### ORIGINAL RESEARCH

## SECRETS OF LONG LIFE: CROSS-CULTURAL EXPLORATIONS IN SUSTAINABLY ENHANCING VITALITY AND PROMOTING LONGEVITY VIA ELDERS' PRACTICE WISDOM

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In searching for different patterns of practice, lifestyle, and environment supportive of optimal health, we look to our elders around the world, who in the wisdom that has sustained them, we learn from with careful attention. Thirty-seven elders who live by their traditions participated in the present study. They assisted in the refinement of the methodology and collections and preparation of these data. These participants are well-respected, representative elders and traditional healers of their regions. These data, from study sites of the Eastern Afromontane and Albertine Rift region of Ethiopia, Africa; the Maya Mountains region of Belize, Central America; the Western Ghats region of India; and the Appalachian Mountains region of the United States, were grouped into three major categories: (1) philosophy, attitudes, and outlook, (2) lifestyle practices, and (3) dietary and nutritional practices. These elders demonstrate a relatively comprehensive but simple set of practices that can enhance our vitality and promote longevity sustainably. In essence, these practices, or practice wisdom, of our longest living elders, promote propagation of healthful lifestyles by following traditional ways and taking care of body, mind, spirit and our environment. Further field research among a larger cohort is required to fully generalize the findings of this study, but much of it is consistent with what we already know should be done. These data begin illustration of practice wisdom for implementation and serve to engage our universities, our hospitals, our industries, and our students, who we must position toward social

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#### INTRODUCTION

The World Health Organization defines health as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. Our understanding of health is evolving to appreciate complex interplays of systems in balance and includes constructs of the mind, body, spirit, and environment, both social and natural worlds.2 Though an actual description of health is ongoing, it is easily established as being precious, and we maintain that everyone needs it and ultimately everything affects it. We also recognize that we face serious, complex problems in health and wellness on local and global levels. It seems to be poor strategy and unsustainable to pursue resource-intensive, elaborate, technological interventions for diseases with etiologies that could well be circumvented via education, responsible media, and greater social responsibility. Further, it would seem that health and wellness and their inextricable linkage to nature and our environment are not given the attention that they deserve. As it is now, few would argue that we must continue to seek more sustainable means toward health and wellness. A holistic approach that unites our economy with our ecology and health in a fashion that promotes a nurturing, healthful environment would seem to be a more sustainable approach. This would include holistic constructs involving mental, physical, spiritual, and environmental health.2

One strategy for effective, sustainable healthcare is culturally relative, holistic health promotion, in effect, the integration of effective, adaptable traditional health and wellness practices into mainstream healthcare. 3-6 We can learn from our elders, the traditions that have sustained us healthfully through the millennia of our human career.

Aging demographics worldwide are undergoing rapid change. Underlying this phenomenon are the baby boomers' accelerating growth in the demographic percentages and numbers of older people. As an example, in 2006, there were approximately 37 million people living in the United States who were 65 or older, representing approximately 12% of the population. Projected estimates suggest that by 2030 there will be approximately 72 million people living in the United States who will be 65 and older, representing nearly 20% of the total US population.<sup>7</sup> With these aging demographics comes increasing need for effective, affordable, sustainable health and wellness promotion.

In searching for lifestyles and practices that enhance longevity and vital living, we can look to our wise, long-lived elders around the world. With careful reflection and creative focusing, we can

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learn from the wisdom that has sustained them. Therefore, the purpose of this study is to report on current themes in cross-cultural longevity and vital living practices, or practice wisdom, among four cultural groups around the world. These findings can then be generalized and applied internationally in sustainably enhancing holistic health, longevity, and vital living.

#### **METHODS**

The study and informed consent protocol was approved by the Institutional Review Board of Cleveland State University, Cleveland, Ohio. The study was accomplished with informed consent of the research participants as part of the research team. The identities of the elders are maintained in confidence to protect their privacy.

