

The Herczeg Institute on Aging

Newsletter No. 16, November 2016. Tel Aviv University



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Gunnella 2008

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The Herczeg Institute founders:
Rosita and Esteban Herczeg



Dear Readers,

In the past academic year, the Herczeg Institute on Aging has continued its various activities in the fields of aging and old age. In the research domain, the Institute's faculty has continued its regular activity. The Institute also hosted Prof. Carol Ryff for a researchers' workshop entitled: *Challenges and Directions in Research on Aging*. Prof. Ryff is an internationally influential scientist in the areas of well-being, health, and aging. Also this year, a collaborative workshop on cultural aging took place in Düsseldorf, Germany. The workshop addressed concepts of aging and old age from multidisciplinary points of view, and was held as a collaboration between Tel Aviv University and the Heinrich-Heine University at Düsseldorf. The participants (from both universities) were researchers from a wide array of departments in various faculties.

In the professional domain, the institute has continued its annual lecture series for gerontologists in the community. This year's series was entitled: *The Intergenerational Relations in Aging Families and Elder Care Practices*. The lecture series for Discount Bank's pensioners, a tradition maintained by our institute, has also continued this year. Additionally, in a collaboration with the Shalem Movement and the Israel Psychological Association, a special conference was held in April. Entitled *Volunteering and Generation of Meaning in the Third Age*, it was designed for the general public and Shalem's senior volunteers. The academic year was concluded with a special conference entitled *Thoughts and Lessons about Alzheimer's Disease in General and from an Old-Age Perspective*. The conference was designed for researchers and professionals from diverse areas of aging and old age. It was followed by the Herczeg Institute's scholarship award ceremony. This year one scholarship was awarded to an outstanding doctoral student at Tel Aviv University who conducted research on aging-related topics.

With the opening of the new academic year, we wish to thank you for your support and involvement in the Institute's various activities. We eagerly await next year's meetings, and will continue to inform you about each event separately, throughout the year, via the [mailing list](#), [website](#), and [Facebook page](#). Meanwhile please be informed that registration for the new lecture series for gerontologists in the community is now open. The series is entitled: *In Sickness and in Health: Physical and Mental Wellbeing in Old Age and in the Arts*. We are hoping to have yet another stimulating and uplifting series of meetings, for both professionals and the general public.

Wishing you a successful and productive year,

The Herczeg Institute Team



Lecture Series for Gerontologists

January-April 2016, Tel Aviv University

The intergenerational relations in aging families and elder care practices

The gerontologists' lecture series is a continuing education program, designed for professionals who interact with the aged population. Its purpose is to provide the participants with new and updated knowledge, while relating it to the everyday professional environment.

Each lecture series includes four double meetings (eight lectures), given by experts from the academy or from the professional field in related disciplines such as psychology, sociology, medicine, nursing, or social work.

Lecture Series Program

Neurological aspects; social and familial aspects of old age

Dr. Sharon Ramer-Biel, a sociologist, anthropologist, lecturer and aging counselor:

How to preserve stable identities and family roles in families dealing with illness

Professor Yaniv Assaf, head of the Neurobiology Department in the Faculty of Life Sciences, Tel Aviv University: *New innovations in the aging brain study.*

The old person's position in the new family; old age in literature and cinema

Dr. Dina Shayevitz, social worker, aging counselor and gerontology expert: *The old person position in the post-modernistic family*

Ms. Sara Ostrov, a lecturer, group facilitator and bibliotherapist: *The glory of old age as reflected in literature, cinema and life*

Mental care and nutritional care in old age

Ms. Iris Kleinman-Haetzni, a clinical psychologist and group facilitator with expertise in treatment of older adults: *Coping and revitalization: On the process of psychotherapy in old age*

Ms. Orly Yona-Drori, a clinical dietitian and an expert of nutritional needs of the elderly: *Nutrition challenges in old age – eating habits, appetite control, risk factors and treatment: How to identify and treat anorexia in older adults?*

Family care and institutional care in old age

Dr. Ayala Eliyahu, a social worker, group facilitator and psychotherapist: *Family caregivers: Challenges and practical issues*

