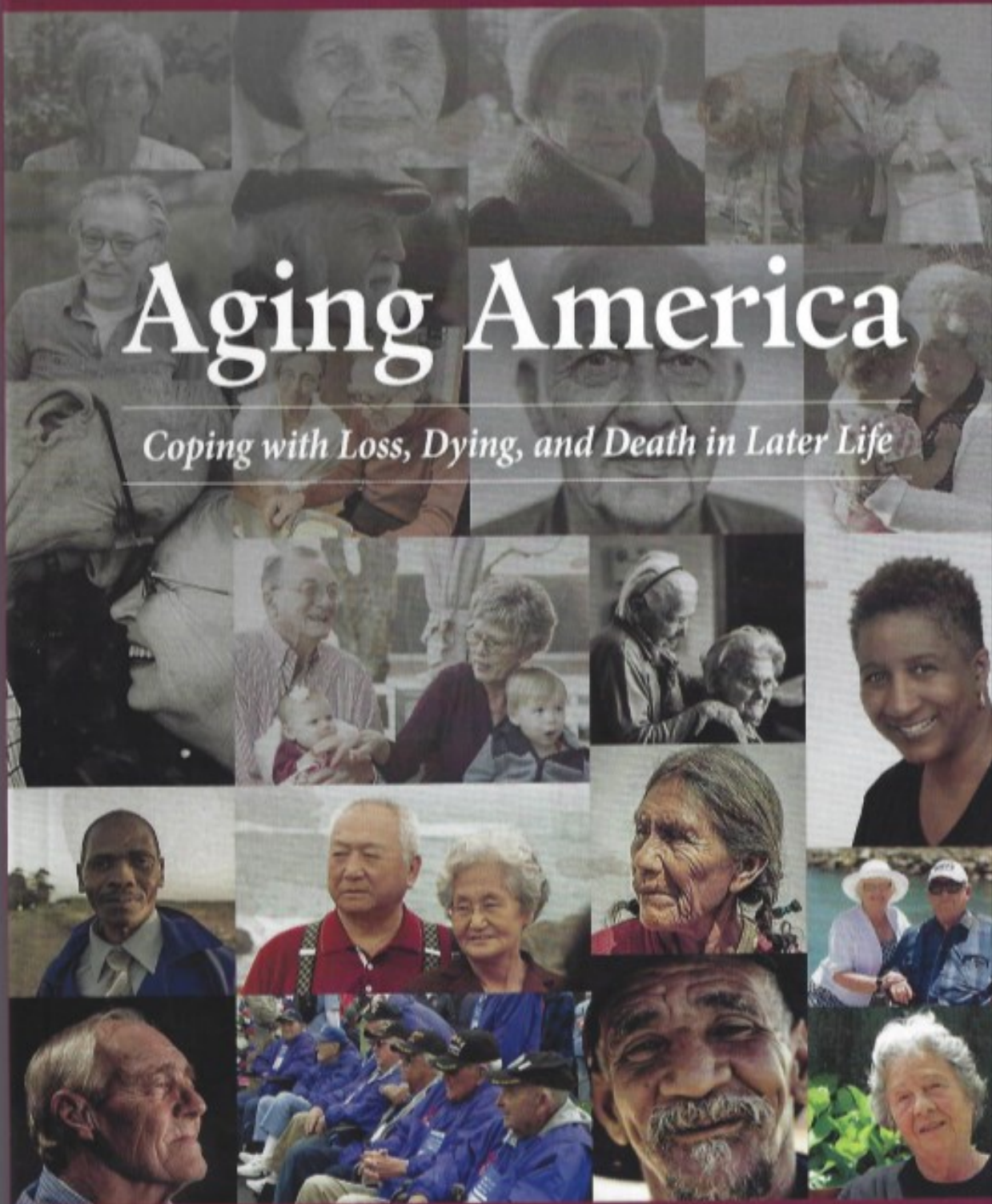


LIVING WITH GRIEF®

Aging America

Coping with Loss, Dying, and Death in Later Life



Edited by Kenneth J. Doka and Amy S. Tucci



Aging: Redeeming the Destiny We Were Born to Fulfill

Deborah Grassman

*We cannot live the afternoon of life
according to the program of life's morning.
For what was great in the morning
will be little at evening,
and what in the morning was true
will at evening
have become a lie.*
Carl Jung

"Aging is not for sissies," actress Bette Davis said as her youthful beauty faded and acting roles diminished. Indeed, courage is needed to age successfully. Rather than learning how to cultivate courage, however, we are often encouraged to resist aging, even deny its personal existence. Ask an adult over age 40 how old they are, and they are likely to decline an answer, make a joke about it, or pretend to be younger than they really are. What are we missing when we do that? Are we too arrogant or too controlling to realize that aging might have something to teach us?

