

AGEING, SPIRITUALITY AND HEALTH

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Abstract: This paper takes the view that old age is a spiritual journey. It suggests that a primary task for the carer is to support this spiritual journey into old age. The spiritual development of the older person is also assisted by an appropriate societal context, hospitable to this view of the ageing process. Thus older people may be encouraged to retain a sense of self, of meaning and of integrity. The article explores the various discourses through which ageing is understood, and discusses the implications for health and social care services of the 'spiritual journey' discourse.

Key Words: Ageing, older people, spiritual journey, spiritual need, caring task

Ageing and the search for meaning

Ageing is part of the task of being human. It involves decline and loss. The spiritual journey is bound up with the search for meaning. TS Eliot noted two fundamental questions in life. Firstly what does life mean and secondly what are we going to do about it. Both as individuals and as a society our various discourses concerning ageing are a more or less helpful means of handling such questions. I will argue below that the search for meaning in ageing is fundamentally a spiritual task, unique to each one of us, yet common to all. It is what binds us together and also what prompts us to isolate ourselves from each other. A discourse which acknowledges this can assist both the older person and the carer to create or locate meaning in the aging process. A successful ageing according to this perspective, is therefore one that embraces and self consciously embarks upon a spiritual journey. To take it further – the spiritual journey is bound up with ageing – and further still – ageing is a spiritual journey.

Ageing and the individual:

Balancing discourses

Two Case Studies

Pam aged 54, complained of stomach pain. Within one week of consulting the General Practitioner about her symptoms she was given a diagnosis of pancreatic cancer with liver secondaries. Her di-

lemma became how to continue living with that knowledge. What could be her *method* of daily life in a world that held no promise of tomorrow?

Her method became apparent. She held in her mind two ways of viewing her situation: two assumptions or discourses. Firstly she made an assumption of immortality. She would recover despite the odds of recovery and she embraced vigorously plans for her future. Secondly, she made an assumption of mortality. She spoke clearly her about her imminent death. She acknowledged the importance of living in the moment without reference to the future.

She operated these personal discourses together. Sometimes they appeared within the same sentence. Her visitors became aware that she required them to keep up with these discourses and respond appropriately. Her visitors had the role of offering her confirmation of both these assumptions. These two assumptions were both of extreme importance to Pam in her struggle to come to terms with her situation.

Angus is 84. He is married to Sheila who is 69. They married two years ago, two years after Angus' first wife Mary died. Sheila is an old family friend. Angus is very happy indeed with Sheila and sees himself as fortunate to have met two women with whom he could live in great harmony in his lifetime.

Angus has a number of symptoms and visits the general practitioner regularly – he is highly motivated to remain healthy and well given his relatively new marital status. He views himself as a naturally cheerful individual. Most of his contemporaries and long term friends from college days are either dead or have cancer. A weekly phone call to his daughter includes a catalogue of funerals, terminal illnesses and disabling conditions belonging to others.

Angus, like Pam, also operates two discourses, but he only *engages* with one - the assumption of immortality. Angus acts as though his life span will continue indefinitely. He rarely discusses the possibility of his own demise despite his age and he plans ahead for holidays and events years hence.

Angus was unable to speak with his first wife about her impending death. He has not allowed himself to be confronted with a situation that has made him face, in stark terms, his own mortality, his own ageing. He looks well and young for his age. He still plays golf, - his aches and pains are related to age rather than illness.

Angus' two discourses are not balanced. This potentially leaves him very vulnerable if his lifestyle and life circumstances are radically changed through ill health.

Maintenance of balance

As we progress through life our life voices are a balance between immortality and imminence. We must have both these discourses to progress – but they move in and out of focus depending on our current circumstances.

Ageing is a process of maintaining a balance in the discourses of immortality and imminence so that we can manage ourselves and our lives and maximise our meaning.

Our carers and helpers, our family and friends must learn to follow our balance which changes on a daily basis – this involves careful listening and observing, the real work of compassionate caring.

Pam's story shows that listeners to the discourse must also learn to move with the emphasis between immortality and imminence that prevails at any one moment.

Ageing and Society:

Two discourses

Scottish society also seems to work with two ageing discourses. At first glance they are very different.

In, what could be called the *problem based discourse*, ageing is assumed to be difficult and essentially a problem both for the individual and society. Conversely ageing is portrayed as the advent of wisdom and an opportunity for both the individual and society.

Both these discourses have implications for the individual and the perception of successful ageing. Both these discourses seem to share the same underpinning assumptions although they look somewhat different superficially.