Dr. Varda Green, social worker and head of the program for residential care management training at the School of Social Work at Tel Aviv University: *The old person and his family in residential care – interests, conflicts and cooperation*

Challenges in Community Geriatrics

Professor Arthur Leibovitz

Specialist in Geriatrics and Internal Medicine

Director of the Geriatrics Department – Meuhedet Health Services

Lecturer at the Department of Epidemiology and Preventative Medicine

Sackler Faculty of Medicine, Tel Aviv University

Geriatric medicine began to develop at institutions and hospitals during the second half of the twentieth century. Stimulated by demographic changes that took place during this period, its foundations were based on the knowledge and experience amassed until that point. This gave rise to principles such as the compressive approach, geriatric assessment and others – which comprise the professional theory that guides our work today. At first, the objective was to provide optimal treatment to elderly individuals hospitalized in long-term treatment and acute care frameworks. Over the past few years, however, geriatric medicine has turned its attention toward the community, with the goal of reaching the homes of the elderly even before they begin to suffer from illness and disabilities – if not to prevent them entirely, at least to delay and minimize them as much as possible. The objective is to focus on reaching this goal while maintaining a high standard of professional service while treating the elderly themselves and in dealing with the other physicians treating them. Today, geriatric medicine is working to expand its reach within the community in light of the growing number of individuals over age 65 in the population and the continuous increase of the average life expectancy. Here, I would like to emphasize two facts. One: the vast majority of elderly individuals (over 95%) live within the community. Two: the average life expectancy among individuals over the age of 65 (meaning, the average number of additional years that a person who has reached this age is expected to live) is nearing 16 to 18 years and is on the rise.

Therefore, our target population is a large and growing group that is expected to encounter problems related to health and functionality, a decrease in resources and a decline in the ability to manage independently. Many of these individuals also suffer from ongoing chronic diseases – the primary type of disease dealt with in modern medicine. This population and their family members require the best treatment that medicine and the social support frameworks can offer. In addition, it is clear and evident that overall medical care requires extensive resources, and being that these are limited, we must utilize them in the most effective manner possible.

We will begin with the issue of organizing geriatric services in the community. This issue has been raised in the past, when the question of whether this would be a service that is dependent upon age (similar to pediatric medicine) was first discussed. In other words, the question is whether from a certain age (for example, 65 or 67), all of the patients will visit the geriatric specialist as the first community physician. The final decision that was reached was that the geriatric physicians would serve as specialists (secondary physicians). This means that the role of the community geriatric specialist, similar to a cardiologist, orthopedist, urologist, ophthalmologist or surgeon, is to provide consultations to patients, primary physicians in the community (family physician), the nursing care professionals and social workers.

Two important factors advanced geriatric medicine in Israel and contributed to its development as one of the most sophisticated systems in the world today. One is the Israeli Medical Association, which recognized geriatrics as a definitive medical profession as far back as the early 1980s and regulated the requirements for becoming a geriatric specialist (similar to becoming a specialist of any other type of medicine). The second factor is the Ministry of Health, which established the Department of Geriatrics to direct and supervise the entire system of geriatric medicine via instruction, regulation and control.

Health maintenance organizations are the backbone of community geriatric services. They established the service and they continue to diligently develop it. According to the guidelines of the Ministry of Health, community geriatric services must be offered nationwide, must be available, accessible and equal-opportunity (Ministry of Health, Committee on the Future of Geriatric Services in Israel 2008, Chairman: the author). Indeed, community geriatric services are given preference within the health systems, and even supported by the social services and National Insurance Institute. Efforts to advance this service within the community must be focused on two additional directions. The first is the development of preventative measures and preservation of functionality among the elderly, and the second is imparting a basic knowledge of geriatric medicine to primary physicians. In terms of developing the topic of preventative measures and preservation of functionality among the elderly, there are currently several organizations that are creating programs to address these points. For example, on the topic of preventing falling among the elderly, there are programs sponsored by the Ministry of Health, JDC-Eshel and more. Health maintenance organizations also operate preventative programs through their geriatric care system and their health advancement departments.

