

The Herczeg Institute on Aging

Tel Aviv University

Bulletin No. 23 – December 2023



The Herczeg Institute on Aging

Letter to the readers, by Prof. Silvia Koton, Head of the Herczeg Institute	3
Articles by doctoral students, recipients of the Herczeg Institute 2023 award: Shon Levkovich, Dana Omer, and Liat Orenstein	4-9
Interview with the initiator of “Ba-Lagan”, Mr. Aner Atar: From loneliness to meaningful endeavors on behalf of Tel Aviv’s seniors. Interviewer: Dr. Irit Bluvstein	10-13
Poems by Hagit Benziman, from her book “Senior Citizen”, published by Carmel, 2020- the poems are printed in Hebrew, the original language	14
Article: “The sex declined”: Sexuality as a source of conflict among aging gay couples, by: Gil Barabi and Prof. Tova Band Winterstein	15-18
Article: The Elixir for the Fear of Ageing and Dementia, by Dr. Ieva Stončikaitė	19-21
List of publications on old age by faculty and committee members at the Herczeg Institute	22-25
About the institute	26



Founders of
the Herczeg
Institute:
Rosita and
Estevan

Contact information

The Herczeg Institute on Aging, the Naftali
Building for Social Sciences,
Tel Aviv University, P.O.B. 39040, Tel Aviv
6997801, Israel
Tel: (972) 3-6409544, Fax: (972) 3-6407339
Institute website: www.herczeg.tau.ac.il
E-mail: herczeg@tauex.tau.ac.il

The painting on the front page was produced by **Bilha Bluvstein**

The painting is based on a photograph of Claude Monet’s Garden, which appeared on the cover of a book recording his life and works. The photograph originally appeared in black and white. The artist took on the challenge of transforming a black-and-white photograph into a color painting.

Letter to the Readers

Dear readers,

Bulletin no. 23 of the Herczeg Institute on Aging at Tel Aviv University is published in difficult times for our state, that are sad for us all: It has been over 10 weeks since the beginning of the Swords of Iron war, many of the citizens who were abducted from their homes are still in captivity, our soldiers are fighting in Gaza and in the northern border, and the news throughout the day begin with tragic announcements of fallen and wounded soldiers. We express our condolences to those who lost dear ones and wish those physically and mentally wounded a rapid and full recovery. In the current bulletin we present some of the activities carried out during 2023.

The growing life expectancy and the rate of older adults and the oldest old among the global population in general, and in Israeli society in particular, pose new challenges stemming from the need to meet social, medical, and psychological demands unique to this population. To meet these needs, the features of the elderly population should be studied widely and thoroughly, sharing knowledge acquired by experts in different fields. This year, the Herczeg Institute has begun operating a seminar for researchers of old age, coordinated by Prof. Debbie Rand from the Department of Occupational Therapy and a member of the institute's scientific committee. The seminar opened in January 2023 with a lecture by Prof. Josef Coresh from Johns Hopkins University on "Normal or optimal aging?". Prof. Coresh proposed strategies for preventing and treating various health conditions, aimed at achieving healthy aging. In the monthly sessions, diverse and fascinating lectures were given by both senior researchers and graduate students conducting research related to aging and old age. For more details on the seminar sessions contact the e-mail listed below.

As part of efforts to encourage young researchers to study the field of old age, three doctoral students at Tel Aviv University were awarded the Herczeg Institute Award for their research on aging, its different aspects and manifestations. This bulletin features an article by each of the recipients: Shon Levkovich, recipient of an award for his study "Interpreting 'metabolostasis': Understanding the control mechanisms of aggregate metabolites and their role in aging", supervised by Prof. Ehud Gazit; Dana Omer, recipient of an award for her study on "The place of women in middle adulthood: Questioning the midlife crisis in the works of American women authors", supervised by Prof. Milette Shamir; Liat Orenstein, recipient of an award for her study on "Polypharmacy of older adults in the community", supervised by Prof. Rachellie Dankner.

The bulletin also features others topics that are of interest to the elderly population, including an interview with the initiator of "Ba-Lagan", Mr. Aner Atar, on his activity on behalf of Tel Aviv's seniors; an article on sexuality as the source of conflict among aging gay partners, by Gil Barabi and Prof. Tova Band Winterstein; another article titled "The Elixir for the Fear of Ageing and Dementia" by Dr. Ieva Stončikaitė, as well as two poems by Hagit Benziman. The list of publications on old age by faculty and committee members at the Herczeg Institute for this year, presented on pages 22-25, attests to the scope and diversity of the research conducted at Tel Aviv University on aging and old age. Other activities held at the Herczeg Institute, such as lectures, an event to commemorate Holocaust Remembrance Day, and others, are depicted on the Herczeg Institute's website. Finally, I invite you to send us your comments on the bulletin's contents by e-mail to: herczeg@tauex.tau.ac.il.

On my own behalf and that of the institute's staff, I wish our readers good health and enjoyment in all your endeavors.

In the hope of better days,

Prof. Silvia Koton

Head of the Herczeg Institute on Aging



Articles by doctoral students recipients of the Herczeg Institute 2023 award.

