involved jumping off 45-gallon drums in order to practice *roll-over* landings. After completing a few of these pseudo practice jumps we were given some hasty training in respect of packing parachutes, and then about a half-an-hour later we boarded the plane from which, once we had attained a height of 1,800 feet, we were supposed to quite willingly, if not overly enthusiastically, jump.

The plane, a modified Cessna, was used exclusively by parachutists, the side of the fuselage being cut away in order to facilitate the jumper's exit. And interestingly, although I had all my life suffered from extreme vertigo… not even being able to climb a household ladder in order to sort out a TV aerial); sitting next to an open Cessna doorway I experienced no vertigo whatsoever! (I came to the conclusion that in order to experience vertigo one needed in some fashion to be linked to Mother Earth. Once this link has been severed, for example... if one was floating in a hot air balloon, or flying, so too the link to vertigo - the fear of heights, seemed to disappear).

After jumping out of the plane the following occurred: I slowly floated peacefully earthwards. Suddenly glancing down, I saw the N3 highway below me and became aware that I was floating away from the drop-zone; the airfield! Realising that I must turn around to reverse my flight path, I pulled down hard on the left-hand risers. But this was a mistake, as by pulling too hard, I partially collapsed the chute resulting in my plunging downwards in an accelerating spiral descent. The rotations were so severe that I was swung around like a pendulum, the cork screw inertia being so strong that I could not even keep my legs together - they splayed apart at 45 degrees. Suddenly I struck the ground; my right foot impacting first, embedding itself one and a half inches into the wintery hard, Pelham soil, while the rest of me continued pivoting around my anchored right ankle. The result of my bad landing was a *Pott's third degree spiral fracture of my right leg;* the heel bone snapped off, both ankle bones broke off, and I had twisted and shattered my fibula bone. Fortunately my high military jump boots held everything together.

The rescue team eventually found me, and the team of four carried me, rather unceremoniously, back to the training hangar. They had no stretcher and the bumpy journey back, negotiating pastures, cow dung and a barbed wire fence, added considerably to my discomfort. Someone suggested removing my boot,

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The miraculous (and unrecognised) health benefits of Coca Cola

Alan drove me to Grey's Hospital in PMB, where my leg was stabilised with a plaster cast, and I with pain killers. But on finding out that I lived in Durban, the hospital staff made arrangements for me to be admitted to St. Augustine's Hospital in Durban. En-route Alan stopped at a roadside café in order to purchase something to drink. I by now, probably in a state of numbed shock, was also feeling extremely thirsty and consumed a Coca-Cola. I was admitted to St. Augustine's and that evening the Orthopaedic Surgeon assigned to my case, Dr. Jack Usdin, came to see me. After examining my injuries he asked if I had eaten anything. Responding quite comfortably ... "*No! I have only drunk a Coca-Cola*," I was surprised when he said ... "*Well then I can't operate. I will have to see you tomorrow."* The next day came and went.
Dr. Usdin operated on my leg, inserting numerous screws and plates and 18-months later I could eventually walk again properly.

What was of interest however, was that three months after my operation, when visiting Dr Usdin's rooms for a check up, he confided in me that... "***"On the night that you were admitted, I intended to amputate the foot... however learning that you had consumed a Coca Cola prevented this. And on examining the injury the next day, I decided that I might be able to save the foot - and I did!"*** Isn't it amazing by what slender threads the strands of destiny are suspended?

So whenever I read how unhealthy Coca-Cola is for one, I thankfully think -
Not for me it wasn't!

But the experience did reveal a few interesting medical facts associated with plaster casts. One being that the body is sometimes capable of healing itself, in the warmth, and beneath the protection of a protective cast. After surgery my leg was placed in a plaster cast. The fact that the accident had occurred just prior to Christmas resulted in a delay between subsequent check-up visits to my *orthopod*. After the fifth or sixth day the wound's stench began to concern me… I began to wonder if, once the cast was removed, the surgeon would announce that I now had gangrene. But on my next visit all was well.

He explained that the cast itself can promote healing. He went on to explain that in the Spanish Civil War, some soldiers, especially when field hospitals were being forced to change their locations rapidly, had plaster casts positioned around wounded limbs, which were then left unattended for say up to ten days. When finally again attended to by medical staff, the surgeons initially, on smelling the stench coming from the wound, feared the worst. However on removing the cast, they were surprised to discover that the wounds were healing well (in some cases even aided and abetted by maggots). This method of wound treatment eventually became a method of treatment, referred to as the *closed cast treatment*.

So, when you are told that Coke is an unhealthy drink... don't believe a word they say, it's a miracle cure, which certainly saved me an amputation of my right foot!

