

One day at a time – being in the present experienced as optimal health by older adults – the existential health dimension as a health-promoting potential

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Abstract

Aims: With a considerable increase in the aging population in the Nordic countries there is a call for a deeper understanding of healthy aging and its underlying mechanisms. The aim of this study is to uncover health and well-being for older adults according to their own views and understand what role the existential dimension play?

Methods: The study uses a hermeneutical approach. Material was collected through focus group interviews with 18 older adults. The texts were interpreted through hermeneutical reading.

Results: The underlying mechanisms of health among older adults are described, illustrating the key prerequisites for health as being in the present. This implies 'living on the continuums of life and death' and in this field of forces also 'living on the continuum of the past and the future'. Important aspects for being in the present was balancing ambivalent emotions, considering existential issues, and being in connectedness.

Conclusion: Being in the present was emphasized as a health potential for older adults highlighting the existential health dimension. Optimal health for older adults requires awareness of one's attitude to life through being in the present as a basis for a positive and healthy outlook on life.

Introduction

The aging population in the Nordic countries and worldwide is increasing at a considerable rate [1]. With a significant increase of older adults there is both a human, societal, as well as global call for a renewed understanding of health and its promotion. A holistic view is needed that considers individuals' own views and experienced needs related to their health and well-being, in order to promote healthy aging for as long as possible among the aging population.

An evident need is apparent for a focus shift from increased longevity and ability to experienced well-being and enabling older adults to stay active and engaged in society longer [2]. The concept of *healthy aging* or *active aging* has been frequently used in the debates on how to tackle the challenges of an increasing proportion of older adults in the population [3]. What do we actually mean when talking about healthy aging in daily life? Does healthy aging mean always active older adults? In line with the complex definitions of health, the multidimensional concept of healthy aging encompasses components such as physical health with low risk of disease and disability, mental health, as well as social aspects, and active engagement in life [4]. Research indicates that there is a need to emphasize a holistic approach towards health [5-8]. This study discusses the health of older adults from a holistic viewpoint, taking into account also the human being's deeper dimensions in life, for example, existential questions.

Existential health is today highlighted as a relatively new research area [9-11], and as an essential aspect for health in all areas along the lifespan, especially for older adults [12-16]. Also, the World Health Organization (WHO) includes the existential health dimension in the

concept of health, (using the term 'spiritual health') which, in turn, includes a wide interpretation of personal faith that refers to harmony, a sense of meaning in and awe before life [17]. Spirituality, in turn, has been defined as feelings, thoughts, experiences and behaviors that originate in a search for the sacred [18]. Spirituality may also be understood as a broad term that subsumes aspects of religion or as being related to, but not the same as or interchangeable with, religion [19,20]. We also assume that the existential dimension of health grows in importance as we age [14], with implications for healthy aging and related practices. A deepening of the understanding of health and well-being in later life is needed, one that takes into consideration existential aspects and applies a holistic-existential approach. Healthy aging implies that an older adult feels whole [8], meaning that he or she experiences him- or herself as a unity and has the ability to live from his or her own source of strength in life [5].

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In this study, existential health implies, for example, that the human being's life comes to the forefront and represents the focus for the development of his or her health and quality of life. This means that through his or her attitude to life, or the way in which he or she exists, lives and deals with life's big questions, shape his or her health on an existential plane [14]. Health can be said to refer to the physical, mental, and existential dimensions of a human being [14]. Further, the existential health dimension consists of faith as a resource, existential contact, meaning in life, reverence for life, wholeness and integration, existential strength, harmony and inner peace, hopefulness and optimism. The existential health dimension is described as the human being's total processes of basic thoughts, actions, and emotions when he or she deals with different life situations in relation to him- or herself, his or her surroundings, and basic understandings [21]. The existential dimension can function as a factor of health and may represent a protective factor in life for older adults. This, however, requires an integrated interaction and concordance between what the human being thinks, does, and feels. By this we mean that it is not sufficient that the human being believes that everyone has a human value if he or she feels worthless and does not take care of him- or herself or use his or her potential. Our task in this study is to highlight the existential dimension of health among older people – and to investigate the role it plays in health promotion work. In this conceptual development, the aim is to apply a nuanced approach, integrating the broad range of experiences among older adults, related to the process of aging and life as an older adult today. We would like to put forth concepts that highlight the positive aspects and potentials of health for older adults, rather than talking about resources and whole health. This will be discussed further on in this study.

