

Finding a Meaningful Life: The Challenges and Purposes of Aging and the Role of the Nurse in Supporting Elders*

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I wish to thank President Takeshi Seto, D.Sc, Professor Yuichi Iizuka, the faculty and students of the Shimane Nursing School for your warm and wonderful invitation to participate as a visiting professor at your distinguished institution. Rarely, do I have the opportunity to spend time interacting with global colleagues around issues of importance to all of us. When I speak about the issues which I believe are important to all of us, I am, of course, referencing global health, the persistence of disease and health challenges, and emerging health concerns that only two decades ago would have been unknown to us. Additionally, today, I also want to focus our attention on what it means to have a quality life despite age.

As you are well aware, aging is a global health concern, largely because improvements in health care and life circumstances have resulted in longevity both in the United States and in Japan. But longevity alone has little meaning if there is not a societal goal and commitment to enhancing quality of life for everyone, irrespective of age. In this discussion today, I would like us to spend some time in reflective thought and dialogue about what it means to age. Further, I would like us to look outside public policy and the health literature to critically examine public perceptions and private thoughts about aging in our contemporary society. What does it mean? How do we feel about it? How do our respective cultures help us to create a context for aging? How do our public policies emphasize or de-emphasize aging? And finally, what are our responsibilities as health care providers— as nurses— to embrace those whose lives have crafted the paths that we walk now and for whom quality of life at the end of life is an abiding concern?

Philosophy has much to tell us about aging. I chose four thoughts that cut across cultures to assist us in contextualizing our discussion of aging today. The first thought,

“Do not regret growing old, It is a right denied to many...”

It is a poignant reminder that in our world even today, not everyone reaches old age. Indeed, as I travel in Japan, so, too, do I travel in the developing world. In Central America, for example, where I encountered a Japanese linguist on loan from the Japanese Embassy to the University of Central America in Managua, Nicaragua, cultures stand in sharp contrast to one another. In Nicaragua, there is an emerging middle class, most University professors, most former or contemporary Sandanistas. However, in a city of 1.5 million people, 60% of the children today, do not live with their families of origin. They might be living with neighbors, relatives, or friends if they are lucky or more frequently, they might be living on the streets of Managua. From the age of four,

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they fight dogs in the city dumps for food. No wonder they understand violence. These children form little families, serving I imagine as a source of comfort and support as well as insulation from the harshness of their world. As they grown older, they become gangs involved in drugs and prostitution. They wind up in the holding cells of the Oriental Market or some equally sinister place awaiting trial and inevitable incarceration. People counsel that it is not wise to give them money—the local wisdom is that they need to make it on their own. I tried to imagine my own two sons living on urban streets as fifth graders, trying to make it on their own. I looked around and saw 13 year olds sniffing the glue that is used to secure soles to shoes, an effort to find escape from the harshness of their world. Some of them died every night, some without ever having experienced the tenderness of someone who cared or the warmth of a loving embrace—things we often take for granted. I looked and I thought, “Is this what we envision for the world—children denied the right to love, happiness, and the right to grow old?” I gave them money. Nicaragua has a law that no child can be adopted and taken from the country unless someone with authority for the child agrees to it. Since these children live on the streets, there is no one to sign for them. I could not understand this for some time. Even though, in the longterm, this is not a solution, many of us would, indeed, extend an adoptive hand to them. More recently, I have come to understand that in neighboring Guatemala, during the revolution in the late ‘80’s and early ‘90’s, the children of wealthy parents were taken and sold internationally. Neither the children nor the parents, to this day, have any knowledge of each other. They will grow old (or not) and die without ever holding one another again.

“Old age is the most unexpected of all things that happen to a man...”

None of us imagines ourselves as aging. Inside, I feel the same way that I did when I was 17. Sometimes, I look in the mirror and cannot for the life of me determine where the years have gone. I look at my two sons, now 22 and 26, and remember each one of their little boy days. Indeed, if you ask children what they want to be when they grew up, none would say, “I want to be old”. They might say that they want to be “grown up”, holding the mistaken idea that if they were adults, the world would be an easier place to be. Rather, as we mature, we begin to understand the enormous responsibilities of adulthood. We get caught up in our lives, our work, our families. And the river of life continues to flow...

“The more sand has escaped from the hourglass of our life, the clearer we should see through it...”

