Reflections on Aging from Both Sides Now

F. Ellen Netting and Jane M. Thibault

Abstract: As professional colleagues in gerontological social work and close personal friends, the authors jointly reflect on their own aging process as retirees. They revisit the theories they used to understand aging and the tools they used to assess older adults. The authors relook at aging theories and assessment instruments now that they are being used to understand their own lives. They share their reflections on the ongoing self-reassessments in which they seem to be engaging every time they have a conversation with one another.

Keywords: assessment, engagement, friendship, gerontology, retirement

There seems to be a trend for aging gerontologists to publish reflections about their own experiences in light of what they have studied, taught students, and practiced as professionals in the field. For example, Beckett (2008) edited, *Lifting Our Voices: The Journeys into Family Caregiving of Professional Social Workers*, with the intent of having social workers talk about lessons learned when they had to step out of their professional role and be the family member who cared for an older relative or friend. More recently, Pruchno (2017) edited a special issue of *The Gerontologist*, "Aging—It's Personal," in which 19 contributors wrote memoirs of their experiences with loved ones or reflected about their own aging process. This was the first time this journal had published narrative rather than purely scholarly work. Also recently, Palmore (2017), known in gerontological circles for his Facts on Aging Quiz, published his reflections on being 80 years old in light of what he knows about theories of optimal aging and their application to his own aging process.

It was somewhat fortuitous last year when we were asked to do a joint presentation during a series on aging at the University of North Carolina Wilmington (UNCW). We were in the process of trying to support one another in not overcommitting to doing formal presentations. We had retired from our respective universities over six years ago, and we had learned that the freedom to commit (or not) to a professional event could suddenly become secondary, given unexpected health events (our own and those of loved ones) that would take priority over formal commitments. We had also spent hours on the phone delving into the unexpected feelings we were having as informal networks frayed and dear friends died, leaving holes in the tapestries of our lives. So when we were asked to do something on aging, we responded with some ambivalence and were forced to think through what we felt we could do and what we could not do. One of the biggest challenges for introverts like us is that it sounds like a good idea at the time, but as the event draws near, we can never fully be prepared for how we will feel about performing when the time comes.

One criterion we have repeatedly discussed is that it depends on who is asking us. If we do not have a relationship with the person making the request, then it is much easier to say no. But if we know the person and have a meaningful relationship, then saying yes requires consideration. The invitation from UNCW came from two mentees from our respective university jobs. In

addition, they had conspired to offer us the opportunity to get together for a visit, something we could rarely ignore. We decided that we could not commit to a formal academic presentation in which we lectured, nor could we distance ourselves from the subject that we were living every day. We could, however, be informal, personal, and reflective. In fact, thinking through our own aging process would be helpful to us and, hopefully, spark interaction. They were fine with our terms, so we accepted their invitation.

We decided we would look at aging from both sides now, reminding us of the song, "Both Sides Now," written by Mitchell (1966) and sung beautifully by Judy Collins many years ago. We wanted someone to sing that song to introduce our conversation, and our mentees found the perfect person. We chose these lyrics because we are looking at life from both sides now—as professionals who taught about and studied older people and as older people ourselves. And we find that our illusions, those cognitive beliefs and ideas on which we built our professional lives, are now being challenged and may even be misleading impressions of reality, as we are experiencing our own old age.

That is how our joint narrative began—as a reflection from both sides now. We share our joint story written from our many conversations over the six years since we retired and which we presented last fall at UNCW.

Ourselves, Our Relationship, and Our Purpose

Ellen is 68, a macro social work educator/practitioner who retired from Virginia Commonwealth University's School of Social Work. Jane is 71, a clinical social work educator/practitioner who retired from the University of Louisville's School of Medicine. We both got into the field of aging early, when gerontology classes were just being offered. We were only-children of older parents, growing up in a world of adults. Ellen is from Tennessee and Jane grew up in Massachusetts. We are married, Ellen to Karl and Jane to Ron. We have no children of our own, and our parents and their siblings (aunts and uncles) have all died over the years. We consider ourselves "sister-friends."