Theoretical perspective

This study applies a caring sciences perspective for interpreting older adults' individual experiences of healthy aging. According to this caring philosophical perspective within caring science [22], the human being is seen as a unity of body, mind and soul [7]. Being healthy means being whole, which in its deepest sense implies the experience of 'holiness', meaning a reverence for one's own life and for oneself as a unique human being, and being in touch with one's innermost core, one's spirituality [7,23]. Health and suffering are seen as constantly present in human life [24]. In its ontological conception, health is described as a 'becoming', a movement towards deeper wholeness and holiness. When a human being's inner health potential is touched, a movement occurs and this movement is seen in the different dimensions of health as 'doing', 'being', and 'becoming'. In 'doing', a person's thoughts are focused on health, including healthy life habits and avoiding illness. In 'being', a person strives for balance and harmony. In 'becoming', a human being becomes whole on a deeper level of integration [7,22,24]. The intention of this study, according to the above mentioned caring science perspective, is to further explore health amongst older adults, bearing in mind this constant movement of becoming as a unity, and especially focusing the 'spirit' meaning the existential dimension.

Aims

The aim of this study is to uncover health and well-being for older adults according to their own views, and contribute with an in-depth understanding. The research questions are: What is health amongst older adults and what role does the existential dimension play?

Methodology

This study investigates older adults' view on health and its link to the

existential dimension and related aspects, applying the hermeneutical approach of Gadamer [25]. This approach enabled us to capture the everyday life and thoughts of the older adults, and the hermeneutical interpretation offered the possibility of attaining an understanding of the older adults' experiences.

Participants and data collection

The interview data utilized in this study was collected as a part of a regional project *@geing Online*, focused on older adults' psychosocial health in a reality today characterized by e.g. noticeable digitalization and related developments. While the *@geing Online*-project focuses on older adults' psychosocial health in a broader, societal context, the gathered data also provides valuable material for researchers in other disciplines, as in this case the caring sciences and related traditional focus areas (e.g. existential issues and health domains). Although the interviews focused on health and well-being generally among older adults, life's deeper dimensions and existential issues emerged in many ways in the different discussion threads. Consequently, this study saw the potential for further opening up and being open to these existential issues and how it is possible to understand older adults' health against this background.

The interview data was gathered in three focus group interviews (six participants in each group), with a total of 18 participants (four men and 14 women). The age range of the participants was 67 to 98 years. The inclusion criteria for study participation was being 65 years or older, being able to give informed consent, and being willing to talk about one's daily life and experiences related to health and well-being.

Focus group participants were recruited through local pensioner groups in an urban Finnish setting in Ostrobothnia. They all had the same ethnic background and similar socio-economic status. Representatives of the organizations informed members that focus group interviews, with the general theme of 'Well-being in later life', would be taking place. However, the researchers made a conscious choice to arrange focus group interviews in both urban and rural settings, thereby increasing respondent representativeness. At each focus group interview, the participants were provided with brief information about the study aim and the theme/main topics of the questions asked. The participants were informed both orally and in writing about the study purpose, confidentiality, withdrawal of consent and publication intent. Informed consent (in written form) was obtained from all study participants. Each interview lasted about 60 minutes, and all interviews were digitally taped and transcribed. The study follows The Finnish National Advisory Board on Research Ethics [26].

