TOWARDS INTERDEPENDENT LIVING: IMAGINATION AND CONNECTEDNESS IN QUALITY AGED CARE

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Thanks to the Australian Aged Care Quality Agency for providing this opportunity to re-examine our expectations at personal, professional and institutional levels and for inviting us to be prepared to imagine ways in which we can go beyond the expected and familiar in our Quality Aged Care

INTRODUCTION

In this talk I propose that a key criterion for going “beyond the expected” in Quality Aged Care is the enabling of interdependence not only within and between those who are aged and in need of care, but also for those who are exercising any level of leadership or care in the facility. This will result in an increasing capacity for connectedness between those receiving and those exercising care. Imagination and memory are key factors in this process of connectedness, and compassionate care for all, both those who provide and those who receive care, will be a consequence.

How we perceive the world around us is affected by our imagination to a much greater degree than we perhaps realize. It may be helpful to recall Einstein’s famous comment made when he reflected upon his own experience of ageing:

Imagination is more important than knowledge, for knowledge is limited to all we know and understand, while imagination embraces the entire world, and all there ever will be to know and understand.¹

Imagination takes us beyond the familiar, beyond what we think we know. Knowledge usually has its origins in previous experience and an unexamined past can hold us bound. Situations have changed but people can remain locked in past experiences that no longer fit their present working or relational reality. This has consequences when the habit of stereotyping others, particularly in relation to age, causes people to fail to notice the cultural fear of change or of ageing that may live within themselves. We may not realize, until reality confronts us, that in some aspects of our lives we are walking around with a closed mind (or heart) to the changes that have taken place in the workplace, in ourselves or in our relationships.

What we know from experience about quality aged care can hinder what we are invited to imagine and to plan for as a result of the presentations, the conversations and the opportunity to think outside the boundaries of our own experience in this Conference on Better Practice. Quality aged care demands attentiveness to and

¹https://www.researchgate.net/post/Is_imagination_creativity_more_valuable_than_knowledge
recognition of both the personal and professional contribution of every person involved in the institution as well as to the changing government, health care or administrative regulations and oversight that are operative. It is also important to be aware that our own resistance to or acceptance of the changes consequential to ageing in ourselves has implications for how connected or disconnected we may be in our workplace relationships.

Let me illustrate what I mean about connectedness and disconnectedness in Aged Care with an extract from Helen Garner’s wonderful chapter on “The Insults of Age” in her recent book, Everywhere I Look. At age seventy Garner writes:

I had known for years of course that beyond a certain age, women become invisible in public spaces. ... Your face is lined and your hair is grey, so they think you are weak, deaf, helpless, ignorant and stupid. ... It is assumed you have no opinions and no standards of behavior, that nothing that happens in your vicinity is your business.

Like Helen, I come as an ageing woman, but I bring over seventy years of a multifaceted life of people-work, and in the past ten years for me the “insults of age” have moved into the realm of: “Aren’t you wonderful at your age dear to be able to use an iPad? Or an IPhone ....” I am sure you have all heard, or perhaps even made some of these comments! The issue that Garner and I have concerns about is that people disconnect from those they view as “aged”.

“You are not one of us. You are aged but I am simply “ageing” (or even ageless!)”

For over thirty years I have been and am still presently engaged in university education. My research is in the area of adult development and the openness or closure to growth in authenticity that takes place (or not) as people from all walks of life are confronted by the specific meaning-making challenges of age and stage throughout their life journey. Some of us here in long term relationships might like to ask ourselves whether, in our marriage or partnership for twenty, thirty years or more, our relationship has matured over the years, or whether we have lived the one year over and over with minimal change: Just imagine an old couple sitting together in the evening over a meal: “Do you know what I think dear?” and the answer comes up immediately: “Of course I do!” We all need to be in touch with our own stories and experiences that have shaped us and which we can recompose and rework at every stage of life. This is both the invitation and the challenge of the ageing experience, at early, middle or late adulthood stages.