It was when we came to the University of Chicago for our doctorates that we met the first day of orientation. Our eyes met as we listened to male colleagues discuss their desire to take econometric modeling in the business school because they felt the statistics courses in the School of Social Service Administration might be too easy for them. We left that room, walked outside the building, and Ellen invited Jane to come to hers and Karl's married-student apartment to have a cup of Russian tea. (Remember Tang, the drink that the astronauts drank in space?) We got through the multiple doors and locks, stood in the 1898 apartment on Ingleside Avenue and let out a joint primal scream. Somehow we would make it through this doctoral program together, despite the intimidation we were feeling. Over the course of that first semester, we bonded as only-children of older parents and as children, who during adolescence, lost our mothers. At that point we conjured up the concept of the Dead Mothers Club and often credited our mothers as having found ways to get us together. So when the call from UNCW came for us

to do a joint presentation, we laughed about how the dead mothers never let us down—they always found ways for us to get together.

In telling our story, we want to acknowledge that we are privileged white, academic women. Karpen (2017) wrote, "But this is a fact of academic life: most gerontologists speak from positions of privilege, removed from the experiences of the majority of old people we write and theorize about" (p. 103). Thus, we hasten to say that we speak only for ourselves and our experiences.

After agreeing to go to UNCW, we agreed upon three reasons for the conversation we would have:

1. To revisit—from the perspective of our own aging experience—the theories we used to understand aging and the tools we used to assess an older adult's current status and present and future needs.
2. To relook at aging theories and assessment instruments now that they are being used to understand "us."
3. To reflect on the ongoing self-reassessments in which we seem to be engaging every time we have a conversation with one another.

For example, when we go to the doctor for our Medicare wellness exam, we can anticipate the questions of a mini-mental status test: What day is it? Where are you now? What year were you born? For years, we used to ask "old people" these questions; now they are asked of us.

Gerontological Theories of Aging to Which We Refer

We decided that four theories had driven much of our gerontological career: activity, disengagement, continuity (and life span development), and socioemotional selectivity theory. We referred to these four theoretical perspectives during our conversation. We also mentioned the multiple domains of various tools we had used to assess older people, in Ellen's case management experience and in Jane's clinical geriatric practice. These we summarized as follows to provide a framework around which we constantly were reexamining our own selves now:

<u>The Domains of Tools Used to Assess Older People</u>

1. Domains of a Comprehensive Geriatric Assessment:
    - Functional status, including physical health, ADLs, IADLs, and fall risk assessment (including senses, mobility, perceived energy)
    - Cognitive function
    - Emotion and psychological conditions
    - Nutrition status

2. Additional Domains in Multidimensional Assessment Tools
    - Social resources, support, interaction
    - Economic/financial
    - Environmental conditions

3. Other Domains Studied (but not always in multidimensional tools)
    - Spiritual/meaning/purpose
    - Quality of life/well-being/life satisfaction

Specific assessment tools include: Older American Resources and Services (OARS), the first comprehensive tool to assess health of elders (Pfeiffer, 1975); Comprehensive Assessment and Referral Evaluation (CARE) (Gurland, et al., 1977); and the Philadelphia Geriatric Centre Multilevel Assessment Instrument (PGCMAI) (Lawton, Moss, Fulcomer, & Kleban, 1982).

Having mentioned these theories and assessment domains in order to frame our conversation, we identified the following themes/reflections around which we have been reflecting for the last six years since we retired.

1. Balancing activity and disengagement theories is a challenge.
2. Recognizing that continuity theory makes sense, except when it doesn't!
3. Assuming that socioemotional selectivity theory makes sense, what happens when choices are not within our control?
4. Respecting heterogeneity of an aging population means standardized assessment tools are limited.
5. Knowing a lot about gerontology doesn't mean we aren't continually amazed at "This is not what we expected."
6. Emphasizing that the importance of "story" has become increasingly more meaningful.

Balancing Activity and Disengagement Theories Is a Challenge

What does it mean to be engaged? We've talked a lot about how we use our time and the choices we make when we are accountable to ourselves and not tethered to a work place. Activity theory is often equated with physical activity, but what about mental activity? We are people who find stimulation in ideas, yet we could be perceived as inactive by those who want to be "on the go" all the time. We've witnessed people who race from one thing to the next and volunteer for everything, replacing working roles with volunteer roles, almost fearful of thinking too much. (We have been told, "You think too much!) Yet, thinking is so much a part of us as educators, we are perplexed that anyone would see us as thinking too much, but both our husbands likely see us that way.