Data analysis

A hermeneutical approach was used according to Gadamer [25]. The texts were interpreted through hermeneutical reading [27]. In this study, a caring science theory [7,22] and aspects of becoming in health guided the reading. The texts were initially read several times with openness in order to highlight themes that arose. The interpretation was a continuously circular process between understanding and interpretation, between the parts and the whole (of the text). The purpose of the hermeneutical interpretation was to uncover the substance beyond the text (Figure 1). The essential features that arose from the texts were placed into meaningful units consisting of one core theme and four subthemes. The hermeneutical understanding was constantly considered in the process of identifying meaningful units and statements that corresponded to a specific theme, and was finally

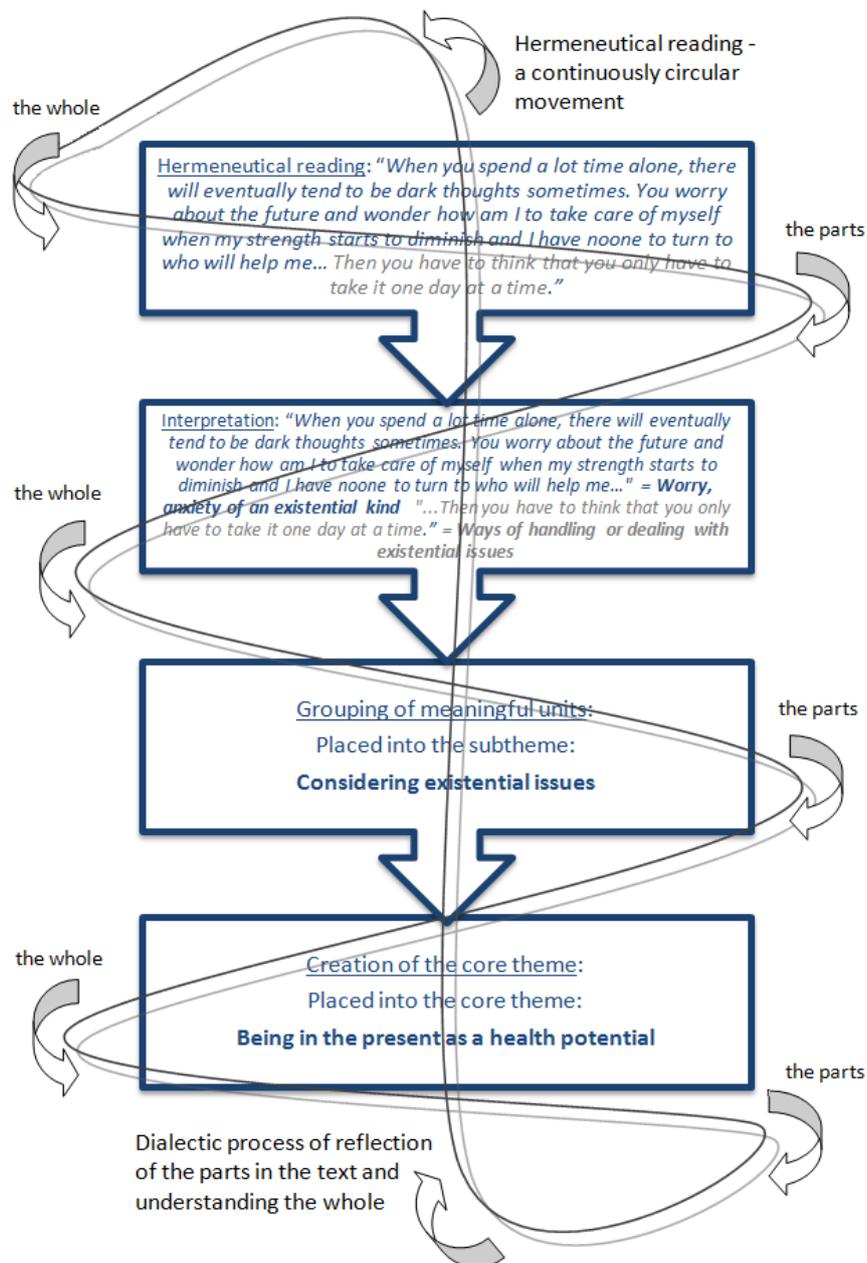


Figure 1. Overview of the conducted hermeneutical reading within this study.

withdrawn from the particular levels of understanding the parts and the substance into creating a universal level of these by lifting them into higher meaningful levels of abstraction. Finally, the interpretation of the interview text as a whole was fused to create a new comprehensive understanding in accordance with the perspective of caring science.