Our conference theme reminds us of the importance of paying attention to the issue of our expectations of ourselves in our role in aged care, at whatever age we might be, and in whatever new or unfamiliar situation we find ourselves in our concern to care for others. Each of us here present is experiencing the limitations as well as the gifts of ageing in one form or another. More than likely some of us here will move into the category (hopefully not the stereotype) of the “aged” in the not-too distant future. It may be worth our while for each us to take this opportunity to check our present relational or workplace situation to find out where we can continue to learn

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about authentic living and loving from each other, to grow in interdependence and compassion and in so doing to advance the quality care we offer!

To offer aged care “beyond the expected” does not simply mean that we all ‘try harder’; rather it means that the inevitable lifestyle, social or cultural changes along with our own personal experiences may be inviting us to exercise our imagination and to be attentive to what new initiatives may be possible in our lives. Our capacity to imagine is deeply connected to our capacity to hope, and hope is an essential component for life no matter what age we might be. Imagination can carry us out of those times of “quiet despair, or closure” and set us free to move beyond the stereotype of “self” which others may have imposed on us in the past and which we may have conformed to without question! Where imagination thrives so will hope flourish, and hope nurtures the new and the possible personally and institutionally!

KEY LATE ADULTHOOD ISSUES FACING THOSE IN AGED CARE AND RESIDENTIAL SUPPORT FACILITIES

There is no predictable pattern in the experience of ageing, nor in the approach people take to the changes that age confronts them with. There is no “one size” of ageing that fits all! Age is not a leveler. Health and wellbeing are the “life levelers.” The ageing experience simply highlights the patterns of people’s life choices and lifestyles. People construct their own sense of self and way of “leaning into”, or “away from” life and they usually work to maintain this for as long as possible. The adult with a rigid or angry worldview will age and deal with life’s demands with eruptions or closure, or both! Those for whom comfort and the good life have been primary will settle back and continue to enjoy the good things that are offered. A key criterion for mental health and well-being is the capacity to adapt! The adaptable person will continue to develop their openness, to make necessary changes, both gain and loss, no matter what the ageing decade may be – 30s, 40s ... 70s. Those who have always been open to the new and the possible in life will continue to discover new opportunities to continue to live life to the fullest!

A major task for all people in the second half of life, but especially for those in the late adulthood period, is to be able to grow in self-awareness and self to be in touch with their present rather than their past reality, to come to terms with the lifelong questions of identity and belonging that they have been confronted with in the decades of their adult life and to be able to let go of what is no longer authentic. “Who am I?” and “Whose am I?” are lifelong questions that face us at each new life stage. Late adulthood gives the ageing person the opportunity to come to terms with these questions once again. It is through our imagination and our capacity to hope that we can respond to the lifelong challenges of ageing.

With a lifetime of experiences of both connectedness and disconnectedness, of finding themselves “other” – not one of “the group” from time to time in their families and in social groups, ageing adults are called to draw upon their own inner resources and life experiences and to discover new levels of meaning and purpose

for their lives. Recently Laura Carstensen a “longevity expert,” commented that “Society should rethink how it views ageing.” An extra thirty years have been added to the average life span over the past century, while fertility rates have halved between 1900 and today. “People tend to think that everything gets worse as we age. But the more we learn, the more we see the aging story is more nuanced than we thought.”

COMPOSING AND RECOMPOSING THE LATE ADULT STORY

A key task of ageing is described by anthropologist Mary Catherine Bateson as one of composing our own life stories: “We compose our lives in time, improvising and responding to context, yet weaving threads of continuity and connecting the whole as we move back and forth in memory.” Memory and imagination enable hope to thrive! The importance of having the time and opportunity to be present to oneself and one’s life story is integral to such necessary telling and retelling of our stories at all ages. It is important for those who are moving into the latter stages of life to give themselves the time for reflection and for our aged care facilities to provide the initiatives, opportunities and space for such composition and recomposition of who we understand ourselves to be and who we continue to choose to be or to become. Development is not only possible but desirable in the late adult decades. We tell and retell our stories, not simply to repeat, but to transform, to rework and live with new awareness, understanding and forgiveness of self and others!

