

LIVE WELL

PIN PIN KORORI! — LIVE LONG, DIE SHORT!

Cullen Hayashida
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There is news about older adults just about every day in the media — among the topics are the exploding demographics of seniors; the increasing number of dementia cases; reports on episodes of falling; commercials on pharmaceuticals, nutraceuticals and cosmeceuticals; the high cost of long-term care; family caregiver stress and more. It feels like an inescapable vortex of concerns that overhang our hopes and plans for our golden years.

For the past four decades, I have been in the thick of eldercare service development, focusing primarily on the creation of long-term-care related services for the frail and disabled. During these years, I have observed two divergent approaches related to aging. On the one hand, there has been a longstanding tendency to address aging as sick care and its need for chronic care management. Because of the high cost anticipated with nursing home care, there is an ongoing need to find more cost-effective solutions with home- and community-based care and aging-in-place policies. This “aging as sick care” perspective addresses health challenges, adjustments to losses, long-term caring and, eventually, death and dying. As important as it is for these issues to be understood and planned and prepared for, the emphasis on this perspective has not attracted many into the field of gerontology.

The second countervailing approach is an antiaging perspective that purports the theoretical possibility of extending life far beyond a century. Skin-tightening creams, hair regrowth products, cosmetic surgeries, hormone therapy, regenerative medicine, genome therapies, organ transplantations, nutritional supplements, among numerous other products and services, continue to experience hyper-growth. Is it any wonder that there are more practitioners associated with the American Academy of Anti-Aging Medicine — a

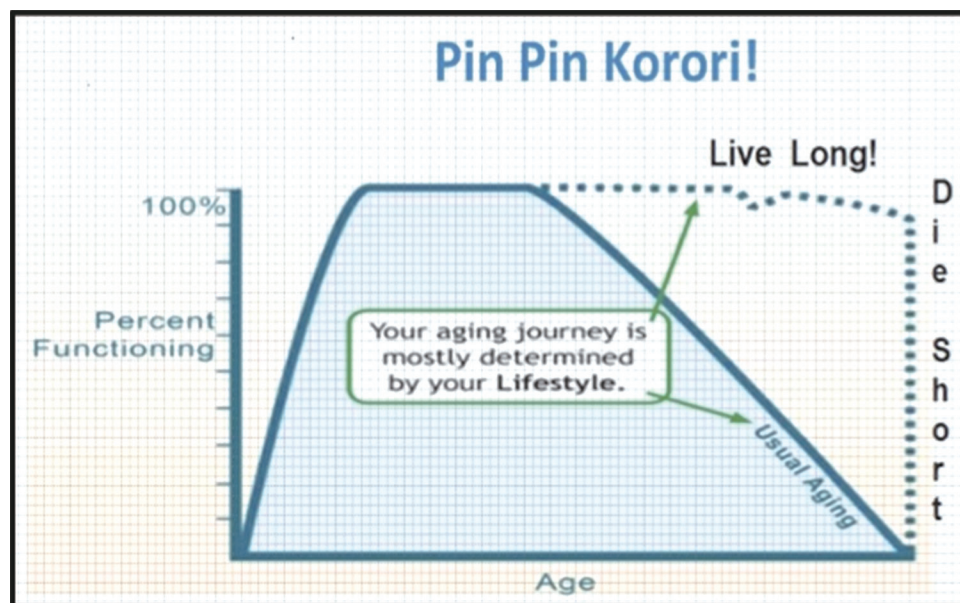
field not recognized by any legitimate medical certifying body — than there are board-certified geriatricians? Could this be why there are fewer geriatricians today than there were a decade ago — and why their numbers continue to decline?!

Are these two perspective — aging as sick care and antiaging — the only two approaches available for the general public looking at their prospects in old age? I think that we can consider a third option.