Findings

The hermeneutical reading of the texts evolved into an in-depth understanding of older adults' health. The findings are described according to the core theme and subthemes. The core theme is: *Being in the present as a health potential*, and the subthemes are: *Balancing ambivalent emotions*, *Considering existential issues*, and *Being in connectedness*.

Being in the present as a health potential

The core theme, *Being in the present as a health potential*, includes the ability of relating to the future and becoming reconciled with the past as a prerequisite or condition for being in the present. Being in the present and seizing the opportunities in the moment enables the older adult to experience the present as a *health potential*. This means taking into account life in a deeper awareness and living on a continuum of both life and death, and regarding the past and the future, and also implies being aware of life and goodness but also of suffering and death (Figure 2). This understanding has resulted in an abstraction according to the hermeneutic-interpretive tradition, that is, an in-depth understanding of health among older adults. Being in the present is seen as an underlying mechanism and potential for

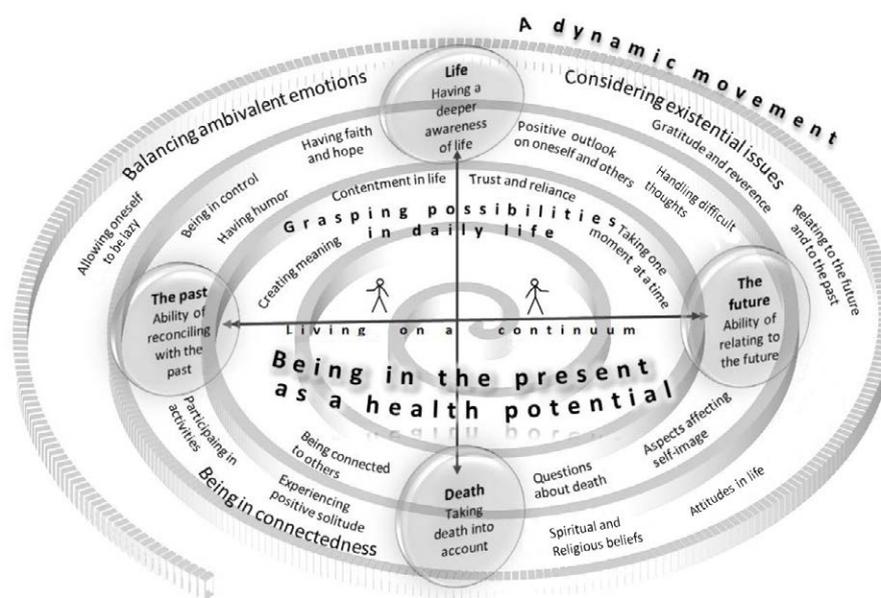


Figure 2. Existential dimensions of optimal health for older adults as a health potential based on the findings of this study.

health, consisting of the subthemes *balancing ambivalent emotions*, *considering existential issues*, and *being in connectedness*. The past and the future may be seen as the wholeness of health in a changing world which the human being may not affect, but only relate to in order to experience health and well-being.

Balancing ambivalent emotions

This subtheme identified from the data illustrates balancing ambivalent emotions as a health potential for older adults. This covers being true to one's own emotions and taking them, as well as one's personal attitudes, into account and balancing them. Thereby, the older adults may become in control of their own life which may enable the creation of new subjective meanings in everyday life. The older adults discussed how they thought that society valued their health and their being on the basis of how active they are in daily life. They considered it a prejudice that healthy aging means being active and constantly in good physical health. The older adults felt guilty if they were not able and competent or cheerful and agile all the time.

