

Paper for Australia September 2004

Ageing, Health Care and the Spiritual Imperative: a view from Scotland

Introduction:

Thank you very much for inviting me to come and speak at this important conference. I am aware of the responsibility of setting the conference up with a rousing first presentation and I hope what I have prepared for you does something like that.

I have chosen the title, ageing Health care and the spiritual imperative: a view from Scotland. You will immediately realise that this is completely fraudulent given that I am so obviously not from Scotland and in fact was born near Dover which is just about as far away from Scotland as you can get on the same piece of land.



(Map of Scotland and Europe)

However my good sense of navigation and great taste means that I now live in Scotland and am married to a Scot and my children have Scottish accents.



For those of you whose geography is as poor as mine, Scotland sits on top of England and is now a devolved parliament. This means that Scotland has certain powers to implement policy differently to England and health is one of those areas although taxation is not.

My children are often concerned that I am mistaken for the Queen given their view that I sound just like her. Indeed they felt it was important that I made it quite clear that My husband and I, despite not being Royalty are very pleased to be with you.!

Just to further convince you that I am do not reside in Balmoral I thought it might be helpful to give you a very brief idea of the kind of work I am doing.

The research projects that I am currently involved with increasingly reflects a growing interest both of mine and in Scotland as a whole – that

is the relationship between wellbeing, spirituality and religion. My particular interest is in the relationship between older people and spirituality and religion. I am going to draw on these pieces of research during this presentation as well as referring to other research and ideas. All the references are noted on my website and I'll put up the website address at the end of the talk.

My research includes a study of Scottish hospital chaplaincy which shows, unsurprisingly, that older people are the less interesting end of the chaplaincy spectrum and spiritual care for this group is often manifest in traditional service attendance and sacrament delivery. As the interest in spiritual care grows so the interest in older people diminishes. Chaplaincy is in danger of setting up a hierarchy of important hospital areas – similar to the traditional medical specialities, where old age is not seen as the most interesting and important of subjects.

The study on patient involvement in the NHS suggests that although older people (over 65s) dominate the patient population (60%) that involvement often refers to younger people.

The study on “expert” elders shows along with other studies that it is the don't knows in terms of faith and spirituality who are those most likely to have an increasing sense of anomie as they age.

The study on suicide which is not yet complete, suggests that once again older people are presumed to require traditional religious sacraments and that an elderly suicide is more “acceptable” than a younger one with perceived less need for family and community support.

Managing change in Church of Scotland old age homes has shown that staff are ill equipped to support elders spiritually despite the nominal adherence to faith.

My very blatant position is that as we grow older we need more spiritual and religious support and guidance - not less.

The central question for all of us is as follows:

How do we get from baby to old man/woman?

And what do we make of our lives on that journey?

TS Eliot a Christian poet poses two crucial questions.

What does life mean and what are we going to do about it. How does the journey of life that takes us from baby to old man/woman help us answer these questions.

Each person will experience this journey uniquely but the core imperative of “what are you doing and what is it for” is a universal.

During this presentation I will cover three areas probably not in this order.!

Ageing as a spiritual journey

The context of ageing in Scotland

Practical Implications

This paper offers a perspective on ageing that makes central and fundamental the spiritual journey. Ageing is not confined to the old. We are all ageing all the time and whilst the imperative of ego integration,ⁱ is more pressing in old age, the march of time makes no exceptions.

Borrowing from the human developmental ideas of Frankl, Jung, Erikson and Klein, the paper takes the view that we are all spiritual beings and we are all trying to be successful, integrated reconciled and mature individuals. Ageing and spirituality is relevant to every individual. Successful ageing is concerned with the successful selfⁱⁱ.

The spiritual journey is bound up with the search for meaning. Ageing is part of the task of being human and it involves decline and loss. The spiritual journey – search for meaning - is unique to each one of us..

The spiritual journey is made evident in the search for the ultimate destination of giving up self, transcending self. Remembrance and routine are methods by which the ageing and the spiritual journey can be facilitated.

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.

The primary task of ageing is spiritual development.

Spiritual development is helped by an appropriate societal context in which ageing as spiritual journey can flourish

This has implications for health and social care services.