When I was about 22, I thought I understood it all. I thought I had all the answers and I thought that our generation would change the world. We read “Markings” by Dag Hammarskjöld, read Kahlil Gibran, and Teilhard de Chardin, believing that our vision was clear and our direction was straight. I was 22 during the Vietnam conflict. Many of my friends protested the war; some were even arrested and jailed for demonstrating. I belonged to a different kind of crowd. Every Thursday for the entire Vietnam conflict, our group fasted and prayed for all of the soldiers who, through no fault of their own, were engaged in battle far from what was familiar. In the end, praying was all that we knew how to do. In the end, was there anything more powerful that we could have done?

Having lived another 35 years, I can assure you that, as a 22 year old, I didn’t even understand

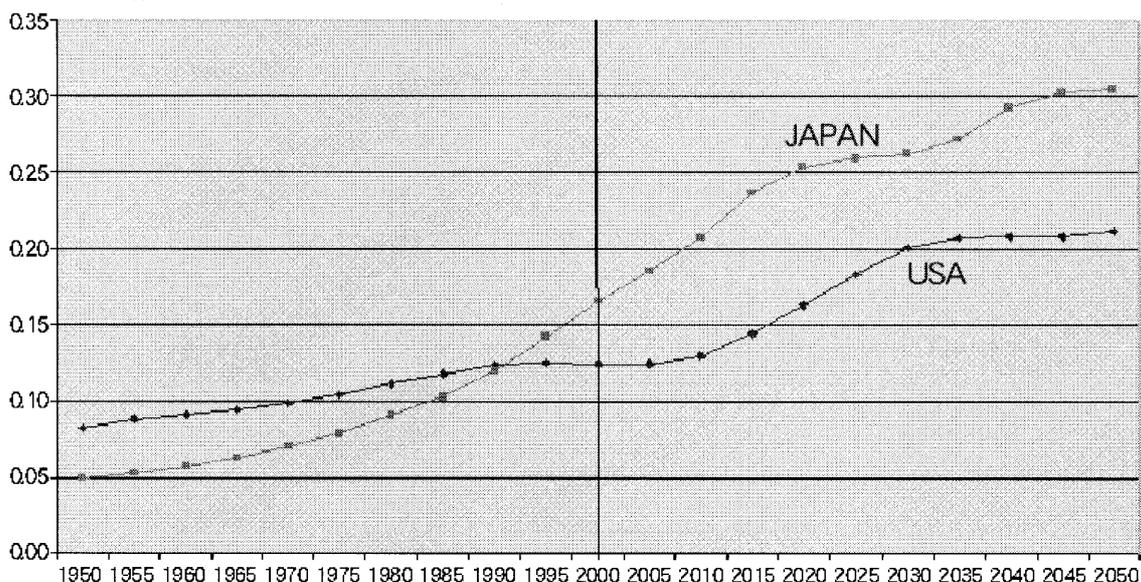
the questions, let alone the answers. But I did have good instincts. Those instincts have served me well across my life, even as I stand before you today, once a young American girl who prayed for peace in a part of the world that I never envisioned visiting. As someone who has lived 35 years beyond the age of 22, I can assure you that there is no substitute for life experience. That life experience creates a sort of mezzanine view, if you will, that permits a certain clarity of vision unknown to me in my '20's. In your culture, you revere the wisdom of your elders. We, in America, still have a lot to learn from you.

“Nothing you can do can stop time’s unfolding...”

When you are my age, you will look across the panorama of your life and never believe that all of these experiences are the things that make you who you are. You will marvel at the tremendous joy and happiness that you have experienced. You will amaze yourself with the hardships that have tested you and made you a stronger person. You will come to realize that these experiences, the experiences of time, make you who you are. And it will be difficult for you to imagine not having had those experiences, because you will know in your heart that you are yourself because you have lived through them all.

But, what else can we know about aging in the world ?

Well, first, as demographics suggest, it is estimated that 20% of the world’s population will be over the age of 65 by the year 2050(Fig.1). Further, 80% of elders will live in developing countries. We think of the world as a place for young people. In my home in Seattle, most the people who live in the city are under the age of 35. But if I look around and if I listen to National Public Radio, I learn that only one household in three in America has children under the age of 18. We are aging, whether we choose to acknowledge it or not.



Sauce:UNPOP 98

Fig.1 Population Share Ages 65+

What kind of data support this assertion? The graph in this slide suggests that aging is a worldwide phenomenon. Both Americans and Japanese appear to be aging now. In fact, as these data suggest, the numbers of people over the age of 65 will continue to increase in both countries. But your country began to overtake mine around the year 1990. Since then, those over 65 in Japan are greater in number than those over 65 in the United States. Some of this phenomenon of living longer in your country is attributable to a national culture of healthy living. You eat less processed food than we do and you exercise more than we do. And, you have cultural expectations that family members continue to respect and care for those who are aging. Again, we have a lot to learn from you.