There is a certain prejudice and pressure that you, as an older person, must be able to mention a lot of activities when people ask you. It seems that if you live a rich and full life you have a lot [of activities] to engage in or mention. (Participant)

As a consequence, the ability to allow oneself to be 'lazy' (inactive) and not having to be alert and cheerful all the time is considered to be a balancing of emotions which may serve as a health potential. When discussing what generates an experience of health in everyday life, many older adults highlighted the ability of having a sound and healthy contentment in life. Having a positive attitude to life means having the ability, in every situation, to see all the positive aspects in daily life instead of negative ones.

You have to accept everything and try to be content... When the day comes to an end you should think – what has been good today? It is important to reflect and think about the positive things and not to be moody. (Participant)

Being content with and thankful for the things one has does not exclude dreams and plans for the future, but it implies having a realistic outlook on and attitude towards one's health potential. It includes being thankful for life and not longing for the unreachable or impossible. This subtheme therefore includes awareness of both good and evil in everyday life.

To experience meaning and continuity in everyday life and a positive expectation regarding the future gives hope. Retiring sometimes requires that one creates a new life for oneself in the sense that one actively takes one day at a time, creating a meaningful daily life. To actively create new meaning and small challenges in daily life is health promoting. The plan for the future does not necessarily have to include a long perspective, it could include a shirt button that has come off and needs fixing.

Having a sense of humor was seen as something that could promote health in a positive direction. This was also a health potential, enabling the older adult to reinterpret shortcomings in life in a positive manner and experience health and well-being with a sense of humor in spite of anxiety or worry. One older adult stated:

I think I have come so far that I finally can think only about myself and allow myself to be self-ironic and I think that's one of the things I can enjoy most. (Participant)

Considering existential issues

The subtheme of *Considering existential issues* involves aspects such as one's attitude to life and spirituality as well as religious convictions which are considered to be an important health potential. Through these kinds of existential issues the individual often relates both to the future and to the past. The older adults also mention that prayers give them strength. This connectedness to an abstract other or higher source of power may provide hope, reliance and contentment. This also means a feeling of contentment. One older adult expresses:

I bend down to pray each night and thank God that I have managed this day and that my head is kept somewhat intact and I have good health. (Participant)

Taking it one day at a time is another way of alleviating existential worry. An inner desire for dignity in one's own death is present amongst the older adults. It is important to talk about difficult existential issues and death in order to decrease anxiety towards it caused by its potentially unfamiliar matter. But at the same time, as mentioned earlier, a certain amount of ambivalence and active balance is considered healthy. As the older adult increases in age, difficult issues tend to increase and questions about death arise.

Death is something that is very abstract to a young person. Nowadays it is not abstract anymore and it hits you like an insight that you really didn't have before... the thought and fact that you eventually are going to die. How am I going to die, are the kinds of questions that come to you, sometimes very intrusively. Also, in a concrete manner, how is my life going to end, is it going to hurt? All these kinds of questions that no one has an answer to. (Participant)

Some older adults also mention a positive side to death, where it is not considered frightening and where it is even described as beautiful. This illustrates the ambivalence and uncertainty in relation to death and in relation to one's existence as an individual. Some older adults also experience difficult thoughts when spending time alone. These are worries about the future that can be alleviated by taking it one step at a time, when dealing with these thoughts.

When you spend a lot of time alone, there will eventually tend to be dark thoughts sometimes. You worry about the future and wonder how am I to take care of myself when my strength starts to diminish and I have none to turn to who will help me... Then you have to think that you just have to take one day at a time. (Participant)

Existential issues such as one's attitude to life and spiritual as well as religious beliefs are decisive for the older adults' experiences of being in the present, whether it becomes filled with anxiety or with reliance. The existential questions constitute what creates the movement in health. The movement in health oscillates between anxiety on one side and hope and reliance towards life on the other. This determines the potential for the older adults' health. To be caught too long in anxiety with existential issues regarding the future might inhibit health. The absence of people and experienced loneliness may increase existential worry. The data illustrates the need for the older adult to move between opposite poles of the spectrum in an ambivalent manner, in order to actively maintain and preserve health in daily life.