We've talked about how successful aging has often been linked to activity theory to the point of seeing people who are introverted, or not as visibly active, as less successful. We haven't seen much in the literature about introversion versus extroversion in retirement and suspect that

introverts may tend to appear more "disengaged" than extroverts. Are we engaged enough? This is a question we bring up over and over again, assuring one another that there is no one right way or "best" way to engage; this is highly individualistic.

We've talked about our struggle with what types of activities are "important" because they are "visible" or "formalized." Civic engagement is viewed by advocates as important. Taking cookies to a neighbor or actively listening to a friend is not as visible, yet we are learning that these acts can be priceless. When Jane's neighbor gets sick, she automatically bakes cookies to take over. Ellen sends cards for every occasion. When a friend calls and needs advice about an aging relative, we both drop everything to listen. But in the scheme of things, these are such small actions. How do we remain flexible so that we can drop everything and be there for others? Maybe the important thing is being available to truly listen when a friend needs to talk or to drop everything when a neighbor needs to get to the emergency room.

What is valued? What do we value? It seems that society values "doing" over "being" when defining aging as successful. We've had many conversations about what formal activities we should continue or take on for the first time. Should Jane stay on ElderCounsel? Should Ellen accept a position on the United Methodist Homes Board? Should we protect a day, even two, per week to not schedule anything? What criteria do we use to determine what we should say yes to or no to?

How do we determine what is a valuable use of time and not feel guilty if we stay home for a day and aren't "productive" in traditional ways of measuring productivity? Ellen laughs at husband Karl's way of summing up retirement by saying, "I love retirement; I can do nothing better than anyone I know." She marvels at his pride in making a statement that goes against all the assumptions underlying activity theory. How do we judge ourselves and others, based on the privileging of activity theory?

Jane reflects on a married couple she sees occasionally. The husband loves his music and could sit and listen to it all day. His health is declining. The wife is anxious to get into a continuing care retirement community (CCRC) from where she can remain active in her community. He views the CCRC much like a leper colony, where there is fear from contagion, and old people are age-segregated from the larger community. He doesn't want a more active lifestyle or communal living; she does. We ask ourselves: What happens with someone who is disengaged more or whose health is compromised earlier or differently from their partner's? What you dread is right in front of your eyes every day, as this older woman watches her spouse of many years withdraw into his music. Yet, he seems content.

From a macro perspective, Ellen contends that we make policies that privilege activity over disengagement. She remembers how the senior nutrition program would deny mobile meals to anyone who was able to get out so that they would go to congregate meal sites for lunch, but also for forced socialization. Or she thinks about the Serve America Act which privileges formal volunteer roles into which older people are recruited, when so many people are engaged in the

quiet tasks of caregiving behind the scenes and keeping their relatives and friends alive. Yet, it is the formal role that is viewed as the engaged role, but there is nothing so engaging as caring for a loved one.

Recognizing that Continuity Theory Makes Sense, Except When it Doesn't!

The continuity theory of aging states that middle aged and older adults make adaptive choices as they attempt to sustain existing psychological and social patterns by applying familiar knowledge, skills, and strategies. Yet, continuity theory only "works" if a person can make those adaptive choices. What about persons who experience cognitive decline or develop a dementia and cannot maintain continuity? What about the person whose choices and coping strategies have not worked well in earlier life? Is cognitive restructuring needed to disrupt those patterns? In other words, we are more of who we are except when we're not!

We've had a lot of political conversations ever since the presidential election. Our many conversations about President Trump and the debate in the media about whether a 71-year-old man can change, or will he continue to apply the same patterns he has used prior to his presidency? Isn't this a question about continuity theory? And is the assumption of his age meaning he can't change an ageist accusation? How ironic that we have had this conversation so often in the last year because we were ardent Hillary supporters. But as gerontological social workers, we have to question the ageism inherent in assuming that age is the critical factor here.

We have also talked about what provides continuity for us personally, and we've had to ask ourselves, "For whom are we dancing?" We have danced for various people in different periods of our lives and know how it feels not to have to dance without an audience in retirement when no one is watching. We have talked at length about how those persons for whom we danced were anchors, motivators, even critics that we tried to please. They provided continuity. Now, many of the people for whom we danced have died or are no longer in our lives.