If we compare cultural values of aging between Americans and the Japanese, however, we find a good deal of similarity. The Duke University Aging Project, which represents twenty + years of work by Gerta Fillenbaum and her colleagues, suggests five concepts that form, if you will, a steel cable of aging. These are: physical health, functional health, psychological or spiritual health, economic health, and social health. Fillenbaum and her colleagues believe that as people begin to age, one or more of these concepts or areas of strength may be compromised by disease or illness, life experience, and social isolation. When this happens, they assert that the cable becomes less strong and those who are aging begin to become frail.

In comparison, your own Charter for Older Persons suggests similar domains that characterize health aging. These domains include independence (functional health), participation and social role (economic and social health), care (physical health), self-fulfillment and dignity (psychological and spiritual health). These domains between US and Japanese culture are striking similar, suggesting that worldwide we hold similar aspirations for health and quality of life as we age.

In 1973, the Unitarian Universalists, a religious group, generated a forward-thinking document called the Statement on Aging. The crafters of this document examined the universal sense that aging might be a right rather than something to dread. Thus, their statement amplifies some of the earlier elements that we have already examined. Briefly, these are:

The right to be useful (social health);

The right to obtain employment based on merit (economic health);

The right to freedom from want in old age (economic and psychological health);

The right to a fair share of the community's recreational, education, and medical resources (physical and social health);

The right to fair housing (social and economic health); The right to moral and financial support of one's family consistent with the best interests of the family (psychological health);

The right to live independently as one chooses (functional health);

The right to live and die with dignity (spiritual health);

The right to access all knowledge as available on how to improve the later years of life (functional health).

In parallel, the Japanese NGO Conference for 1999 asserted similar rights for elders:

Dignity (spiritual health);

Social Participation (social and functional health);

Social contribution (social and functional health);

Health promotion and disease prevention (physical health);

Community development, social security systems, and lifelong learning (economic, social and psychological health).

Interestingly, these documents do not appear to extend consideration for spiritual domains of health and their emerging and lasting importance to the quality of life for elders. We might attribute this oversight to the phenomenon that spiritual health is emerging as a last health frontier that we, as health care providers and citizens of the world, need to be understand and support.

Aging is also a new frontier of social responsibility. And, in our country and the world, social responsibility is a call for action. In this paper, I am suggesting that elders in both of our societies will require us to be advocates for them, to support their health as they age, and to understand that aging is the final gift that we receive from life. As Alexander and Helen Astin (2001) assert: "Social change results only when people take it upon themselves to get involved and make a difference".

But when we talk about getting involved as nurses and citizens what do we mean? Each of us, in one way or another, is called to lead and to serve. That leadership reveals itself differently, at different times in our lives. Here at the Shimane College of Nursing, each of you is undergoing rigorous education to become a nurse. And after you complete college and work in the health care system for any period of time, I cannot emphasize enough to you, that your leadership will be required. Not only is it incumbent on you to understand the people who come to you for care; it is essential that in a time of profound nursing shortage worldwide, you continue to become more competent.

When you marry and, perhaps, leave nursing to raise your family, your leadership and service is more important than ever. It is at your knee that a future generation learns what it means to be accountable for those around them. It is at your hand that future generations learn love and healing, comfort and nurturance, support and peace. There is no greater role of leadership and service than that of being a mother. And, at every age, you will find that your children and the children of others need your wisdom and your guidance. But when your children are grown and you look around you, what will you see? Grandchildren, perhaps, that need to learn similar lessons, or a health care system that could benefit from the wisdom of your life experience. Only in keeping faith with your early commitments to yourself, will you find a fulfilling life, a life characterized, if you will, by a commitment to something greater than yourself. The most important thing that you can learn as you grow to maturity is to learn to listen. Listen intently. Try to understand the experiences of others. In our society, we say: "try to walk a mile in another person's shoes". This results in something known in mental health as "taking the perspective of the other". When you attempt to take that perspective, you demonstrate accurate empathy and, interestingly, you learn what is needed of you at that particular time. Often, the gift of listening and taking the perspective of another is the greatest gift we can give. Open your hearts to opportunities to engage in listening.

There are three venues in the media that bring us closer to a substantive understanding of the experiences of others around us, particularly the experiences of those who are aging. In 1970, Simon and Garfunkel, internationally renowned musicians, crafted a song that haunted me then and continues to haunt me even now. They wrote a song called: "Old Friends". Some of the words of this song appears on the screen before you (Fig.2). When I was looking for a photo that I thought captured my experience of this song, I found the one that appears here. The man on the

■ "Old friends, sat on
their park bench
like bookends..."

