

Prolonged Health for Baby Boomers, Creative Retirement Transition for the Workforce

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*“Work consists of whatever a body is obliged to do.
Play consists of whatever a body is not obliged to do.” – Mark Twain*

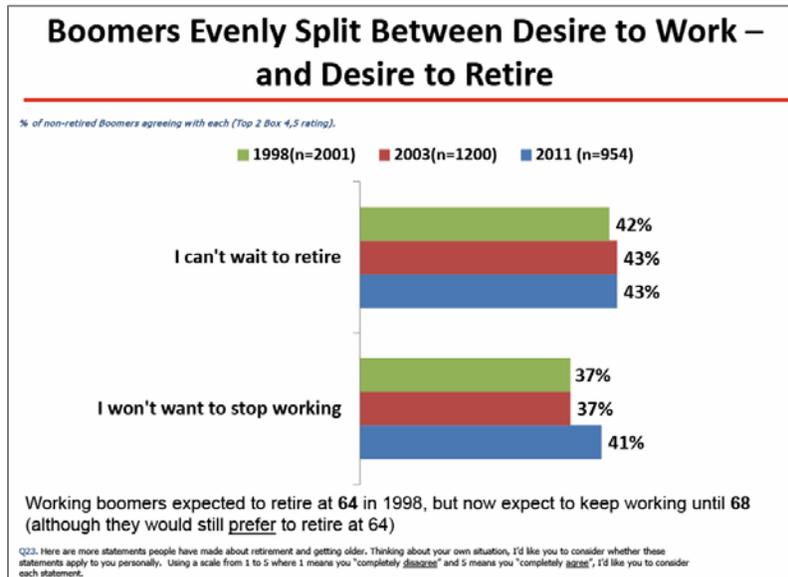
What or who are Baby Boomers? After World War II, the American birthrate increased dramatically. A U.S. Census Bureau Report estimates, between 1946 and 1964, approximately 78 million children were born in the United States. In contrast, in the same amount of years just prior to 1946 only 50 million births were recorded. In the same amount of years immediately following 1964, despite a much larger population base, only 66 million births were recorded (U.S. Census Bureau).

This huge bulge in the U.S. population is generally referred to as the Baby boom, or the Baby boom generation. We define it as a boom because birth rates rapidly declined after 1964; had this not occurred, the postwar birth rate increase would simply have represented a long-term trend rather than a distinct population group. A similar phenomenon exists in Western Europe, where there is a bulge in the population of those born between 1946 and 1964, although it is related more to a severe decline in the birthrate that began in the late 1960s rather than a dramatic increase in the birthrate following World War II. Today, Boomers are already responsible for the largest stock market rise in history, the housing boom, the personal computer, the Internet, the sport utility vehicle, and more importantly – the globalization and socialization of world economies and politics.

In 2011, seventy six million Baby Boomers were headed towards their “retirement years” – the oldest turned 65 that year. Those who planned to retire at age 62 may have to work longer due to the government increasing the retirement age for 62 to 65-67. The economic downturn, which started in 2009 further complicated and changed the Boomers’ planning, attitudes, expectations, and behaviors, and health toward retirement. Both the declining economy and personal aging have combined to lower Boomer expectations. An AARP Study reports:

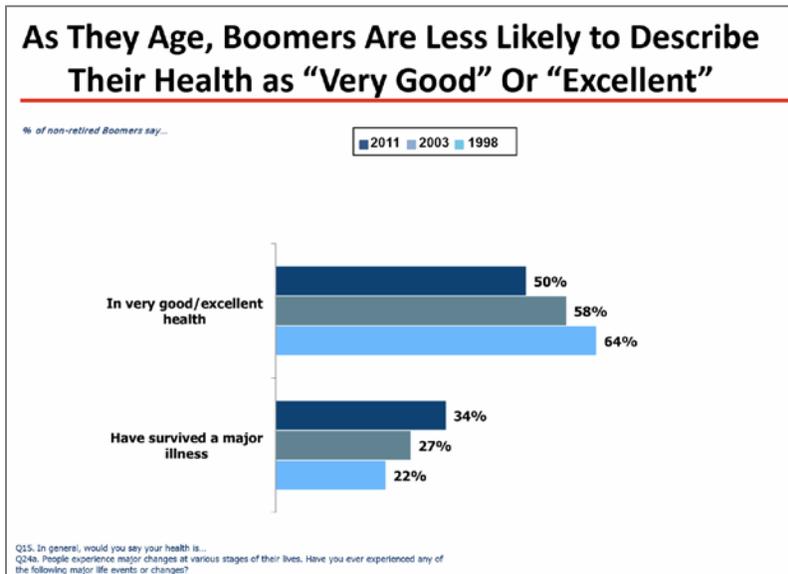
A majority (60% down 10 points from 1998) is at least “fairly optimistic,” but 39% are not optimistic. One in four (26%) have become more pessimistic in the last five years, primarily due to the economy. Affordability became an issue when personal finance was affected by devaluation of retirement portfolios and nest eggs. About half of working Boomers (55%) are at least “somewhat” satisfied with their retirement savings, and only 14% are completely satisfied. In 1998, two out of three were at least somewhat satisfied. Age and life experiences are catching up with Boomers. Three of four Boomers have experienced a death of a parent, up from 51% in 1998. Almost half were now grandparents (46%) or empty nesters (47%). Four in ten (39%) had become responsible for caring for a parent (up 13 points from 1998). One in three had suffered a major illness (34% up 12 points) and almost half had experienced a job loss (43% up from 35% in 2003). (Staying Ahead of the Curve – AARP)

Table 1



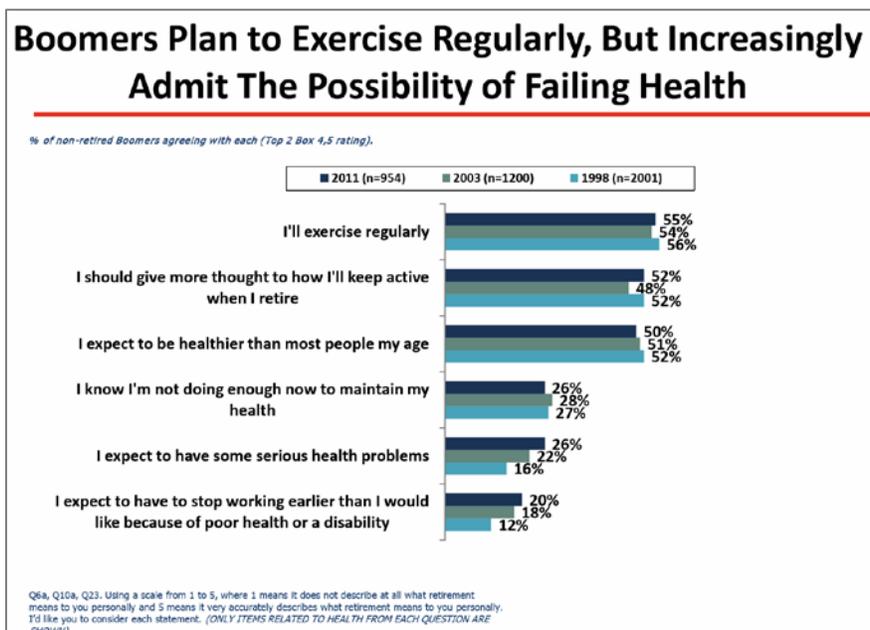
Source: AARP: AARP & GFK Custom Research; Baby Boomers Envision – What’s Next? (2011): 27; print.

Table 2



Source: AARP: AARP & GFK Custom Research; Baby Boomers Envision – What’s Next? (2011): 22; print.

Table 3



Source: AARP: AARP & GFK Custom Research; Baby Boomers Envision – What’s Next? (2011): 25; print.

“Between going and staying the day wavers, in love with its own transparency. The circular afternoon is now a bay where the world in stillness rocks. All is visible and all elusive, all is near and can’t be touched. Paper, book, pencil, glass, rest in the shade of their names. Time throbbing in my temples repeats the same unchanging syllable of blood. The light turns the indifferent wall into a ghostly theater of reflections. I find myself in the middle of an eye, watching myself in its blank stare. The moment scatters. Motionless, I stay and go: I am pause.” Octavio Paz

As Nobel Laureate, Octavio Paz describes, finding the way forward after a lifetime of work and responsibilities can be gratifying or perplexing: “Between going and staying the day wavers, in love with its own transparency . . . time throbbing in my temples repeats the same unchanging syllable of blood . . . the moment scatters. Motionless, I stay and go: I am pause” (507). Retirement is looming over Baby Boomers. Some anticipate the opportunity to spend more time with family and pursue other interests. Others dread the very notion of retiring not because it is not appealing but for personal and economic reasons. Retirement is an anxious moment. Although this is a global phenomenon, this research will focus on the Northeast United States, specifically in major metropolitan areas, which has a high concentration of Baby Boomers facing retirement. It will examine their lifestyles, choices, views on retirement, and its effect on employers, workforce, legislation, and the economy.

