Silver tsunami, positive psychology, and more…

Claudia KY Lai PhD, RN, FHKCERN, FHKCGN, FAAN
Editor

The term ‘silver tsunami’ has suddenly become popular in Hong Kong since the Secretary for Labour and Welfare, Dr. Law Chi-Kwong, used it publicly last month. I have come across people using the term in meetings and casual conversations, fascinated by the vivid metaphor and apparently under the impression that it had been coined by Dr. Law. At the 6th Cross-Border Elderly Care Seminar (on 8 December 2017), Dr. Lam Ching-Choi, Chairman of the Elderly Commission, clarified that Dr. Law used the term to refer to those aged 85 years and above, the fastest growing old-old group.

For gerontologists, it is appalling to hear such imagery being associated with ageing, regardless of the age group being referred. I first heard the term used at an international conference on dementia and Alzheimer’s disease. The increasing number of people afflicted by dementia was likened to an impending tsunami. That was a year or two after the 2004 Indian Ocean earthquake and tsunami that resulted in an estimated 230,000 to 280,000 casualties in 14 countries.

Not only is likening an increasingly ageing population to a ‘silver tsunami’ outright ageism; it is also a blatant expression of disrespect to the families of tsunami victims. If we pause for a moment to imagine the deep sorrow associated with losing a loved one in a tsunami, and if we view the world from the eyes of an older adult, then we would know how inappropriate it is to use such an analogy.

In Hong Kong we also hear a great deal about the need to better provide for the older population because they have worked hard in their younger days to develop Hong Kong. This is, of course, admirable. But as a gerontologist, I believe that it is more important to promote the view that older people can continue to make many contributions to build a better world for the future. Members of society should not merely consider compensating the ‘old’. Rather, we should all wake up to the current contributions (such as taking care of grandchildren, and many more) of older people, as well as to their potential contributions (such as rejoining the workforce in various ways). It is time for us to be more mindful of positive psychology – to identify strengths and possibilities, not just deficits and problems.

Positive psychology is not merely the study of optimism, happiness, or resiliency, but the study of what makes our lives worth living. Martin Seligman, Abraham Maslow, Carl Rogers, Eric Fromm, and other humanistic psychologists are regarded as the forefathers of the field. The science of psychology has been far more successful on the negative than on the positive side; it has revealed to us much about man’s shortcomings, his illnesses, his sins, but little about his potentialities, his virtues, his achievable aspirations, or his full psychological height,” Maslow said in 1954. As a member of the Editorial Board, I earnestly hope that we will be reading more submissions about health in relation to the positive side of being.

The tide may yet turn towards studying the positive aspects of health and living. At least we are seeing more work on prevention, which is more forward-looking and positive than treatment alone. In this issue, Chong and Lee reported on a home-based education programme for community caregivers to prevent and manage pressure injuries. Education is crucial to preventing health problems, regardless of the setting or population. In addition, Yu et al. investigated the effect of a creative approach to educating older patients with diabetes mellitus. They compared the effect of a comic book with that of a pamphlet in a randomised controlled trial. Our readers may also enjoy reading the article by Chan et al. who studied whether the use of condiments with meals would prompt older patients in a day hospital to eat more. An astute reader may
comment that the Chan et al. study used a pre- and post-test design, and that the sample in the Chong and Lee study was too small. Indeed these are limitations, but if journal editors publish only randomised controlled trials, systematic reviews, and meta-analyses, we will soon have nothing upon which to build our body of evidence. Concepts need to be tested in pilot studies. A pre- and post-test design may have much less weight in terms of rigour, but it can suggest interesting directions for future studies. Our Journal embraces positive thinking, sees the value of these articles, and publishes them.

Our Journal is receiving an increasing number of manuscript submissions from other countries. Sarcopenia and frailty are important concepts in studies of ageing. Yalcin and Silay from Turkey assessed the association between sarcopenia and health-related quality of life in nursing home residents. I encourage readers to compare this article with how sarcopenia and frailty have been investigated in local studies.

It is very satisfying to see doctors, nurses, dietitians, and occupational therapists presenting alongside one another their understanding and knowledge of ageing, as this is how it should be in the field of gerontology. Happy reading!

On behalf of the Editorial Board, I wish our readers a most positive and prosperous 2018.

REFERENCES