Just in the last year Jane has lost Rich, Peter, and Celeste. Ellen has lost Pat and Emily. These people were part of our autobiography, and there is a sense of deep loss. Hagestad and Settersten (2017) articulate it well:

> A central aspect of understanding aging as interpersonal is that the older we are, the more likely it is that we have experienced the pain of losing longstanding relationships with others who constitute the "library of our lives." Some authors use the terms "consociates" . . . or "co-biographers" or . . . "convoys of support." (p. 137)

And what about the continuity of place (houses, communities, parts of the country)? Jane comes from Fall River and Somerset, near Boston, MA. Ellen has deep southern roots in East Tennessee. We often talk about Rowles' (1981) distinction between physical, social, and autobiographical insideness. Where we live is symbolic of our independence, thus we have talked about what happens if we have to give up those symbols, realize we may be seeing some

of these places for the last time, or they become unrecognizable as the landscape/architecture morphs and changes.

Assuming that Socioemotional Selectivity Theory Makes Sense, What Happens When Choices Are Not Within Our Control?

This theory maintains that, as time horizons shrink, as they do with age, people become increasingly selective, investing greater resources in emotionally meaningful goals and activities. In short we become more present rather than future oriented. This begs the questions: What do we like or want to do? What really interests us? Do we really know what means the most to us after years of dancing to societal norms? We have spent a good deal of time asking ourselves who are we versus what we do. Are we the sum of the choices we make?

Ironically, some of the people we would choose to spend more time with or keep in touch with are no longer with us. Each day we recognize how fortunate we are to have a close friendship, and we bargain with one another: If we live to a very old age, let's hope we can still hear well enough to talk on the phone, or let's move into the same retirement home in the same city as proximity becomes more critical. We realize that what we can control diminishes and we find ourselves negotiating about small things we can control.

We also have talked about the limitations of socioemotional selectivity: What if there is no one to take care of you? What happens when the person(s) you would have selected is no longer there? What if you have to depend upon "the kindness of strangers" because there are no preferred choices of caregiver? Perhaps this is what "love is an intimate stranger" means—should there come a time when we no longer have anyone or anything familiar in this life, then from whomever we receive care would be a "stranger."

Respecting Heterogeneity of an Aging Population Means Standardized Assessment Tools Are Limited

We know that older people are the most diverse of any age group because they have become more and more individualized over time, yet standardized tools are often not normed to diverse groups. People are moving targets—people change over time, change which often cannot be predicted. Yet standardized assessment tools are used. We have to remember that any assessment, no matter what tool is used, is only a snapshot in time. Things can change overnight. We have talked about the need for multiparadigmatic, multidisciplinary, and multidimensional approaches.

The same is true for assessors/practitioners—assumptions change over time depending on which paradigm is popular, on the result of new evidence, or on dominance of the prevailing culture. We can standardize a tool but not a client nor a practitioner. There are different ways of judging normalcy. Sometimes we need to reframe what is normal.

Ellen's aunt, Doris, lived in an independent unit within a CCRC, and the assisted living facility was in the process of being constructed. Doris couldn't remain in independent living, so she was given the option of temporarily moving to the nursing wing until her room was ready. Going to the nursing wing was like the kiss of death because it was rare that anyone was discharged to a lower level of care, and the people with whom Doris would be living had many more disabilities. Ellen and her aunt contrived a metaphor for this six-month period so that Doris would not become institutionalized. They called this a camping opportunity, and Doris would take very few possessions (just the bare essentials) and would read her large print books to get her through. She didn't want a calendar to remind her that there were months before she could move into assisted living, but one day a nurse arrived to administer the required mental status test, and when she asked the day of the week and the date, Doris hadn't a clue. Frightened that she would be deemed mentally incompetent to move out of the nursing wing, she called Ellen, who provided her with a calendar so she could keep track of the days/dates. When the nurse reassessed Doris, she got all the answers correct, and when her assisted living apartment opened, she entered with much relief. In this situation, an assessment administered out of context (Doris' desire to not keep track of time so time would go more quickly) could have kept her at a higher level of care than needed.