Given our goals of reporting on recurrent themes in crosscultural longevity and vital living practices among the cultural groups of our focus, snowball sampling was used to hone in on critical cases. We started off our sampling through established connections with regional traditional healer associations and community elders networks. Through these groups and networks, critical cases were more easily accessible. We utilized regional representative saturation via this critical case approach; the representative healer associations and elders networks further corroborated the representative saturation targets. We focused on selecting a small number of representative critical cases to "yield the most information and have the greatest impact on the development of knowledge." Further, we found this sampling approach most appropriate given the nature of the study and the fact that there are few exemplar elders in most societies.

Our inclusionary criteria consisted of advanced age (minimum of 65 years) and having established oneself as a community elder. Specifically, we used the criteria of being someone others seek out for traditional knowledge, including health and wellness advice or practice, life's practice and wisdom information, and traditional stories, language, or songs. The participants acknowledged their community status and self-identified as community elders.

Thirty-seven elders ranging from age 65 to 106 years who live by their traditions participated in the present study. Of these, 14 were verified centenarians. Our participants consisted of 12 Maya of the Maya Mountains region of southern Belize, Central America; 12 inhabitants of the Agasthya Mountain region of Western Ghats, southern India; seven Appalachian and Native Americans of the Appalachian Mountains of the eastern United States; and six elders from the Albertine Rift and Afromontane Highlands of Ethiopia, Africa. There were 25 males and 12 females in the study group. These elders assisted in the refinement of the methodologies, iterative data collections for accuracy, and comprehensive analysis. It was verified that these study respondents were well-respected, representative seniors of these regions. The regions were selected since they represent a diverse sampling of mountainous regions. Mountainous regions were selected since cultural diversity persists therein. Further, we focused on regions that were both mountainous and biodiversity hotspots, or areas endowed with both biological and cultural diversity and which are currently under threat.<sup>10</sup>

Regular field excursions, which were usually 14 to 21 days in duration, were carried out two to three times per year by mem-

bers of the research team for data collections between 2006 and 2009. Each region was visited at least four times. These excursions built on decades of regional experience and expertise that enabled attaining confident saturation of critical cases and therefore a representative sampling of the region. A uniform but nonscripted practice of open-ended queries pertaining to health of the mind, body, spirit, and environment, to include discussion and concepts on general areas of longevity and vital living as well as general observations, were used in the compilation of these data. Examples of these open-ended questions are as follows: What is your definition/description of mind, body, spirit, environment? How do they interact in health and wellness? How is balance between these facets facilitated in health promotion?

The covered topics incorporated personal and community health and wellness practices, including consciousness of environmental interconnectedness. Through an iterative approach, queries emerged that elucidated data on mind, body, spirit, and environment in health, healing, and community wellness in both formal (roughly 60 to 90 minutes) and informal interviews and general observations at each location and with each elder. Spontaneous queries and conversation were lively and fruitful. The researchers recorded the interviews and observational information with video and photo documentation and copious field notes for transcription at a later date. Triangulation and member checking was done by daily reflection and iteration among the researchers and participants. Researchers who were familiar with the culture served the very important role of translator, researcher, and cultural broker among their respective groups. This provided added confidence to interpretations of ambiguous areas of meaning.

Data analysis included identifying common themes running through interviews, general observations, and conversations as we discussed the lives of these elders and their understanding and beliefs with regard to the cosmos, that is, their cosmologies, and behavioral patterns in the context of their personal and prevailing attitudes toward health and wellness.

The body of qualitative data collected from the four study sites was then transcribed and coded by the researchers into three major categories for reduction, analysis, and reporting as results: (1) philosophy and outlook (which informs the latter two categories), (2) lifestyle practices (subcategorized further into four categories), and (3) dietary and nutritional practices.

## RESULTS AND DISCUSSION Philosophy and Outlook

These elders maintain that a positive attitude is essential. As one elder Appalachian asserts, "Life is good." Adding life to years, rather than adding years to life, is the goal to which they strive. They believe that health and balance of mind, body, and spirit in the context of a healthful environment is essential to one's well-being. And, that intimacy with nature is profoundly important. Striving to lead a stress-free lifestyle is very much a part of their day-to-day activities. They live in the present, don't dwell on the past too much, nor do they spend too much time in the future. There is belief that presence in the present provides for the future. These elders do not oper-

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