The changing pace and status of people in the new situations of both loss and gain in which they find themselves as they age requires each one to give time to the task of reviewing and revising their understanding of the meaning and purpose of their own lives. This is a retrospective task. We live life forward, but we usually only understand our choices and their consequences in retrospect. We cannot overestimate the importance of being able to go back and forward in our memory: to acclaim, to disclaim and to reclaim our life choices through a more compassionate presence to our younger selves!

As we age we need to give time to ourselves time to reflect. The practice of mindfulness has been taken up by people of all ages, particularly in recent years. The art of living mindfully opens us to deeper levels of ourselves and teaches us to pay attention to some of those moments where we can connect with our inner world that life itself provides. We are not “taking” time but “giving” ourselves time when we become more aware of those moments of “pause” that we experience in waiting

4 The awareness of new ageing and intergenerational family issues and struggles are coming to the surface in the present time through the increasingly extended years of those in late adulthood. Various novels address these interpersonal and familial tensions and one book that may be of interest to those involved in aged care is: Kent Haruf, Our Souls at Night, New York: Alfred A. Knopf, 2015.


6 Ibid. p.14

for traffic lights or for the computer to download material. There are such moments for mindfulness if we attend to them in the “busy-ness” of our days. We may not have thirty minutes to reflect, but we often have three minutes or perhaps even thirty seconds of “attentive” time while we are waiting for things to happen. “Better practice” can be a consequence of our being authentically present to both our inner and outer worlds!

The need to make changes at both inner and outer levels of the self is real as we move through late adulthood. If a person has not previously given any recognition to the changing demands that life’s physical and emotional challenges are imposing, then any attempt at adaptive behaviour at life’s latter stages will be very difficult. This is especially the case of those who have substituted their personal identity for that of their role. There are abundant examples of executives and clinicians, who never step out of their roles in their family, social or professional lives and when retirement is imposed they have no life because their roles have become their lives.

Changes in family and social life confront the aged person with the very real losses that are integral to the move to aged care. The loss of identity through loss of role, the loss of position, authority, options. The previously defining roles and relationships are changed when assisted daily living becomes the new reality. Dependence on the kindness or the loyalty of friends and visitors is difficult in a new setting and family members can suffer from the aged person’s resentment of the consequences of loss of home or of role. The experience of a gradual decrease of family visits, sometimes caused by the parental unhappiness or resentment that is evident, causes sadness and confusion for all involved when this occurs. The self-doubt, loss of belief or power experienced by the aged person can leave the aged person angry and resentful as they rethink their new place in and contribution to the family. This can cause fewer and shorter family visits as a consequence. Often it is with sadness and guilt that family members keep their distance. This is hard for all concerned, for the aged person, family members, and for the caring staff who see what is happening. All are aching and feel helpless in such situations of closure to others!

As Bateson reflects on her need to recompose her own story as an ageing woman she comments that while many people see the primary tension in ageing in the second half of life as that between dependence and independence, for her independence is “simply an illusion.”

We are caught in a false antithesis, for the choice is not between dependence and independence. The reality of all life is interdependence. We need to compose our lives in such a way that we both give and receive, learning to do both with grace, seeing both as parts of a single pattern rather than as antithetical alternatives.  

The connectedness explicit in this worldview is one that enables a re-composition of people’s life stories that includes both positive and negative experiences and healing of memories. This is a lifelong task. We can all be gifted by each other, whether through the negative or the positive aspects of our relational experiences in our

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8 Bateson, op.cit. 6, 7.
lifelong journey of selfhood. One of the key gifts of the “re-membering” possible in the last stages of life is the gift of healing and forgiveness of ourselves and of others. This is necessary for each of us if we have tried to live and love authentically. We are all limping in our efforts to live and love authentically! An important thing to realize is that although we cannot change the facts of our past life, to the extent that we grow in self-acceptance and wisdom, we can change the way we interpret and understand the choices we have made, our relational successes and our failures as well as the circumstances in which we made decisions.

