

How to Arrange the Remembrance of Own Life for the Benefit of Successful Aging

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Abstract

The development of medicine caused that for some time taking with patients is not only to establish the diagnosis but also often to determine the state of health, to assess their quality of life and environmental determinants of health. In the field of geriatrics conversation with the patient has other additional targets. We try to assess the cognitive performance of patients and determine the risk factors which lead to the impaired mental capacity and to estimate so-called resilience, which has impact on the positive course of aging. One of the factors contributing to the favorable course of aging is so called "balanced perception of own life". Therefore, the authors decided to formulate rules to support patients in obtaining a "balanced, memorized assessment of own life." For this purpose, they discuss first several types of data sets related to the course of personal life and then formulate the general guidelines how to assist the patient to reorganize memories, so that remembered autobiography could have a positive connotation. The authors argue that the guidance provided to patients in this respect are, in fact use of some type of cognitive behavioral therapy. Since the use of these methods is very time consuming they propose their own supplementary method acting by recommendation of so-called "therapeutic tasks".

Keywords: Aging; Older people; Geriatrics; Quality of life; Successful aging; Cognitive performance; Resilience; Autobiography; Life remembrances; Cognitive-behavioral therapy

Abbreviations

ORTL: Objective Real Trajectory of Life. In place of usually inaccessible record of "ORTL"; SODL: Subjective Own Description of his/her Life; ABFP: Autobiography written by a person For his Presentation; BREXO: Biographies Recorded by an External Observer; MAOL: Memorized Assessment of Own Life; BMAOL: Balanced Memorized Assessment of Own Live

Introduction

The most important element of the diagnostic process consists on gathering of medical history. During the medical interview, we ask not only about teasing symptoms and course of the disease but also about the living conditions and the relationship with the family. The development of medicine caused that since some decades the conversation with patients is aimed at not only for establishing the diagnosis but also the determination of state of health. In particular, in recent years, one draws a considerable attention to the assessment of the quality of life and environmental determinants of health.

In the field of geriatrics, the conversation with the patient has yet other additional targets. We are trying to assess the extent of impairment of physical fitness and mental performance and we are trying to estimate cognitive skills of the patient. Moreover, we are trying to evaluate the risk factors which lead to impaired mental capacity and so called psychological resilience, which determine the favorable course of aging.

Janssen et al. [1] enumerate some kinds of factors determining the mental resilience, namely: A) Personal factors, which include: a. Pride about one's personality, b. Acceptance and openness of one's vulnerability. B) Patient's efforts for maintaining control over their health. Here they include: a. Anticipating on future losses, b. Mastery by practicing skills, c. Acceptance of help and support the patient. C) Capacity for analysis and understanding of their situation, which encompass a. Balanced view on life, and attitudes that can characterized by catchwords, a. Not adapting the role of a victim, b. Carpe diem. D) Interactional domain resources, which include the a. Positive family relations, b. Empowering relationships with professionals, c. The power of giving. Janssen et al. mention yet. E) Societal responses. F) Contextual domain sources, which include a. Accessibility of health and social services, b. Availability of social and material resources, and G) The existing type of social policy [1].

Few authors discussed so far the impact of the assessment of the course of own life on the well-being and "successful aging" of older people. Janssen et al. recognize however the significance of so-called "balanced perception of their own life" [1]. They write that: "Most the respondents narrated with proud about their achievements in their work like being valued by their clients or colleagues...Some described how a balanced vision helped them to put negative things into perspective..."

Janssen et al. however, don't formulate detailed guidance how to obtain this "balanced perception of their own lives." We do not find such tips also in papers of other authors, who speak about the nature of resilience of older people [2,3], or the assessment of so-called "trajectory of life" [4].

Therefore, we conclude that it is necessary to attempt to formulate a method of insight into the way how we remember and even how we

arrange the remembrance of own biography. Trying to achieve this aim it is necessary first to characterize the very general feature of this process. Next it will be possible to propose some indications to persons, who try to advice and support the older people in their endeavors to successful aging.

So, the aim of hereby commentary is to formulate the procedure helping the older people to arrange the remembrances of own life for the benefit of successful aging.

Main kinds of the remembrances of own life

To organize the discussion on this subject we propose to highlight first so called "objective, real trajectory of life" (ORTL). In place of usually inaccessible record of "ORTL" a person can formulate "subjective, own description of his/her life" (SODL). Most people are forced to make at least a brief description of his biography in form of CV at the request of potential employers. Some people write down on a regular basis a detailed diary. Sometimes, someone decides later in his life to write down his extensive autobiography, and even to publish it (ABFP). We may encounter also many biographies written by authors interested in a public person, like a politician or an artist. Those texts constitute a kind of "biographies recorded by an external observers"(BREXO). Some people have only in a very modest extent these: SODL, ABFP or BREXO.

All persons have however in memory the stored resources, which are the equivalents of these data sets. So, we can speak of the existence of a "memorized assessment of own lives" (MAOL). This data set has neurophysiological background, usually named as autobiographical memory [5-7].

