



Old Age and Quality of Life: An Introduction

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A Chinese legend tells that the philosopher Laozi at the end of his life left his hometown and rode on a water buffalo to the west. When he reached the border of China he was stopped by a guard who asked him to record his wisdom for the good of the country before he would be permitted to pass. The text that Laozi wrote in response to this request was the *Daode jing*, which became the foundational scripture of Taoism. When Laozi had accomplished this work, he finally left China and was never seen again. Although modern scholars doubt the historical existence of Laozi (Kohn 2008), the legend nevertheless has a deeper meaning. It conveys an idea of old age and quality of life. Riding to the west is a metaphor for old age and crossing the border of ones homeland refers to the transition from life to death. In this sense, old age is seen as a process of disengagement where an older person gives up his or her social roles and prepares him- or herself for death. It is, however, not a simple retreat during which older persons give up life and learn to accept their losses. It is rather another, even higher form of engagement. Laozi does not simply disappear; he summarizes his life experience and wisdom, leaves a legacy for future generations, and in doing so, he accomplishes his life. The wisdom that Laozi conveys, and that is the final quintessence of his life, consists of the knowledge of the Dao. The Dao is the way that enables human beings to live in harmony with themselves, with the world, and with each other. It is not a set of fixed rules to be followed, but a guiding principle for leading one's own life, which allows finding an inner balance between opposing tendencies in response to given circumstances. It is a sense of the appropriate in every situation that cannot be taught by precise instructions for action. Knowing the Dao is rather an intuition to be awakened by the aphorisms of *Daode jing*. According to Laozi, the knowledge of the Dao is the key to quality of life and since he needed his whole life to attain it, old age is the period of life where human beings can experience quality of life.

This ancient idea of the connection between old age and quality of life has been echoed by contemporary gerontological theory. Lars Tornstam (2005), a Swedish gerontologist, proposes in his theory of gerotranscendence that older persons in their final stage of life complete the natural process of their development towards

maturity and wisdom. They disengage in the sense that they decrease their self-centredness, their desire for material things, their obsession with their body, their longing for prestige and superficial social interactions, and their fear of death. In exchange, they engage on a higher level by increasing their search for inner peace, their tolerance and broadmindedness, their concern for others, their awareness of the mysteries of life, their joy over small things, their appreciation of nature, and their feeling of communion with the universe.

The idea that older persons develop a higher state of wisdom contradicts the prevailing image of old age in our contemporary society. Nowadays, old age is rather associated with a loss of function, physical, and mental decline that finally leads to death. In his essay “On Aging” the Vienna-born essayist Jean Améry describes his own experience of becoming old as living in “a desolate region of life, lacking any reasonable consolation” (Améry 1994, p. 127). And he continues to explain: “As aging people we become alien to our bodies and at the same time closer to their sluggish mass than ever before. When we have passed beyond the prime of life, society forbids us to continue to project ourselves into the future, and culture becomes a burdensome culture that we no longer understand, that instead gives us to understand that, as scrap iron of the mind, we belong to the waste heaps of the epoch” (ibid.). Seen from the perspective of Eastern wisdom, this experience of old age seems to be the fate of people living in a one-sided materialistic society. Sogyal Rinpoche, for example, a teacher of Tibetan Buddhism writes: “Sometimes I think that the most affluent and powerful countries of the developed world are like the realm of Gods described in the Buddhist teachings. The Gods are said to live lives of fabulous luxury, revelling in every conceivable pleasure [...]. All seems to go well until death draws near, and unexpected signs of decay appear. Then the god’s wives and lovers no longer dare to approach them, but throw flowers to them from a distance [...] None of their memories of happiness or comfort can shelter them now from the suffering they face; they only make it more savage. So the dying Gods are left alone to die in misery” (Rinpoche 1992).

According to these authors, it seems to be the paradox of our time that modern society which successfully increased welfare, health, and life expectancy of its members failed to promote what makes life worth living. The above cited authors, however, do not stand alone with this view. It has, in fact, become a common saying that one should not add years to life, but live to years. Old age, which was once perceived to be the fulfilment of human life, has become problematic—so problematic that modern societies made it a topic of scientific investigations. The mere fact that there is a science like gerontology indicates the emergence of this new perspective. Whereas in former times people simply grew old, nowadays there is a need for scientists who investigate this process in order to advise those who experience it. The problem of growing old now needs a remedy and gerontologists proposed several theories to meet this purpose.

On the one hand, there is the disengagement theory (Cumming and Henry 1961). According to this theory, older people should respond to the loss of their social function that accompanies retirement by an acceptance and willingness to disengage. Such acceptance shall increase their well-being and satisfaction with life since

they do not struggle in vain to perform roles they are no longer able to perform. On the other hand, there are opponents of this theory who claim that this approach denies older persons the right and the ability to engage with life. Instead of disengaging, older persons shall rather maintain an active way of life in order to overcome the loss of their professional function (Havighurst 1961). They can develop new interests, spend an active leisure time, or take on new responsibilities like volunteering or grandparenting. Such an active way of life will allow them a further participation in their society. It is also believed to be the key to what Rowe and Kahn (1987) termed as successful ageing in contrast to normal ageing, which was susceptible to diseases. In a much cited article, they declared diseases of old age to be preventable if older persons pursued a health-promoting way of life which was based on social and physical activities and a healthy nutrition. Activity theory, however, has been criticized for ignoring the fact that life unavoidably will come to an end and that older persons sooner or later will lose their capabilities. Active ageing may delay the onset of morbidity, but it cannot prevent it completely. To consider active ageing as the only appropriate way of growing old will result in blaming those who are less successful in achieving this goal and suffer from frailty.