Forgiveness grows in us as we allow ourselves to change the way we feel about the experiences of our past. Childhood failures or experiences of shame or blame can lead the ageing adult to rework their memories and to see their stories in a different light. The readiness to reflect and to re-examine life choices and situations from a more compassionate or open perspective can lead the aged person to a greater authenticity. Our life story is still being narrated and re-visioned as we age. The fruit of self-understanding and acceptance is courage and hope that is evidenced in growing compassion for self and others. These are important elements of authentic living at every life stage, and they are crucial for those in late-adulthood and for people-workers in particular!

Ageing invites us to have the courage to keep going and to sustain imagination in the inevitable experiences of loss and diminishment. Recent research has shown that older people are happier and more content than their younger counterparts, and they are more forgiving. While older people may not remember words or facts as quickly as they used to, their understanding of life and each other continues to develop and to deepen. “A world heavily weighted with people who are knowledgeable, emotionally even and grateful for life is a new asset that we have never had in the history of the species and one that we cannot afford to waste.” The fruit of such awareness is a growth in compassion.

In his own experience of late adulthood, Carl Jung wrote of a growing awareness of connectedness that moved him beyond the certainties of his earlier decades towards a deeper awareness of and connectedness with the world.

The older I have become, the less I have understood or had insight into or known about myself ... There is nothing I am quite sure about ... I exist on the foundation of something I do not know. In spite of all uncertainties I feel a solidarity underlying all existence and a continuity in my mode of being....Yet there is so much that fills me: plants, animals, clouds, day and night, and the eternal in (humankind). The more uncertain I have felt about myself, the more there has grown up in me a feeling of kinship with all things.
foreclosed answers and her certainties about the way life should be lived. The experience of opening up to a new depth and expansiveness of relationships is an invitation to all who are working in aged care to be open to new possibilities of connectedness and thus to interdependence within ourselves and with others.

A retired nurse described an experience of growing in awareness as she aged. She described her ageing process as one of connectedness on a larger scale.

Using an analogy, earlier I used to feel that I was out on a river being carried away by the stream without being able to control it. Even if I wanted to go ashore, I couldn’t control it; I was carried away by the river without being able to control it. I was carried away from both pleasant and unpleasant things. But today I feel like the river. I feel that I’m part of the flow that contains both the pleasant and the unpleasant things.\(^{11}\)

Those who care for the aged do not always understand these changing and deepening levels of awareness – in the aged or in themselves. The depth of connectedness that grows in some older people can be misunderstood and they can be perceived as “losing it” by those whose lives are bound by action and practicality. All carers have a special opportunity to be aware of the possible transformations that might be taking place in the thoughtful older person.

The experience of ageing and of reflection on the past in late adulthood confronts people with the consequences of their life choices and directions. Although each experience of moving into the next age group is challenging, the feeling is that there is yet another period ahead that will enable the ageing person to make the changes they feel drawn to. But this is not the case in the last stage of life. This is the time of the endgame, of people being confronted by mortality in ways that can no longer be escaped from. If change is to be made, the best time is now! It gets so much harder as we age.

The invisibility that many aged people have experienced in their social interactions can be countered in a residential setting when there is a genuine openness to each other in ways that stimulate mutuality, connectedness and empathy. In such contexts compassion takes shape in inclusivity and welcome to the other as “one of us,” no matter how different we may appear to be. Both staff and residents have much more in common than they might realize if they get a chance to share their stories. This may take place in conversation or simply in an attentive and compassionate presence to each other. Such experiences reinforce the importance of our imagination.

Imagination brings together all the faculties of human beings, all our resources, not only our seeing and hearing and tasting and touching, but also our history, our education, our feelings, our wishes, our love, hate, faith and unfaith, insofar as they go into the making of our image of the world.\(^{12}\)

To exercise our imagination is to pay attention to our own reality, it is not an escape into fantasy or escapism. It involves the courage to face our own reality and in doing


so we are able to come to a greater acceptance of both the negative side of ourselves as well as the positive. Our life story is still being narrated and re-visioned as we age.