Joy

Let me tell you about Joy – and how she is trying to make sense of her journey

Joy is 54. She is married to Tony and they live in the country. They have a house in France which they are “doing up” – this is a life times project and they spend hours on the internet catching good flight deals and speaking in broken French to builders who have just put up the wrong tiles and put in the wrong kind of pipes and so on. This has given them great pleasure over the years. They are now very experienced French home owners. They love the food and wines of France and their particular pleasure is eating well both in UK and in France. Both Joy and Tony are excellent cooks. They walk the hills in France and in their local area in the UK.

Joy works as a senior executive for a charity and has recently been honoured with an MBE. Her sister lives in New Zealand and an international conference in Australia gave her the opportunity to visit NZ and Australia recently.

They have been married for 18 years. They have no children together, but Tony has two boys who are now well over 30. Tony is 20 years older than Joy and is in his 70's. He has transformed the garden and works two days a week for a national Trust as a gardener. He rows and cycles regularly.

They both attend the local church. Tony is a church warden and Joy's father, a minister himself, inculcated her with the form and liturgy of the church service from an early age.

Three months ago Joy started getting dyspepsia and indigestion. Her guts sometimes hurt. She thought it was the typical start of gall stones and since she fitted the picture of fair, fatt(ish) and forty (ish) she eventually went to the Doctor since the spasmodic pain was becoming unacceptable. Not somebody to complain and having had a relatively non existent relationship with her Doctor due to general good health, she turned up at the surgery with a degree of impatience since she had an important

appointment to meet and it looked as though she was going to cut it rather fine unless the doctor speeded up.

The doctor did some tests, confirmed he thought it was probably gall stones, agreed her stomach was a bit distended. Joy determined to eat less fat, jumped in the car and noted in her diary that she would need to go back to the surgery the following week.

The next week further tests were required this time in the hospital.

In the third week she met with the hepatico bilio specialist to receive the results.

She was told that she had cancer of the head of pancreas and liver secondaries. Any treatment would be palliative. She should prepare herself for terminal illness.

To say this was a shock was an understatement indeed. Over the subsequent weeks, Tony became angry, first with the doctor and then with Joy. Joy swung from depression to optimism and determination. She read as much as she could and foolishly (she says) trawled the internet for information discovering that only 4% of patients with such conditions survive longer than one year.

Joy's dilemma was 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 discourses.

The first discourse was one of hope, assumptions of immortality, endless life, plans for the future. The second discourse was one of acceptance of death, immanence of death and the importance of living in the moment without reference to the future.

She operated these discourses together almost sometimes within the same sentence. Her visitors became aware that she required them to keep up with these discourses and respond appropriately.

When she was talking about future plans for the house in France she could speak of tiles for the bathroom, the need to go and choose some paint in the local B and Q. The fact that they must plant some trees to provide a screen for their old age when they would be sitting out more in

the garden in their English home. Suddenly she would be chastising any thought of even discussing tomorrow, of living entirely in the present. She would speak of her fears of “leaving” her fear of finding herself pointless and her life of no meaning.

TWO DISCOURSES

- Immortality
- Living forever
- Planning
- Suspension of imminence

- Imminence
- Living in the moment
- Exploiting the moment
- Suspension of immortality

These two discourses of immortality and imminent departure are both of extreme importance to Joy in her struggle to come to terms with her situation.

Jim:

Jim is 84. Jim is married for the second time to Pip who is 69. They married two years ago, two years after Jim’s first wife Liz died. Pip is an old family friend.

Jim is very happy indeed with Pip and sees himself as fortunate to have met two women with whom he could live in great harmony in his life time.

They live well. They go to France regularly, living near Dover,. They live in a village community amongst long standing friends and they are regular church goers and church community workers.

Jim has a number of symptoms and visits the doctor regularly – he is highly motivated to remain healthy and well given his relatively new marital status. He is naturally a cheerful individual. He tells a good story and is always ready with a suitable joke. He enjoys the sport on TV and has been a cricket fan all his life. His friends are dying and most of his contemporaries at college 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.

Jim also operates two discourses, but he only believes and engages with one. Jim operates the immortal discourse. He 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 two years hence and events in the future that may or may not happen.

It was only when his first wife was dying that he had occasion to think of his own demise. He was unable to speak to 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. He laughs when his daughter confirms that he is infact an old man. He talks about events in the future when he will be 120

Jim's two discourses are not balanced. Indeed they are extremely unbalanced. Jim prefers to use the discourse of immortality. Imminence is hidden away.

Joy's is doing what *we all do at any age.*

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.