There are examples of positive activities aimed at addressing the second element, namely the task of imparting a basic knowledge of geriatric medicine to primary physicians. The National Program for Dementia Treatment, initiated by the Ministry of Health, places special emphasis on teaching the principles of geriatric medicine to the staff members of community health clinics. Another initiative of the National Council of Geriatrics, also targeting community physicians, involves teaching the elderly about safe medicine use. Additional continuing education classes are also held which are local initiatives by the clinics, on the topic of reinforcing the community physicians' knowledge of the foundations of geriatric care. However, greater emphasis must be placed on these activities, which are primarily instructional and organizational, in order to amplify them and expand their reach. They are not costly, but their contribution to the quality of geriatric medicine available in the community is very great. In addition, geriatric medicine, as an overall profession, views itself as a partner in the advancement of two more important topics in the community aiming to reduce discomfort among the elderly. One involves identification, prevention and condemnation of the phenomenon of elder abuse in all forms. The second is advancement of the preliminary medical guidelines regarding palliative care for terminally ill patients. We must continue to increase our efforts in conjunction with the social workers, our partners in the multidisciplinary staff.

Geriatric services in the community are based on a multidisciplinary approach and often require solutions involving several different authorities. We are aware of the existence of this fragmentation, and the fact that it forces patients and their caregivers to travel from place to place in order to exercise their rights (for example: their HMO, the National Insurance Institute, the Ministry of Social Affairs, the local authority and more). It also demands that they visit different health care providers in order to perform various tests and receive treatments. In many of these cases, the patients have limited mobility, reduced cognitive skills and limited family resources to assist them. At the moment, there are initiatives within the medical system to teach about the topic and find ways to

integrate the services. One solution proposed is to create a new service called treatment managers/coordinators (a position that does not exist in Israel but exists in the United States as a private service). This is not the place to expound upon the subject, but it will suffice to say that a service such as this would be very significant for the elderly population, their caregivers and their close family members, as well as for many younger chronically ill individuals in the community. An additional treatment framework that has gradually become established in the community over the past years is the home care system. This framework is operated by all of the health maintenance organizations and enables patients to avoid hospitalization and receive unique medical care in their homes in many cases (such as: respiratory therapy, treatment of sores, end-of-life care, rehabilitation and more).

The challenges discussed above are being addressed on an ongoing basis, as the geriatric care system in Israel constantly improves in quality, availability and accessibility. At the same time, however, in terms of clinical experience, there is still room for improvement. Community geriatric care must be part of the clinical experience of students studying geriatric medicine, both at medical and nursing schools. This unit must include a compulsory unit in the syllabus of the faculties of medicine and nursing, especially in the programs for specialties. Both sides – the educational staff and the geriatric system – still have work to do. The study programs must include a mandatory section of community experience, and the community geriatric system must prepare the infrastructure and a professional staff to teach the students shadowing community geriatrics. Steps in this direction are already being taken, but it is important to speed up the process.

To conclude, in this article, I have offered a brief survey of the challenges that community geriatric medicine faces today. The new generation of physicians, currently taking its first steps in the field, will encounter captivating and challenging tasks, but at the same time, the healthcare system is larger and more diverse than it ever was in the past. Over the past few decades, we toiled to improve geriatric medicine, and now we are bringing it to the homes of the elderly population in the community, while raising the banner of preventative medicine and preservation of independent functionality. The goal is to complement the extended life expectancy with years of healthy living and optimal functionality.



Creativity and the Quest for Meaning (Even) after Retirement: An Interview with Professor Jacob (Jackie) Lomranz

Author and interviewer: Dana Harari

Prof. Jackie Lomranz, one of Israel's senior gerontologists, is not a youngster. When I ask if I can call him "old," he replies, "Yes, but also young: young at heart, in my attitude toward life, and in my feelings."

Prof. Lomranz is head of the MA program in clinical-gerontological psychology at the Ruppin Academic Center, and one of the pioneers and leaders of the scientific study of old age in Israel and the world. Among other things, he established the Unit of Adulthood and Aging in the Department of Psychology at Tel Aviv University, and founded and headed the Herczeg Institute on Aging at Tel Aviv University.

"The stereotype says that our feelings change in old age and passion disappears, but that is fortunately untrue. When they say 'at your age' it's complete nonsense, because there are traits that do not get old. Many of us retain the passion, the desire, and the sensitivity to embark on new paths and seek fulfillment. It is all individual, and this is what basically makes people different from each other."