First Discourse: The problem based theory of ageing:

In our current Scottish society, ageing is most commonly seen as something to be feared and rejected. Ageing is something to be ignored. Ageing is something that happens to other people. Ageing is a problem to “fix” through social, economic or health policy. Ageing is a biological ‘mistake’ or challenge that will eventually be rectified through scientific endeavour (Kirkwood: 1999).

The problem based discourse around ageing can be understood as a fear of death and the instinctual drive towards denial of death. In a secular environment the reality of death has the potential to render life meaningless. Meaning of life questions, in our current society, are bound up with maintenance of youth and continuity of ‘youthful’ practice. When illness occurs, as it does increasingly with old age, the individual is required, mostly unwillingly, to reflect on his or her position and the meaning of his/her life in a wider context.

This problem based approach to ageing could be considered to be similar to the psychological position known as the paranoid-schizoid which is described by Kleinian psychotherapy (Greenberg and Mitchell: 1983). In this position the relationship to the object, in this case ageing and death, is very stark and uncompromising and places the perceiver in a difficult and rigid position. Ageing is seen as a

mistake to be rectified in due course. The underpinning assumption is that ageing is a 'bad' thing. We find ourselves surprised by old age rather than planning for it. This perception of ageing is rooted in wish to avoid the realities of ageing and death. By denying it, ageing loses its power to make us afraid. This is most often displayed by the denial of old age in oneself, but the recognition of it in others. Escaping or cheating old age also has a market value.

The research around ageing in this discourse tends to focus on collective solutions using a positivistic methodology. In this position successful ageing is defined by the clever avoidance or overcoming of the vicissitudes of old age. The successful ager is the one who escapes old age. Rewards are for people who "do not look their age" or who are "marvellous for their age". Medicine helps with this by improving techniques for instance hip replacements, heart by pass surgery, plastic surgery, sophisticated biomedical interventions. Social science helps by redefining the concept of elderly in terms of retirement age or in terms of pension rights, and financial bonuses.

Since ageing and death are inevitable the strongly held internal belief that ageing does not happen to self, only others, hosts the potential for anomie (Douglas: 1967), that is dislocation from the main stream structures of society and societal beliefs as the individual does relentlessly age.

In this position, society tends to associate the "blame" for ageing with those who create a problem around ageing. Those people who are creating a problem (by requiring services, taking pensions, using resources) tend to be stigmatised by society where blame is an important mechanism of social control. If the societal norm is to treat ageing as a problem then there will be a stigma against the old and a consequent discrimination.

Second Discourse:

Ageing is not a problem, it is to be welcomed

The alternative view is that ageing brings with it wisdom and calm and releases energy. Even the vicissitudes associated with old age are to be embraced. Tom Kitwood's idea of personhood (Kitwood 1997) exemplifies this counter view of the ageing process. This view comes from a variety of

sources and disciplines and tends to be reinforced by qualitative studies looking at the *individual* perspective on ageing. (Achenbaum W. A. 2001, Frieden B. 1993) In these studies and in a longitudinal study by the author (Mowat: 1999) it is shown that ageing is not a problem for the individual; it is society and groups that find ageing difficult.

As a collective view however, this optimistic view of ageing can also be seen as a denial. Here ageing is reconstructed as opportunity and maximisation of the creative individual self. Whilst it is not a denial of age it denies the need to take age seriously as decline and ultimately death. The underpinning assumption is that ageing has social benefits and creative opportunities for the individual and society and these benefits must be acknowledged and exploited. It is driven by a challenge to ageism and age prejudice. It sees ageing as something to be constructed by the individual. Ageing is a creative negotiation. There is a focus on the wisdom of old age – old age as a golden age, although this is challenged by authors such as Woodward (2003) as being incompatible with anger and fighting for rights and a position in society.

This perspective may simply reflect the hopes of those now entering old age.

Research tends to focus on the lived experience of ageing using a social construction perspective (Berger 1969). In this position successful ageing is to live one's life to the full and to overcome and transcend the vicissitudes of old age and reject the stereotypes of the problem based model.

Social science and practical gerontology have promoted this idea strongly in Scotland. The Dementia Services Development Centre at Stirling University is an example of a campaigning almost evangelical organisation that promotes anti-ageist care and encourages a positive view of even the most devastating of illnesses associated with old age.

This position is potentially uncompromising and holds danger of being prescriptive. Its very attempt to regain the individual in old age leaves it open to reject those individuals who do not fit the creative individual prototype. Thus it becomes another model that could be described in object relations terms as paranoid-schizoid. The other side of the same coin.