We as listeners to others discourses must also learn to move with the chosen balance of the people we care for.

Scottish society works with two ageing discourses. At first glance they are very different. Ageing as a disaster both for the individual and

society. This can be called the “problem” based discourse. Conversely ageing as wisdom and opportunity for both the individual and society – this could be called the “expressionist” based discourse. 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.

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.ⁱⁱⁱ 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 could be considered to be similar to the psychological position known as the paranoid-schizoid which is described by Kleinian psychotherapy.^{iv} 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. To pursue this further.. 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 ones self but the recognition of it in others.

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 this position inevitably produces a state of anomie^v, that is dislocation from the main stream structures of society and a sense of societal breakdown.)

Creative theory of ageing: Ageing is not a problem

There is however a counter view 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^{vi} and other work with people with dementia, illustrates 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.^{vii viii ix} In these studies and in the study I am carrying out on expert elders... 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 is also 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 seriously age 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^x

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.^{xi} 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 Centre in Stirling is an example of a campaigning almost evangelical organisation that promotes anti ageist care and encourages a positives view of even the most devastating of illnesses associated with old age.

This position is 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.

Spiritual journey based ageing:

The spiritual journey based theory of ageing can be understood in terms of the depressive position which is seen as a maturation from the paranoid schizoid position of good versus bad.

This 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.^{xii} 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, 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 aging self who can both negotiate and retain meaning through discovery of self and who can then transcend self.

Both Carl Jung and Viktor Frankl offer us a vision of humanity that moves away from reductionism and biological drives. Both offer us the opportunity to see human beings as essentially spiritual. Frankl suggests that human beings are spiritual beings with an irreducible core. This is expressed in a spiritual unconscious. The spiritual unconscious allows the conscience to relate to what is not yet, 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 he 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, Antonosky 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 health care practice are the support of people in their remembrance and exploration of self to help them maintain the balance in their personal discourses between imminence and immortality and within society in a suitably mature depressive position.

There are some attempts to consider the individual self which come out of a change in societal make up and environment. These are manifest in...

Scottish Executive have attempted to think about the self in their policy of patient focus. This is an interesting piece of policy making in that there are a number of strands to this policy. Namely, patient involvement programmes, spirituality programmes and cultural competence. Under a general umbrella of patient focus there is a recognition that these three elements or focus contribute to the recognition of the self within the waste land of the organisation. And this recognition is not just focused on the patient. The acknowledgement of staff distress and self – diminishment is also apparent. Spirited Scotland is one element of this programme which is an action research programme attempting to highlight and respond to an increasingly loud spiritual call from the population. They have also attempted to do this through promoting and developing the work of the chaplain in the hospital as the current recognised spiritual respondent.

Ageing in Scotland –

Demographics

The population of Scotland in 2002 was just over 5 million and falling. There are currently 1.7 million people over 50 which comprises 34% of the population. There are one million people over 60 and 300,000 thousand currently over 75. By 2030 (when I will be 78) there will be a total population of 4.5 million in Scotland 1.5 million of over 65s. This means that 33% of the population in 2030 will be over 65 in Scotland an increase of 10% from today’s figures.

There are a number of features about our health and social care situation in Scotland that are relevant to the debate about the nature of ageing and its purpose. This provides the zeitgeist or context which helps us better understand the ageing task.

We have a Scottish Parliament with devolved powers and reserved powers. This means that our health and social care policies are Scotland specific rather than dictated by London. The small size of our country means that our politics and policy making is very close to the “people” and that there is an ability to engage in politics at a much more meaningful and local level.

For instance, a recent workshop on mental health and well being in later life (March 2003)^{xiii} which was intended to develop policy on older people, interviewed by focus group people over the age of 50. One of the findings from this workshop was that older people wanted to retain their sense of individuality and not be treated as a group. The general mood of the workshop was that each individual has much to offer and the offering is itself an important part of maintaining purpose and meaning. The importance of feeling and giving love was recognised as a strong source of comfort and being active in religious communities was also identified as a constant source of support strength, friendship and inspiration for some older people. None of these findings are particularly startling or surprising. There are similar workshops being planned with the Fair for All team^{xiv} which are intended to underpin policy through establishing need. This is an attempt to develop some kind of democratic representation to underpin policy. Focus group based social and health policy is a fact of post modern life.