Mike Turner, a Baby boomer, celebrated his 40th service anniversary in a major Fortune 100 company. He is 66 years old and has no plans in retiring soon. He has had an illustrious career. He helped raise and support two daughters through college. In 2009, Mike had planned to retire and then the bottom fell out. The

economic downturn caused an estimated 40% devaluation of his retirement portfolio. He could not afford to retire. Moreover, his two daughters were forced to move back in with him and his wife when they were laid off as result of the economy. The stress of the situation further aggravated an existing condition of high blood pressure, gout, and arthritis. The diagnosis of which was the result of a sedentary lifestyle and stress. He has since subscribed to a regimen of diet and exercise. The interesting point here is his admission that he agreed to this regimen not to improve and prolong his health per se but to ensure his capacity to continue to work. (Personal Interview)

Good health is necessary to be able to work beyond retirement age and prolonged health to enjoy actual retirement. The AARP Study pointedly describes the influencers and detractors to good health of Boomers. Rather than focusing on maintaining wellness, other personal priorities are distracting Boomers, which at the end further affected their health by neglecting it altogether. According to a report by GFK Custom Research sponsored by AARP on Baby Boomers:

There is a declining optimism in the general attitudes toward retirement both due to the declining economy and personal aging have combined to lower boomer expectations. A majority (60% down 10 points from 1998) is at least “fairly optimistic,” but 39% are not optimistic. One in four (26%) have become more pessimistic in the last five years, primarily due to the economy. (3)

The decision to retire can be met with anticipation or fraught with uncertainty. To some, retirement could not come any sooner. They have long imagined this significant life event to occur and look forward to spending more time with family and pursuing other interests. To others, it is a dreadful or apprehensive moment, and not at all welcomed. The disparity can be attributed to several key factors – the manner of retirement (i.e. planned or forced), and affordability to name a few. In any event, good health and the maintenance thereof will play a major part in the enjoyment or distress in this new horizon. In *The Baby Boom Generation: Understanding and Controlling the Demand for Wellness*, Pilzer asserts:

The significance of the U.S. Census Bureau estimates cannot be overstated. In any society, there is a limit to the number of topics that can occupy public concern at a specific period in time. With a normally expanding population, these topics are typically dominated by the concerns and tastes of the younger members of the society, since there are simply more (and more) of them. However, the bulge in the U.S. population of those born between 1946 and 1964 has caused our topics of concern to be dominated by this group rather than by the concerns of the next generation. (Chapter 2)

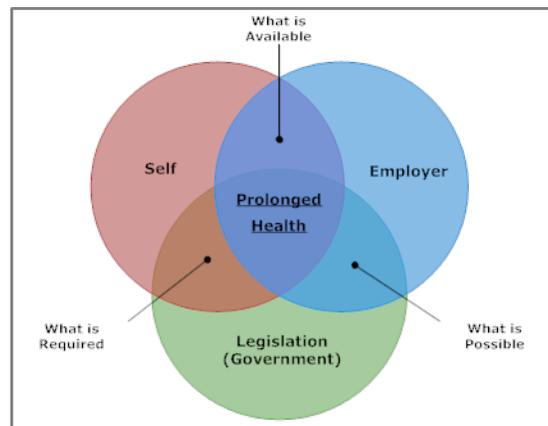
This phenomenon initially manifested itself in the late 1960s and early 1970s when certain oldies radio stations became more popular than contemporary ones—as the first Baby Boomers entering adulthood continued to listen to the music of their youth. Beginning in the 1970s we saw Boomers increasingly returning to the fashions of their youth in clothing, automobiles, housing, furniture, industrial design, and commercial architecture. A new word

was coined to define this phenomenon, retro, which entered our vernacular (and our dictionary) in 1974. As Merriam-Webster dictionary defines it: “*relating to, reviving, or being the styles or esp. the fashions of the past: fashionably nostalgic or old-fashioned* “a retro look.”

Many economists, marketers, and human resources organizations consider the Baby Boomers the First Wellness Generation because of the group’s different behaviors than any prior generation and their refusal to accept passively the aging process. It is the focus on youth as opposed to overall good health that is perplexing. If the evidence shows the market economy for wellness goods and services are on a constant rise, why is there disproportionate demand between age deterrents and physical wellness? Is there a difference between internal and external beauty? Is it narcissism or health consciousness? Appearing young could have advantages depending on the type of work or career. An example previously mentioned was an actor or a television personality might be more inclined to seek cosmetic goods and services (external) as opposed to a professional athlete whose livelihood depends on staying physically fit (internal).

The idea that Mike Turner as a Baby Boomer can be categorized as a member of the First Wellness Generation as we stated earlier, certainly does not hold true in his current situation. Wellness was an afterthought. What caused this? A smooth and healthy transition to retirement does not happen automatically. What is required? It takes careful and deliberate planning long before the decision and the need to retire. I would argue that it also requires careful coordination and cooperation of the employee (self), the employer, and government legislation. All three have interdependencies. The individual has responsibility in acknowledging and valuing the importance of good health and well-being. The employer needs to support the individual (employee) to maximize their potential and service. The government must support both the individual and employer by way of subsidies and programs.

Figure 1



Prolonged Health Matrix

Mike Turner’s case is not unique. Although advancement and availability of wellness products and services is all around us, it all starts with us individually and collectively. Even with the coordination of employers and legislation, none of the self, employer wellness programs, or legislative assistance can prolong health if we do not subscribe to and maintain a healthy lifestyle to begin with. Health and Retirement Study points out:

Health problems can have a big influence on the decision to retire early. One analysis of HRS data suggests that poor health is a stronger influence than financial variables on people's decisions to retire. Poor health is cited as being very important in the decision to retire for 35 percent of people ages 55 to 59, but considerably less so among those 60 and older. (40)

We can interpret these facts many ways. For one, people with relatively good health by the time they reach 60+ in age no longer cite health as a major contributing factor to the decision to retire. It is the desire to continue whether for financial or personal reasons that dictate the need to work beyond the retirement age. Conversely, poor health prior to retirement eligibility can add more undue stress and anxiety for the individual further compounding the health issues.

Why would a Baby Boomer not consider proactively planning and preparing for retirement years before the actual opportunity or need arrives? Enter the Baby Boomers' upbringing and influences – unlike their parents, the Baby Boomers have seen a different reality. Nazareth emphasizes:

Their choices have set the fashion—and they have predominantly chosen work. To the chagrin of their elders, they grew up taking many things for granted. They got to travel younger and further than the generations before them, and they typically got more education than their parents. They have also acquired a lot more material goods. When boomer couples got married in the 1970s and 1980s, their wedding presents typically included the appliances and luxuries that it took earlier generations a lifetime to acquire. But what the Baby Boomers have not had much of is leisure time, and they have tended not to ask for it, either. (Chapter 3)

For this reason, exploring the feelings, values, ethics, and cultural awareness of Boomers generation can give a better insight on their views about health and planning. Considering Baby Boomers are now in their most time-crunched years and have been for a couple of decades; if they were more laid back about work and leisure, we probably would not have anything close to the time-crunched economy that we now have. Baby Boomers are by nature goal-oriented and work-oriented, and they tend to run the rest of their lives on tight schedules too. No wonder, then, that as they have reached adulthood, they have taken the time-crunch economy into high mode.

Now as the Baby Boomer generation (currently ages 43 to 65) is in its most economically productive years, this phenomenon of catering to their concerns will accelerate even more. Their economic dominance will continue until sometime after 2010, when the first Boomers turn 65 and their economic power and social influence begin to wane. This is also a main topic and concern of employers in workforce planning (workload distribution, health, and compensation strategies).

The economic impact of the Baby Boomers on wellness is even stronger than their numbers suggest—because this group is behaving differently than any prior generation.

Boomers are refusing to accept passively the aging process. In “The Baby Boom: Americans Aged 35 to 54,” Cheryl Russell explains it best from a marketing perspective:

One of the most important truths about Boomers is that they are still the youth market. In their teens and twenties . . . Boomers created the youth market. As they enter their forties and fifties . . . Boomers are proving the youth market to be a state of mind rather than a stage of life. Most Boomers still live in that state, refusing to adopt the attitudes and lifestyles of their parents. . . . Businesses savvy enough to determine what Boomers want will catch a wave of consumer demand that will be the ride of a lifetime. (Russell)

Boomers are already responsible for the largest stock market rise in history, the housing boom, the rise of international airlines, the personal computer, the Internet, the sport utility vehicle—in short, Pilzer asserts, “Boomers are responsible for roughly \$7 trillion of our near \$14 trillion national economy. Nevertheless, it is even more important to know which consumer products Boomers are purchasing most. From the current T-Bird convertible that looks like the 1956 model, to retro furniture and clothes, Boomers flock to purchase products and services that remind them of their youth” (Chapter 2). Obviously, there is an emergence of a profound and recurring theme of obsession to youth and age. In “The Leisure Economy: How Changing Demographics, Economics, and Generational Attitudes Will Reshape Our Lives and Our Industries”, Linda Nazareth suggests:

If Baby Boomers are spending all this money on things that simply remind them of when they were young, think of how much these Boomers are spending on wellness products and services that actually make them young or slow the effects of aging. It is easy to see why Boomers are driving wellness to a \$1 trillion sector of our economy as they seek to preserve what they hold dearest – their youth and health. Cosmetic surgery and treatments are comprehended in these numbers. (i.e. implants, facelifts, Botox, etc.) (Chapter 5)

Moreover, Nazareth calculates, most of our current \$500 billion in wellness sales are to Boomers born closer to 1946 than to those born closer to 1964—the ones in their 50s versus those in their 40s (Chapter 8). Over the last five years alone, Boomers drove sales of wellness-based services from approximately \$500 billion to \$1 trillion or more. This growth came partly from the demographic expansion of the market (age range of Boomers shifting from ages 43 to 61 to ages 48 to 66) and partly from sales growth due to improvements and new effective wellness-based products and services. The type of profession, society’s obsession on beauty and youth, and individual self-awareness, and priorities all contribute to the product and services mix of the wellness industry. Majority of the marketing campaigns of this industry is to appeal to the Boomer’s varying degree of narcissism.

