

It's the beginning of a new year and many of us look to changing a thing or 2 to help us get healthier or stay healthy. We are going to look at it a bit differently this year by looking at "Aging Well" instead.

Aging Well

By Orpha Glick

There are many theories that describe aging processes and the effects of aging on health and well-being. For the purposes of this paper, I'm going to describe human aging as a complex developmental process, a maturation that is universal and has biological, psychological, sociologic and spiritual dimensions. Further, these dimensions are interactive and together affect day to day living. Aging is also characterized by progressive losses in our capacity for function. These losses in functional capacity are thought to increase our susceptibility to disease, accidental injury, and disability.

Although aging is universal, the rate of aging varies widely among individuals. This variability in how much and how fast we age confounds scientific efforts to study the "how" and "why" of aging including the questions of "cause and effect". That is, does aging cause disease or does disease cause aging? Few of us look forward to "getting old" which is often the way aging is described. We monitor our appearance and behavior and see wrinkles, graying hair, stiff muscles, and joints (we feel them too), slower and less frequent movement and, worst of all, slower thinking, and quicker forgetting. Why this aversion to becoming "old"? Chronologically, we do become old, we have a birthday every year (never mind leap year). This resistance to becoming and being old, may, in part, be related to negative societal perceptions and values regarding aging.

In contrast to negative perceptions, feelings and attitudes about getting and being old, the view that aging is a developmental process, opens the possibility that there are opportunities for growth in our psychologic and spiritual capacity even while experiencing physical and cognitive (thinking) decrements. In addition, a development model of aging provides a basis for interventions that are designed to preserve and build capacity in physical function (including the brain) as well as, our minds, spirit and social relationships. So, what does it mean to "age well"? And what relevance does aging well have for faith and health? The idea of aging well (or "successfully" as some writers state) implies that we each have an active role in determining how we age. The idea of aging well also implies that doing so is valued by individuals and by society. As noted earlier, aging is a life-long process despite years of study by scientists in many disciplines (Psychology, Biochemistry, Medicine, Nursing etc.) the process mechanisms remain a mystery. Surely genetics plays a role, yet it isn't clear how much and what. Similarly, the cumulative effects of disease, illness or injury are difficult to isolate and to distinguish from "normal" aging. That is, in real life it is often difficult to distinguish change in functional capacity that are a result of natural aging from those that are caused by pathology.

Given that aging "happens" and that living life has a beginning and an end, is "aging well" a useful goal for thinking about and taking action to achieve and maintain function in all of its dimensions throughout life? I would suspect that it is, in spite of what we don't know about aging processes particularly in spiritual, psychological and mental function. These areas of human function are difficult to study systematically because we don't have valid tools to measure them.

Although there is much that we don't know about the aging processes, we do have some "biomarkers" or body responses that have shown that aging results in gradual but cumulative losses in body structure and function. These losses, in turn, affect our ability to function in our daily living, how we go about living effects aging to the extent that functional capacity is maintained and enhanced by health promoting actions. That is to say, that to *age well* is to *live well* and that *living well* is to *age well*.

Why should all of this consideration of how we age matter? It matters because by "taking care" now, we can build functional capacity not only for today, for future days. Taking care now means to put into practice health promoting knowledge, thoughts, attitudes and actions and to weave them into our day to day living. Taking care also means that

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...with all your heart, soul, mind...
Matthew 22:37-40

we continue to learn and try new skills challenging us mentally, psychologically, physically, and socially that help to build upon what we were born with and what we have achieved in earlier years. It doesn't mean to set aside our jobs, social life or even family life to focus on aging well. Rather, it incorporates what we know and can learn and do to develop reserves and resources for later in life. It is interesting to note that we do this with money by earning, investing, and saving for retirement. So why not "invest" in healthy behaviors and "bank" health and functional capacity for later years? Why not build resources in physical, mental, psychological, social and spiritual resources for achieving better health for the later years? Some may say, "that sounds like a lot of work". "I would rather live the way I want and not worry about the future". That is a choice.

The idea that we can and should build health reserves throughout life for later years is grounded in thinking that enacting healthy behaviors could delay the onset and decrease the severity of disease and illness and may even prevent them entirely. (That is a great thought.) This is referred to as "Compressing Morbidity". This thought is to shorten the length of our time here on earth that is spent with disability and frequent episodes of acute illness. Practically speaking, shortening the time we are functionally dependent, would save a lot of money, and more importantly, would create a better quality of living during those very later years of life.

It is also noteworthy, that just as in physical function we can develop reserves (functional capacity) in mental, psychological, and spiritual dimensions as well. Opportunities to create psychological capacity occur when we identify, confront and work through (not around) "stresses" in our lives. Research has shown that the prevalence of mental health problems (except for cognitive impairment) is lower in older adults than for other age groups. Similarly, many older adults have higher levels of mental health in spite of physical disability and the related functional challenges they experienced in later life. The thinking is that older adults have more life experiences and have developed ways to problem solve and to cope. In other words, they have built resources psychologically, mentally, and spiritually during earlier phases of life to maintain the capacity for mental health in the wake of major transitions and health challenges. This is called "resilience".