In general, a person realizes which events, decisions or better "psychological transformations" in his life, were of crucial importance for the further course of the life. An example would be e.g. a decision that "it is not worth to strive for good grades in school or even to get a formal education because prosperity in life depends on other conditions" or for example "that monogamy is not the advantageous pattern of behavior". Stories about such "psychological transformations" can be found in literary works {a,b}.

Janssen et al. mention that "MAOL" may be "unbalanced" [1]. It can be emotionally colored negatively. A lot of works from the field of psychology justify the thesis that the "self-esteem" is crucial for determining the emotional state, the existence of depression, generally well-being.

There are many possible impacts, which influence the emotional assessment of the remembrances of own life. Among them important are: 1. The impact of own value system in estimation of appropriateness of own behavior, 2. The impact of the opinions, expressed by others, which can formulate sometimes the excessive criticism, blame or vilification.

The most meaning our well-being is influenced by the assessment expressed by the close relatives and by people with a significant impact on the prosperity of our existence.

It should be noted at this point, that these evaluation of our conduct, expressed by others depend on the changing cultural and political conditions. For the diagnosis of the state of health of a person, and any attempts to improve the well-being, it is important which transformations of the autobiographical memory were performed in advisable manner. These memory "data processing" could be not

optimal to produce "balanced, memorized assessment of own live" (BMAOL).

General guidance how to obtain the "balanced, memorized assessment of own life"

- The average, typical patterns of education promote the achieving of success. Most people review the events of their lives collating their successes. However, we should realize that most important accomplishments in life were often significant, but only in "the time of its realization." Later, because of the inevitable progress of science, technology and cultural changes the significance of these achievements elapses. It remains however that the efforts required for these achievements were intense. The person striving for "BMAOL" should cherish the memory of the significances of these happenings at that time. He should can make the "projections" of all his past achievements to a kind of memorized, highlighted "collection of merits." This illustrates by many novels {c,d,e}.
- To shape "BMAOL" it is important not to have affordable requirements. Inversely we should realize that in the "group of connected, persons" amount of negative life events is generally significant, and that we often enter into relationships with difficult people {d,f}.
- Nurturing "BMAOL" we should realize that there are many events, which are kept secret. There is a well-established belief that the disclosure of hidden secrets is beneficial, because leads to the experience of a kind of "catharsis" {g}. Sometimes you can unravel an obscure ambiguity of own conduct by a kind of "personal pilgrimage" to the places where these events were enacted {h}.
- An important element of cognitive-behavioral therapy is the restructuring of the estimation of own present situation. Already Aaron Beck postulated that this estimation should be not very demanding [8-11].
- Considering, that we discuss here the methods of obtaining a favorable optimistic vision of own life, then you should honestly admit that such efforts do not have to move closer to "ORTL". We concentrate on achieving the optimistic vision (BMAOL), enabling to perceive own life "through rose-colored glasses" and to establish so-called subjective right. For this purpose, it is sometimes necessary even to intensify Freud' ian "defense mechanisms" and use of methods drawn from other types of psychotherapy (Jung's individuation process, assertiveness drawn from the Gestalt school and many advices coming from the humanistic - existential therapies, like Aaron Antonovsky concepts) [12-18].
- Our inference leads thus to the conclusion that assistance in this area is a new, unusual task for psychotherapists.

Rules to support patients in obtaining favorable "balanced, memorized assessment of own live"

Briefly, general principles of supporting patients in this regard can explained stating that one should help them to replace in their mind the "memorized assessment of own lives" (MAOL) by "balanced, memorized assessment of own live" (BMAOL). One should therefore encourage patients to realize the efforts described in the above points 1-5. In brief the patient should 1. build in his mind a "collection of merits.", 2. decrease the requirements related to "values" of remembered event of his life, 3. try to reveal the hidden secrets of his life, 4. restructure the estimation of own present situation, 5. establish so-called subjective right.

Urging patients to such changes of opinions on the course of one's life requires, in fact, the use of cognitive-behavioral therapies and sometimes methods drawn from the other above mentioned schools of psychotherapy. As we know, the use of these methods is very time consuming. We propose, therefore the use of our method of determining the therapeutic tasks as described in more details in our previous paper [19]. The most important tool of this method consists on advices to read carefully selected novels (examples "a-h") or sometimes watching chosen movies (e.g. "I") or using special software tools [20-21].

Conclusions

- Assistance of older people in their aging process, which should be advantageous, requires, inter alia to pay attention to the way of maintain remembrances of their lives.
- If stored autobiography is colored emotionally negatively then it is advisable to give such people tips on how to rebuild their self-esteem to enhance their mental resilience.
- The help to reorganize memories of life of older people is a kind of time-consuming cognitive-behavioral therapy.
- Providing advices on how to reorganize memories about their lives can be helped by the method of determining so-called "therapeutic tasks". It can be realized in practice by advices of lecture of very particular, chosen novels or to be acquainted with chosen movies and other cultural products.

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