While the appearance of youth is important and may be necessary to a certain extent in some professions such as actors and television personalities, it does not address real health. It merely touches on external appearance and not the internal wellness, which can only be attained through proper diet and exercise. Regardless of profession or social status, health in its plurality (mental, emotional, social, physical, and spiritual) serves as the axis for looking and feeling well.

“You make a living by what you get. You make a life by what you give.” - Winston Churchill

For whatever reason, Baby Boomers have turned out to have a strong work ethic. As a generation, they have been asked to make many sacrifices for their jobs, and to a large extent, they have done it. “They had the example; then they had the opportunity,” says Nazareth. “They were given the chance to pursue education and they took it. They became the most educated generation ever. Moreover, for others, they also had access to well-paying blue-collar jobs. The Boomers had it pretty good” (Chapter 4). Nazareth further expounds:

In some ways, though, the Baby Boomers have had to hustle pretty hard to get ahead. As a huge generation, they have had to compete against each other their whole lives. Baby Boomers have grudgingly accepted a bundle of other inconveniences, minor and major, from the time that they were born. When they headed to kindergarten, many had to spread out their blankets for quiet time on tiny squares of floor, so as to make room in their overcrowded classrooms. There were always more of them than the resources really provided for. It was no different when they entered the workforce. Although the first-wave Boomers generally started work in a robust economy in the late 1960s and early 1970s, they always found themselves up against a wave of other workers in their age group. Subsequent waves of workers, of course, came up against such treats as the 1973 oil shock, inflation and rising unemployment rates, even before they got to the recession of the early 1980s and its aftermath. (Chapter 6)

An ever-increasing workload and a perpetual time crunch were the inevitable results of a work life that has always meant competition. Indeed, if advertisers competed to woo the Boomers because of their large numbers, employers always took the opposite tack. There was always another boomer coming along, so employers did not need to compromise much in the way of what they offered employees, particularly those at the entry level.

Boomers took to their jobs with zeal. The word “workaholic” first showed up in 1971 in the book *Confessions of a Workaholic* written by Wayne Edward Oates. A play on the term “alcoholic” as a way to describe someone addicted to alcohol, it was used by Oates to describe his own obsession with work. Oates writes:

In the next two decades, it was often used as a way to describe the way that Baby Boomers approached their work. Over the past two decades, Baby Boomers have become the workaholics, or at the very least, the good soldiers of corporations. They have created the climate where weekend work, 10-hour workdays and putting off vacations has become de rigueur, especially for professionals. Just exactly why it is a subject for debate. (Chapter 4)

Work ethic, sacrifice, and competition were characteristics of the Boomer generation. Self-wellness never appeared. If it did, it was usually because of burnout. Boomers’ work style can partly be credited—or blamed—on their parents. Some think they have a strong work ethic

because, at least for the first wave of Baby Boomers, their role models were their Depression-era parents, and that strongly shaped their values. Oates points out:

For one thing, they grew up with a fair bit of structure in their lives, typically as the children of traditional families with one breadwinner. First-wave Boomers in particular (those born from 1946 through to the end of the 1950s) grew up amidst a booming economy and were told that if they worked hard, success would be theirs. No wonder, then, that they have tended to be an optimistic and hard-working generation. But whatever their early lives might have given them, as they hit the workforce they got hit with some fairly tough economic times. They may have gotten into corporations when they were hiring, but they have also watched layoffs blitz their friends' jobs, or perhaps their own. (Chapter 4)

In personal interviews, we surmised that Boomers consider engaging in wellness activities a leisure given the challenges they now face.

Ed Dunn, a Boomer, had a forty-year love affair with his job and career. He was putting in between 50-60 hour weeks during that time. He was first to turn the lights on in the office and the last to turn it off in the evening. Ed felt uneasy even guilty taking days off for holidays and vacations. To him work was the center.

Drs. Betty Torres and Henrietta Roberts, also Boomers, would cancel days off for emergencies and would agonize over temporarily assigning patients to other physicians but would gladly take additional patient loads to cover for others. (Personal Interview)

Dr. Harold Claus, a Boomer specializing in internal medicine and geriatrics incorporates eastern holistic medicine in his practice. Majority of his patients are fellow Boomers whose ailments vary from high blood pressure, high cholesterol, backaches, arthritis, weigh problems and others. His diagnosis consistently points to stressed and overworked patients, whose consequential lifestyles further compounded and aggravated their conditions. (Personal Interview)

Indeed, Boomers feelings, values, ethics, and culture contribute to either health degradation or well-being. Dr. Claus further suggests good health does not just mean living free of disease, but also includes a sound state of mind. In *Baby Boomers and Their Parents: Surprising Findings about Their Lifestyles, Mindsets, and Well-Being*, authors George P. Moschis and Anil Mathur point out:

An increasing number of health professionals consider mental status as part of a person's state of health, and recent scientific discoveries in the medical field point to a strong connection between mind and body. Therefore, it is important to look at both physical and emotional aspects of health. (Chapter 3)

So far, we have identified a Boomers' predilection to focus on work, sacrifice, and competition, and wealth accumulation but not health. We also established this is driven ostensibly by the feelings, values, ethic, and culture of this generation. Moving forward, we will

explore and attempt to leverage these very same attributes to a positive outcome – prolonged health. First, we need to test the attributes to see if this only germane to Americans.

Aito Kobashi is a senior executive in one of Japan’s top three multinational technology firms. He is a Boomer. He states:

In Japan, well-being is a spiritual and religious experience and as natural and emblematic of Japanese culture. We are a nation who values our health and well-being. This carries over to the way we conduct business and manage our employees. However, Generation X workers frown upon old traditions and have opted for western attitudes and behaviors. Nonetheless, there are still some of us who hold dearly the old ways. A more practical reason for “Taisou” is to ward off the effects of our “social commitments”, which usually involves drinking, which could be twice a week or more: once with colleagues or clients, then again on the weekends with your friends. Even if you consciously try to limit your alcohol intake, it is hard not to feel a bit below par the next day. That said, we are very much concerned with health and well-being of retirement eligible employees. Compared to the United States, we focus more how we can support them to prolong their health because keeping healthy is an implicit personal responsibility. (Personal Interview)

Asian companies, especially for the skilled workers, require a good stretching before starting work to prevent cramps and sores/pain during work. You can find this practiced in many countries around Asia. In Japan, Taisou is done through the accompaniment of light piano music. In China, Qigong is done in the crowd before work starts. In Malaysia, a quick 1 to 2 minutes of stretching and jumping is practiced. In India, stretching Yoga is done before work. It is a belief in these Asian countries that doing a stretch in the morning actually awakens your brain hence you can work better for the rest of the day.

In the U.S. and in the early days of IBM, employees were required to sing the “IBM Song” and conduct the same stretching exercises in the morning and in the afternoon. The practice was later abandoned in the early sixties. Nowadays, companies like Google, Zappos, Apple to name a few, provide exercise facilities and time for their employees.

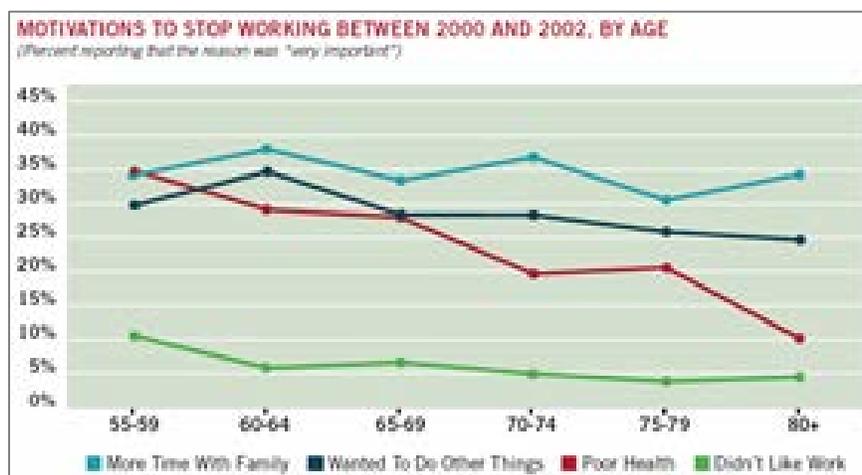
*“One must talk about everything according to its nature,
how it comes to be and how it grows.
Men have talked about the world without paying attention
to the world or to their own minds,
as if they were asleep or absent-minded.”* Herakleitos (from The Logos is Eternal)

Retirement is talked about in many stages of need and proximity. Unfortunately, personal health in pre-retirement, retirement, and post retirement is invariably abstracted until it becomes an issue. Perhaps Herakleitos is correct in how we talk about matters incessantly and yet fail to grasp the details and reality of the topic. We enthusiastically or despondently discuss retirement in terms of financial capability, new activities, possibilities, or the lack thereof.

Although health is a key enabler of how comfortable or difficult retirement can be, it is often a pariah from the main discourse. Health and Retirement Study points out:

Health problems can have a big influence on the decision to retire early. One analysis of HRS data suggests that poor health is a stronger influence than financial variables on people's decisions to retire. Poor health is cited as being very important in the decision to retire for 35 percent of people ages 55 to 59, but considerably less so among those 60 and older. (40)

Table 4



Source: Health and Retirement Study (n.d.): 47; print.

