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Holistic Aging: A Rediscovery of Life

Sally Palmer Thomason, Ph.D.

Independent Scholar

Dean of Lifelong Learning (Retired)

Rhodes College

### Abstract

This paper examines if and how medical and social constructs that treat aging as a problem to be solved by experts, affect the attitudes and quality of life of the elderly in contemporary society. Based on the belief that old age is a natural part of life, not pathology or a problem largely defined by physical markers, the author draws from qualitative and heuristic research begun when she was 65. In order to uncover tacitly held beliefs about the bio-physical aspects of aging, women (65 to 92 years of age) were interviewed about their perceptions of their bodies. The women's stories demonstrate when older women consider their bodies the bio-physical is inseparable from the social, psychological and spiritual aspects of aging.

Holistic Aging: A Rediscovery of Life

One day Chicken Little was walking in the woods when -- KERPLUNK -- an acorn fell on her head. "Oh my goodness!" said Chicken Little. "The sky is falling! I must go and tell the king."

On her way to the king's palace, Chicken Little met Henny Penny. Henny Penny said that she was going into the woods to hunt for worms.

"Oh no, don't go!" said Chicken Little. "I was there and the sky fell on my head! Come with me to tell the king."

So Henny Penny joined Chicken Little and they went along as fast as they could.

And as they went along they met other friends, who left what they were doing to go tell the king that the sky was falling. Then the little group of agitated animals met a sly fox who promised to show them a short cut to the king. But the fox had his own design. He really wanted to lure them into his fox hole to gobble them up. Fortunately the King's dogs came along and scared the fox away.

When Chicken Little reached the King she learned the sky was not falling. What plunked her on the head was just an acorn falling from a mighty oak. A natural phenomenon that was part of the ongoing cycle of nature. Chicken Little had nothing to fear. Her fears were based on a false assumption.

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That poor ignorant little chicken, operating on such a false assumption. However, don't we all have false assumption upon which we base beliefs and actions?

Here's a question for you: What do you think about getting old?

If you are like most of us you probably don't want to think about it. But when you do, chances are you might act a bit like a scared little chicken.

We are a culture that glorifies youth, abhors old age and treats aging as a fearful disease. Billions of dollars are spent annually in the United States on face lifts, liposuction, eyelid surgery, botox, Hylaform or Relane injections, chemical peel, and microdermabrasion. According to the American Society for Aesthetic Plastic Surgery 12.5 billion dollars was spent last year on such cosmetic procedures. We are a society that does everything in its power to not look old. To deny we are aging. Although Webster defines old simply as having lived many years (no negative connotation there), socially, the very word "old" has pejorative implications—something akin to worn out, no longer of use. Our culture equates *old* with negativity and loss. Young folks barely into their twenties complain about getting old, as if elusive youth is only granted to those in adolescence. Yes, when it comes to human life, old is bad, young is good.

Although people in all technologically advanced nations are living longer and realizing more choice in old age, there is an all pervasive fear of old age. Old age, for the most part, is assumed to be a period of deterioration and decline. Sociologist William Sadler identifies the general assumptions about aging as the "D" words: decline, disease, dependency, depression, and decrepitude. (Sadler, 2000, p. 4) And I would add denial.

Underlying all these devastating assumptions about old age is a deep seated belief that old age is a pathology. Aging, like illness, has been positioned by the scientific community, as a disease for which a cure will be found with enough research, patience, and money. In the mid 1990's a whole new medical "anti-aging" sub-specialty dedicated to slowing and eventually halting the aging process was established. The official slogan of the American Academy of Anti-Aging Medicine, contains these words:

*Aging is not inevitable. The war on aging has begun.* The statement goes on with the promise to stop the clock.

Amazing. The battle against aging is in full force in our culture. Anti-aging promises come from all directions--from established medical professionals to purveyors of mail order products. But I believe something is terribly wrong. Aging is not a pathology. Aging is a natural part of life to be lived. *Anti-aging is anti-life--anti-nature.*

What does it mean to grow old in today's world. In a society that treats old age as a dreaded, pathological problem, assumptions gathered throughout sixty-plus years of living in an anti-aging culture can make a person believe the sky is falling. My sixtieth birthday, about eleven years ago, pulled me into a quantitative analysis of my life. Looking at today's provocative statistics, in the United States a healthy woman in her sixth decade can anticipate an additional thirty to forty years of life, with the number of centenarians increasing annually. As I thought back over the amazing amount of living I had experienced in the two previous thirty-year-periods of my life, I marveled at how different in associations and activities one was from the other. To live creatively for the next thirty years (the statistically reckoned measure of time I still had to come) would be a challenge. Had I been born in 1834 instead of 1934, my chances of even reaching my

fortieth birthday would have been slim. Today, in terms of years, I faced the equivalent of living an entire nineteenth century lifetime, having already experienced infancy, childhood and a good portion of adulthood.