IMAGINATION AND THE TRANSFORMING OF MEMORIES

The importance of memories that come unexpectedly to the surface of the minds of both carers and cared-for in the daily interaction in an aged care facility cannot be exaggerated. It is not unusual in childhood or emerging adulthood, where family relationships have been characterized by violence or destructive behavior, for the reality to be repressed or reconstructed into more acceptable narratives. When people who carry such repressed or altered stories of their early lives move into the later life stages memories can surface which bring the childhood suffering to the surface for acceptance and integration of the reality that was endured and recognition of the courage that enabled survival.

The reworking and healing of memories through experiences that are creative and generative free the imagination for new understandings of relationships, past and present. The aesthetical aspects of care are as important as the practical ones. The fruit of such reworking of our sense of ourselves and the integration of our memories can be a shock initially but new understandings and the recomposing of our stories can result in new levels of awareness of who we can choose to be. It is never too late to re-vision our lives, whether this takes place consciously or by alternative ways through art, music, dancing or whatever brings freedom, release and connectedness. The benefits of art and music in aged care is beyond our capacities to understand, but we do see the evidence of it as rational control gives way to affectivity and relational well-being.

When this takes place, ageing people can find themselves with a more mellow approach to life in general and to their past in particular. There is a reduction of pressures within the person and in their relationships. A contemporary example of such an experience of ageing and the healing power of affective growth is evidenced in the writings of American poet, May Sarton.

She shows the power of imagination in the recomposing of our lives in her poem, “Now I Become Myself”:

Now I become myself. It's taken
Time, many years and places;
I have been dissolved and shaken,
Worn other people's faces …

Now to stand still, to be here,
Feel my own weight and density!

... Now there is time and Time is young.¹³

There is a qualitatively different experience of time in late adulthood that is not easy to describe. The sense of authenticity in Sarton’s affirmation of her opportunity to

¹³ May Sarton, Selected Poems, New York: WW.Norton, 1978, 90
become herself and to let go the need to meet the expectations of others can be achieved by those aged people who have the courage to let go the “false faces” that have shaped them through life. Sarton wrote her poems to give hope and freedom for herself and for her followers.

The opportunity for imaginative reflection and engagement with the stories of aged residents can be encouraged and nurtured by staff and by pastoral carers present to them, but it is important for the carers to be aware of the need to befriend their own personal stories of hope and despair, successes and failures before they can truly listen to the aged person.

In her many writings and journals May Sarton recomposed her life. She reworked her understanding of her narrative through novels and journals many times. At 82, in her final journal, she illustrates the homely harmony of her resolution of these diverse life crises:

Yet what have I said? An old woman living alone writes poems, cooks up a supper of asparagus on toast with hard-boiled eggs, a woman who is often depressed but has learned how minds change and how to handle the down in weeks or months. Still, I am aware that very few solitary women of 82 who live alone are as lucky as I am, surrounded by loving-kindness. How did that ever happen to this old raccoon?14

Though disappointment, mistrust and despair have recurred from time to time in Sarton’s life, in her final years her authenticity and connectedness take shape in a residual trust and integrity described as a surprised sense of being “surrounded by loving-kindness.” Might it not be possible for such a sense of being surrounded by loving-kindness as a criterion for quality aged care? The experience of loving-kindness may become contagious!

LATE ADULTHOOD: CONNECTEDNESS & DISCONNECTEDNESS OF OUR INNER AND OUTER SELVES

A topic that may be neuralgic at best and divisive at worst in aged care contexts, both among the aged themselves and their carers is that of spirituality. After completing his forty year Harvard research project on maturation and mental health15 George Vaillant distinguished between creedal, confessional or even transcendental interpretation of religion and spirituality. As scientist and clinician his definition of spirituality is grounded in his conviction that the term has a “deep psychobiological basis – a reality rooted in the human emotions that needs to be better understood … positive emotion, meditation, and spiritual experience cannot be disentangled.”16 He affirmed the “amalgam of the positive emotions” that enable people to connect at times of tragedy. “Love, hope, joy, forgiveness, compassion, faith, awe and gratitude are the spiritually important emotions addressed here.”17