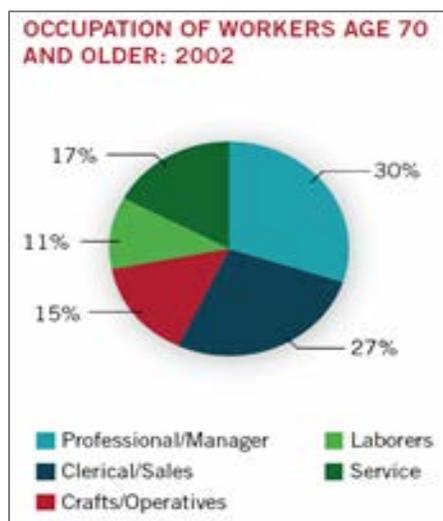
People with relatively good health by the time they reach 60+ in age no longer cite health as a major contributing factor to the decision to retire. This data has far-reaching implications on how employers deal with employee wellness and the aging workforce who on their own initiative have managed their health and is able to continue working longer. How do you manage these employees? In *Employee Well-Being – A Workplace Resource*, Andrew Kinder states:

It always seems somewhat counter-intuitive to have to justify the case for the 'healthy, happy, productive worker' (e.g. Cropanzano & Wright, 2001). On an individual basis how many of us enjoy being unhealthy, unhappy and unproductive, or believe we at our best when we feel like this? How many organisations, however hard headed and commercially oriented their leadership ethos, can demonstrate positive performance outcomes they can attribute to keeping their staff unhappy? Nevertheless there remains a need to demonstrate that psychological well-being is not a 'touchy feely' issue or something that organisations need concern themselves with, and that its benefits are tangible and important. (Chapter 3)

To government legislators, the degree and levels of provision of government assistance such as social security benefits can be challenging to sustain given the current budget deficits. Workers will eventually retire and the influence will vary individually. The original Social Security Act of 1935 set the minimum age for receiving full retirement benefits at 65. It has now

changed to 67. “Congress cited improvements in the health of older people and increases in average life expectancy as primary reasons for increasing the normal retirement age (The Social Security Amendments of 1983 (H.R. 1900, Public Law 98-21). Some workers might choose to retire at 62 with reduced social security benefits, and at 65-67 with full benefits. Regardless of the age and, circumstances, and influences, one thing constant remains – good health to reach retirement and prolonged health to enjoy retirement.

Table 5



Source: Health and Retirement Study (n.d.):45;print

With advances in medicine (traditional and holistic), and renewed consumer awareness, people are more health-conscious and living longer. That said, we may choose to continue to work well beyond 67 years of age but there are limitations to profession and ability up to a certain point. Health and Retirement Study compares:

In 2002, 30 percent of individuals who remained economically active after age 70 held professional and managerial jobs, presumably using the skills and knowledge developed during their careers. The share of workers in clerical and sales positions was only slightly less, accounting for about 27 percent of all jobs over age 70. Another one in six (17 percent) of these older workers was in the service sector, with somewhat smaller percentages engaged as craftsmen/operatives and in manual labor. (45)

Stressful jobs requiring precise and exacting dexterity such as surgeons and pilots are examples of limited careers. Transitional careers in teaching are an alternative for these professions. A New Charter University study concludes that a mature age, physical reaction may not be as quick and responsive to perform surgery or fly an aircraft but they have more crystallized intelligence – that is, general knowledge about the world, as reflected in semantic knowledge, vocabulary, and language. The study asserts, “it is this superior knowledge combined with a slower and more complete processing style, along with a more sophisticated understanding of the workings of the world around them, that gives the elderly the advantage of “wisdom” over the advantages of fluid intelligence—the ability to think and acquire information

quickly and abstractly—which favor the young” (Late Adulthood, Aging, Retiring, and Bereavement).

Dr. Henrietta Roberts was a Hospital Trauma Surgeon for several years. Her workload prevented her from living a healthy lifestyle. Quick unhealthy meals and no exercise was the norm. She was completely dedicated to her profession that it did not allow for anything else. In her 60's, Dr. Roberts started to feel the effects of the stress of being a trauma surgeon. She began to be concerned about her reaction time and the pressure of making life and death decisions in seconds as opposed to hours. There was no room for error. Medicine was her life. Rather than opt for early retirement or a transition to teaching, she began to review her rotation in medical school to find out which areas she had an interest. Although bothered by severe back spasms, Pediatrics came to mind. She had to reinvest in education and training to become a pediatric specialist. Dr. Roberts quit being a trauma surgeon to reduce her stress while ensuring her viability as a practicing physician. Maintaining a rigor of swimming exercises at a local gym seemed to alleviate the condition. She refurbished her medical office with ergonomic equipment to lessen instances where she has to reach or bend down for something. She cut down on her patient load to allow her to spend more time on her vegetable garden at home. Her diet was one of the reasons why she started the garden. She grows what she eats. No red meat is allowed but she misses the occasional steak. To sharpen her brain while still finding enjoyment, she started doing crossword puzzles daily. She rediscovered the joy of playing mahjong, and sincerely believed it has made her sharper. She plans to tackle the game of chess next. A comment she made during an interview that resonated is how she explained why she switched from trauma surgeon to pediatrics. She said, “If you spend more time with children, you tend to feel young. No matter how busy I get, I feel energized. In the trauma center, it was a different story. The possibility of death was always looming around me. At the end of shift, I felt spent and had no energy to do anything else, much less exercise. I just would want to go to bed. Your mental health should be placed at a premium before anything else.”

Dr. Roberts unknowingly ignored her health because of her dedication to her medical profession. It was not until the manifestations of stress in the form of severe back spasms and slowly diminishing reaction times, which is detrimental to a trauma surgeon, that she sought a different direction. Many Boomers suffer the same fate – the loss of work-life balance in varying degrees based on the type of profession and personal priorities. Dr. Roberts was able to improve her health by shifting into a less stressful job. She stimulated her brain with games and puzzles. More importantly, she changed her diet and added an exercise routine. (Personal Interview)

“Who or what guided me? I was not searching for anything or anyone, I was searching for everything, searching for everyone ..” Octavio Paz

Ed Dunn had a forty-year love affair with his job and career. He was putting in between 50-60 hour weeks during that time. He was first to turn the lights on in the office and the last to turn it off in the evening. Ed smoked two packs of cigarettes a day and was more than a social drinker. His diet consisted of cigarettes and coffee for breakfast, a bacon cheeseburger, and a coke for lunch and meat and potatoes for dinner – a diet he was accustomed to during his service in the Navy. He never exercised and yet managed to have no sick day in forty years of service. He even got an award every year for 100% attendance. Ed was an engineer and a brilliant one at that. He was sharp and quick in solving technical issues. He was decisive but more importantly, he was a great manager and mentor and an overall delightful person. He was well respected and much admired. He was a focused man. (Personal Interview)

As in Octavio Paz's poem, we never really understood "who or what guided him" to be so driven. His focus was his job and nothing else. Yes, he had a family, they seemed okay and accepting of Ed's devotion to the job, and never really felt treated as a secondary priority. While he was liked and respected, he never really had close friends. He did not socialize that much. His world was his job and his family. He said he was content and "was not searching for anything or anyone" (Octavio Paz 519).

When Ed reached the company's mandatory retirement age, The Company he worked for gave him a retirement party. He said of his colleagues, "I really don't know them that well except at work. I wish I could have. I wanted all of them to be here." Ed was really "... searching for everything, searching for everyone ..." (Octavio Paz 519). Deep inside he was not ready to go. Ed spiraled into depression. However, with the help and support of family, Ed was able to quit smoking and drinking. He joined a smoking cessation group and was able to meet people. He now has been "searching for everything, searching for everyone" new. He changed his diet and stopped eating red meat. He gave up his coffee for tea. He joined a gym and does weights and aqua aerobics. Ed has a new circle of health conscious friends that changed his social life. Moreover, he volunteers in the local library maintaining computer equipment and in a local high school as a teacher's aide in physics. Ed ignored his health for a long time but took full advantage of his second chance. Ed and Camille (his wife) are still taking brisk walks and aqua aerobics. They still live in their original house and Ed still mows the lawn. They continue to be an inspiration to their community. (Personal Interview)

Good health does not just mean living free of disease, but also includes a sound state of mind. In *Baby Boomers and Their Parents: Surprising Findings about Their Lifestyles, Mindsets, and Well-Being*, authors George P. Moschis and Anil Mathur point out:

An increasing number of health professionals consider mental status as part of a person's state of health, and recent scientific discoveries in the medical field point to a strong connection between mind and body. Therefore, it is important to look at both physical and emotional aspects of health. (Chapter 3)

“Here every speech ends. Here beauty is illegible. Here presence becomes awesome folded into itself Presence is empty ... Here the star is black. Light is shadow and shadow is light. Here time stops. The four points of the compass meet. It is the lonely place and the meeting place.” – Octavio Paz

At the crossroads of poor health and retirement, Dr. Henrietta Roberts, who was a Hospital Trauma Surgeon for several years but switched to Pediatrics. In her 60's, she started to feel the effects of the stress of being a trauma surgeon. She began to be concerned about her reaction time and the pressure of making life and death decisions in seconds as opposed to hours. Ed Dunn reached the company's mandatory retirement age. He was not ready to retire and felt he could continue working and still be productive. He spiraled into depression. Mike Turner, a Baby boomer, celebrated his 40th service anniversary in a major Fortune 100 company. The economic downturn caused an estimated 40% devaluation of his retirement portfolio. The stress of the situation further aggravated an existing condition of high blood pressure, gout, and arthritis.