"Difference increases with age," says Prof. Lomranz. A Canadian study on difference between people, from age 18 until old age (at intervals of five years), showed that difference intensifies as age increases. "It is a mistake to say that all old people are the same, because we age differently, just as we are distinct from each other in our youth. The truth is that there is no one definition of old age." Difference is indeed his philosophy of life. "Can one already predict how a person will age, and his creativity, when he's young?" I ask. "It's possible, but it's hard to predict, because not all of us manifest creativity, and there are some for whom creativity comes with age."

Jackie is the standard-bearer of creativity and one of the trailblazers of its study. In his case creativity has manifested at a late age; he began to play the piano at 45 and in recent years has engaged in painting. A few years ago he even showed some of his paintings at an exhibit in a Jaffa gallery (incidentally, for physical reasons he plays the piano less). Music, too, has been and still is an important part of his life, providing a constant background at home and during his outings to the Ruppin Center. He also sings in a vocal group, but admits that today he can longer work and listen to vocal music at the same time.

"When I see an old person," says Prof. Lomranz, "I see magic." The elderly person is at his best when he is cognitively lucid, and he carries within him a rich world of knowledge and experience. When I ask about psychotherapy in old age, Lomranz replies, "Psychologists, too, prefer treating the old person, replete with experiences, to the young person." And what about the willingness for psychotherapy? "Some old people have had such therapy in the past, and others are open to a change at any age."

How did Jackie get into the old-age field in the first place? "I was always loyal to my age," he emphasizes. "As I approached midlife I started to get interested in the typical issues of that age. I began to do studies on issues like 'the emptying nest,' and the interest grew as I got older." Do we

need to get old to conduct studies of old age? I ask. “Not necessarily, but the researcher has to have a capacity for acceptance and empathy, which is basically the key to psychological support.” Jackie says that when he meets young people who have registered for the curriculum on clinical-gerontological psychology at Ruppin, he always tries to understand why they chose gerontology and what drew them to it. He often finds that it has to do with positive experiences with their grandfathers and grandmothers.

Jackie also does a great deal of work on Holocaust trauma. Was his personal experience responsible for this? Jackie is a native of Leipzig, Germany (1937); he fled with his parents to China just two months before the Second World War. He says the Holocaust has often been a familiar presence. Relatives of his parents were killed in the Shoah, and when the news of this reached his mother she sank into a prolonged depression.

Prof. Lomranz has many feathers in his cap. He was head of the clinical unit in the Department of Psychology at Tel Aviv University. There he developed a curriculum on adulthood and old age, published dozens of scholarly articles, and was chair of the Israel Gerontological Society and founder and head of the Herczeg Institute. Today, as mentioned, he heads the program in clinical-gerontological psychology at Ruppin, and he continues to engage in research and treatment. In addition, he serves as head of the Frankel Research Fund on Holocaust Survivors at Tel Aviv University, and there is still a lot more. “I love to teach, because teaching expands both the teacher’s mind and the students’ minds. You give yourself frameworks that let you delve deeply into issues and not get lazy.”

In the 1980s Jackie sought to create an academic framework that would encourage teaching and innovative gerontological research. With the help of the psychologist Nitza Eyal, and later of Prof. Dov Shmotkin, he founded the Unit of Adulthood and Aging in the Department of Psychology at Tel Aviv University. This unit formed the basis for the Herczeg Institute on Aging, which was established in 1992 at Jackie’s initiative and thanks to the generous donation of the Herczeg couple, residents of Mexico who wanted to contribute to Tel Aviv University. The Herczogs were very involved in setting up the institute, and also left behind a permanent fund that supports activity and research to the present day. Later there were additional donors, and the Herczeg Institute grew in prominence. In the institute’s set of rules, Jackie made clear that the head of the institute would be chosen for a limited tenure, so that others would also have a chance to lead it. Jackie loves to initiate and devise new projects. He plans, executes, and moves on to the next endeavor.

