The Sceptic presents

The case for... and against

Old is the new young

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here’s no doubt about it - people are living longer. Old is the new young. Grey is the new black. Not all older women sit around knitting little socks for their grandchildren; not all older men potter around in the garden. Senior citizens are no longer retreating from life but engaging it head-on. They are travelling to places that their parents never knew existed. They are not just cruising; they are Skiing (Spending the Kids’ Inheritance). They are filling the gyms. They are keeping their minds and bodies fitter than ever before. Older people keep their appointments (they have fewer alternatives).

Patients

Look at your patients: it used to be smooth pink jobbies (dentures), but now it’s dermal fillers, teeth whitening, implants, wall-to-wall veneers; that’s a huge market out there, and they no longer have to pay school fees or mortgages. It’s not just younger people, but their parents who want not only to be healthy but also to look healthy, so the pharmaceutical and cosmeceutical markets are booming like never before. They may be the market segment of the past, but they are also very much the market of the present.

Consultants

When older people get beyond the age that used to mean mandatory retirement, they become consultants. They’ve been there and done it all, so why shouldn’t the younger whipper-snappers learn from them? The wheel doesn’t have to be re-invented every generation.

However, there is a downside. Perhaps the wheel isn’t what it’s cracked up to be. Having been there and done it all doesn’t necessarily mean that older people know it all. Indeed they sometimes seem as if they do not know it all at all. They may think they know it all, but what they know may be well out of date, redundant and irrelevant. What they did when they first learned to do it was the prevailing wisdom, but may no longer be so. In fact it is extremely unlikely to be so - the half-life of a fact has shortened dramatically. Think of the composition and placement of composites. By continuing to do things the same way they always did, they simply become better at doing things that have become outdated and are consequently irrelevant in the face of new ideas, knowledge and techniques. Continuing education is now mandatory, and not without good reason.

Nowhere is the notion of being left behind better seen than in the fast-developing world of Information Technology. Although some older folk have taken to IT like the proverbial duck to water, many cannot get their (grey) heads around concepts that kids in nursery schools are able to execute with total facility. Think of writing notes in longhand compared to using a word processor. Think of the apparent complexity of new-generation cell-phones. Think of CAD-CAM (if you don’t know what that acronym stands for, you prove the very point that is being made!). If you don’t want to be out of it, get with it. And we’re not just talking about dentists. Old age is not for sissies.
In my last article, I offered some insights into the nature and effect of charisma. Someone with charisma has the ability to make another person believe that they are both capable of extraordinary things. The most pertinent present example is US President-elect Barack Obama, who triumphed over John McCain by sheer dint of getting the American nation to buy into the idea that, together, they could effect meaningful change.

Not everyone is charismatic, but every individual, whether dentist, nurse or hygienist, is capable of increasing his or her own charismatic effort. ‘Why bother’, you may say, ‘I’m fine just as I am’, That may well be true, but if you have ever experienced the feeling of rejection because another person has not bought into an idea that you believe could benefit both of you, then consider this: the reason for the rejection might simply be because you were not able to convince that person that they would gain from your suggestion – in other words, you lacked conviction and were unable to influence them sufficiently.

In his book, The Charisma Effect – how to make a powerful and lasting impression, consultant Andrew Leigh defines the Charisma Effect as ‘the ability to use all aspects of yourself to achieve a strong, memorable impact on other people, influencing them emotionally, physically and intellectually, including their thoughts, attitudes and behaviour’.

This does not suggest that you try to become someone else, rather that you learn to improve what is least effective in you, and to maximise the use of your best talents.

So, to build your own charismatic effect, the starting point is to raise your level of self-awareness:

1. List those issues that you would like to remedy, change or improve. In other words, create a list of aims that would benefit not only you but others around.

2. The next step is to work on eliminating your weaknesses and play to your strengths.

3. Consider what aspects of your personality might hinder your own personal charisma effect (you do have one) from shining through. The first batch of these might fit the general descriptive term of ‘victim’ or ‘poor me’.

4. Consider those areas where you the game you play is the role of observer.

To develop a stronger charismatic effect, you need to move from the position of ‘victim’ to that of ‘chooser’, where you can select more positive options to look for and seize opportunities to increase your personal influence. In part three of this mini-series, I will suggest (I have just deleted the phrase ‘I will humbly suggest’) a positive 10-point programme that you could build into your daily life.

If you would like to arrange a free telephonic consultation, Ed Bonner can be reached at bonner.edwin@gmail.com

The 10th dimension... the power of 10

The Charisma Effect (part 2)

‘People always interrupt me when I speak’

‘No one listens to what I say’

‘People in this area can’t afford better dentistry’

‘I’m just an Associate and my boss isn’t interested’

‘At my university/college/practice I was never taught how to...’

4. Consider those areas where you the game you play is the role of observer.

‘The NHS prevents me from focusing on quality’

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