In a society that is afraid of loss, aging is viewed as a poison that we are forced to drink. An alternative perspective to consider might be: If aging is a poison, is it possible that it might be a healing poison? This potential reality requires changing our relationship to the numerous, multi-dimensional losses incurred throughout the aging process. Consider some of the losses that elders often shoulder:

Physical/Material Losses	Mental/Emotional/Spiritual Losses	Social/Relationship Losses
Health, energy, strength	Memory	Retirement, loss of colleagues, social interactions
Sexual intimacy, "manhood," "womanhood"	Identity, loss of who I thought I was, individuality	Emotional and physical intimacy with significant others
Vitality and stamina	Self-esteem with increased dependence on others	Downsizing: Loss of house, neighborhood, community
Visual and hearing acuity	Enjoyments, hobbies	Multiple deaths of friends and family
Physical body (anticipatory death)	Ability to appreciate beauty in the world, feel joy, have adventure	Respect, value, status
Beauty, physical appearance	Usefulness, purpose, meaning, mission	Role due to health, retirement
Mobility (including driving abilities)	Hopes and dreams that may not get fulfilled	Change in family structure due to death, move, health, divorce
Income or financial security	Being part of something larger than myself	Boundaries, privacy
Control and independence (including increasing frequent health care appointments)	Loss of time, my youth, my "best years"	Becoming a caregiver for a spouse or relative despite personal diminishing capacities
Loss of comfort due to side effects of multiple medications, stiffness, bodily pains	Feeling safe in the world	Loss of confidence in others to support and offer assistance without asking
Good nutrition through loss of teeth, loss of taste, medications	Illusion that death will not come	Being a burden or inconvenience to others; isolation from others because of physical limitations
Sound sleep	Loss of choice	Self-determination: Others thinking they know better what is best for you

Any one of the above losses requires significant adjustments to accommodate. These adjustments are often underappreciated because most losses are not singular but cause a host of accompanying

losses. Because the losses are underappreciated, validation of the subsequent emotional distress is frequently lacking; courage often goes unacknowledged.

Susan Roos (2002) identified a concept called "chronic sorrow" that describes a loss that will never get better or go away. She reports that chronic sorrow is not about endings; it is about living with unremovable loss and unmending wounds. Chronic sorrow is frequently associated with chronic illnesses such as multiple sclerosis, chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), stroke, seizures, dementia, Parkinson's disease, and kidney disease, as well as nonphysical changes such as divorce or loss of a career.

Aging is not necessarily associated with "chronic sorrow," yet the aging process is filled with unremovable losses and unmending wounds. Roos writes that chronic sorrow requires, and even demands, energy and persistent courage to make adaptations in order to live a life of one's own. Truly, navigating these unmending wounds is not for "sissies."

Successfully navigating the terrain of aging requires that we:

- quit competing with younger versions of ourselves and others;
- learn how to mourn chronic losses;
- open up to change, uncertainty, helplessness, and loss of control; and
- reckon with approaching dying.

COMPETING WITH YOUNGER VERSIONS OF OURSELVES: GRIEVING THE "USED TO BE" LOSSES

One way to stay stuck in the past and miss living in the present moment is to yearn for how things "used to be." Letting go of how we used to look or do things is not easy; it does not come naturally. It takes both courage and work to achieve a peaceful relationship with the changes that accompany the physical, mental, emotional, spiritual, and social losses that accompany aging. If we are unable to accept these changes, a phenomenon called *Soul Injury* might ensue. Soul Injury occurs when people become separated from their own sense of self; they lose their identity. Elders sometimes jest how they lose their identity by becoming "invisible;" in other words, they don't get service as quickly in a restaurant, their opinion is less valued in an argument, their voice is less credible than someone younger. In a society that values productivity, youthfulness, and professional careers, elderly

people are susceptible to losing their identity and acquiring a Soul Injury. Soul Injuries prevent us from learning the lessons that are available to us.