Jackie continues to develop the theory of aintegration. This theory, he explains, is based on “this, and this too.” We are able to “jump from black to white,” and that is what enables us to live and exist, and to find issues that seem to contrast with each other but can coexist together. “This is the source of our power. The theory actually explains how we exist amid the complexity of life: how we are able to live and survive even after difficult and traumatic life experiences (Holocaust survivors, immigrants, or even Marranos).” Today all his researches focus on this concept.

During the many years I have known him, I have often met with Jackie. Every meeting added a little to my self-confidence, since he champions creativity and often stresses that it exists in each of us, and in me as well. Creativity can be defined as an ability to combine different elements integratively and create a new project. It is a source of solutions for challenges that arise in daily life. Jackie writes a great deal on the subject and also establishes institutes and centers for creativity; he is indeed one of the pioneers of creativity research. The creativity that exists in us is not only in the

fields of art and of literary or musical creation; preparing a salad for dinner, or cultivating a garden, can also be an expression of creativity.

A colorful example of this can be found in Rabbi Nachman of Breslov's story about the prince and the turkey. The story tells of a prince who went insane and thought he was a turkey. This prince would sit under the table during meals and eat the crumbs and bones that fell from the table. The king tried to help his son by consulting many doctors, but none of them were able to help. Until one day a wise man came to their house and promised the king he could help. The wise man saw the prince sitting naked under the table; immediately he, too, undressed and sat beside him. When the prince asked what he was doing there, the wise man replied, "I, too, am a turkey." The two sat together a long time until they got accustomed to each other. The wise man then decided to put on a shirt, and asked the prince to put one on as well. Trying to convince him to do so, the wise man said to him, "Do you think a turkey can't put on a shirt? He can put on a shirt and still be a turkey." The prince acquiesced and put on the shirt. The wise man then immediately put on pants, and said to the prince, "Do you think a turkey can't put on pants? He can put on pants and still be a turkey." So the prince put on pants. Using this method the wise man was able to convince the prince to sit at the table and eat regular food, and he continued to cure him until he was completely cured. The story teaches us that if the therapist knows how to reach the person and identify with him, he may be able to extricate him from the state he is in. The story also suggests that a change of perspective can help even in very difficult circumstances.

We would like to thank Prof. Lomranz for taking part in the interview, and Dana Harari for the time she invested in conducting it.



Thoughts and lessons about Alzheimer's disease in general and from an old-age perspective: A conference for researchers

Brief summary:

This conference was organized by the Herczeg Institute and took place on June 7, 2016 at Tel Aviv University. The conference was designed for researchers from diverse areas of aging and old age with the purpose of advancing a unified and connected professional community. The participants consisted of researchers from Tel Aviv University and other academic institutes in Israel, as well as professionals who interact with the aging population. The event started with a welcome speech by Professor Yaron Oz, Rector of Tel Aviv University. Professor Tammie Ronen, Dean of Social Sciences, sent a greeting commentary which was read to the audience. The first part of the conference included three lectures. Professor Emeritus Amos Korczyn, from the Department of Neurology at Tel-Aviv University Sackler School of Medicine, gave the keynote speech entitled: *Why have we failed to cure Alzheimer's disease?* Next, Professor Daphna Hacker from Tel Aviv University's Law Faculty and Women and Gender Studies Program, gave her lecture entitled: *What are the children's obligations toward their aging parents? A comparative legal view.* Third was Professor Daniel Michaelson, from the Department of Neurobiochemistry at Tel Aviv University Faculty of Life Sciences. His lecture was entitled: *Genetic risk factors of Alzheimer's disease and possible treatments.*

Following the lectures was the **Herczeg Institute scholarship award ceremony**. This year, one scholarship was awarded by Prof. Dov Shmotkin, Head of Herczeg Institute, to an excellent doctoral student at Tel Aviv University that conducted research on an aging-related topic. The awardee, Shira Simonovitch from the Department of Neurobiology at the Faculty of Life Science, gave a short presentation about her study, entitled: *The role of autophagy in mediating the pathological effects of ApoE4.* The scholarship was awarded in commemoration of the late Prof. Shimon Bergman and the late Shmuel Friedberg. The concluding part of the conference was a live music concert given by the veteran Israeli composer and performer Shem Tov Levy, who devoted his concert to the topics of maturity and old age. The event was partially funded by Tel Aviv University's Research Authority. We appreciate this support



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(*) Names of the faculty members of the Herczeg Institute on Aging are **Bolded**.