Increasingly, there is a growing recognition of an active aging perspective. “Active aging” recognizes and acknowledges that life is finite, but that we have the capacity to continue to grow, contribute and engage for much of our natural life span. The focus is not on increasing our life expectancy but on increasing our *healthy life* expectancy. This might mean that our longevity may not increase appreciably, but our time as productive, active and healthy individuals can.

The field of gerontology has, in fact, recognized this possibility with concepts such as the rectangularization of the survival curve and the compression of morbidity. The “rectangularization” term refers to extended time in optimal health and functional status while the latter refers to the reduced time in a disabling and frail condition at the end of one’s life. Physician Roger Landry refers to this approach as “Live Long, Die Short,” which is also the title of his recent book.

The remarkable coincidence about this perspective of active aging is that it uses a widely recognized popular term in Japan known as



“Pin Pin Korori.” Known since 1995 as the “PPK movement,” Pin Pin Korori is an onomatopoeic phrase with *Pin Pin* reflecting a healthy, energetic and bouncy person. *Korori*, on the other hand, suggests a fall, a stumble, and a quick and painless death — which many think is an ideal way of passing on. Interestingly, Dr. Landry uses a comparable metaphor of colorful autumn leaves that blend with others and that fall from trees when the time comes.

This is becoming a part of Japan’s active aging movement, which is shifting its focus from aging as sick care to aging as an asset and a community resource. The PPK movement has also inspired the creation of songs and even special temples where one can pray that your life will end in this ideal way. You can listen to the Pin Pin Korori song at this YouTube video website: <https://www.youtube.com/watch?v=VUwM3W5cgQw>

Take these words to heart and live a long and full life. Remain fit — physically, nutritionally, socially, emotionally — and with purpose! **HH**

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“PIN PIN KORORI” SONG (LIVE LONG, DIE SHORT)

Let’s strive for health without illness
 Get regular meals and sleep
 Control your salty, sugary and fatty foods
 Eat veggies and drink enough water . . . and we will be
 Pin Pin Korori
 Pin Korori.

Laughter and exercise
 Are secrets of youth
 Commit to a daily schedule
 Dress up and go out occasionally
 Have many friends you can talk to . . . and we will be
 Pin Pin Korori
 Pin Korori.

Emotional health is so important
 Forget negative thoughts to reduce your stress
 Have interest in life and embrace your life’s purpose
 Live happily . . . and we will be
 Pin Pin Korori
 Pin Korori.

(Translation by Michiyo Tomioka and Cullen Hayashida)

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you socialize? Who helps you when you need help? What social services are you currently receiving? What kind of help do you need that you are not currently receiving?

A person can write his or her own life story as part of the preparation for a psychosocial assessment. Or, primary caregivers can do their best to write one up, just as a way of having this information close at hand when it is needed. It can begin: “I was born on Jan. 24, 1948, in Wailuku on the island of Maui. My father died in 1988 at age 70 of lung cancer, and my mother . . .” In the end, you will have a personal narrative — most likely at least several pages long — that captures much more of your life story than a current description of your diagnosis or disease.

Occasionally, a family member will tell a health care provider, “I wish you knew Mom before she got sick. She had such an interesting life when she was younger.” The psychosocial assessment can give the fuller picture.

Believe it or not, health care providers often en-

joy reading them because they, too, may be curious about what someone like Mrs. Sato was like before her current health care problems. And, preparing for a psychosocial assessment can be an interesting experience for both patients and their loved ones as they try to reconstruct their life’s journey — good, bad and indifferent. When these individual pieces of a person’s life are joined together, they often have a meaning and significance that were not evident beforehand, which is why reminiscence (remembering and talking about one’s life history) is actually a form of psychotherapy, too. The memories need not be all good — even memories about difficult circumstances in one’s past can be therapeutic, because a person can look back on his or her life and conclude: “Wow. I really overcame a lot in my life. I’m a survivor!” But we’ll discuss reminiscence therapy in another article. **HH**

Kevin Kawamoto is a longtime contributor to The Hawai'i Herald.