15 George Vaillant, 1977
17 George Vaillant, 2012, 4-5.
Public gatherings of care and support that have followed terrorist attacks or tragedy have generated a bond of unity and compassion between mourners that has sometimes resulted in community building activities and the forging of friendships which last longer than might ordinarily be expected. This understanding of contemporary spirituality in terms of the experience of positive emotions that take shape in both public and private attitudes and actions is connected to Vaillant’s conviction that human beings “have evolved to be compassionate.”18 Vaillant’s neuroscientific description of spirituality resonates with the recent research of Australian social scientist Hugh Mackay. In his study of the broad spectrum of beliefs, values and of faith amongst Australians, Mackay argues that while religious belief in Australia might be diminishing, the desire for a life of meaning is strong.

Common ground is the thing we need. Each person will accept or reject the messages of this or that religion; each person will accept or reject the idea that Reason alone can save us; each person will accept or reject propositions about the afterlife, just as each of us will privately attach our own meaning to our own life. The question is, what can we all put our faith in? ... I want to explore the idea that faith in the power of loving-kindness might be the one thing that can unite us – or at least soften the hard edges of our differences.19

People come to aged care for support through the last stage of their lives. With the support provided they are able to live for many years. Whatever diversionary and comforting provisions are made for the aged, they are surely facing their own mortality, as are their carers, each in their own way. Death is real and mortality can confront each person in ways unexpected. It is important for all who are working with and for the aged to be attuned to their own fragility.

In a posthumously published book, a brilliant young neurosurgeon, Paul Kalanathi reflects on his own experience when diagnosed with an aggressive cancer that gave him a death sentence just when he was on the cusp of his career.

I began to realize that coming in such close contact with my own mortality had changed both nothing and everything. Before my cancer was diagnosed, I knew that someday I would die, but I didn’t know when. After the diagnosis, I knew that someday I would die, but I didn’t know when. But now I knew it acutely. The problem wasn’t really a scientific one. The fact of death is unsettling. Yet there is no other way to live ... Like my own patients, I had to face my mortality and try to understand what made my life worth living.20

Kalanathi decided to spend his last life period composing his own story, a gift to his family, but above all to himself. Confronted with the reality of his mortality he chose to discover what had driven or called him to his life as a neurosurgeon. In writing his autobiography for himself as well as for his family and friends he chose to live into his death with hope and love.

19 Hugh Mackay, Beyond Belief, 2016, 236.
20 Paul Kalanathi, When Breath Becomes Air, 2016
Torn between being a doctor and being a patient, delving into medical science and turning back to literature for answers, I struggled, while facing my own death, to rebuild my old life—or perhaps find a new one.\footnote{Paul Kalanathi, \textit{When Breath Becomes Air}, 2016}

What unites human beings is the experience of suffering and the compassionate care that comes in response. We see this all around us. Where the emphasis is on positive emotions or on loving-kindness in the ethos of the Aged Care facility all those who share the commitment and contribute to the experience will benefit. This inclusive approach to spirituality and its expression among both carers and those cared for will surely generate a “quality care” that is far beyond the expected because it will bypass division and prejudice and move towards that which unites rather than that which divides.

What I am proposing here is a vision of interdependence for aged care services that offer (\& receive) compassionate care that is “beyond the expected” for all involved. Compassion is what unites people in aged care facilities and it frees each person to hold their personal beliefs and values as they respect the beliefs and values of those who are different.

Compassion enables people to work together with hope and imagination to alleviate suffering and to bring peace and harmony to those with whom they love and work.

Compassion is what enables each one to tell, retell and continue to live their own and thus the human story in ways that heal broken relationships in families, in society and in the world at large.

Compassion expressed as loving-kindness is surely a criterion for quality aged care beyond the expected is surely the reason we are all present at this conference.

Thanks to each of you for who you are and together for what you bring to transform our world.

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