There are two things to be learned from this dispute. First of all, there is more than one idea about what constitutes quality of life in old age. All these ideas are furthermore the ideas of experts. They do, however, not necessarily reflect the ideas of older persons themselves. Even more, the underlying assumption seems to be that gerontologists are more knowledgeable about old age and how to deal with it than the older persons themselves. One may, however, raise the question of what growing old means for those who directly experience it. What are their ideas about quality of life? Do they comply with the ideas of the experts who are as scientist still engaged in the working process and do not have any direct experience of being old and retired? Or are not the experts rather running the risk of imposing an idea about quality of life on older persons that they consider to be appropriate? It is a central concern of this book to answer these questions.

The second issue that can be learned from the contemporary dispute about the appropriate way of ageing is that growing old is always related to functional decline and on the long run to care dependency in an either direct or indirect way. Whereas active ageing is concerned about avoiding this situation or at least about decreasing its likelihood, disengagement may foster the abandonment of an active and self-reliant way of life since it considers this to be the normal course of events. One may also ask whether the independent way of growing old as it is depicted in the legend of Laozi provides a realistic picture. We do not know the life situation of older people at his time but it seems unlikely that they were free of age-related disabilities. In fact, during long periods of human history longevity was rather the privilege of a minority. The general increase of life expectancy as it was experienced in the last century by nearly all countries was due to an improvement of the conditions of living worldwide. In the same way, the possibilities to care for frail older persons and to prolong their lives grew considerably.

However, if health professionals begin to take care of older persons they will consciously or unconsciously define quality of life from their own perspective since

this is the implicit goal of providing support or care to someone. They are even more likely to impose their idea of quality of life on older persons since they do not offer theoretical guidance but practical support that directly interferes with the older persons' daily life. Since older persons have their own idea about quality of life, well-meant care may impede its realization rather than support it—unless those who provide such care are aware of the perspective of those who receive it. Therefore caregivers and health professionals should pay attention to the person who is the care recipient. They should be person-centred. This idea is inherent in many nursing theories. According to McCormack et al. (2013) “person-centredness is an approach to practice established through the formation and fostering of healthful relationships between all care providers, service users, and others significant to them in their lives. It is underpinned by values of respect for persons, individual right to self-determination, mutual respect, and understanding. It is enabled by cultures of empowerment that foster continuous approaches to practice development” (McCormack et al. 2013, p. 193).

This is of course an ideal and the question remains how it can be implemented in practice. How do health professionals as caregivers and care recipients interact? When do they come to a mutual understanding and when do they fail to do so? When do health professionals promote quality of life of their care recipients and when do they impede it? What are the circumstances of their encounters? It is the aim of this book to understand the meaning of quality of life from the perspective of the older persons and to clarify how health professionals can respond to their idea of quality of life in a person-centred way.

The path to this aim consists of a stepwise approach. Chapter 1 will introduce the reader to the definitions of quality of life as they were developed by scientific experts. As we will see, there is a variety of such definitions, but there is little consensus about the components that shall constitute quality of life. Chapter 2 will change the perspective and explore quality of life as described by self-reliant, community-dwelling older adults. This will offer an idea about the experience of older persons who do not yet have to interact with health professionals and who are therefore not influenced by any kind of health-related intervention. Chapter 3 will introduce the reader to the experience of older persons who are exposed to attempts by health professionals to promote their health and to prevent diseases as it is implied in the idea of active ageing. Such attempts are sometimes in accordance with the perspective of older persons, but can also interfere with or even contradict their ideas. Chapter 4 will explore the experiences of older persons who voluntarily or involuntarily gave up their old place of living and had to move into a long-term setting. They are the ones who are most exposed to the influence of caregivers, nurses, and other health professionals. Chapter 5 will accompany older persons to their last stage of life where they suffer from and have to cope with the process of dying. Chapter 6 finally will look back to these different stages of encounters between older persons and health professionals and answer the question of how health professionals may respond with person-centred care to the needs and the perspective of the older persons.

The way to approach the perspective of older people is to engage with them in a dialogue. In research, this is usually done through qualitative studies. There are, indeed, many qualitative studies that examine the experience and the understanding of quality of life among older persons in different situations of their life. This book attempts to compile these already existing findings in qualitative metasyntheses about each of the abovementioned life situations in order to derive a model of quality of life from the perspective of older persons. Based on this model it tries to outline a way how caregivers, nurses, and other health professionals can approach older persons in a person-centred way in order to promote their quality of life.

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