Although our bodies and minds become less efficient, less able to function in late life, our "inner self", our spirit, our "core", actually grows deeper and stronger as we age. Reference to this growth and its use is expressed in the adage "We become more of who we are as we age." Developing inner strength (capacity) occurs through reflections and introspection. Sometimes we call it "processing" our experiences and/or emotional responses. Growing and using inner strength may be conscious but is often unconscious. Often, we are unaware that our "core" is playing into what we do or how we are responding to events in life.

Our faith in God is a significant component of the inner self. It is a spiritual resource that strengthens our core and directs us in day to day living. We grow our faith by talking with God, reading and applying scripture and by interaction with other believers. We also grow our faith by using it in the way we live. In summary, aging well encompasses a wide range of physiological, psychological, and spiritual operations (for lack of a better word) that enables optimal health and function throughout the life span. Further, it is recognizing the "mind-body" interactions and how profoundly these interactions affect our responses to health challenges, as well as how we work to build functional health resources for late life. Again, aging happens, but we, I, must make "aging well" happen.

Most of the content of this paper focused on the science of aging and health promotion as a framework for thinking and writing about "aging well". However, as Christians, we also have Scripture from which to draw insight and inspiration, as well as "how to" information about health, particularly, in the spiritual dimensions of faith and health. Taking this idea a step further is to then use or apply if for developing ways of "taking care" of our mind, soul, and body. For example, Paul in 1 Corinthians 6:19-20 (NLT) admonishes us to understand that the body is a "temple of the Holy Spirit" and that we should "honor God with our body" because He created it. To me, that admonition suggests that if we neglect to take care of our bodies, we dishonor God. Another verse states, "that we are fearfully and wonderfully made" (Psalms 139) and is a phrase that has come to mind into my head many times as I was learning about the structure and function in

health and illness. It continues to be a part of my thinking as I consider the complexities of human function such as thinking, feeling and moving.

The “mind-body connection” in health and illness is also described in several references from Proverbs. For example, Proverbs 17:22 (NIV) states that “a cheerful heart is good medicine, but a crushed spirit dries up the bones”. Similarly, a verse from Proverbs 18:14 (NIV) reads “man’s spirit can endure in sickness, but the crushed spirit, who can bear?” Finally, in Proverbs 13:12 “Hope deferred makes the heart sick, but a longing fulfilled is a tree of life”. I like this metaphor for the tree of life, growth and deep “roots”. These verses are only a few examples of how our spirit, that part of the inner core that operates in getting us through “rough patches” in our lives. They also show the importance of building “capacity”, strength and depth in our spiritual selves throughout life as a resource for aging well.

Personally, I don’t see myself as aging well. I’ve certainly aged, no doubt about that! But I’ve been “kickin’ and screamin’” all the way. Yet, I’ve worked at it for many years-ever since I learned about aging processes and methods of health promotion and disease prevention through formal course work and during my work life. I felt blessed to be able to work in a university setting because I had access to medical libraries as well as general and specialty libraries across campus. In addition, faculty members and staff had access to exercise facilities at reduced costs. I lost those resources when I retired and moved back to Belleville. Fortunately, I had access to country roads and much more. But, I did miss the medical library.

So, I continue to make specific health-related choices and to take action to preserve and build functional capacity. I am driven by the edict “what you don’t use you lose” which, I believe, applies to all the dimensions of aging and health-not just the physical domain. I also am continuing to think more deeply about the spiritual dimension of aging well. Again, I feel blessed to have lived “in the woods” or a natural world for the twenty years after I retired. Just being there “fed my soul” every day (except when there was a blizzard). In addition, the acre plus land became my “gym”. It also reinforced my drive to improve my activity through working outside around my home.

There is so much to know and say about “aging well”. I’ve barely skimmed the surface. And, I must say that giving this much thought to aging and doing it well was hard work. Evidently, I haven’t worked my brain hard enough since I retired. So, I’m going to end this paper by summarizing several key points that were introduced earlier. First, aging well is a life-long process that begins early in life through formal education as well as parenting and experience. That is to say, it’s not just something that happens in late life. Aging well is a daunting goal and requires deliberate, informed choices and actions. I believe that how we choose to live by eating, sleeping, moving, work, socializing and reflecting affects how we age and, that, aging well is doing now what will benefit us later in life when we have less capacity for reserve and physical capacity. I believe that aging well in all of its dimensions, prepares us for the end of life. This final thought and belief “just came to me” as I wrote this paper. In addition, I really believe I’ve lived most of my life in “survival mode” and that my inner drive was to not get “old” and to not become “dependant”.

The title of the review is **“Stay Sharp” with Sanjay Gupta** and written by Megan O’Neille Melle. Sanjay Gupta is a neurosurgeon who wrote the book titled **“Keep Sharp: Build a Better Brain at Any Age”**. According to Melle, Gupta asserts that “memory loss is not inevitable as we age”. The review also lists and briefly describes six actions that build brain function: “1. Take a hike, 2. Drink water before you eat, 3. Try something new, 4. Chill out, 5. Find purpose, and 6. Be a learner”. I think I need to buy the book!

Note from Juanita.

Orpha earned her PhD from the University of Iowa where she taught for 33 years to undergraduate and graduate Nursing students. Her goal was to “always find ways to do my job better”. That Will and determination earned her PhD in order to help train the next generation of Nurses. Thanks Orpha for all your years of dedication to the health profession.