We know that there is a need for frequent reassessment due to the unpredictability of change. But we are now painfully aware of how assessment tools are used to determine our competence and how vulnerable we are if we don't perform well.

Knowing a Lot About Gerontology Doesn't Mean We Aren't Continually Amazed at "This is not what we expected"

How often have we said, "I didn't think it would be like this!" People expect us to know a lot, yet knowing about something is far different than experiencing it. In a way, this reflection is like a joint auto-ethnography in which we explore our own aging.

We have both had life threatening experiences in the last few years. Jane developed lymphoma, and when she was diagnosed at stage four, it changed her entire life. Months of chemotherapy mandated that she drop out of her normal routine and concentrate on a rigid treatment regimen that weakened her already-vulnerable system. This experience changed her life. Ellen had an acute episode with an allergic reaction in which she was temporarily cognitively impaired. In the emergency room they administered the clock test in which she was to draw a clock and place the hands at a given time. She remembers saying to the neurologist: "I know what this test is for. I've even given this test to older people, but I have no idea how to draw this clock." Fortunately, after five days in the hospital and a month of recuperation at home, her cognitive skills returned, but getting in touch with the vulnerability one feels under these circumstances remains.

In fact, we know enough to worry about all the things that can happen to us, most of which may never happen. But we have seen a lot of different scenarios about how people live (and die) in old age. This sets up a contingency planning approach in which we recognize that it's hard to

plan at all because we have no idea of what to expect or when to expect it.

We are married to two wonderful men, but we also find ourselves projecting onto them possible scenarios. Karl has a gallows humor, having been a hospice chaplain for years, so when he was sent to the sleep clinic and told he needed a Continuous Positive Airway Pressure (CPAP) machine, he looked at the nurse and said, "Everyone I work with wants to die in their sleep, so why would you want to keep me from doing that?" In a more serious vein, Jane's husband Ron is in the process of planning to retire a business in changing times and struggling with how to divest, when to do it, and what to do. We've talked about how hard it is to be supportive of these men who don't want to spend time chatting about the issues they face and who tell us we talk too much. We feel fortunate, however, for we talk with so many couples who are having tough adjustment issues when it comes to both being retired and sharing space in a new, more intensive way.

We've even talked about the game "spin the bottle," but instead of a kiss, we wait to see who will have a serious illness, a financial burden, or even an unexpected death next. We're not being morbid, just realizing that things change in a heartbeat and we may be going to a funeral or visiting someone in the hospital who was "okay" the last time we saw them. We've had to realize that intellectually we know a lot about gerontology, but emotionally there is nothing like being an old person to encounter what it means to be the person studied (instead of the person doing the studying).

We have talked about the uncertainty of not knowing what or when domains will change. Will it be our physical health, our cognitive state, our social support system, our economic resources, our quality of life? All of the above? Key questions are: Who will take care of us if we can't take care of ourselves? What responsibility do we have to have a plan? How would we afford the cost of long-term care if our lives extend beyond what the actuarial tables project? Will we outlive our resources?

We have lots of conversations about how much time we have left, how much energy, stamina, and resilience we have, and how we increasingly need more down time to recover from things we used to do in less time and back-to-back with other things we were doing. Essentially, we are engaged in constant reassessment and an ongoing adaptation and accommodation process. The difference is that it is self-reassessment, not the reassessment of someone else.

Emphasizing the Importance of "Story" Has Become Increasingly More Meaningful

Our recent conversations have focused on the importance of story. Each person has a story, and many stories are never told. Professionals can become so intent on collecting assessment data that they don't hear an older person's story. Laptops can become barriers as we frantically type in answers to standard questions without making eye contact with the very person we are there to support, to help.

Jane recently experienced a situation in which she accompanied an older friend to the doctor's office. It became painfully obvious that the doctor had no context in which to understand this unique person's life, and he was not communicating with her. Ellen remembers how an older relative for whom she was doing long-distance caregiving had become "another blue hair" to the staff. We are both realizing that we are often the oldest person on a board or advisory council, the "elder" in a meeting, the only retired person in the room.