■ Can you imagine
us years from
today, sharing our
park bench quietly?
How terribly
strange to be 70..."

Simon and Garfunkel,
1970

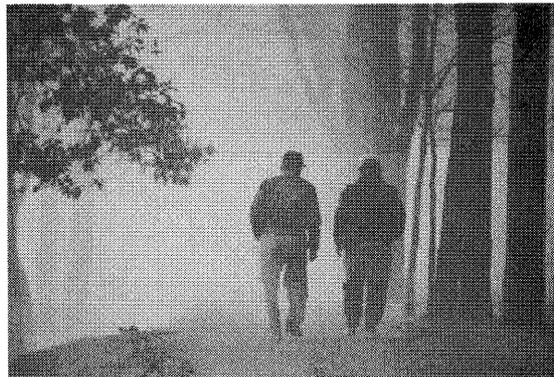


Fig. 2 Aging and Music

right looks like my father prior to his death nineteen years ago. The photo brought tears to my eyes, as I remembered the gifts of person that he gave me, even as he aged: a strong sense of independence and fairness, acceptance of others where they are, embracing those who were different from me, hard work, support for those who are young or frail or who do not have a voice in society. These are the profound gifts of a parent to a child—the gifts that parents give without question because they know that they are raising future citizens of the world.

Simone Weil, the Jewish philosopher, suggests that the love of our neighbor in all of its fullness, begins with the question: What are you going through? For a moment, I would like you to superimpose this thought on the images of the bioterrorism you experienced on your own railways not too long ago. I would like you to superimpose this thought on the images of the World Trade Center event in my own country in 2001 or the train bombings in Madrid last month. In a more personal way than that, I would like you to superimpose Simone Weil's thoughts on the faces of those who are aging in Japan. It will take us a life time to understand the experiences that they hold in their hearts and a life time to appreciate everything that they have done for us. No wonder, if we think about it, do we have profound respect for our elders. They continue to encourage us, to help us, to share their wisdom, even as they grow older.

His holiness, the Dalai Lama, suggests that life is like the flame of a lamp exposed to the wind. Sometimes that wind is fierce. Indeed, there are times when the winds of life seem as if they will extinguish our flames. Yet, somehow, the flames persist and endure in our choices and in our commitments to those around us.

It must be apparent to you, at this point, that we share a profound global bond in the spiritual tenets of aging. Indeed, Burnard, in 1987, suggested that finding meaning in life is the final task

of a life well-lived. Tournier reflected that “God is leading us along new paths of old age. It is He who has made the unity of our lives…” Intrinsically, we are made aware in these statements that there is a difference between spirituality and religion. Spirituality is said to be the search to find meaning and connectedness, something that we have been talking about in the earlier parts of this presentation. Religion, on the other hand, represents values, beliefs, practices, and symbols that we adopt as a response to spiritual needs.

In 1991, Dr. Pamela Reed, a professor at the University of Arizona in Tucson, explicated the concept of aging known internationally as “self-transcendence”. She suggests that nurses and health care providers need to understand that the last great developmental task of aging includes finding meaning, developing a healthy introspection, adopting an altruistic perspective, and integrating the experiences of the past with hopes for the future in order to inform and enhance the present.

If we look beneath the surface, both science and practice seem to indicate that spirituality gives cohesion to aging, irrespective of where the aging occurs. Spirituality or spiritual health involves effort—effort to find meaning in life, as Pam Reed suggested in her work, but this time meaning in the context of relationships. That is, someone who has reached spiritual maturity or who has become self-transcendent is able to adopt that mezzanine view we spoke of earlier and interpret the whole of life as meaningful. Essentially, such a view gives credence to all of life’s experiences, permitting each of us as we reach the heights of such spiritual maturity to see the entire vista of our life’s experience and to understand how each piece fits together to form a whole greater than the sum of the parts.

Indeed, the health of a value or belief system is seen in the outcomes that such a belief system can generate:

That is, spiritual health supports life-affirming relationships and a deeper understanding that all of us are here for some purpose that we may not truly understand until we have fulfilled whatever that is. Often, in my discussions with elders about the quality of their lives, they raised the issue of “purpose”. They indicated that “purpose” provided the structure for a meaningful life. They found “purpose” in even the most mundane tasks, but knew that there were doing something unique, something that nobody else could do. They found meaning in that fact, in the idea that they were unique unto the world and that they had been sent here for a specific reason. They also said that their life would conclude when they had finished that life quest.