On the TV comedy *The Golden Girls*, the character Blanche (actress Rue McClanahan) tells her friends: "I don't mind growing older as long as I look the same." This is a secret longing for most of us. Advertisements tell us to be ashamed of our wrinkles. Instead of encouraging us to be who we are (including wanting to be whatever age we really are), advertisements encourage us to buy their products and services, so we can look like who we are not, which is younger versions of ourselves. These ads prompt questions such as, "How can I stay fixated on clinging to how I used to be?" Trying to answer this question can lead to losing our sense of self.

Aging humbles us. Humility helps us ask tough questions that can only be answered beyond our ego-self.

LEARNING HOW TO MOURN CHRONIC LOSSES

According to Robert Butler (1998), "ageism" defines the negative stereotypes and discrimination about old age held by younger adults. A closer look, however, reveals that older adults hold the same bias about themselves, and the facilities that serve older adults often share this bias. Health care facilities seldom have classes on losses that accompany aging; instead, classes focus on fitness, clubs, games, and interests from the past. These activities are important, but the topic of loss, aging, and approaching death is also important. The classic developmental theorist, Erik Erikson, writes about the value of helping elderly people face the fear of death so that they can gain "ego integrity" (1982). He writes about the value of contemplating death and the meaning of life because it can bring fuel for the soul, expanding consciousness as elderly people face numerous challenges in their lives. According to Erikson, "despair" is the alternative if ego integrity is not mastered. To not have programs at organizations that serve older people that integrate loss, aging, death contemplation, and education about end-of-life care could be considered a form of abandonment, since Erikson's model and others emphasize their value.

A personal illustration highlights how well-meaning geriatric cultures deny the difficulties of aging, keep death in the closet, and promote programs that only focus on the "positive" aspects of aging. My mother lived in a well-respected therapeutic community living

center for aging adults for the last 10 years of her life. I always enjoyed sitting on the front porch in the rocking chairs with the other residents.

"You remember Florence?" Mom asked me one day.

Yes, I had spoken with her many times in the hallways and dining room.

"She went to the hospital and never came back. I asked what happened to her and the nurse said they're not allowed to talk to us about other residents. We didn't find out she died until we saw her obituary in the paper."

Death is a matter of public record, so I wasn't sure why the facility had placed these restrictions on their staff. I could only sigh with my mother at the disrespect that she felt, not only for Florence, but for her own need to know, honor, and grieve.

Another resident sitting nearby chimed in: "When you die, there's no public acknowledgment," he said matter-of-factly. "We've been living together and helping each other for years, and one of us dies, and everything goes on as if nothing happened."

Even the deterioration of aging is squelched. Residents told me how anytime they try to talk about how bad they feel or how hard it is to get through the day, the staff would try to cheer them up and talk them out of their difficulties. "They don't want to hear us complain."

I'm thankful that Mom and I had many talks about her death on that porch. She told me a few things she wanted to do before she died, and we were able to accomplish those. We planned her funeral and I reassured her that her body would be flown back to Indiana and buried with my father. However, even these meaningful conversations were discouraged. Overhearing us, a well-intentioned nurse said, "Don't be talking like that. You're going to live another 10 years."

"Oh, I hope not!" Mom laughed. "Ninety years is long enough!"

If aging is so fearful that we have to deny it, then it has a lot of power over us. Paradoxically, we then miss the very gift that aging brings; we are robbed of our own self. In the process of trading our current-aged self for a younger version, we may lose our true self in the process. When we stop being unfaithful to ourselves, we can allow the natural urge to age unfold. This acceptance often produces luminosity and liberation, preventing the acquisition of a Soul Injury.