The twenty-first century offers three lives in the span of what once was one. We are living longer for many reasons--decreases in infant mortality rates, decreases in maternal mortality rates at childbirth, spectacular reductions in the occurrence of infectious diseases through immunization, impressive advances in successful medical treatment particularly in the areas of childhood disease and acute illness and trauma, improved medical diagnostic tools, better nutrition, clean water, sewage control, plus other vastly improved public health standards. People are living longer because they get a better start, live in a better environment, know more about staying healthy and have more knowledgeable medical support along the way. These are all outstanding examples of positive social change.

However, it is time to take a look at placing complete faith in the methodology of modern science. The basic premise of traditional allopathic medicine is that the only way to conquer disease (and aging as a disease) is through reductive biochemical analysis (by dissection and isolation) of discrete bacterial cells and/or genetic structures. Though the accomplishments of the allopathic approach are legion, it has given rise to two myths about aging that warp our culture's understanding of old age.

Myth one: old age is a pathology that will be "cured" with enough research and money.

Myth two: Choose your parents wisely. Successful aging is genetically determined.

The social challenge we face today is how to dispel our culture's basic assumption about aging that are built on these myths. In contemplating our culture's inability to face old age Erik Erikson observed that "Lacking a culturally viable ideal of old age, our civilization does not really harbor a concept of the whole of life." (Erikson, 2000)

Old age does not mean the sky is falling, but what does it mean? How can we as individuals grow to appreciate that we are part of a larger cycle of life?

Today's culture's definition of aging, based on biomedical criteria, is limiting. There is no denying that debilitating tendencies, such as high blood pressure, hardening of the arteries, weakened immune system, arthritic collagen accumulation, and loss of short term memory have been documented as often being present with aging. However, it is essential to note that causes for these debilities are **not** clearly understood and not all old people have them. Waneen Spirduos, a physiologist at the University of Texas, in her definitive study of the physical dimensions of aging concluded that the "typical" older adult does not exist. She concludes that aging is an individual experience; people differ not only in their attributes and behaviors but in the way they change over time. The results of hundreds of experiments and research projects using both human and animal subjects have shown that chronological age is **not** a good predictor of function or performance for an individual. (Spirduos, 1995, p.33) Aging is a highly personal process.

When a society defines old age by debilitating physical criteria, it not only deeply influences treatment and attitudes towards the old, it shapes the behavior of old people. The aging individual tends to look to outside sources, drugs or physicians, to *cure* her or

his aging. When aging is believed to be a treatable pathology, there are deep psychological and behavioral repercussions on the individual. "Medicine's peculiar power lies not only in its status as science but in the overt helplessness of the individual in the face of illness (or in the face of being labeled ill)" (Gilman, 1985, p.28) and of being labeled old.

Men and women in mainstream America often view their bodies as complex mechanical machines to be used until they are old, with the hope that they will be fixed by the miracle of modern medicine when something goes wrong. Within the traditional scientific paradigm consideration is not given to the overall context of diseased tissue and/or the healing systems of the whole person. The interconnected systems of the body, the interconnected systems of the body/mind, the psychological and spiritual composition of the person, or the relational environment in which the person lives, are often times not a part of the purview of reductive allopathic medicine.

The challenges of aging are complex. No single factor determines how one ages; diet, exercise, lifestyle, economic and social networks are all important. But current research is finding something that may surprise many. The most important factor in successful aging is one's *attitude* towards becoming older. David Snowdon, the University of Kentucky neurology professor who founded the three decade long research project of 180 nuns to determine causes of Alzheimer's and other brain diseases, as well as mental and physical disabilities associated with old age, found that the most distinguishing characteristic of the nuns who aged well was their positive attitude. All of the nuns in the study had approximately the same medical care and ate the same food, but consistently, the nuns who age well are those with distinct personality traits such as a

sense of humor and adaptability. Even among those who were ill, those who aged the most successfully were those who accepted each new life challenge, including illness or disability. (Snowdon, 2001)

However, according to Richard C. Strohman, professor emeritus of the Department of Molecular and Cell Biology, University of California, Berkeley, “medical research continues to be dominated by molecular/genetic analysis and by a reductionist program that resists any tendency towards analysis in which the gene appears not as sole causal agent but merely as an important part of the overall complex biological system. The conventional approach that focuses on finding the tiny bits of matter that make you sick -- germs, virus, parasites or aberrant specks of DNA, has been highly successful in thwarting infectious disease, but does little to nothing to promotes healing” (Strohman, 1993) and successful aging.

Dr. Strohman believes that the HGP (Human Genome Project) will provide few insights into the vast majority of complex human diseases or aid in their prevention because the secrets of health and wellness are not reducible solely to the actions of single or even multiple genetic agents. Concepts of health and wellness are characteristics of whole organisms and of processes that are time and place dependent--dynamic processes open to environmental signals and contextualized by an individual's life experience.” (Strohman, 1993) Genetics is not a major part of aging well. John W. Rowe who was director of the MacArthur foundation Research on Successful Aging points out that only about one-third of aging is heritable, the rest is acquired. Dr. Rowe concludes that this means you are responsible for your own old age. (Rowe & Kahn, 1998)

Aging is not a pathology. Aging is not a compounding of chronic disease. Aging is a living process that must be understood from both the inside the body/mind/ spirit of an individual and the outside cultural context, with the realization that there is no clear dividing line between the two.

