



GCRI INTERVIEW

Prof. Dr. Dr. h.c. Andreas Kruse

Professor (Chair), Director, Institute of Gerontology, Heidelberg University

How does today's retired population differ from that of past generations?

In comparison to earlier generations, today's retired population enjoys better health, greater social participation, a heightened degree of autonomy from family, and increased financial independence. In addition, the diversity of lifestyles has noticeably increased.

As new cultural views toward aging focus increasingly on older people's capabilities and potentials, what steps are being taken to foster late phase creativity?

First of all, education is important throughout one's lifespan as it forms a significant basis for the advancement of knowledge and strategies; this, in turn, fosters creativity. In addition, the social and cultural participation of older people needs to be strengthened as this provides the elderly the opportunity not only to enter into fruitful exchange with young people, but also to pass on their knowledge and strategies. Young people can, in turn, also impart their valuable ideas to the older generation. Thus, I consider it important to establish more generation tandems or generation teams in the working world. When people of various ages work together, different perspectives on individual situations converge, enriching both society and culture!

Based on your research, please elaborate on transcultural comparisons of concepts of aging.

In different cultures, 'aging' is associated with many different concepts. This cultural diversity helps us to critically reflect on our own understanding of age and how we deal with aging. Why? We recognize that aging is, to a great degree, shaped by society and culture. We also recognize that the realization of development potential and the handling of vulnerability in old age are influenced by society's attitudes. Finally, we learn from an intercultural research approach that societies and cultures differ greatly in the extent to which they use the emotional and intellectual treasures as well as beneficial qualities of old age.

Please describe the risk for depression across the lifespan, including risk factors and opportunities for prevention.

The percentage of clinically manifested depressive disorders lies at ten percent across the various age groups. It is remarkable that this percentage is no higher in the old and very old age groups than it is in the earlier life stages considering that physical vulnerability, the occurrence of chronic pain conditions, cognitive vulnerability and above all, the loss of loved ones, are risk factors for depressive disorders. This lack of an increased percentage of depressive disorders, in comparison to that in the earlier life stages, indicates mental resilience. At the same time, one must remember that the percentage of subclinical depressive disorders lies at 17% in the old and very old age groups and is thus significantly higher than in the earlier stages of life. In this case, this number does indicate increased vulnerability in old and very old age. If this vulnerability exceeds an individual "critical threshold," then the sub-symptomatic becomes clinically manifested depression. A central risk factor is social isolation accompanied by feelings of loneliness; other factors include chronic pain and cognitive vulnerability. With regards to prevention, it seems to me that psychotherapy initiated in good time is the method of choice – with priority given to social participation coupled with the opportunity to take responsibility for other people and society.

How does Germany compare with other countries with respect to dementia care?

Germany is learning from other countries and conversely, is also in a position to 'teach' other nations. We learn a great deal from others (e.g. USA, UK, Northern European countries, and the Netherlands) mostly based on their perspectives on rehabilitation, but also with regards to dementia-friendly neighborhood design. Conversely, Germany can serve as a model with respect to the in-depth and sophisticated discourse we hold on human dignity as well as on the quality of life for dementia patients. This discourse enters into the field of palliative care with questions such as: What can we do to protect human dignity, and how do we ensure that human dignity is protected even in these extreme situations in life?