The North American Nursing Diagnosis Association (NANDA) formulated a nursing diagnosis concerning spirituality. Carpenito, a member of the NANDA group, defines spirituality as “an inner strength that nurtures trust, self-awareness and acceptance, peace, integration and, “sacred source” (a Native American concept). She suggests that spirituality provides an intangible motivation and commitment. That motivation is directed intentionally toward inherent human values: love, meaning, hope, beauty, and truth. Further, Carpenito indicates in her writings that spirituality emanates from as well as supports a trusting, transcendent relationship that provides a basis for meaning, hope, and, as the elders in Kentucky suggested, purpose in life.

The literature suggests that elders have several characteristics which support spiritual health or well-being. Among these characteristics are inward directedness or introspection; richness of character or generativity; finding meaning through successful integration of the past, the present and the future; the ability to transcend the self; the wisdom that comes from experience; the ability to handle challenges and difficulties borne of prior life experiences; and resilience from having endured past hardships. Resilience is a critical construct of aging. Those who have not learned it, have likely succumbed to life's hardships. Those who have learned resilience, as Antonovsky asserts, say that it encompasses comprehensibility, manageability, and meaningfulness. His work, generated from Holocaust survivors, indicates that without the ability to find meaning in life's challenges, resilience cannot occur. However, resilience provides a certain "tensile strength" if you will that fortifies in the face of continuing or additional adversity. We can learn a great deal from those who are our elders, particularly in this critical area of resilience.

Spiritual distress is the opposite or antithesis of resilience or spiritual wellbeing. It is characterized by the disruption in the life principle that pervades a person's entire being and that integrates and transcends one's biological and psychosocial nature—a rip in the spiritual fabric of sorts. Certainly, all of us have cared for those experiencing spiritual distress. It often comes in the form of anxiety and depression—a certain bleakness of spirit that seems to suggest that it is the soul that needs to experience caring. Spiritual distress occurs at any age and is characterized by questioning the meaning of suffering and existence (Jean Paul Sartre would be a perfect example), by expressions of finality or not wanting to go on, by emotional detachment or a failure of connection to others, by a sense of spiritual aloneness and emptiness. Often, in western biomedicine, we treat these ailments of the spirit not with connection, but with medication. While this may be efficient in terms of cost, it is extravagant in the wasting of the human spirit. In such circumstances, we need to harken back to earlier discussions about the primacy of being present for others and for listening. When we listen, we acknowledge the regard we have for one another and for the place that another holds in time. When we listen, we put ourselves in the place of another and understand the experience both internally and externally. When we listen, we validate for another their worth and primacy in our eyes. Thus, listening and being present for another, especially one who is anxious or depressed, are two of life's most precious gifts. These gifts, parenthetically, are wholly within the sphere of gifted nursing practice.

The literature supports that there are four increasingly sensitive ways to be present for another. The first is simply to be physically present. While this may provide superficial comfort to another person, if we are absorbed in our own thoughts we are really present only in a physical sense, but not in an emotional one.

The second way to be present is to be task-oriented—to be doing something for another person, but not necessarily listening to them. Luther Christman, the genius of the teacher-practitioner role, often said that he would prefer doctorally-prepared nurses to bathe patients, so that they might engage therapeutically and reverently with them. His suggestion, that one might be sensitively present, even in the performance of mundane tasks, gives us much to think about as nurses.

The third way of being present relates to interpersonal focus in which we take the time to

actually develop a relationship with the people around us. Often, we are taught to maintain a safe distance from those we care for, as if their needs might overwhelm us. Rather, what should be discussed are boundaries—where, how, and under what circumstances we engage. Certainly, our presence as nurses relates to the primacy of the caring relationship that exists in patient-centered care. Often, we are so busy that the very simplicity of such presencing eludes us.

Finally, we can be present through spiritual connection, meaning the witness of a deeper understanding of all that a person is required to pass through in a complete life. In such relationships, we help others define and embrace the meaning of their experiences, even as we support them in this profound effort.

Many of the strategies of being present are beyond the scope of this lecture today. Suffice it to say that the core competency of assisting others to maximize spiritual well-being is through listening. We must understand how and under what circumstances to involve the elder's family and significant others. Sensitivity and experience help us here. We can support patients' religious practices: by collaborating with members of their religious affiliation; by facilitating life review that helps to throw their experiences into a tapestry of meaning; by praying and by integrating music and religious practices into the care of elders when those seem appropriate.

Always, our care needs to support the maintenance of a sense of meaning and purpose and the life-affirming connectedness that all of us desire. Thank you.