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Considering the way our culture pathologizes old age raised a very important question for me as I joined the cadre of older Americans: How does an older person's perception of his or her body affect the quality of her or his aging.?

This became the guiding question for the doctoral study that I began when I was sixty-five years old. Being a woman and basing part of my research on heuristic considerations, I limited my formal inquiry to older women over sixty-five years of age. Rather than design a questionnaire, which I feared would limit or lead the women in their responses, I chose to gather their stories in open ended interviews, which I subsequently analyzed through qualitative methodologies to discover basic values and cultural assumptions that lay embedded within the individual stories.

The narratives gathered constitute the raw data from which I identified the cultural assumptions held by the storytellers. Analysis of these assumptions reveals some of the women's basic beliefs and values that shape their understanding of their bodies and aging. My query into body self-perceptions was designed to explore how cultural assumptions do and/or do not influence one's aging experience. Teasing out the

assumptions from the narratives was necessary to consider if and how these assumptions are constructed by the social/cultural milieu in which these individuals live.

I made no attempt at universal generalizations or verifiable norms. Assumptions about aging differ within cultures around the world as well as within subcultures in the United States. For that matter, assumptions differ tremendously within the same culture at different historical periods. Cultural assumptions about aging, for the most part, tell us more about a culture than they do about the aging process itself.

My research was based on the premise that a woman's concept of her own physical body is the nexus where her personal psychological/spiritual/ intellectual/natural forces meet social/political/cultural constructs and practices . By asking older women about how they perceived their bodies, I believed I would uncover tacitly formed beliefs that were absorbed from their culture. My exploration led to far richer and more complex findings than I expected and went well beyond my original question--it uncovered the uniqueness in each of the women interviewed, as well as the values upon which their lives revolve. These women's stories clearly demonstrate that biology and biography are intimately linked, inseparable.

Because the individual narratives were the heart of my research, I wanted to evoke meaning and become intuitively engaged in the narrators' experiences, before analyzing my findings so, I created what I call "word portraits," a type of free verse using the women's own words. Since aging is defined almost exclusively in scientific terms by contemporary culture, these "portraits" are designed to connect the reader aesthetically with the lived experience of aging, Word portraits, a creative form, based on qualitative

rather than quantitative methods, helps us to truly appreciate the embodiment of aging, and the living, holistic reality of the individual.

I would like to read you one of these portraits.

### **NORA**

At the time of her interview Nora was 71 years old, married with two grown sons. She grew up in a small town (200 people) in east Tennessee, went to high school in Kentucky, just over the state line, and received a Bachelor of Science in Education at the University of Tennessee, Knoxville. Nora taught school for four years after college before getting married. She and her husband moved to Wisconsin for a brief time before his work transferred them to Memphis. They have lived in the same house in the suburbs of Memphis for over forty-five years. Nora did not work outside the home after she was married until she took a full time, volunteer job as coordinator of a community garden about ten years ago.

In her mid-fifties she discovered her heart had a mitral valve prolapse, which terrified her. She has since discovered that this is a fairly common anomaly which is not life threatening, however, at the time she thought she was going to die and became very depressed for about nine months. She gradually began to come out of her depression by developing a very different relationship to and understanding of her body through the practice of Yoga and meditation.

Nora feels she has found her life work, says her sixties were her best decade yet, and truly enjoys her life today.

## **A WORD PORTRAIT OF NORA**

It took sixty years to re-member my body, my mind, my soul, they have been with me all my life, I just never took notice.

Heck, my life course was set. I was active, I was attractive, I got my education, I got my man. Life carried me along, things were as they were, OK with me. That's how it goes.

My first son was born needing radical care. "Too small to make it," but he did. Contained in my body the first six months, Sisters of Mercy supported his next two. The doctor said no touch for me, while others cradled his nascent life. We did not bond, OK with me. That's how it goes.

Grey is the color of my next thirty years—I know I was there, numb but not unhappy. Things were as they were, OK with me. That's how it goes.

My sister's, then my mother's, death shocked me from the haze into despair. Why am I alive? What can all this mean? My heart became the trickster. I too was going to die. Terrified I lay abed nine months. Though my body sent forth sons before their time, my soul required full term gestation. Ears and eyes locked shut to the world about, I was unconscious of the mysterious forces working in my soul.

The alchemy of transformation lies beyond the rational—first comes awareness.

I have a dream, a recurring dream--downtown with others I start home and realize I took the wrong direction. Jung says a dream is a messenger from the soul.

In my sixties I woke up, transformed ready for the task of re-membering my body, mind and soul. A new found consciousness filled my being. Awake and alive I found my work, my life. Connecting through the soil to all things living, a new meaning unfolded within. I love my work in the community garden.

Through Yoga I learned to listen to the wisdom of my body. I connected with the joy of disciplined awareness, I rejoice in my new found flexibility towards life. I am re-membered and rejoice.

No Chicken Little, the sky is not falling. Our cultural assumption that old age is some kind of incurable disease rather than a natural, although limiting, process that holds great potential for growth and happiness must be resisted as a defeat and insult to our total being. Such an assumption puts us all in a hopeless struggle against the natural cycles of life and death.”

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