The Baby Boomers I interviewed in some way changed careers, involuntarily retired, or extended their retirement because of their health or age. Their circumstances are not unique. The fact remains Baby Boomer generation will face health issues as they continue to age. According to an American Medical News article:

The oldest end of the Baby boom generation, people now age 55 to 64, is consuming health care in greater amounts than same-aged individuals did in prior generations, according to a March report by the Centers for Disease Control and Prevention's National Center for Health Statistics ... Many experts suspect the economic downturn may have led some 55- to 64-year-olds to make cutbacks on health care. But those cutbacks are most likely to be minimal since many from this age group have chronic conditions for which they cannot forgo treatments ... It would actually surprise me if [the recession] did have a significant impact on demand for health care services in this age group, said Jay Bhattacharya, MD, PhD, associate professor of medicine at Stanford University School of Medicine's Center for Primary Care and Outcomes Research in Calif. You have to get taken care of whether there is a recession or not. (1)

The article further states: “Several studies have suggested that this age group has a higher rate of impairment than did prior generations. One study, published in the April Health Affairs, reported that people age 50 to 64 were more likely to need help with personal care activities because of musculoskeletal conditions, depression, diabetes or nervous system problems” (1). With the advances in medical technology, processes, and procedures, why is that so?

Although health issues and the degree they occur can be mitigated by preventive care and wellness, it is not enough. Psychological, cultural, spiritual, and self-awareness plays important roles as either influencers or deterrents to seek preventive care. A company we shall call Acme has such creative transition program. Once an intention to retire has been expressed, Human

Resource – Employee Compensation and Benefits group takes over. A timeline is established on when gradual transitional work is to commence. This benefits both the employee and the employer. For the employer, it allows them to transfer knowledge by having the retiree train and supervise a new person or replacement. This saves cost and cuts time in training and developing new employees. For the retiree, it allows gradual reduction of hours while still maintaining a sense of purpose and responsibility. The reduction in hours will now be invested in a Wellness Workshop, which is mandatory under the terms of the Transitional Program. This program was piloted two years ago in North America. It has shown a significant increase in health and enhancement of quality of life among the pilot group of retirees. Suffice it to say when health and well-being are prioritized before and after retirement, significant gains in prolonged health can be attained.

As stated before, Boomers will in one form or another experience musculoskeletal conditions, depression, diabetes or nervous system problems. Dr. Roberts is an example of how pace (work-life balance), type of work, and geography have affected her health but at the same time she validated the importance of mental health. This brings us to Ed Dunn. Ed suffered depression when he was forced to retire. Never an athletic person, he settled into his couch and stared at the television for hours. He lost a sense of purpose and routine. What brought him back was the constant encouragement of his wife. That said, what happens to a Boomer who is alone? Divorce, death of a spouse, empty nest also has an effect on health or the lack thereof. Ed was lucky to have his wife at his side during his depression. Boomers who were less fortunate have spiraled into even worse depths of depression.

Ed's resurrection came by way of other people – relationships and community. A continued sense and feeling of contribution and purpose does affect one's mental health. By joining a community group and volunteering, Ed was able to find that purpose and forging of new relationships. Life does not have to end after retirement. He once said, "Now my day consist of spending time with people over the age of 70 and under the age of six." Ed now exercises every day. He jogs for a mile in the morning and lifts weights. After dinner, he and his wife would go for a 30-minute walk before retiring for the evening. He completely changed his outlook. "Life's too short to worry about what I have lost; instead I am thankful every day for what I have found – my wife and God." If it sounds a bit romantic, it is. Ed said in the process of spending more time with his wife, he was reminded of why he fell in love with her in the first place. He also rediscovered his religion since one of his volunteer jobs is as a Church Liturgical Minister. Ed is also a guest instructor in his former company's Corporate Development and Management School when the company instituted the Retiree Foundation Program, which honors and involves former retired employees in good standing to participate in the learning and development of current employees.

Mike had an awakening when diagnosed with high blood pressure, and eventually gout and arthritis. To continue working he had to change his lifestyle drastically. Mike grew up in the South. His diet consisted mainly of fried foods, pork, sweet potato pie, and more fried foods. His doctor warned him about the risk of a stroke. He gradually started an exercise regimen of walking, swimming, and lifting weights. He started to read more books and would sit silent for at least ten minutes each day, which eventually led to his yoga lessons. He lost a much-needed fifty pounds and said he never felt better.

All of case studies validated my position that aging is inevitable and that reaching retirement age further exacerbates health issues. While the quality of our lives is highly dependent on our ability to prolong our lives, making retirement preparation plans is equally important, as they will affect our overall health and our ability to maintain it. While we consider financial ramifications of retirement through Social Security income replacement rates, savings and wealth adequacy, our circle of well-being (relationships, friends); there is no one right way to measure or predict the adequacy of retirement preparation. The only thing we can be sure of and have full control over is our health. If it is compromised, all the preparation in the world will all be for naught.

Meet Me at the Corner of Humanity and Insanity
A Sandy Commentary

*“ . . . it’s raining, light footsteps, a murmur of syllables,
air and water, words with no weight:
what we were and are,
the days and years, this moment,
weightless time and heavy sorrow,
listen to me as one listens to the rain . . . ”* Octavio Paz

I grew up in the tropics where storms and typhoons are almost an annual occurrence. They were short interruptions and a minor prize to pay to live in paradise. Growing up, it was less about the storm I remembered but more about the words my grandfather used to say during it. He said, “If you want to see the character and strength of people, watch them in a moment of crisis or calamity.” These words echoed in my head during Hurricane Sandy.

I live in what was categorized as Zone B, about three blocks from the East River in New York City. The devastation I witnessed the day after Sandy hit New York City was nothing I could have imagined after living in this city for about thirty-eight years. Cars strewn about like discarded toys. A pier mooring from the East River was on top of car. The car resembled a collapsed can. You can just imagine the strength of the force that carried that piece of timber to settle on top of that car three blocks away. People were on the streets and some were slowly coming out of houses and buildings looking dazed and in awe of the devastation. There was an eerie feeling in the air. Time stood still. Whatever was of my neighborhood, it would never be the same. Aside from the loud blurring sirens, you also heard muffled sounds of human voices of “broken syllables.” Gone were the days of the community hustle and bustle, and neighbors greeting each other as they go about their daily lives. “Weightless time and sorrow” replaced what was a vibrant community. It was by all accounts a surreal sight and moment.

While some people stood and watched, others were busy checking on neighbors, and helping emergency workers and volunteers to assess the damage and clear out debris so that much needed emergency vehicles can start maneuvering around it. Watching the sea of humanity, I could not help but look at their faces. Some were confused. Others were closely holding each and other and in tears. Many showed resolve and were busy asking neighbors how

they could help. As my grandfather used to say, “If you want to see the character and strength of people, watch them in a moment of crisis or calamity.” I saw a mixture of resilience, determination, and a genuine regard for people. I also saw people frozen and lost, unable to function or decide on next steps. I supposed for others, this was their first experience of a major storm. After all, hurricanes are uncommon in New York City. In retrospect, I could not help noticed that most of the people who sprang into action and who took charge of the situation and immediately started to organize were Baby Boomers. This is not to say other generations did not help. It was however overwhelmingly Boomers.

“Character is a tree and reputation like a shadow. The shadow is what we think of it; the tree is the real thing.” Abraham Lincoln

The one tree Hurricane Sandy could not uproot among Boomers is the human spirit. By reputation, Boomers are experienced, caring, extremely loyal, and possess a strong sense of community. This can vary from person to person of course but for the most part, the “shadow” reflects the “tree.” As a Boomer myself, I joined my neighbors to establish a support and help group. We put our own needs behind and prioritized those of our elderly and homebound neighbors. I had to relocate my own family elsewhere for their safety but returned every day to help coordinate daily checks and runs for supplies (i.e. non-perishable food, bottled water, and medication). For a week, we navigated twelve floors in dark hallways daily. The women would go uptown to prepare hot food so the men can deliver it to our elderly and homebound neighbors. Students from the neighboring NYU Dental School had on their jogging shoes and were more than willing to pick up the prepared food uptown and truck it over using grocery carts. Through all of this, I saw peoples’ characters come to life and be rejuvenated. I asked neighbors and fellow Boomers, John and Matt how they felt and what made them decide to help.

First of all, I am blessed that my own family is less impacted by the storm, and that we are all alive and healthy. This gives me an opportunity to help and have a purpose. I am also blessed that am physically able to help. (John Smith Interview)

How could you not help? These are our neighbors. I can only hope they would do the same for my family if we needed it. I tell you though; I wish I should have taken better care of myself. I am exhausted. I think I will hit the gym when everything is back to normal. (Matt Jones Interview)

I May Not Always Be Right Lately but At Least I Have Always Been Consistent
A Baby Boomer Dilemma

*“. . . between what I see and what I say,
between what I say and what I keep silent,
between what I keep silent and what I dream,
between what I dream and what I forget . . . it slips between yes and no”* Octavio Paz

Over the course of their lives, most Baby Boomers were able to develop secure attachments; reason cognitively, socially, and morally; and create families and find appropriate careers. Eventually, however, as they enter into their 60s and beyond, the aging process leads to faster changes in physical, cognitive, and social capabilities and needs, and life begins to come to its natural conclusion, resulting in the final life stage, beginning in the 60s, known as late adulthood.