Interpreting “metabolostasis”: Understanding the control mechanisms of aggregate metabolites and their role in aging

By **Shon Levkovich**, recipient of the Herczeg Institute award for doctoral student research proposals on old age, Supervisor: **Prof. Ehud Gazit, The Shmunis School of Biomedicine and Cancer Research, Faculty of Life Science, Tel Aviv University**

Amyloids are fibrous structures formed when misfolded proteins undergo a spontaneous process of self-formation. These structures have been studied in recent decades in the context of developing degenerative diseases of the brain related to aging, such as Alzheimer's Parkinson, and Huntington. In these diseases, amyloids are deposited among the tissue cells, causing cellular death and degenerative damage. The network of cellular processes responsible for controlling the folding and elimination of misfolded proteins and allowing proper cellular functioning and prevention of disease development is called “proteostasis” (formed from the words “protein” and “homeostasis”).¹

In recent years, it has been discovered in our lab that also molecules smaller and simpler than proteins (called “metabolites”), such as single amino acids and nitrogenous bases, can undergo a process of self-formation and create amyloid-like structures.^{2,3} This discovery raises fundamental questions regarding the biological control processes that prevent the formation of the structures and allow proper cellular existence. Therefore, we coined the term “metabolostasis” (similar to “proteostasis”) to describe the cellular processes that maintain a proper metabolic balance in the cell, prevent their aggregation, and eliminate toxic structures after their formation. Metabolostasis processes constitute a scientific “black box”, but their importance can be deduced from a range of illnesses that develop when this network is compromised. These illnesses can be inborn or may develop with age.⁴

Inborn errors of metabolism are caused by a genetic mutation in one or more genes, related to the degradation pathway of a certain metabolite, leading to its excess accumulation in the body's cells and tissues (for example in the brain, liver, or pancreas). Some well-known inborn metabolic diseases are phenylketonuria, tyrosinemia, and homocystinuria, which lead to an accumulation of the essential metabolites phenylalanine, tyrosine, or homocysteine (respectively). Those affected by these diseases suffer from severe multisystemic symptoms and neurological disorders such as mental retardation, autism, and convulsions. Early diagnosis of these diseases is critical for preventing irreversible harm, so in Israel and the rest of the western world newborns are tested to detect irregular levels of metabolites. Those diagnosed with one of these conditions must avoid consuming the problematic metabolite throughout their life. In the past, it was thought that genetic metabolic illnesses stem from the very accumulation of the metabolites in the cells and tissues, but the discovery that metabolites create toxic structures sheds new light on our understanding of this group of illnesses and may allow development of new medications preventing formation of the toxic structures.⁵

Changes in the metabolite and protein composition of cells indicate that the functioning of the metabolostasis network and its connection with proteostasis is affected by age and associated with the development of various chronic illnesses. Metabolite accumulation is a prominent indicator of aging (for example, accumulation of cholesterol in the blood vessels and lipofuscin in the tissues). In addition, the accumulation of certain metabolites is related to the development of neurodegenerative illnesses and certain types of cancer. For example, the accumulation of quinoline acid and homocysteine is related to the development of Parkinson and Alzheimer's, respectively. Indeed, constructs comprised of these metabolites accelerate the formation of amyloid proteins.⁶

The aim of the study is to interpret the hematobolostasis processes that allow cells to preserve metabolites in a soluble and non-toxic state and to understand how amyloid structures comprised of metabolites cause cellular death in aging-related illnesses. In addition, we examine the association between hematobolostasis processes and proteostasis processes, with the aim of understanding its role in the development of degenerative diseases of the brain. The study is expected to establish a new paradigm in our understanding of basic biological processes and their role in a range of illnesses and even allow the development of new medications.

As the main research platform, we use models of *Saccharomyces cerevisiae* (yeast), which bears a strong biological resemblance to cellular processes in humans. Yeast constitutes a powerful research platform, considering the simplicity of its genetic engineering and the considerable biological similarity between cellular processes in yeast and humans. As evidence, yeast-based models are used to study diseases such as Alzheimer's, Parkinson, and metabolic diseases.⁷ As part of the study we use genomic libraries that have a certain mutation in each of the thousands of yeast genes. By using advanced robotics, these libraries make it possible to review all yeast genes simultaneously, with the aim of detecting genes involved in metabolostasis that lead to the accumulation, self-formation, and toxicity of metabolites. The research results will lead to mapping the gene network involved in metabolostasis, deepen the understanding of the genetic and cellular basis of aging-related illnesses, and contribute to developing new medications for them.

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The place of women in middle adulthood: Questioning the midlife crisis in the works of American women authors

By **Dana Omer**, recipient of the Herczeg Institute award for doctoral student research proposals on old age, Supervisor: **Prof. Milette Shamir, The Porter School of Cultural Studies, Department of English Literature and American Studies, Tel Aviv University**

In “A Love Affair”, a short story published in Lucia Berlin’s “A Manual for Cleaning Women”, a woman in her 50s joins a support group for menopausal women, where participants produce for each other “midlife crises” with all their stereotypical features: new hobbies, new careers, cosmetic surgery, and extramarital affairs. But when the woman is about to realize the last stage in her midlife crisis plan and embark on an affair with a man other than her husband, the narrator wonders if she is doing this only to belong to the group and meet her friends’ expectations. Berlin deals with midlife crisis in ten other stories in this collection, which mostly occur in spaces characterized as “betwixt and between”, liminal spaces where people spend a limited time: waiting rooms, laundromats, airports, and hotels. Berlin uses these as spatial illustrations of midlife crises experienced by her characters, or that at least is their pretense. Since Berlin’s short stories do not allow her to portray lengthy development processes, her midlife crisis stories are limited; they remain in the liminal space and moment of crisis and do not suggest a conclusion or resolution. Thus, Berlin questions the customary midlife crisis narratives in popular culture and literature and wonders to what degree they indeed touch upon women’s experiences of maturation and aging.

The question of how women authors chose to address the “midlife crisis” known to us all from the domains of psychology and sociology and from popular culture, is at the center of my research. The midlife crisis is considered one of the stages that comprise the human life course, the series of events conventionally believed to constitute part of the proper life development of all humans and thus a normative event in the life of adult humans. In recent years, the life course concept and related customary conceptions are at the center of a reexamination process in various academic fields. In the understanding that people belonging to different groups experience development differently throughout their life, researchers have begun to question the status of the life course as a natural universal narrative and to recognize that it is a cultural context dependent social construct. In my study I examine how women were excluded from this narrative, by focusing on the midlife crisis as a representative event that reveals to what degree the narrative based on the human life course is not suitable for describing women’s experiences.