...when your loved ones pass away. And when you are old yourself it sure puts you down. ...but you have to think that it is my turn also to pass away sometime. But you do not think that way and you also have to keep your mood up. (Participant)

These two above-mentioned quotes highlight the importance of existential questions but also of a social network, which is described in the following subtheme 'Being in connectedness'.

Being in connectedness

This subtheme highlights connectedness, being bound to others as a health potential and solitude as a source for health. Different group activities are essential for physical and mental strength. Creating meaningful connections in communion is regarded as a health potential. Being generous and helping others is therefore a natural way of being and living in the world for older adults who have this kind of outlook on life. This turns out to be an unexpected health potential.

I have also been active during all my working days doing different kinds of volunteer activities. One that is near to my heart is the home

of the older people in town. I have been a volunteer there for almost 40 years. (Participant)

Spending time with the neighbors, friends and relatives is interpreted as giving the older adults meaning and health in life. Having people and friends near the place where they live give them a sense of safety and comfort. To have someone to share daily life and thoughts with is to thrive and that is health-promoting.

Participation in different activities is health-promoting for the older adults. This may, for example, consist of participation in music groups or physical exercise. Many older adults stress that it is of great importance to become involved in different kinds of activities when one retires in order to bond with new friends and enhance one's social network. While activities, and also informal gatherings with people in one's social network are regarded as positive, many participants also mention voluntary solitude as a health potential. They express how being alone does not imply a threat or cause feelings of depression. Positive solitude is interpreted as an oasis for recreating health. One participant expresses: 'Yes I think I am blessed. I live alone and I think it is good, being alone. You get to be your own master.' The older adults talk about the ability of making their own decisions regarding what plans to make for the day. For some older people, being retired might mean that they have so many activities regularly that being alone is seen as a possibility for gathering strength. One of the older adults utters the following regarding what being alone means to her:

Regarding loneliness there are two kinds. I have lived alone all of my life, but I have been engaged in a lot of associations and therefore I have a very social life and enjoy time spent alone. ...I cannot understand people who say, oh... are you going to spend Christmas all alone? They do not understand how I can celebrate all of the holidays all by myself. And I think it is wonderful! (Participant)

Decline in physical functioning amongst the older adults may inhibit them from being as active as they would like to be and this also prevents them from joining in communion with others. There is also a need to limit the activities in order to maintain health in older age, since having too many activities scheduled was also mentioned as stressful. This indicates the importance of rest and time for recovery in order to experience health and well-being in older age.

Discussion

The key finding of this study emerges as *the ability of being in the present as a health potential*. This, to a great extent, highlights the importance of the existential health dimension for promoting health and well-being for older adults [14]. The existential dimension of health means that the older adults' attitude to life, their spiritual as well as religious beliefs and convictions, and their ability of relating to life in a subjective way, become crucial for their ability to promote health and become in health. This includes the prerequisites for being in the present and experiencing health as the ability of 'living with openness and in awareness of the realities in life and different ends of the spectrum', which implies 'living on the continuums of life and death' in this field of forces, but also 'living on the continuum of the past and the future'. This also means taking death into consideration and that one's life eventually is ending. This also covers an awareness of the dark side of life, yet through balancing these ambivalent emotions through choosing to lean toward the brighter and positive sides of life, regardless of circumstances, and making plans for the future in a hopeful and positive manner, for example, by using humor. This finding is somewhat in alignment with Santamäki Fischer et al. [8] who

suggest that healthy aging implies feeling whole as an older adult, and with Nygren, Norberg & Lundman [28], who consider inner strength to comprise being in the present but also in the past and in the future. Being the master of one's own life and being in charge of one's own life and having control over one's own health is seen as contributing to health. Being in connectedness is also seen as a *health potential* in this study, which may be compared with the view on the human being as consisting of body, mind and spirit and the holiness of the human being [7], as described in the theoretical framework of this study.