Hagestad and Settersten (2017) provide these insights:

> We see personal meaning as interpersonal. A sense of self is created and maintained through social mirrors, in webs of interdependent lives that span family generations and historical time. As societies change, so do socially constructed meanings. Consequently, the older individuals get, the more likely it is that they have core meanings that are not shared by many people around them, and they have few witnesses who know where they have been. To some extent, then, they become *strangers* to other people and even to themselves. (p. 136)

The presenting problem is often physical, but this is only the tip of the iceberg when it comes to fully recognizing the person. We cannot underestimate the importance of being recognized as a human being with a unique story. Too often we are "sight unseen," as if one domain defines us. Tools are multidimensional for a reason—because older people are multidimensional.

We find ourselves asking these questions over and over again as we seek to make meaning of this life stage.

- What do we think it means to be engaged? How are we currently engaged? How might that change as we age?
- What is our definition of successful/optimal aging?
- What gives our lives continuity? What values, people, and places give our lives autobiographical continuity?
- Instead of being asked, "What do you do?" or "What are you doing?," how would we answer if we were asked, "How are you being?"
- Are there people for whom we dance? If they were no longer watching, can we be as motivated?
- Who would we call in an emergency? Who would be our primary caregiver if Karl and Ron were not here?
- How well are we facing uncertainty?
- What factors, people, events, or experiences frame our stories?

Conclusion

To paraphrase the words of Mitchell's (1966) song:

> We've looked at life from both sides now
> From up and down, and still somehow
> It's life's illusions we recall.
> We really don't know life at all.

We have spent our lives interested in, studying, teaching about, and talking with older people. We hope we have listened well to their stories, learned from these interactions, and given good advice to our students. Now we are part of the older generation. We worried at one point that once we were no longer employed full-time, we might not have much to talk about; after all, we had spent many years sharing the insights, the ups and downs of our professional lives. Now we find that it's important to call one another as often as we can, for there are new discoveries to be made every day. Sometimes our gerontological backgrounds aid in our understandings, and other times we marvel at how our lives are not exactly as we had envisioned. We come to a conclusion one day, then change our minds the next. Are we just fickle old women, or is this what growing older is all about: finding new meanings in our daily lives; realizing that relationships become more and more important; and thanking our dead mothers for somehow, some way connecting us in the universe so that we have a trusted friendship to guide us along the uncertain pathway ahead?

References

Beckett, J. O. (Ed.). (2008). *Lifting our voices: The journeys into caregiving of professional social workers*. New York, NY: Columbia University Press.

Gurland, B., Kuriansky, J., Sharpe, L., Simon, R., Stiller, P., & Birkett, P. (1977). The comprehensive assessment and referral evaluation (CARE). Rationale, development and reliability. *International Journal of Aging And Human Development, 8*(1), 9-42.

Hagestad, G. O., & Settersten, R. A. (2017). Aging: It's interpersonal! Reflections from two life course migrants. *The Gerontologist, 57*(1), 136-144.

Karpen, R. R. (2017). Reflections on women's retirement. *The Gerontologist, 57*(1), 103-109.

Lawton, M. P., Moss, M., Fulcomer, M., & Kleban, M. H. (1982). A research and service oriented multilevel assessment instrument. *Journal of Gerontology, 37*, 91–99.

Mitchell, J. (1966). Both sides now [Recorded by Judy Collins]. On *Wildflowers* [Audio recording]. New York, NY: Sony/ATV Music Publishing LLC. (1967).

Palmore, E. B. (2017). Auto-gerontology: A personal odyssey. *Journal of Applied Gerontology, 36*(11), 1295-1305.

Pfeiffer, E. (1975). *Multidimensional functional assessment: The OARS methodology*. Durham, NC: Duke University, Center for the Study of Aging and Human Development.

Pruchno, R. (Ed.). (2017). Aging—It's personal [Special issue]. *The Gerontologist, 57*(1), 149.

Rowles, G. D. (1981). The surveillance zone as meaningful space for the aged. *The Gerontologist, 21*(3), 304-311.

About the Authors: F. Ellen Netting, PhD is Professor Emerita of Social Work, Virginia Commonwealth University, School of Social Work (804-747-5477, enetting@vcu.edu); Jane M. Thibault, PhD is Associate Professor Emerita and Clinical Gerontologist, University of Louisville, Department of Family & Geriatric Medicine (502-645-2441, j.thibault@att.net).