Although midlife crises appear in the works of many women authors, in my study I chose to focus on the works of American authors written from the 1970s to the present, a significant period in which the academic and literary interest in old age and aging grew and intensified, and on works where the midlife crises featured vary fundamentally from the familiar cultural shaping of this event. These include representations of midlife crises that focus specifically on those negatively affected by a female partner who experiences such a crisis, as well as representations that ask questions about the different responses that such a crisis arouses in society when experienced by women versus men. At the center of all these different versions of the midlife crisis narrative are questions on how women are integrated within this narrative and how this narrative is integrated in women’s life. These

questions are accompanied by recurring questioning of the temporal foundations underlying the dominant human life course: chronological, developmental, and linear progress.

In all the works discussed in my study, the authors specifically choose to accentuate spatial categories and questions of place over the topic of time and temporal categories. Since the midlife crisis is a temporal event perceived as part of the aging process, we may expect literary works focusing on it to center on questions pertaining to the concept of time. But in fact, in response to the considerable temporal pressure applied on women and the dominant place of time in how society defines their life, the authors I discuss use space and place as subversive means allowing them to resist the pressure and these temporary constructs. My study is constructed around four spatial categories that repeatedly arise in the works I examine: the home, the city, the way and the journey, and liminal spaces, and shows how experiences of female characters within them are shaped by their gender and age. As I show in my study, these experiences do not follow the principles of linearity and development, rather portray for the readers different temporal perceptions such as cyclical structures, regression, inertia, and simultaneity, and in fact dismantle the temporal principles underlying the midlife crisis and the course of life. This revealed the fact that the midlife crisis in its familiar form, and the broader dominant course of life narrative, are “masculine” concepts that do not necessarily reflect how women experience the process of maturation and aging. By examining these literary works, my study indicates the need to find alternate structures for these customary frameworks, which will allow women to speak about their aging and shape their life narrative for themselves.



Polypharmacy among older adults in the community

By **Liat Orenstein**, recipient of the Herczeg Institute award for doctoral student research proposals on old age, Supervisor: **Prof. Rachellie Dankner, Faculty of Medicine, Department of Epidemiology and Preventive Medicine, Tel Aviv University**

The quantity of medications consumed by older adults in Israel is assessed at three times their relative part in the population. It is estimated that close to half the older adults in Israel take 4-8 types of medicine and nutritional supplements a day, and 14% take 9 medications or more. One reason for the increased consumption is the rise in life expectancy, which has also led to a rise in the number of chronic illnesses among older adults. Since most clinical procedures are directed at caring for a single chronic illness, this usually requires taking several medications concurrently over a lengthy period, with the aim of stabilizing chronic illnesses, preventing complications, and treating symptoms. The use of nutritional supplements and vitamins, which rises with age, also contributes to the number of medications. The common contention is that these are safe and they can be purchased at present at any pharmacy over the counter. Hence, taking multiple medications does not necessarily attest to faulty pharmaceutical care.

So, what is the problem? Many studies show us that it is precisely the older population, characterized by increased consumption of medications, that is more sensitive to their side effects. The aging process includes physiological changes in the body's composition and its metabolism that affect the metabolism of medications. But older ages, particularly over 75, are typically underrepresented in clinical studies on the process of developing medications. Thus, dosages found efficient and safe in these studies may not be optimal for older patients. The complexity of the health condition in older ages is challenging as well. Different medications may have undesirable interactions, and interactions may also occur between a medication for a certain illness and a comorbidity. Here too clinical studies do not provide enough information, as they usually include a relatively homogeneous population of patients, with no participants with multiple comorbidities. In addition, older patients who must take a high number of medications with different dosages, frequencies, and times, might also find it difficult to adhere to the instructions. They might also have financial difficulties purchasing all the medications as well as a lack of compliance, which may be even higher among single patients or those who were widowed and lost the support of their spouse. Taking vitamins and nutritional supplements might also be problematic. Beyond adding to the complexity of prescriptions, there is accumulated evidence that also vitamins, if taken at unsuitable dosages over time, may cause damage, whether directly or indirectly by changing the efficacy and safety of prescribed medications taken concurrently. There are also elements related to the healthcare system rather than to the patient. For instance, prescribing unnecessary or unsuitable medications, namely those found to be inefficient at an older age or for which there are safe alternatives. This phenomenon might increase among older patients who have difficulty maintaining the continuity of care and sharing information between the different facilities and caregivers.

In recent years there is a growing interest in studying the topic of multi-medication care in older age. The professional term is polypharmacy and it is usually defined as taking 5 or more medications concurrently. Many studies have found an association between polypharmacy and increased risk of morbidity, cognitive and functional disability, falls and hospital admissions, and mortality. Under the supervision of Prof. Rachellie Danker, we wished to examine whether there are differences between men and women in the rate of polypharmacy and its risks. It is known that women live more years on average than men and accumulate a higher number of chronic illnesses. Studies have also shown that women suffer from more side effects of medications than do men, by about 50-75%, and are also hospitalized more for them.

In our cohort study, which included men and women aged 58-93 living in the community, we saw that polypharmacy was more common among women than men, and found to be associated with a heightened risk of morbidity 20 years later only in women. One possible explanation is that the women in the study had a larger number of illnesses and took more medications, such that they were more exposed to receiving unsuitable medications, undesirable interactions between different medications and between medications and comorbidities, as well as an increased difficulty adhering to more complex prescriptions. But there is also a claim that women in general are at increased risk of medication-related side effects, as there is systematic bias against women throughout all stages of medication development. Many medications in use were approved years ago in clinical studies that included no women at all, due to the concerns of harm to reproduction, and in other medications data are not always analyzed by sex. Thus, although body weight is taken into account when determining medication dosages, there is no reference to other physiological differences between the sexes, for example differences in body fat percentages, plasma volume, and sex hormones, which might also affect the pharmacokinetics of the medication (meaning the absorption of the medication, its dispersal, metabolism, and secretion from the body) and its pharmacodynamics (the response of the body parts to the medication).