In New York City and other busy bustling metropolis, where social, religious, and educational connection are in close proximities, Baby Boomers maintain an active lifestyle despite the fact that the body and mind are slowing. Researchers, Angner, Saag, and Allison contend such proximities also allow them to value their social connections with family and friends. They are able to remain as happy or are happier than when they were younger:

People's memories of their lives became more positive with age, and older adults tended to speak more positively about events in their lives, particularly their relationships with friends and family, than did younger adults. (505-507)

The changes associated with aging do not affect everyone in the same way. Myers and Diener add they do not necessarily interfere with a healthy life:

Former Beatles drummer Ringo Starr celebrated his 70th birthday in 2010 by playing at Radio City Music Hall, and Rolling Stones singer Mick Jagger (who once supposedly said, "I'd rather be dead than singing 'Satisfaction' at 45") continues to perform as he pushes 70. The golfer Tom Watson almost won the 2010 British Open golf tournament at the age of 59, playing against competitors in their 20s and 30s. And people such as the financier Warren Buffet, U.S. Senator Frank Lautenberg, and actress Betty White, each in their 80s, all enjoy highly productive and energetic lives. (70-72)

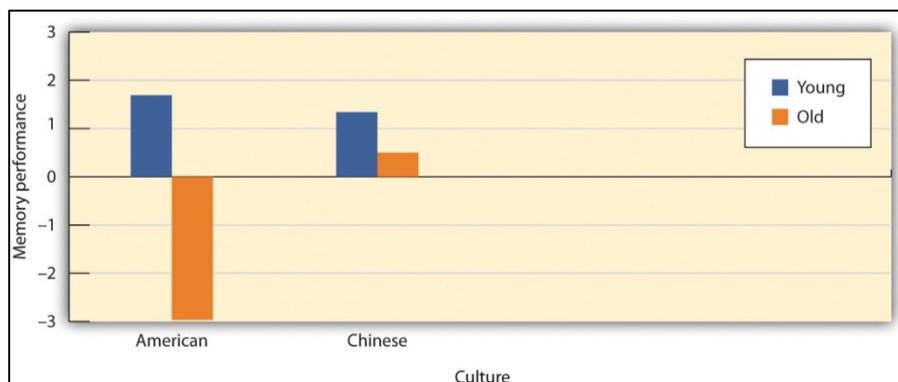
Although my opinions are anecdotal and not based on any scientific fact, it is obvious aging does not affect everyone equally. All of these people—in their 60s, 70s, or 80s—still maintain active and productive lives.

Researchers are beginning to understand the factors that allow some people to age better than others. For one, research has found that the people who are best able to adjust well to changing situations early in life are also able to better adjust later in life. Perceptions also matter. Dr. Harold Claus, a geriatric specialist, comments, "People who believe that the elderly are sick, vulnerable, and grumpy often act according to such beliefs" (Personal Interview). He also found that among his elderly patients who had more positive perceptions about aging also lived longer. Are we predisposed to have positive perceptions? I maintain that several factors are in play to determine ones predisposition, namely: environment, culture, values, job or career orientation, and lifestyles.

In one important study concerning the role of expectations on memory, Becca Levy and Ellen Langer found, "Although young American and Chinese students performed equally well on cognitive tasks, older Americans performed significantly more poorly on those tasks than did their Chinese counterparts" (989-997). Furthermore, this difference was explained by beliefs about aging—in both cultures, the older adults who believed that memory declined with age also

showed more actual memory declines than did the older adults who believed that memory did not decline with age. “In addition, more older Americans than older Chinese believed that memory declined with age, and as you can see in Figure 1, older Americans performed more poorly on the memory tasks” (989-997).

Table 6



Is Memory Influenced by Cultural Stereotypes?

Levy and Langer (1994) found that although younger samples did not differ, older Americans performed significantly more poorly on memory tasks than did older Chinese, and that these differences were due to different expectations about memory in the two cultures.

Source: Levy, B., and Langer E., “Aging form Negative Stereotypes: Successful Memory in China Among the American Deaf” *Journal of Personality and Social Psychology* 66 (1994): 989-997. Print

Conventional wisdom has always been that almost all older adults suffered from a generalized memory loss, research now indicates that healthy older adults actually experience only some particular types of memory deficits, while other types of memory remain relatively intact or may even improve with age. All things being equal, older adults do seem to process information more slowly—it may take them longer to evaluate information and to understand language, and it takes them longer, on average, than it does younger people, to recall a word that they know, even though they are perfectly able to recognize the word once they see it.

Researchers, Burke, Shafto, Craik, and Salthouse, adds:

Older adults also have more difficulty inhibiting and controlling their attention making them, for example, more likely to talk about topics that are not relevant to the topic at hand when conversing. But slower processing and less accurate executive control does not always mean worse memory, or even worse intelligence. Perhaps the elderly are slower in part because they simply have more knowledge. Indeed, older adults have more crystallized intelligence—that is, general knowledge about the world, as reflected in semantic knowledge, vocabulary, and language. As a result, adults generally outperform younger people on measures of history, geography, and even on crossword puzzles, where this information is useful. It is this superior knowledge combined with a slower and more complete processing style, along with a more sophisticated

understanding of the workings of the world around them, that gives the elderly the advantage of “wisdom” over the advantages of fluid intelligence—the ability to think and acquire information quickly and abstractly—which favor the young. (373-443)

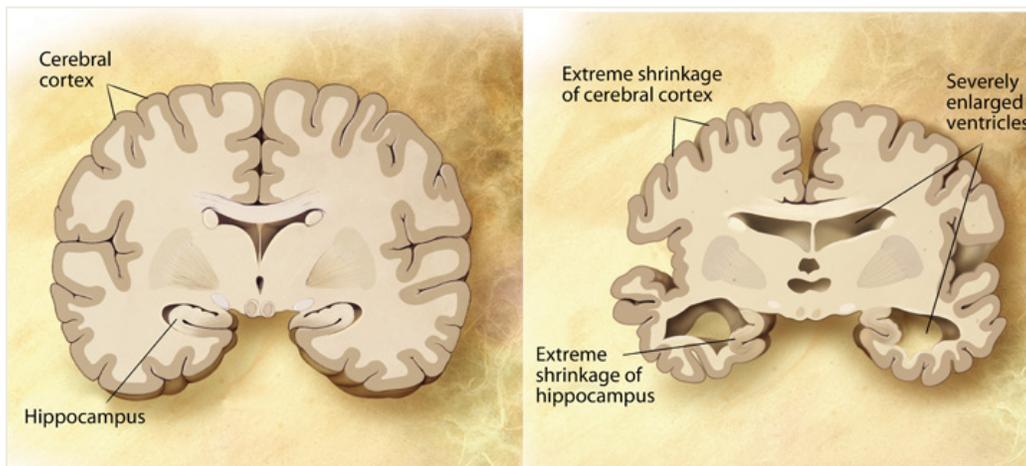
I for one suffer from this malady. As a Baby Boomer, I noticed that over the years my fluid intelligence has diminished. In reading new materials, it would take me a couple of passes before I can comprehend what I just read. In absolute denial, I attribute it to my less than perfect eyesight, which in itself is problematic. According to Blanchard-Fields, Mienaltowski, and Seay:

The differential changes in crystallized versus fluid intelligence help explain why the elderly do not necessarily show poorer performance on tasks that also require experience (i.e., crystallized intelligence), although they show poorer memory overall. A young chess player may think more quickly, for instance, but a more experienced chess player has more knowledge to draw on. Older adults are also more effective at understanding the nuances of social interactions than younger adults are, in part because they have more experience in relationships. (61-64)¹

It is a doubly disturbing when both crystallized and fluid intelligence begins to get worse. Some older adults suffer from biologically based cognitive impairments in which the brain is so adversely affected by aging that it becomes very difficult for the person to continue to function effectively. There are of course external contributors that hasten this aside from biological predisposition. Hebert et al., define, “Dementia as a progressive neurological disease that includes loss of cognitive abilities significant enough to interfere with everyday behaviors, and Alzheimer’s disease is a form of dementia that, over a period of years, leads to a loss of emotions, cognitions, and physical functioning, and which is ultimately fatal:

Dementia and Alzheimer’s disease are most likely to be observed in individuals who are 65 and older, and the likelihood of developing Alzheimer’s doubles about every 5 years after age 65. After age 85, the risk reaches nearly 8% per year. Dementia and Alzheimer’s disease both produce a gradual decline in functioning of the brain cells that produce the neurotransmitter acetylcholine. Without this neurotransmitter, the neurons are unable to communicate, leaving the brain less and less functional. (1354-1359)

Figure 2



Source: Hebert, L.E., Scherr, P.A., Beckett, L.A., Albert, M.S., Pilgrim, D.M., Chown, M.J., and Evans, D.A., "Age-specific Incidence of Alzheimer Disease in a Community Population" *Journal of the American Medical Association* 273 (1995): 1354-1359. Print

I had family members who suffered from Dementia and Alzheimer's. It is both disturbing and educational for me since research has shown and validated that although they are in part heritable, there is also increasing evidence that the environment also plays a role. Ongoing research, public openness, and media coverage, is helping us understand the things that older adults can do to help them slow down or prevent the negative cognitive outcomes of aging, including Dementia and Alzheimer's. Baby Boomers turning the corner of late adulthood who continue to keep their minds active by engaging in cognitive activities, such as reading, playing musical instruments, attending lectures, or doing crossword puzzles, who maintain social interactions with others, and who keep themselves physically fit have a greater chance of maintaining their mental acuity than those who do not. In short, although physical illnesses may occur to anyone, the more people keep their brains active and the more they maintain a healthy and active lifestyle, the healthier their brains will remain. I have met and know people, who adhere to a regular physical regimen of diet and exercise to build and maintain their muscles, but they neglect one fundamental thing – exercising their brains. The brain controls all of those muscles. Therefore, not taking care of the brain is like polishing your car every day and not checking your engine. Once the engine goes, you are not going anywhere in that clean and shiny car.