MOURNING BEGINS WITH ACKNOWLEDGING THE LOSS

Allowing ourselves to be vulnerable enough to acknowledge a loss helps to bring it into the open, fostering connection and conversation. It also helps those facing a loss to develop self-confidence when they recognize the load they are shouldering. Learning how to create safe emotional environments for helping older people acknowledge loss can start with simple statements:

- *Your life has changed a lot lately.*
- *It's not easy to have to go through all the changes that have happened in the past several months.*
- *Now is a time of uncertainty; learning to be at peace with the uncertainty is hard.*
- *You've endured a lot.*
- *I would guess you're pretty weary with all that has happened.*
- *Tell me about the difficulties you've been having. What is the hardest for you to deal with?*

Instead of encouraging people to cling to thoughts of what "used to be," help them consider ways to "let go" so they can live in the reality of the moment:

- *I know that ____ (staying on top of things, being in charge, being able to take care of your wife) has been important. Things are changing, though, and more changes might be coming. I'm wondering what things are important for you to let go of so things could go more smoothly?*
- *Would you consider letting some of those important tasks (cooking dinner every night, working 40 hours/week, putting up the Christmas lights) go? What would happen if you did?*
- *You have given all your life to your family, to your job, to your country. People now want to give to you; what support or help might you be willing to receive?*

Coming to grips with death requires that we make peace with the helplessness that becomes more prominent as we age. Many roles are designed to protect, fix, do; helplessness threatens all of these. Except for sudden death, helplessness is also part of the dying process. The goal is to become at peace with the helplessness:

- *How difficult is it for you to let go, to relinquish control?*
- *I know you're a doer and a giver. How are you with receiving?*
- *Sometimes helplessness can make people feel angry. Is that the case for you?*

- *If you don't ask for help and you need help, what do you do?*
- *How might pride be getting in your way right now?*
- *What else are you feeling helpless about?*

ENCRYPTED INTO AGING: FEAR OF DEATH

Just before he died, Steve Jobs, co-founder of Apple, reportedly kept exclaiming, "Wow!" Is it possible to discover that "wow!" earlier in life? Could aging help us connect to that "wow"?

We can use the threat of death to awaken eternal wisdoms not found in the material world. As one patient told me, "Now, while I'm dying, is no time to be lying to myself." And in the space of just a few days, he mounted the courage to stop drinking, reconcile with some of his estranged family members, and open up to the peace that waited beyond his fears. His wife said she had never seen him so happy and peaceful. Another patient jubilantly told me, "I'm packed up, prayed up, and ready to go!" He died a week later, and I could only marvel at his wisdom, letting it inspire me to do my own inner work so one day I, too, could be jubilantly "ready to go."

In my practice as a hospice Nurse Practitioner, I routinely ask patients, "Pretend like you died today. What would be left unsaid or undone?" Whether they answer the question promptly or need a day or two to reflect, their answers consistently reveal "unfinished business" that they urgently want to complete, business that would not have been completed had a question not been asked and a conversation engaged.

The day before we are given a terminal diagnosis, we take life for granted. The day after a terminal diagnosis, we likely wake up to the idea that our life matters. Things that seemed so important fade in relevance; other things we weren't paying attention to suddenly become urgent to complete. In my years of working with the dying, I have come to see this as a gift that aging and facing death can offer. We miss it if we deny, pretend, and numb out its reality. Each of us is beckoned to redeem the destiny we were born to fulfill, which is death. Initially, we protest that destiny, then we resist it; then we start trying to control it. At some point, however, most people come to accept it, and the truly wise even learn how to consent to it. But some are even more than wise; they are liberated. Their secret? They trust their destiny.

*An old man who cannot bid farewell to life appears as feeble
and sickly as a young man who is unable to embrace it.*

Carl Jung

Deborah Grassman, ARNP, is a mental health nurse practitioner whose 30-year career at the Department of Veterans Affairs included being the director of the hospice program, as well as personally taking care of more than 10,000 dying veterans. She is most well-known for her pioneering Wounded Warriors: Their Last Battle presentation which was the first of its kind to identify the unique needs of veterans as they age and their "warrior wisdom" emerges. In 2002, she introduced "pinning ceremonies" to honor dying veterans, a ceremony that has become standard practice in hospices and long-term care facilities throughout the nation. Grassman is the author of two books: *Peace at Last* and *The Hero Within*. She is cofounder of Opus Peace, a non-profit organization whose mission is to provide programs that raise awareness about the soul injury that occurs during trauma, abuse, self-neglect, and chronic or serious illness.

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