As stated, the quality of pharmacological treatment depends not only on the number of medications. In the next stage of the study, we intend to use customary international tools to examine the prevalence of receiving potentially inappropriate medications by these older adults in the community, and whether there are differences between men and women in the rate of uptake and the consequences for risk of hospitalization and mortality. We hope that our research outcomes will be used to develop sex-appropriate clinical instructions and recommendations for judicious use of medications in older age.



Interview with the initiator of “Ba-Lagan”, Mr. Aner Atar: From loneliness to meaningful endeavors on behalf of Tel Aviv’s seniors

Interviewer: **Dr. Irit Bluvstein**
Transcription: **Heli Eshed**

The interview was conducted on November 5, under shadow of the war. “Ba-Lagan” is active at present as well and continues to be a significant, daily, and very accessible point of encounter for the city’s seniors. Contact details for joining “Ba-Lagan” are provided at the end of the interview.

Irit: Hello, Aner, thank you for agreeing to be interviewed. Please tell us a little about yourself and what stimulated you to initiate “Ba-Lagan”.

Aner: My given name is Aner, my surname Atar. Six months ago, I celebrated my 80th birthday and I am active and healthy. But I reached a breaking point last year when I had to part from my wife, who had been ill with cancer for a lengthy period. I supported her during her illness, particularly in recent years. We parted on December 29, I remained alone, and I went through several very hard months, understanding what it means to get up alone every morning and go to sleep alone. To be alone. Beyond the attempt to solve my own problem, I understood that there are people whose circumstances are **much** more difficult than mine, whether it is financial hardships or others. Thank God, I am not burdened by these, but I understood how hard it is to be alone, I tried to figure out what solutions can be provided to society, not only to me personally, to handle this issue.

So, I checked what institutions the Tel Aviv Municipality provides to its senior citizens. I would like to commend the efforts and activities that the Tel Aviv Municipality provides and allows its seniors, those who are alone, and the destitute population – respectable and good solutions. I mainly saw all the social centers for senior citizens. I visited some of them and I saw that there was room for improvement, so I initiated the issue of Ba-Lagan, which I will soon explain.

Irit: What did you see at the day care centers?

Aner: A person who finds himself a place in activities at one of the municipality’s centers for the older population must get up and go there, if he lives at a distance, using a mobility scooter or walker, taking public transportation, or searching for a parking space in the sun or rain. This can occupy him for an entire morning, only to spend one hour in an activity that gives him pleasure and satisfaction. He does indeed meet several people there. And it provides a solution for that morning or hour. I thought about trying to construct something that is more easily available, convenient, and simple. In my close environment, at the park near my home, there are many people who are like me or even worse, who ask themselves why they should get out of bed and why they should leave their home. And then I said, “I’ll give them an opportunity to meet each other”. With the help of the Tel Aviv Municipality, I initiated the dedication of a small area in a public park. Wafers, biscuits, and tea were provided, and all those who live in the vicinity of that park knew that at 9:30 am they could come and meet the neighbors who live opposite or above them or next door, cry on each other’s shoulders or tell stories of their grandchildren.

And if the person I meet happens to be to my liking I can also say to him, “Why do we need nine thirty? Let’s meet in the afternoon”, or “Let’s go to a movie together”, or “Let’s go here and sit there”, and that was my motivation for doing this.

I appealed to the Tel Aviv Municipality, and two weeks after sending a letter to the mayor’s office I had a call from the welfare department. They asked to hear my story and ever since then I have had the help of a social worker. It’s very modest assistance but I didn’t need a lot. “Ba-Lagan” is still

supported mainly by me, but the municipality is aware, recognizes the project, I get lots of encouragement. I was invited to a meeting held by the head of the Welfare Administration with senior welfare managers, a very supportive meeting. We also decided that I would try to replicate “Ba-Lagan” at other parks around Tel Aviv, and not only in Tel Aviv. There is no reason that it shouldn’t happen in all cities in Israel, the costs are minimal, if any. It requires lots of goodwill and has huge amounts of benefit for people [as it causes them to] get up in the morning, I see now what it has attained: for five months now we have been active on a daily basis, Sunday to Thursday. On weekends we take a little break, but if someone writes in the WhatsApp group “I’m coming to the park, who’ll be there?” another three or four join, sit together, and people also meet in the afternoons or on Saturdays.

Irit: Nice!

Aner: I think that the activity on Rosh Hashana Eve was special. We were very concerned that the holiday would leave many people who for various reasons are not invited to family events, and we initiated a holiday meal on Rosh Hashana Eve. I think that it was a very strong statement. We did it on Sukkot as well. That’s it, the business is alive and

Right – Aner Atar, Below: A “Ba-Lagan” activity



kicking, we usually meet at the Dubnov Park. When the weather was very hot, in the summer, we would meet at my house, play board games, hear lectures, talks, pass the time together. Sometimes we used rooms at Beit Ariella. And then participants in “Ba-Lagan” started inviting us to their home; we have already had four or five encounters like that and we enjoy meeting. Because of the situation, due to the security situation, we moved our activity to the vicinity of a shelter. And there too there are all kinds of activities that include exercise, yoga, Feldenkrais, and drawing enrichment. I build the weekly program.

Irit: I know that it’s not so simple to organize such activities, how do you arrange for lecturers and activities?

Aner: I haven’t met with any problems.

Irit: How do you do it?

Aner: Gracefully (smiling)! I call and ask, I’m impudent... and I manage to do it. Today we had Professor Aviva Halamish, who spoke about the founding of the State; Shlomi Shaban sang for us once and dozens came to hear him; Amos Schocken lectured; I spoke about my family.

Irit: I assume that it’s not easy, to find a new activity every time and to organize it.

Aner: Indeed. So now many friends, or many people I knew in the past, when they see me, they cross to the other side of the street to avoid being “caught” to come and lecture. But people show readiness. People are wonderful, they like the initiative and they think that it is a nice and positive initiative, so they come.