60 is the new 40 - Getting Your Game Back

*“ . . . I am not at a crossroads
to choose is to go wrong
I am in a middle of a phrase
Where will it take me?
Rumbling tumble, data and date, my birth fall: calendar dismembered
in the hollows of my memory . . . Octavio Paz*

According to a British Medical Journal, research study, “poor cognitive status is perhaps the single most disabling condition in old age” (Dugravot, et al.) The research suggests the degree in decline in cognitive intelligence can be attributed to several factors. One of them of course, is the natural aging process that affects the brain specifically. Moreover, behavioral and pharmacological interventions can help delay the inevitable onset of Dementia or possibly Alzheimer’s when “preventive activities are performed before individuals first begin to experience decline.” Exercising the brain can “alter cognitive ageing trajectories.

Over roughly the last fifteen years, Baby Boomers and those reaching retirement age, have experienced lifestyle changes with greater dependence on improvements in technology and proliferation of multimedia. The acceptance and adoption of these improvements may vary from person to person but the external (societal and environmental) pressure to yield gave them very little choice. Greater dependence on the PCs and mobile devices, and increased usage of television severely impeded the ability to think, internalize, and rationalize. Devices not conversations, and television not books, are providing answers lacking reason and context.

Brain processing has become mechanical and devoid of its inherent utility – to think. There is hope to reverse the cycle. Games designed to sharpen brain skills are projected to be a \$3 billion industry by 2015, but some experts are skeptical about its potential to improve memory function during everyday tasks. NBC’s Dr. Nancy Snyderman reports:

Exercising the brain is as vital as regular physical exercise. It is aerobics class for the brain based on cognitive stimulation exercise program that works on stimulating the brain. Normal, healthy, aging brains need to have stimulation to be as sharp as they were. Puzzles and memory and word games, timed to challenge the brain to think in a new way. All the different parts of cognitive processing come from different parts of the brain, and really, you want to increase blood flow to those parts. (Brain Games)

Dr. Harold Claus, a geriatric specialist, is a proponent of stretching the brain’s ability to reshape by varying degrees of challenges. He is careful to qualify that it also based on the patients’ current physical condition and outlook. He further comments:

Regular crosswords, Sudoku and word searches are for wimps, especially those like the New York Times or your local paper. They are good for children and those with poor vocabularies, but they are not going to make you think or work. For my patients, I prefer Cryptics; it takes days to solve one of these. You have to solve one clue at a time and let it sit in your head for hours.

<http://www.guardian.co.uk/crosswords/series/cryptic>

<http://thinks.com/crosswords/cryptic/cryptic.htm>

<http://www.gptucker.net/crosswords/solvinghelp.htm>

I also like figure logics, though they are rarer because they are hard to make.

<http://www.krazydad.com/crossfigures/>

And logic puzzles are also good, though most are about collecting and organizing information, not thinking.

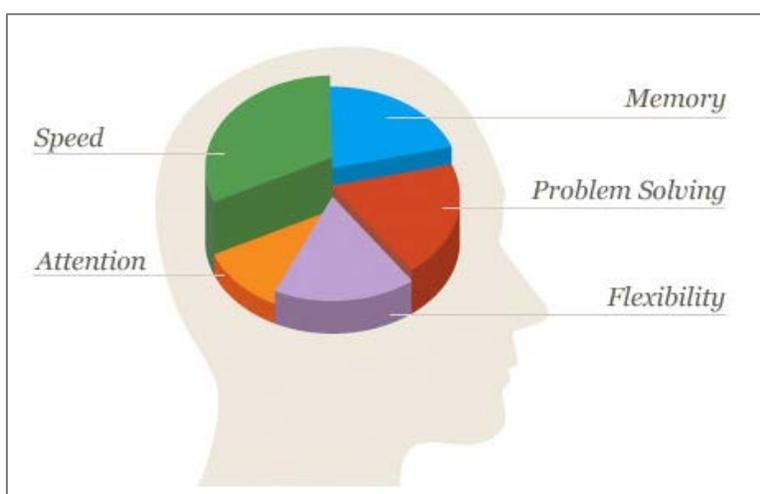
<http://www.logic-puzzles.org/>

The best games are those that can combine thinking and some physical dexterity.

Lumosity is a web-based research and community of over 25 million subscribers and growing, specializing in “reclaiming” your brain concepts. As their website states:

Designed by neuroscientists and based on extensive research, Lumosity's training program promotes cognitive health by selectively challenging cognitive faculties. (Lumosity)

Figure 3



Source: Lumosity, 2012. Web. 04 Dec. 2012 - www.Lumosity.com

What is interesting about Lumosity is their approach to the speed, memory, attention, problem solving, and flexibility enhancement of the brain. Notwithstanding, their professional affiliations and partnerships with established organizations (i.e. Berkeley, UCSF, Harvard, and Columbia, Medicare First, Blue Cross Blue Shield and Abbott) have given them some prominence in this domain through their Human Cognition Project. Lumosity continues to work on enabling research on “neuroplasticity.” Decades of research in this area discovered the brain's ability to adjust and, “fundamentally reorganize itself when confronted with new challenges, and that this can occur regardless of age” (Lumosity).

Several researchers agree that the brain can “reshape itself to become more efficient” but it has to be complimented by regular physical exercise and proper diet. To the degree that the brain needs to be continuously exercised, the question of external factors should also be comprehended such social changes during aging – retirement in particular.

In my interviews with Baby Boomers, Ed Dunn, Betty Torres, Henrietta Roberts, and Mike Turner, they were able to share insights for a smooth transition to retirement:

- Continue to work part time past retirement, in order to ease into retirement status slowly.
- Plan for retirement—this is a good idea financially, but also making plans to incorporate other kinds of work or hobbies into postemployment life makes sense.
- Retire with someone—if the retiree is still married, it is a good idea to retire at the same time as a spouse, so that people can continue to work part time and follow a retirement plan together.
- Have a happy marriage—people with marital problems tend to find retirement more stressful because they do not have a positive home life to return to and can no longer seek refuge in long working hours. Couples that work on their marriages can make their retirements a lot easier.
- Separation and divorce can be countered by not shutting the doors to socialization. Find and get involved in help and support groups.
- Take care of physical and financial health—a sound financial plan and good physical health can ensure a healthy, peaceful retirement.
- Retire early from a stressful job—people who stay in stressful jobs for fear that they will lose their pensions or will not be able to find work somewhere else feel trapped. Toxic environments can take a severe emotional toll. Leaving early from an unsatisfying job may make retirement a relief.
- Retire “on time”—retiring too early or too late can cause you to feel “out of sync” or to feel they have not achieved their goals.

Whereas these insights are helpful for a smooth transition to retirement, they also note circumstances may vary but people tend to be adaptable, and that no matter how they do it, retirees will eventually adjust to their new lifestyles. In following and observing these individuals during the course of the semester thus far, I have walked away with some observations.

- They maintain an active lifestyle and positive attitude. They value their family and friends.
- They exercise their brains to slow down the deterioration of their fluid intelligence), while they maintain their crystallized intelligence (existing knowledge about the world) and the ability to use it by giving back to the community as volunteers, teachers, and mentors.
- Two significant social stages in late adulthood are retirement and dealing with grief and bereavement. Expect to outlive somebody and be prepared for it.

Because of increased life expectancy in the 21st century, elderly people can expect to spend approximately a quarter of their lives in retirement. Leaving one’s career is a major life change and can be a time when people experience anxiety, depression, and other negative

changes in self-concept and in self-identity. On the other hand, retirement may also serve as an opportunity for a positive transition from work and career roles to stronger family and community member roles, and the latter may have a variety of positive outcomes for the individual. Retirement may be a relief for people who have worked in boring or physically demanding jobs, particularly if they have other outlets for stimulation and expressing self-identity.

The bottom line for Boomers is that the decision to retire is only secondary to awareness and internalization of the importance of health and how to prolong it.