Constantine P. Cavafy (1863-1933) was a Greek poet who lived most of his life in Alexandria, Egypt. His poems, written in Greek, exhibit his remarkable writing abilities in terms of metaphor creation and imagery. These have earned him an honorable place among the Western canon. The two poems below, *Ithaca* and *The city*, address the subjects of meaning of life and old age.

The City/ Constantine P. Cavafy
Translated to English by George Economou

You said, "I'll go to another land, I'll go to another sea.

Another city will turn up, better than this.

Everything I do is doomed to fail,

and my heart – like a dead body – lies in a grave.

How long can my mind go on stagnating here?

Wherever I look, wherever my eye falls,

all I see is this black wreck of a life,

here where I've spent these years, wasted them, ruined them."

You'll not find other places, won't find other seas.

This city will shadow you. You'll walk the same

old streets. In the same old neighborhoods you'll age,

in the same old houses you'll turn gray.

You'll always end up in this city. As for elsewhere – no hope –

there's no ship for you, nor road to take.

Thus, as you've wasted your life

in this tiny corner, you've ruined it throughout the face of the earth.

(1910)



Ithaca/ Constantine P. Cavafy
Translated to English by George Economou

As you begin the journey to Ithaca,
pray for a road that will be long,
full of adventures, full of lessons.
Of Laistrygonians, of Cyclopes,
and livid Poseidon have no fear,
you'll never encounter such things on your course,
provided your thoughts remain high, and a rare
kind of excitement touches your body and mind.
Laistrygonians and Cyclopes,
savage Poseidon you'll not meet up with,
unless you sustain them in your soul,
unless your soul stands them up before you.

Pray for a road that will be long.
Let there be many summer mornings
when with such pleasure and such joy
you'll enter harbors seen for the very first time;
may you stop at Phoenician marketplaces,
and make fine bargains for goods,
mother-of-pearl and coral, amber and ebony,
and sensual perfumes of every kind,
as many sensual perfumes as possible;
may you go to many Egyptian cities,
to learn and learn from their great scholars.

Always keep Ithaca in your mind.

Getting there is your destination.

But by no means rush the journey.

Better to let it go on for years;

and as an old man to drop anchor at the island,

rich with all you've won on the road,

without expecting Ithaca to give you wealth.

Ithaca gave you the beautiful journey.

Without her you wouldn't have taken the road.

She has nothing more to give you.

And if you find her poor, she didn't deceive you.

Now that you have become so wise, so full of experience,

you'll understand what all these Ithacas mean.

(1911)

We wish to thank Professor George Economou, who permitted us to use these two translations, for his generosity and kindness.



Join us at the "Creative Spirit" section. It is a platform for all your creative endeavors, as well as a place for us to share with you relevant inspiring content. We invite you to take an active part in it and send us your creations.

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– About Herczeg Institute on Aging –

The Herczeg Institute on Aging was established in 1992 at Tel Aviv University.

The Institute fosters interdisciplinary research, as evidenced by the joint direction of the Faculty of Social Sciences and the Faculty of Medicine.

The presence of this institute on campus signifies the increasing importance of research on aging-related topics at the university. The Herczeg Institute conducts and promotes an array of studies relating to aging and old age. These studies concern issues such as physical and mental health, health promotion, adaptation and resilience at old age, well-being and quality of life along the life span, cognitive and emotional aging processes, the elderly in society, ill-health at old age, dementia, problems in attending to the old, traumatic life events and the long-term impact of the Holocaust.

Additional goals of the Herczeg Institute include the dissemination of gerontological knowledge in the academia and the community, stimulating researchers of aging and old-age in the various disciplines with a particular emphasis on promoting young researchers in the field and maintaining relationships with decision makers and policy makers in areas related to aging and old age.

The Herczeg Institute is directed by **Prof. Dov Shmotkin**.

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If you are interested in receiving updated information about events and activities, please join our [Mailing List](#). We also invite you to Like us on our [Facebook](#) page. We would appreciate you sharing this newsletter with others who are interested in the field of aging.

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