Irit: And tell me, you said that at first it was connected to how you felt, to your sense of being alone.

Does it make things better for you? On the personal level?

Aner: Certainly. First of all, it provides me with a morning activity. It gives me a reason to get out and it helps me meet people. Yes, undoubtedly. But that was not my main motivation – solving my personal problem, rather the public problem. Nonetheless, it is well known that when you give something it enriches you even more than the recipient.

Irit: Yes, that's true. I'll say that I have been following the activity a little, through my mother's participation in the "Ba-Lagan" WhatsApp group. She has been staying with me since the beginning of the war and she tells me every time, with admiration, "Wow, look what they're doing today..." She's sorry whenever she misses an activity.

Aner: So, she's welcome, and if she needs her daughter's help, you can come too. But I can tell you that our WhatsApp group has more than 140 people, some are not active and some are followers like you. And there are other people, friends, acquaintances, who are testing me to see if I can manage it or if regretfully I can't... (with a smile) but there are lots of people for whom this is a routine and they receive information, persevere, and come.

Irit: That's wonderful. I know that there are many initiatives and activities. It's very diverse. Can you tell us about one initiative of "Ba-Lagan" that is particularly dear to you or meaningful for you?

Aner: Yes. It was after the light train started operating. We decided that we would take an annual trip... that "Ba-Lagan" deserves an annual trip. We met at the train station and went on a trip to the Bat-Yam beach, we saw the Cliff Beach and walked along the beach.

The largest event was with Shlomi Shaban, who is my neighbor. He willingly agreed to come. He brought his guitar and he sat, played, and sang, and all those who were in the park joined in. A group of children from a nursery school happened by and they joined and sat with us. I estimate that together with the children there were about 60 people there. "Ba-Lagan" is a focus for mutual help. When one person needs something, others come and help, suggest where they should go; people get to know each other and there are encounters and a good, supportive atmosphere.

Irit: Wow. And how do people hear about "Ba-Lagan"? How do they know about it?

Aner: Look, at the beginning I placed notices in people's mailboxes. The social worker printed them for me and I gave them to building committees and building WhatsApp groups. It also spread by word of mouth. In the first two or three weeks I would sit in the park at nine thirty, the time of the meeting, and whenever I saw someone who seemed over 18 (smiling) I went over and asked if he would like to join. I hooked some people... and that was it.

Irit: I assume that the initiative already has a life of its own, I mean, people inform and update each other.

Aner: That's right. I don't even have to come every day. I know that the municipality even allocated funds for this activity, but then the war broke out and everything was disrupted. In every location there is a need for someone who is truly dedicated to this, to instigate it. I don't understand why it isn't happening already, because the benefit of this project is much greater than the effort needed to start it. It only needs someone who is devoted to it. This person will enjoy it because giving enriches people.

Irit: It seems that "Ba-Lagan" already has value for lots of people.

Aner: Definitely. If you could only see the WhatsApp messages and thanks I receive, you would understand how beneficial it is. I remember that in the first week, only four or five days after we started, I received a message: “I’m not alone anymore”, someone wrote me.

Irit: Yes, it’s so important, so important.

Aner: I have to give credit to my wife, who volunteered for years at “Kav La’oved” and knew what it means to give, and I did this thanks to her.

Irit: You’re continuing her work.

Aner: Right, continuing her good work.

Irit: Yes. So that itself is very significant.

Irit: You wanted to tell me how the name originated, “Ba-Lagan”.

Aner: I have a sister, Hagit Benziman, an author who wrote nearly 20 books of poetry, among others also the book “Senior Citizen”, published by Carmel, which is suitable for seniors, and she helped me find the name. I asked her, “Give me a name for this project” and she immediately said: “Ba-Lagan”. I said, “Why Balagan (‘mess’ in Hebrew) and she said, “No, hyphenated, Ba-Lagan (‘come to the park’ in Hebrew).”

It took me time to convince the social worker that it is a good name, and it caught on. I’ll read from our poster: *“Ba-Lagan, the parliament of the Dubnov seniors. When I have nothing to do, I have something to do. I come to the park to this point of encounter. Meet with my neighbors, chat, talk, and listen, play backgammon, chess, or checkers, relieve my loneliness, and enjoy myself. So come on, come to the morning parliament at the Dubnov park”.*

Irit: It’s a truly beautiful initiative.

Aner: What can I tell you, I know how hard the loneliness was for me. Some people are able to live on their own, some less... and that’s what motivated me.

Irit: Yes, but not all those who feel lonely develop such a wonderful initiative, that too is notable. You know, sometimes people simply stay with their hard feelings. So, it’s great that you managed to do this, I truly appreciate it.

To join the WhatsApp group with updates on all the activities of “Ba-Lagan”, send Aner a request via WhatsApp to 054-4415145

שירים מאת חגית בנוזמן

מתוך ספרה אזרח ותיק, בהוצאת כרמל, 2020



לא ענין כרונולוגי

אולי זה טפשי.
אולי זה לא לוגי
אבל גיל לא תמיד
הוא ענין כרונולוגי.
גיל הפרישה
איננו בושה.
מקבלי גמלאות
אינם פדלאות.
יש שאדם מבגר בשנותיו
עדין מרגיש שחיו במתניו.
לא תש פחו.
לא נס לחו.
הוא עדין צעיר ברוחו
ויש מחשבות במחו.

ספר טלפונים

יש לי ספר טלפונים אישי
בעל ערך רגשי.
כל השמות בו כתובים בכתב יד –
המכשיר הביתי, המכשיר הנניד.
שם כתובים חברים וקרובי משפחה.
חנות המכלת וגם הברכה.
ורב השמות שבו רשומים
הלכו כבר מפה. כבר אינם קיימים.
את בלם כבר יכלתי למחוק.
הם קשורים לעבר הרחוק.
אף אצלי עוד בלם תקוקים.
גם רחוקים אינם נמחקים.
בלם נשארו בראשי
ובספר הזה האישי.
ספר בלתי שמושי.