“Without health, life is not life; it is only a state of languor and suffering - an image of death.” Buddha

Bibliography

- "Coping with Baby Boomers, and Staggering Statistics." - Amednews.com. N.p., n.d. Web. 18 Oct. 2012. <<http://www.ama-assn.org/amednews/2010/09/20/edca0920.htm>>.
- "Older Baby Boomers Sicker, Using More Care than Earlier Generations." - Amednews.com. N.p., n.d. Web. 18 Oct. 2012. <<http://www.ama-assn.org/amednews/2010/04/19/bisb0419.htm>>.
- "Brain Games." *NBC News*. NBC Channel. 04 Dec. 2012. Television.
- "Increase in Retirement Age." Social Security Fact Sheet. Social Security Online, n.d. Web. 15 Sep. 2012. <<http://www.ssa.gov/pressoffice/IncRetAge.html>>
- "Much Later Retirement Ages: What Would They Mean for People, Economy." CBS This Morning. CBS News, 9 Jun. 2012. Web. 15 Sep. 2012. <<http://www.cbsnews.com/video/watch/?id=7411134n>>
- "Ten Reasons to Delay Retirement." *U.S. News*. MSN, n.d. Web. 15 Sep. 2012. <<http://money.msn.com/retirement/10-reasons-to-delay-retirement-usnews.aspx>>
- American Association of Retired Persons. AARP. AARP, 2011. Web. 11 Sep. 2012. <<http://search.aarp.org/source/research?Ntt=retirement>>
- Angner, E., M.N., Saag, K.G., and Allison, J.J., "Health and Happiness Among Older Adults: A Community Based Study" *Journal of Health Psychology* 14 (2009): 503-512. Print.
- Barton, Phoebe Lindsey. *Understanding the U.S. Health Services System*, 3rd ed. Chicago: Health Administration Press. 2007. Print.
- Bergeron, Louis-Philippe et al. "Looking Ahead: A Ten-Year Outlook for the Canadian Labour Market, 2004–2013." Human Resources Development Canada, October 2004.
- Blanchard-Fields, F., Miennatowsji, A., and Seay, R.B., "Age Differences in Everyday Problem-Solving Effectiveness: Older Adults Select More Effective Strategies for Interpersonal Problems" *The Journals of Gerontology: Series B: Psychological Sciences and Social Sciences* 62B (2007): 61-64. Print
- Burke, D.M., Shafto, M.A., Cralik, F.I.M.; and Salthouse, T.A. *The Handbook of Aging and Cognition*, 3rd ed. New York: Psychology Press. 2008. Print
- Cappelli, Peter, and William Novelli. *Managing the Older Workforce – How to Prepare for the New Organizational Order*. Boston: Harvard Business Press. 2010. Print.
- Claus, Harold M.D. Personal Interview. 08 Oct 2012.
- CTV News. "Canadians Retiring Later, But Living Longer Too." *CTVNews*, 26 Oct. 2011. Web. 16 Sep. 2012. <<http://www.ctvnews.ca/canadians-retiring-later-but-living-longer-too-1.716744>>
- Delong, David W. *Lost Knowledge - Confronting the Threat of an Aging Workforce*. New York:

- Oxford. 2004. Print.
- Demarest, Pat. Personal Interview. 09 Oct 2012.
- Dugravot, Aloine, Ebmeier, Klaus P., Elbaze, Alexis, Ferrie, Jane E., Glymour, Maria M., Kivimaki, Mika, and Singh-Manoux, Archana. "Timing of Onset of Cognitive Decline: Results from Whitehall II Prospective Cohort Study." *BMJ* (2012): n. pag. Web. 05 Dec. 2012
- Dunn, Edward. Personal Interview. 23 Sep 2012.
- Feldstein, Paul J. *Health Policy Issues: An Economic Perspective*, 4th ed. Chicago. Health Administration Press. 2007. Print.
- Fried, Bruce J., and Myron D. Fottler. *Human Resources in Healthcare – Managing for Success*. 3rd ed. Arlington: Health Administration Press. 2008. Print.
- Greenwood, John. "Forcing People to Retire Later Poses Psychological Concerns." *Pensions*. MoneyMarketing. 4 Aug. 2011. Web. 14 Sep. 2012.
<<http://www.moneymarketing.co.uk/pensions/forcing-people-to-retire-later-poses-psychological-concerns/1035640.article>>
- Griffith, John R., and Kenneth R. White. *The Well-Managed Healthcare Organization*, 6th ed. Chicago: Health Administration Press. 2007. Print.
- Hankin, Hariett. *The New Workforce: Five Sweeping Trends That Will Shape Your Company's Future*. United States. Amacom. 2005. Print.
- Harris Leslie M., PhD, and Michelle Edelman. *After Sixty-Marketing to Baby Boomers Reaching Their Big Transition Years*. New York: Paramount Market Pub. 2006. Print
- Health and Retirement Study. *Work and Retirement*. HRS, n.d. Web. 14 Sep. 2012.
<http://hrsonline.isr.umich.edu/sitedocs/databook/HRS_Text_WEB_Ch2.pdf>
- Hebert, L.E., Scherr, P.A., Beckett, L.A., Albert, M.S., Pilgrim, D.M., Chown, M.J., and Evans, D.A., "Age-specific Incidence of Alzheimer Disease in a Community Population" *Journal of the American Medical Association* 273 (1995): 1354-1359. Print
- Hill, Patricia. "Retiring Later a Tough Sell in Cutting Deficit." *WashingtonTimes.com*. Washington Times, 29 Jan. 2012. Web. 14 Sep. 2012.
<<http://www.washingtontimes.com/news/2012/jan/29/retiring-later-a-tough-sell-in-cutting-deficit/?page=all>>
- Hiroshi, Kenji. Personal Interview. 04 Oct 2012.
- Isaacs Stephen L., David C. Colby, and Risa Lavizzo-Mourey, eds. *To Improve Health and Health Care: The Robert Wood Johnson Anthology*. Princeton: Jossey-Bass. 2010. Vol III. Print.
- Izzo, Phil. "Baby Boomers and the Labor Force." *WSJ Blogs*. Real Time Economics. Wall Street Journal. Web. 23 Mar. 2011. 17 Sep. 2011.

- <<http://blogs.wsj.com/economics/2011/03/22/Baby-Boomers-and-the-labor-force/>>
- Jones, Matt. Personal Interview. 01 Nov 2012.
- Kaye, Beverly and Sharon Jordan-Evans. *Love 'Em or Lose 'Em: Getting Good People to Stay*. San Francisco: Berrett-Koehler (2002).
- Kinder, Andrew, Rick Hughes, and Cary L. Cooper. *Employee Well-Being – A Workplace Resource*. Sussex: John Wiley & Sons. 2008. Print.
- Knight, Richard, and Charlotte McDonald. “Do Those Who Retire Early Live Longer?” *BBC.com*. BBC News Magazine, 23 Jul. 2012. Web. 14 Sep. 2012. <<http://www.bbc.co.uk/news/magazine-18952037>>
- Kobashi, Aito. Personal Interview. 04 Oct 2012.
- Levy, B., and Langer E., “Aging form Negative Stereotypes: Successful Memory in China Among the American Deaf” *Journal of Personality and Social Psychology* 66 (1994): 989-997. Print
- Moschis, George P., PhD, and Anil Mathur, PhD. *Baby Boomers and Their Parents – Surprising Findings about Their Lifestyles, Mindsets, and Well-Being*. New York: Paramount Market Pub. 2007. Print.
- Myers, D.G., and Diener, E. “The Pursuit of Happiness.” *Scientific American* 1996: 70-72. Print
- Nazareth, Linda. *The Leisure Economy: How Changing Demographics, Economics, and Generational Attitudes Will Reshape Our Lives and Our Industries*. Mississauga, Ont.: J. Wiley & Sons Canada, 2007. Print.
- New Charter University. “Late Adulthood: Aging, Retiring, and Bereavement.” NCU, n.d. Web. 16 Sep. 2012. <<https://new.edu/resources/late-adulthood-aging-retiring-and-bereavement>>
- Nomuri, Senji. Personal Interview. 04 Oct 2012.
- Oates, Wayne Edward. *Confessions of a Workaholic: The Facts About Work Addiction*. Nashville. Abingdon Press. 1971. Print.
- Pilzer, Paul Zane. *The New Wellness Revolution: How to Make a Fortune in the Next Trillion Dollar Industry*, 2nd ed. Mississauga, Ont.: J. Wiley & Sons Canada, 2007. Print.
- Rix, Sara E. “Update on the Aged 50+ Worker: 2005.” AARP Public Policy Institute, April 2006.
- Roberts, Henrietta, M.D. Personal interview. 13 Sep. 2012.
- Rosenfield, Alvin. “Stressed, Overscheduled Families.” Keynote Address delivered to the Adelphi University Institute of Parenting at the First Annual Conference on Effective Parenting. Garden City, New York. June 2, 2006.
- Rothwell, William J. *Adult Learning Basics*. ASTD. 2008. Print.

- Russell, Cheryl. *The Baby Boom: Americans Aged 35 to 54*. Ithaca, NY: New Strategist Publications, 1999. Print.
- Smith, John. Personal Interview. 01 Nov 2012.
- Staying Ahead of the Curve 2003: The AARP Working in Retirement Study. AARP, 2003.
- Stuart, Victoria, "Boomers on the Brink." Miami Magazine, Spring 1998.
- Szafran, Robert F. "Age-Adjusted Labor Force Participation Rates, 1960–2045." Monthly Labor Review, U.S. Bureau of Labor Statistics, September 2002
- The Social Security Amendments of 1983. Pub. L. 98-21. 20 Apr. 1983. Print.
- Tomorrow's Jobs." Occupational Outlook Handbook. U.S. Department of Labor, 2003. www.bls.gov/oco/occo2003.htm.
- Torres, Betty. Personal interview. 9 Sep. 2012.
- Turner, Mike. Personal Interview. 08 Oct 2012.
- U.S. Census Bureau, n.d. Web. 16 Sep 2012. <www.census.gov>
- Watson, Richard. *Future Files – The 5 Trends That Will Shape the Next 50 Years*. Boston: Nicholas Brealey Pub. 2008. Print.
- Weinberger, Eliot, ed. *The Collected Poems of Octavio Paz, 1957-1987*. United States: New Directions, 1991. Print.
- Yang, Jeffrey. *Birds, Beasts, and Seas: Nature Poems from New Directions*. New York: New Directions, 2011. Print
- Lumosity, 2012. Web. 04 Dec. 2012
www.Lumosity.com