Henry Spencer

Why include this article in a journal on Retirement. I do so because although my gait has to a degree been impeded since the injury... And yes, at the age of 80, when on my daily exercise walks, I am aware that passersby will consider me just another old, hobbling man... yet today, 40-years later, I continue to be grateful for Coke, and its contribution to the retention of my right foot! ***For me, the story demonstrates how small things in life may have a major impact on our lives later on - even decades later!***

Operation de-clutter: How to get your adult kids' stuff out of your retirement cottage


Pic Courtesy of DCH Junk Removal (and SNAP Junk Removal)

So, you have moved into a retirement village, and unsurprisingly have discovered that you now need extra space in your now smaller retirement abode.

On examining your unit and its storage areas, you discover that a large proportion is taken up by items belong to your now migrated adult children (children that are now in another town, or often even another country!) - items such as books that they intended to read; or old items of memorabilia - for example photo albums, fishing tackle, files and documents from their University days - etc., etc! (You have been nagging them for years, but to no avail... it's as though they still tend to think that your house is also their house, a kind of reverse "*Mi casa, su casa*" thinking. This seems too often be the case, even if they have never lived in your current abode, or if it was the only house they knew growing up).

You've tried putting our foot down and demanding - "*you've got to get your stuff out!*" or asking *"When will collect your 21 foot paddle ski?"* Their repeated promises to come around to collect it, or that on their next flight back to South Africa, they will sort it out, are heard some often that they have become boring. And their advice to just throw it away is disconcerting, as we too suffer from the 'let's keep it - *just in case*' syndrome... and sadly often the memorabilia feels like all we have left of our now distant off-spring! But the dust collectors continue to stand there... taking up much needed and valuable space - space that we now seriously need!

So what works?

Some retired parents have found that (besides stamping your feet!), the following strategies may prove helpful:

- For far-away adult children, text photos of their stuff and ask them to mark up the items they don't want. Box up the rest, and ship it to them.
- Decide who is having the problem about getting rid of the stuff? Many parents are sentimental and blaming their kids for their lack of space - when in actual fact they are the one's reluctant to part with items.

Give your kids a deadline! If they don't get their stuff out by the agreed upon date, tell them you will donate their things. Be realistic about the timeline, follow up, and do as you promised!
Be ready for the counter arguments. When your kids respond - "*But, it isn't like you need this space for anything,"* or "*Yes, but we are thinking of moving, so once that has been done, we will let you know."*

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Operation de-clutter: How to get your adult kids' stuff out of your retirement cottage

- Keep perspective. The accumulated stuff issue isn't just one that younger adults suffer from - so too do we! Most of us collect too much and discard too little!
- Break it down into phases... sorting, deciding, packing up, throwing away and donating. (And just maybe you should do this with your own hoarded items as well?)
- Sort out the items, then box them up and sent them cross country, via surprise delivery. (On a to pay basis of course!)

The Element of Surprise

Stop thinking about strategies and start doing! But don't be totally ruthless... perhaps keep a small handful of photos to one day show your grandkids. (Although in today's modern world it would be better to download them on your computer for posterity... that takes up far less space! However, on second thoughts, given the problems that those of my generation sometimes experience with modern inventions... maybe it would be better to have your grandchildren themselves download them?)

And remember, it is of course quite understandable that your adult kids don't want to let go of the past, completely? Maybe they view your house as a safe place, so if they leave stuff behind it's not going anywhere, *just in case*?

Or, maybe it's the ultimate compliment, that they trust you with their stuff - an unspoken message that you've been a great parent?

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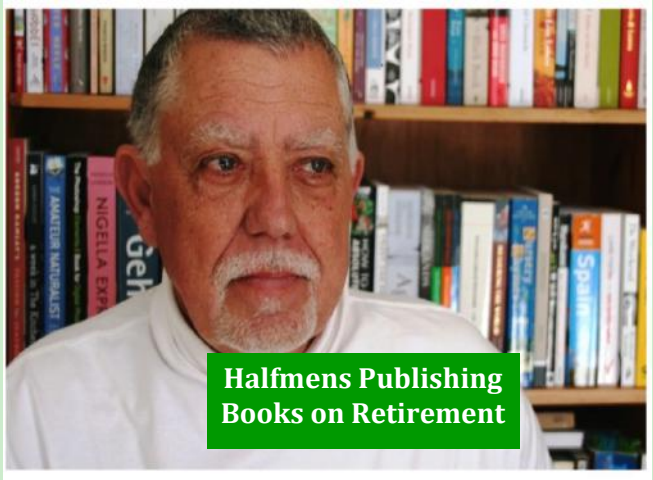
Henry Spencer

Amended from, and inspired by, an article in Next Avenue (By Kathleen Doheny)

Remember most of the stuff are just 'things!' And if you were able to return to earth 1,000 years after your death, what would you then expect to find? If you wish to keep anything, or even take anything with you - try memories).