Article: “The sex declined”: Sexuality as a source of conflict among aging gay couples

By: Gil Barabi and Prof. Tova Band Winterstein

Difficult prior life events and pressures related to stigma and prejudice result in increased risk of physical disability and psychological tensions among aging gay men. They display an inclination to excessive smoking, excessive drinking, diabetes, hypertension, and physical and mental disability. All these may affect sexual behavior (Shenkman, Ifrah, & Shmotkin, 2021). In addition, old age may sometimes be accompanied by reduced arousal or sex drive of one partner versus typical sexual functioning of the other (Kurdek, 1994).

In an intimate relationship, when one side is more sexually active, the relationship is accompanied by a sense of sexual dissatisfaction, particularly by the younger or more active partner. This might arouse stress and anxiety, disrupting the psychological well-being of the partner dealing with a reduced sex drive (Westman & Etzioni, 2006). One potential consequence is conflicts around the desire of the other partner to open the sexual relationship to other partners for the purpose of satisfying his sexual needs. Aging gay men sometimes contend with a lack of knowledge or understanding regarding the structure of open relationships, such that the partner who experiences a declining sex drive objects to opening the relationship because he “is not familiar with such an option” but is also afraid of losing his partner who perceives their relationship as “lacking” (Kurdek, 1994).

Intimacy and sexuality are important for confirming and evaluating the homosexual identity, particularly among aging gay men who have been subjected to oppression, humiliation, and ostracism due to their sexual orientation. Alongside the importance of sexuality in the relationship, aging gay men deal with increased health and physical problems, which affect their sexual functioning and arouse conflicts. Conflicts involving the experienced sexuality of aging gay men have received little exposure and research over the years. The literature mainly emphasizes the sexual experiences of young gay men. The current article, based on the findings of a study on “**Conflictual relations among gay couples in old age**”, seeks to fill the gap in this field of knowledge. **This led to the research question:** What are the sexuality-based conflicts encountered by aging gay men in their intimate relationship?

This question was examined in a qualitative-phenomenological study that allowed exposure, description, and understanding of the experienced sexuality among aging gay men through their interpretation of the experiences, attitudes, and deep meaning given by aging gay partners to their experienced sexuality (Patton, 2002). This study included interviews with 12 older adult males (over 67) who had been in a relationship for at least five years, identified as gay, and had coped with conflicts in their relationship over the past year. The current report focuses on the four main themes that arose in the study and that represent discrepancies in their perceived sexual experience following the weakened sexuality of one of the partners.

The first theme, declining sexuality and disparate sex drive, was expressed by the following interviewee who was dealing with the diminished sex drive of his partner:

“For me it was serious. Yes, I told him that I love him, but the sexual relationship had weakened and was almost nonexistent and it bothered me very much and I want and need it. I still want to experience sexuality. My sex drive has not diminished, regretfully, it’s something that has driven me crazy throughout life... It’s always there, it can’t be extinguished. I have a lack, a deprivation; it doesn’t exist, we don’t have sex. And the desire, the yearning, rises and wanes constantly. It’s always there on the surface, always there” (65, partner 72, relationship 8 years).

It is evident that the balance that had characterized the relationship over the years had been undermined due to discrepancies formed around the partners’ sex drive. Despite his love for his partner, the passion dimension in the relationship diminished, but his sexual needs remained. The current interviewee, who had previously been in a heterosexual relationship, felt that he had to make up for his sexual deprivation. Being with an aging partner, who had lived all his life as a homosexual and apparently already managed to have sexual experiences, was blocking this option for him and highlighted their sexual discrepancies.

The second theme, concerning the conflict dynamics following the diminished sexuality, was demonstrated by this interviewee as well, who felt that the disparate sex drive and the weakening of their sexual attraction were arousing conflicts, while intimate “solutions” that were not necessarily accepted by both partners were arising and leading to escalation of the relationship. He described:

“His female friend can’t constantly come and mediate between us. Lately, his silences are growing lengthier and sometimes I am fed up with contacting her. You know, it’s like the story of the “boy who cried wolf”, ultimately you don’t believe there’s any wolf... He is displaying lots of stubbornness. And there’s no way of crossing the wall of his stubbornness, it’s terribly frustrating, I’m extremely defensive, yes, I’m defensive of myself, I have to put up a defense to protect myself, to avoid breaking, losing hope. I was offended that he doesn’t truly see me in this entire situation. Once again, his friend from abroad helped us get over it by telephone. It’s a good thing she’s part of our life. I have to put up defenses to protect myself, to avoid breaking, losing hope, I don’t know, so I immediately start processing for myself how I can manage without, how it is possible to organize things so that he will not be with me. The way it looks like now, it’s not going in directions of continuity” (65, partner 72, relationship 8 years).

The conflict formed between them is unbridgeable without an external intervention. Frequent interventions increase the tensions and arouse a sense of distrust regarding the relationship. Use of the “boy who cried wolf” metaphor emphasizes the recurrence and intensiveness of their fights and the fact that they are unable to deal with the increasingly frequent conflict, such that the relationship dynamics is overwhelmed by small and large events that require external intervention. The interviewee is concerned that once the conflict intensifies the mediator’s motivation, in this case a good friend, will diminish and she will relinquish her role as “peacemaker”. This seems to be the only strategy for resolving conflict within the relationship and her departure will put the entire relationship at risk. In addition, the conflict dynamics is characterized by burdensome irritating silences exhibited by his partner. These silences result in an apathetic response by the interviewee, and the disagreement is not resolved. The interviewee develops scenarios of leaving his partner. He begins to practice feelings, thoughts, and behaviors of “managing without” as part of the scenario.