A third discourse:

Ageing as a spiritual journey

The spiritual journey based theory of ageing is a maturation from the paranoid schizoid position of good versus bad. It could be called a depressive position. In maturational terms this is considered to be a more balanced position to take.

If this can be called the depressive position it means that the individual/society is realistic in their understanding of their position - that they will grow old and that they will die. This approach is characterised by a search for meaning of self in relation to the wider society and world. The underpinning assumption is that ageing is inevitable, as is death and that there is loss and pain in the process of growing older (Kimble 2002). The perception of ageing is rooted in its purpose as a vehicle for spiritual journey. Ageing is an important part of the spiritual journey and offers opportunity for growth and discovery of self through suffering and loss which can be helped by attention to the creative self. The successful ager in this position is the ageing self who can both negotiate and retain meaning through discovery of self and who can then transcend self.

Viktor Frankl (1984) offers us a vision of humanity that moves away from reductionism and biological drives, and gives us the opportunity to see human beings as essentially spiritual. He suggests that human beings are spiritual beings with an irreducible core. This is expressed in a spiritual unconscious. The spiritual unconscious allows the mind to relate to what is not yet understandable or known, whereas the conscious mind can only relate to what is or what has been. The essence of the spiritual being is self transcendence.

If we take Frankl's irreducible spiritual core as given, then the task for the individual, the ageing individual, is to discover and negotiate individual meaning even when confronted with what Frankl calls the tragic triad of pain guilt and death. The task of old age and its fundamental purpose is therefore to search for meaning through a search for spiritual self. This is what Jung called individuation, Antonovsky called a sense of coherence and Erikson called ego integrity. The search for and maintenance of self can take place through remembrance. The

remembrance of self is part of the manifestation of "attitude" that Frankl speaks of.

The implications of this perspective for a societal view on ageing are that ageing is seen as something universal and a bond between individuals and groups, rather than divisive and strange. The fear of death and dying implied by ageing may well be present but the method of coping with fears is inclusion rather than exclusion.

Our societal task both as individuals and groups is therefore to support people in their remembrance and exploration of self, to help them maintain the balance in their personal discourses between immortality and within society in a suitably mature depressive position.

Past, present and future selves:

The struggle for integrity

There are three selves that preoccupy us simultaneously. The past self, the present self and the future self. As we grow older the balance between these three selves shifts and the past self takes on a significance and importance which helps us understand our present and future selves. Each of these selves is uniquely related to each other. This gives us our individuality and our unique life story. However none of us can escape the ego integration work that Erik Erikson so carefully identifies as the work of old age. According to Erikson, achieving a sense of integrity means fully accepting oneself and coming to terms with death. Accepting responsibility for your life and being able to accept the past and achieve satisfaction with self is essential. The inability to do this results in a feeling of despair.

The future self requires contemplation of our own mortality. We are required to face up to our own death. Remembering our forthcoming death puts into sharp relief our past self and present self. Who are we, why are we and what is next? This may well be the first time that we have thought of these questions and time seems to be running out. The ageing moment comes upon us unawares and we are caught in a situation that we may not have prepared for, both as individuals and as a society. Like illness the ageing moment forces us to contemplate our purpose. This is the challenge for the ageing self.

A central role for the carer of older people who are struggling with this task is to help them with the struggle rather than to prevent them struggling in an effort to avoid pain.

Conclusions:

Implications for those working with older people

The fundamental role of those working with older people is thus to maintain and sustain the self in the very situations that compromise that self. So that individuals can be free to do their spiritual work if they so choose. Knowledge of the context in which the older self has lived and worked is crucial. The self is maintained and made relevant through remembering – acts of remembrance become key components of the caring work.

By supporting older people through this process we also support ourselves, whatever age we are. We must pay attention to our own spiritual self however in order that we can be supportive to others.

As well as knowing the context of the older person with whom we work we must also encourage an attitude of meaning.

Viktor Frankl teaches us something of taking on such an attitude. His research and thinking tells us that the human spirit is irreducible. We are first and foremost spiritual beings. Our human task is to search for and assume meaning. Meaning is not invented but discovered. We do this through realising creative and experiential values.

Peter Speck (2001) has suggested that there needs to be greater cooperation between gerontologists, pastoral caregivers sociologists and health care providers in collaboration with discussions within society if we are to be able to change towards more positive attitudes to ageing. This article hopes to contribute to this discussion by suggesting practical ways of being carers, companions and active participants on the spiritual journey into old age.

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