The empty chair

A chair stands by the window, where once my husband sat
My own chair stands quite near to it – secure within its reach
(In case he wants to grasp my hand – or add a touch to speech)
We talk when no one else is there – they would not understand
That I still hear his gentle voice in tones so soft, yet grand
Midst the pain that trickles slowly like silent hour-glass sand

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I still see his reflection, as he gazes through the pane
At a garden we both built – filtered through the rain
I hear him mimic bird calls -with whistles out of tune
While he sought to entice Robins – he'd more likely catch a loon
Exchanging private smiles – and thoughts that need no sound
We talk more loudly when alone – when there's no one else around

…….

So if you see me talking to an empty chair at night
And if perchance your puzzled – (for there's no one else in sight?)
Death is not a door that locks – 'tis a door that swings both ways
The more we love our loved ones – the more their memory stays
So when you see me stroking that silent empty chair
No I am not crazy – for my love still sits right there

…….

Henry Spencer

In terms of moving into a Retirement Village - are you thinking… ***not just yet!***
(…than perhaps you are suffering from immortality syndrome?)

Wembley Pharmacy	
Cure For Immortality Syndrome	
Ingredients: 25% Brandy 25% Whisky 25% Smelling salts 12% Cannabis Mix. 13% Unicorn Pee	Take 2 swigs after meals, at tea time, and every time you feel an Immortality Syndrome episode coming on / or don't feel your age!
	Pharmacist: I.P. SKEW Expiry Date: 31/12/3075

Wembley Pharmacy - GUARANTEE & WARNING
Guarantee: Any Patient living for more than 80 years after purchasing this medicine, will be entitled to a full refund (Consume before next full moon)…. **Warning:** This medication is not recommended for adults over the age of 82, nor is it to be wasted on politicians ‰☹

My mother-in-law was a classic example. She moved into a residential care home aged 83, due to ill-health . On visiting her a week later, I enquired as to how she was doing. Her response amazed me; she said… ***"Yes it's lovely – but it's full of old people!"***

So my advice to husbands is… if you are similarly inclined; if you too suffer from immortality syndrome - remember it's not just about you! Men die on average at least six years prior to their spouses; in which case, perhaps you should consider the need (No, duty!) to leave your wife an appropriate legacy - properly prepared for your demise i.e. safe in and secure retirement village!

The problem with immortality syndrome is that people seem to imagine that preparing for retirement heralds the end times, when in reality it only signifies the end of the beginning! The best being yet to come! And proper preparation ensures that we get the most out of it. Don't procrastinate! The old ad-age... '*more is 'n ander dag'* doesn't apply to retirement planning, as age, like some nocturnal Ninja, sneaks up on us sooner that we anticipate.

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(Oh, and before you take our leave do make sure that difficult task of '*downsizing!*' has already been handled.)

Old shoes and new friends

New friends are like shoes… with some it takes a while to feel comfortable - while with others the fit is immediate. But no matter how good they may initially feel, isn't it strange how on long journeys we still pack our old shoes or slippers; we still prefer our old friends… just in case things get uncomfortable?

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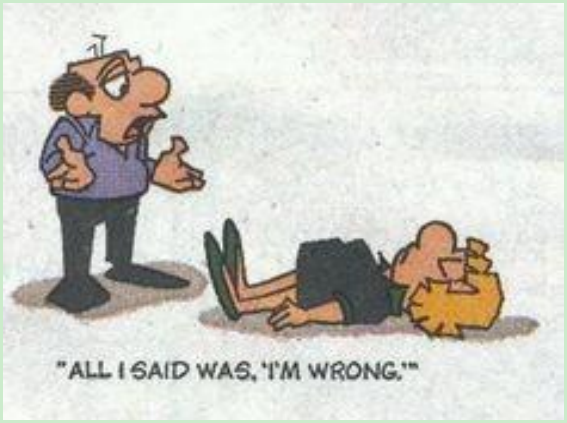
Henry Spencer

Greyfriar's Bobby

Greyfriar's Bobby was a Skye Terrier who became known in 19th-century Edinburgh for spending 14-years guarding the grave of his owner, John Gray (Auld Jock), until he died himself on 14 January 1872.

And if you are living alone, and have reached the stage where death is increasingly likely, due either to age or a terminal illness, do not forget your pet and companion…Make arrangements for him to go to a good home or be put down; for an old animal, it is far more humane than leaving his care to the whims of fate. In reality animals have an advantage over humans in that at least when they are old or are really suffering they can be "put down" or euthanased – the same kindness unfortunately cannot be bestowed upon humans. Courtesy of Wikipedia Greyfriars



Apologies

Life becomes easier when you learn to accept an apology you never got." - Robert Braul

Retirement Matters