The third theme, opening the relationship in an attempt to resolve the conflict formed, can be seen among couples who seek solutions to try and assuage their sexual conflict. For example, the

following interviewee and his partner attempted to open the intimate relationship, with the aim of preserving the experienced sexuality and preventing the conflict associated with this experience:

“We talked about having hardly any sex and missing it. So, we decided to open the relationship, on condition that we shall do it together. You know, a threesome. If we meet someone through an app, we have to show him to each other and if he suits both of us, we meet. In one case we were with someone, and in the encounter itself I saw that my partner was more enthusiastic than me, like this courtship with the person we met was excessive. Also from a sexual standpoint, I felt that he was really hooked on him. It was hard, I felt like someone had poured a bucket of ice over me. I couldn’t go on, I felt frozen. Like a thief had entered my home at night and I was paralyzed and unable to do anything, couldn’t do anything” (68, partner 70, relationship 8 years).

The lack of sexual relations resulting from a declining sex drive led the interviewee and his partner to open their intimate relationship, where the choice of bringing a third element into the relationship was made by them both and would let them retain control. Nonetheless, the couple did not consider the dynamics that would develop as a result of the change.

Bringing another partner into the intimate relationship disrupted the emotional balance among the couple. The interviewee felt that he was competing for his partner’s attention. The metaphor “like someone had poured a bucket of ice over me” demonstrates his tough response to the new situation and the sense of helplessness versus the risk of damaging their intimate relationship. The freeze reaction leaves the situation as is, where he has no control. It seems that the interviewee is dealing with sensations of insult and vulnerability stemming from the intensity of emotions experienced by his partner in the sexual dynamics with the added partner. Moreover, use of the additional metaphor “Like a thief had entered my home at night and I was paralyzed” demonstrates sensations of fear, helplessness, and even physical and emotional paralysis that he experienced in the intimate context. In other words, bringing in a third element came at the expense of an important part of the relationship. The solution they chose for improving their relationship seems to have proven him wrong and been experienced as stealing the love of his partner in favor of someone else.

The fourth theme, on the consequences of the conflict for the couple’s relationship, was expressed by the following interviewee who indeed agreed to open the intimate relationship without his presence in the sexual encounter, but deep down this arrangement aroused in him feelings of disloyalty, inferiority, and pain. The disparity formed between them, in the context of the diminished sex drive and opening the intimate relationship, is demonstrated here:

“In one event, I passed by when he was writing to someone on a dating app and he didn’t notice that I was behind him. When he wrote to the guy, although I had agreed to it, I don’t know why but I felt that he was being disloyal, like I had a rival, someone I must compete with whom I would necessarily lose to, a younger guy on the app. I was very angry, I raised my voice, I shouted at him, he told me that there is no reason for me to be angry and shout as it isn’t the first time and we had spoken and agreed on this. He shouted back. I know and understand that I can’t prevent him from doing it because I can’t provide it. I left the house” (76, partner 49, relationship 18 years).

The interviewee understands that the solution of an open relationship is not realistic and apparently won’t hold up in his circumstances. Moreover, the unequal situation formed gives presence to self-ageist conceptions of himself as “damaged”, deficient, and inferior. Internalizing self-ageism seems

to attest to his inability to control the relationship formed and, in many respects, results in a drop in his self-esteem and self-image. All these lead to a type of “surrender” in the relationship and expectation that at any moment his partner might discover another, better relationship. As evident from his words:

“Indeed, I am afraid that he will get up and go, I love him, but I also know that he needs the sex, it is necessary to compromise, this situation causes me to feel in a type of dead end. On one hand you can’t give him the sex he needs, he’s young, it’s a type of two-edged sword... I didn’t speak to him for several days. I felt like I have no value in the relationship, like I have nothing more to offer... it put me in a confusing state, where I don’t know what to feel, whether I am entitled to be angry or not. But its stronger than me... like I’m damaged in some way. It makes me feel bad, to remain closed within myself. In general, I’m afraid that the relationship will end and I’m anxious that he will suddenly find someone better with higher functioning. But I have no control over it... it makes me repeatedly feel as though I am under inspection, as though I am on a certain functional measure” (76, partner 49, relationship 18 years).

Discussion

This short article presented the main issues that arose in a study on sexuality as a source of conflict among aging gay couples. An expanded discussion and additional information can be found in the thesis on “Conflictual relations among gay couples in old age”, located at the Haifa University library, as well as in the [link](#) to the article published in the Dorot journal.

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Article: The Elixir for the Fear of Ageing and Dementia

By: **Dr. Ieva Stončikaitė, Pompeu Fabra University, Spain**

When do you consider yourself old? When you ask a teenager what age they perceive as ‘old age,’ they might say 30. When you pose the same question to someone in their 30s, they may respond with 50, and if you inquire of someone who is 50, they might suggest it’s 80+. Whatever the answer, the one who is considered old is always the other. Old age is seen as something that is still in the distant future and does not significantly impact our present life. In fact, many of us (if not everyone) enjoy being complimented for appearing younger than our actual age. Hearing that we look a couple of years younger brings a much bigger smile than hearing that we look our age; or heaven forbid, that we look older than we actually are!

But why is there such an overwhelming fear of growing older? Obviously, nobody wants to kick the bucket, but paradoxically, nobody also wants to age either. It seems like we’re on a mission to outrun the natural cycle of life by reaching old age without actually ageing, and dying without being old. Or would we rather choose the tragiromantic hero scenario? John Keats died at the age of 25 due to tuberculosis; Lord Byron passed away at the age of 36, succumbing to a fever of uncertain cause while supporting the Greek War of Independence from the Ottoman Empire; Percy Bysshe Shelley died at the age of 29 in a boating accident with his vessel *Don Juan* in the Gulf of Spezia.

Despite the advancements in healthcare and medicine, and increased life expectancy, ageing continues to be viewed negatively in contemporary Western society. Ageism, hate speech towards older adults, and pejorative images of growing older have detrimental effects on older individuals, and can result in anxiety, depression, health issues, loneliness, and an overall reduced quality of life. The prevailing cultural and political blindness towards old age often leads to the neglect and marginalisation of older adults, contributing to a perception that their lives hold diminished significance (Higgs & Gilleard, 2021, 2022). Women aged 80 and above, especially, represent the most socially isolated and loneliest segment of our society, and their numbers are increasing at an unprecedented rate (Paoletti, 2023). The concept of a double standard of ageing, as outlined in Susan Sontag’s famous 1972 column “The Double Standard of Aging,” highlights the biases and the gendered and socio-culturally constructed aspects ageing.