As mentioned earlier, the overarching aim of this study is to present new concepts that highlight the positive aspects and potentials of health for older adults with regards to the existential health dimension, rather than talking about 'resources' or 'whole health'. According to the results of this study, the life and health of the older adult concerns balancing ambivalent emotions of being in the world as an individual since death and life's boundedness comes to the older adult with more and more certainty with increased age. Therefore, we argue that the existential dimension should be taken into consideration to a greater extent. One should not disregard these facts as well as the fact that many older adults also tend to have more health problems or ill-health than younger adults. Therefore, we are not saying that the older adult may not experience health due to many health issues, but on the contrary; we argue that the concept of 'whole health' or 'holistic health' is not preferable in relation to older adults, since 'whole health' in old age is most likely an unreachable goal. And it might provide older adults with an unrealistic outlook, and, because they seldom attain 'whole health' due to many health issues as a result of increased age, it can even be an insult in their view. Rather we would like to put forth concepts that are more in compliance with the life stage of the older adults. These concepts are *optimal health* and *health potentials*, because this study confirms that ambivalent emotions are always present in older adults' life, as well as a decline in physical health alongside sicknesses. Talking of 'whole health' is not seen as realistic in our opinion, and does not further consider the perspective of the older adults themselves and their experiences of being in the world as an older individual. Optimal health for older adults may be understood as the older adults' ability to use their health potentials despite ill-health during the aging process [29,30].

Existential health, in our opinion, emerges as a key for promoting overall health among older adults since existential questions become particularly important with old age. When older adults are in good existential health they may choose what to focus on in their minds and thereby also direct their actions. They may also handle their anxiety and difficult existential questions about life and death, which seem to be increasing with old age. Existential health includes a greater awareness of life and its alliance with death which provides endless gratitude and generosity towards others [5,31]. We argue that the older adult may experience health and well-being despite diagnoses when he or she is taking it *one day at a time*, and deals with these ambivalent issues about life and death, and learn to hold on to whatever health potentials are available in daily life. Therefore, we do not argue that health and well-being are not easily achieved in older age, but rather that a new approach is required that also embraces the existential dimension, since decline in health is common with increased age, highlighting at the same time that older adults tend to have many undiscovered health potentials – due to their age and life experiences.

Strengths and limitations

While innovative interdisciplinary collaboration often increases

the valuable exchange of knowledge and understanding, it can also be discussed whether it is problematic that the study at hand is based on a data set not primarily focusing on the existential issues related to older adults' experienced health and well-being. Limitations of the study may be the process of recruitment and the limited number of participants: 18 participants that were quite active were recruited from a center for older adults. If the group had been another, for example, participants living at a home for older adults, the results might have differed to some extent, and we are aware that this may be a source of bias limiting the generalizability and comparability of the findings. Strengths of the study are that it is trustworthy and a nuanced depiction and that it is an inductive study of the older adults' situation.

Conclusion

This study suggests that health for older adults may be understood in the light of the metaphor of *taking it one day at a time*. From a societal point of view, this implies that health promotion should focus on highlighting the importance of the existential dimensions of health. Older adults need to receive support with creating a greater awareness and reflection upon their attitude to life, through being in the present as an essential basis for a positive and healthy outlook on life, in order to promote their own health. Further research should focus on using the in-depth understanding of health among older adults created in this study for different contexts within health care among older adults.

Author contributions

Jessica Hemberg contributed to the study conception and design, data analysis, discussion, and drafted the manuscript at all stages. Anna K. Forsman and Johanna Nordmyr contributed to the study conception, data collection and critical reflections from behavioral and social science perspectives.

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Declaration of conflicting interests'

The Authors declare that there is no conflict of interest.

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