And here we are in the 21st century, having reached the so-called ‘longevity revolution,’ dead-set to unlock the ultimate life achievement: ageing without actually looking old. It’s as if

we’re all on this perpetual hunt for the elusive Fountain of Youth that keeps us eternally fabulous and ageless. Like the enigmatic alchemists, who aimed to transform base metals into noble ones, and fervently believed in the mythical Elixir of Life, today’s anti-ageing and cosmetic industry promises the pearls of immortality and rejuvenation. Teaming up with their partners in crime—social media, advertisements, celebrities, and influencers—they form a tag team that excels in shaping cultural norms and sky-high beauty standards that come with an extra dose of anxiety and low self-esteem. These ‘modern age erasure enterprises and wizards’ with their magical potions, decreasing prices, and relentless promises invite us to join a quest where wrinkles are sworn archenemies, and each grey hair is a minuscule Judas in our ongoing battle against the unavoidable—unless you happen to be an older man gunning for that George Clooney’s ‘salt and pepper’ vibe and a timeless charm. The underlying

message is crystal-clear: staying eternally young and graceful isn't just a goal; it's the holy grail of contemporary existence and true happiness.

Another fear that freaks people out is that of losing one's mind while still alive. Many cultural and artistic expressions often portray individuals with progressive neurodegenerative conditions as non-persons due to their loss of rational thinking, competencies, and skills, which leads to the perception of age-related forms of dementia as dehumanising and stigmatising (Hennelly et al., 2021; Zimmermann, 2017, 2020). Popular culture and life writing literature frequently casts dementia in a negative light, employing the gothic mode to construct a harrowing spectacle filled with monsters and zombies (Burke, 2019; Behuniak, 2011). These prevalent portrayals not only reinforce age stereotypes but also perpetuate tropes that frame dementia as a mere threshold between life and death (Burke, 2019). Consequently, such representations contribute to a societal narrative that fosters fear and misunderstanding regarding the nature of dementia and its impact on individuals.

In her exploration of dementia literary writing, health humanities scholar Martina Zimmermann (2022) explains that there have been distinct phases in dementia literary writing. The initial phase, characterised as the “memory boom” in literary fiction during the 1980s, witnessed a surge in discussions surrounding memory. It is also when the term “Alzheimer's disease” was first employed in literary writing, commonly known as “Alzheimerisation” (Zimmermann, 2022: 55). The second phase unfolds in the literary life-writing produced by dementia caregivers during the 1990s, serving as a continuation of the preceding “memory boom” period. The third one involves the bestselling literary fiction of the early 2000s. However, as Zimmermann argues, the period spanning from 1980 to the present is not distant enough to draw truly historicist conclusions in the context of dementia representation. Ageing scholars Linn Sandberg and Richard Ward further highlight that in the current cultural context, “the prospect of dementia encapsulates widespread fears about ageing and the loss of self” (2023: 2). As they state, these apprehensions are often magnified through mainstream media and popular cultural representations that shape collective perceptions of dementia and its implications.

And yet, as much as popular culture and social media have the power to create and construct notions of ageing and old age, they can also deconstruct them. The stories we tell and share can serve as a force for alternative visions of later life, offering new perspectives on old age and dementia. These narratives are crucial tools for envisioning new paths to walk in later life, which are often undisclosed in the dominant mainstream narratives about growing old. One of primary goals is to alter the perception of ageing, steering it away from a focus on sickness, weakness, and decline towards acknowledging ageing as an enduring journey marked by constant evolution across one's lifetime (Barry & Vibe Skagen, 2020; Casado Gual et al., 2016; Gullette, 2004). Equally important is the need to distance ourselves from the medicalisation of ageing that has blurred our understanding of what we perceive as natural aspects of growing older versus what we consider as undesirable ailments. Storytelling, personal accounts, and the experiences of older individuals hold immense potential. As Virginia Woolf said, “there is nothing so delightful in the world as telling stories”. Narratives, interdisciplinary approaches to ageing, as well as the voices of older adults and those living with dementia, who are especially unvoiced and underrepresented, show that there is a symphony of possibilities that can replace the Dracula-like stereotypes of dementia and the gloomy depictions of ageing. These alternative narratives can be armed with wisdom, enriched with personal experiences, and adorned with wrinkles—a roadmap of life's rollercoaster rides that remind us we've come so far and that we're still holding on.

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List of publications on old age by faculty and committee members at the Herczeg Institute, October 2022 – September 2023

The names of faculty and committee members appear in bold and the publications appear in alphabetical order of their surnames

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About the Institute

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

The Institute has a multidisciplinary orientation, manifested in joint supervision by the Faculty of Social Sciences and the Faculty of Medicine. The presence of this institute on campus signifies the expansion of research on aging-related topics at the university's different departments.

The Herczeg Institute conducts and promotes an array of studies related to aging and old age. These studies concern issues such as physical and mental health, health promotion, adaptation and coping in old age, well-being and quality of life along the life span, cognitive and emotional aging processes, old age in society, illnesses in old age, dementia, problems with attending to the old, traumatic life events, and the long-term impact of the Holocaust.

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

The Herczeg Institute is headed by **Prof. Silvia Koton**.

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Contact Information

The Herczeg Institute on Aging, Tel Aviv University
P.O.B. 39040, Tel Aviv 6997801, Israel
Tel: (972) 3-6409544, Fax: (972) 3-6407339
Institute website: www.herczeg.tau.ac.il
Facebook: ["Like"](#) the institute's Facebook page
E-mail: herczeg@tauex.tau.ac.il