Health Policy – patient focused care

There is currently an emphasis on patient focused care. The minister for Health and Community Care in Scotland describes Patient Focus and Public Involvement as being “at the heart of my vision for a modern , 21st Century Health Service”^{xv}. This policy direction has spawned a number of projects and programmes that are aimed at furthering the patient focus or patient centred approach to health care. Cultural Competence and Spiritual needs are both given attention in this broad policy initiative. The funding of the Spirited Scotland programme was part of this.^{xvi} This is a response to the bureaucratic image of the NHS and underpins much of the government “reforms”. The exhortation is to produce a service that responds to holistic patient need through creative partnership with patients both at an individual, structural and strategic level. This involves finding out what individuals and groups need and want in terms of service

delivery and society and a number of initiatives are underway to try and establish need to drive policy.

Social Policy - Inclusion

Concurrently there are social policy developments that compliment these ways of thinking. The idea of an inclusive society is now enshrined in a variety of health and social care legislation and directives.^{xvii} Inclusion ranges across all age groups and is particularly interested in ethnic minority inclusion. However the idea of cultural competence which started its life in the ethnic minority arena has become an inclusive concept in itself. Thus older people are now part of the focus of these ideas. Inclusivity is a child of the community care movement.

Social Policy – Community Care

In 1990 following extensive work on care management and community care, particularly by Challis and Davis^{xviii} legislation was passed which formalised the importance and centrality of care in the community. The implications of this are still being played out in the eternal dialogue between health and social care about the principles of seamless service, the place of residential care and hospital care, health and social care collaboration and the financing of such a seamless service remains central. This has implications for older people who make up the majority of those involved with community care. The demographics speak for themselves in terms of fewer people to support more people in their own homes. Currently 4% of our over 65's live in any kind of residential accommodation.

Challenges-Remote and Rural : Migration

Scotland is a rural country. We are blessed with wonderful scenery and rugged spaces that Scots have, for centuries, used as places of spiritual renewal and growth and that visitors to the country enjoy and marvel at. However rurality and remoteness can be a difficulty when inclusive and equal services and responses to need are demanded. The remote and rural issues for Scotland are related to poor transport, difficult transport in the winter, health and social care professionals withdrawing from the rural areas preferring the more urban conurbations and the less pressurised on call; unrealistic local demands, lack of resources. A further challenge is the in migration of retiring couples who come for the spiritual peace that Scotland can offer (and the cheaper housing) and find that health and social care services in a remote island is not quite as it was in Birmingham or Canterbury. The implications of an in-migrating young

older population, the emphasis on community care and an out-migrating younger population are clear.

The current Scottish context for the ageing self

Peter Coleman^{xix} has argued that the study of older people's religious and spiritual beliefs and practice should be integrated with the investigation of self and the way in which meaning of life questions are posed and dealt with in later life. The self and the search for self is the central practice of the spiritual journey. The current context in which the ageing self resides is therefore of some importance.

Spirituality and Religion

There is a current social trend which suggests that whilst church attendance is dropping, experiences of spiritual events are increasing.^{xx} Older people are now the dominant population in many churches in Scotland. Of course, church attendance and its relation to faith and spiritual growth is complex. Coleman^{xxi} suggests that even amongst the older population where church attendance remains relatively high there is a large minority of older people who find religion and church unhelpful as they age and tend to show disappointment in institutional religion. So whilst the church is desperately seeking alternatives to attract younger people, it may be losing its older population through misunderstanding and neglect. Older people in Scotland tend to have a background of church/faith and an accompanying language that includes biblical illusions and metaphors. Gordon Graham^{xxii} the professor of moral philosophy in Aberdeen has recently declared that he can no longer assume that his audience /student population can understand references to for instance parables. Older people still have that kind of metaphor and still value the kind of reference to liturgy and hymns that are alien to a younger generations.^{xxiii}

The ageing population and the consequences of this for social structure which has long been discussed by gerontologists and long been ignored by social and health care policy makers, has now become a reality. There are countless articles on radio, television and in the popular media about the implications of the ageing population, methods by which ageing can be held back and the advantages and benefits of ageing. The personal opinions of older people are now being sought in an attempt to understand old age. This developing collective societal search for the meaning of old age may reflect a general societal angst about individual and meaning that is part of the post modern angst with truth and self.

There is re-construction or renegotiation of ageing and old age that is played out in the popular media as well as in the academic press. This is arguably associated with the current middle aged population realising that it too will age. A breakdown and reformulation in our traditional social and health policy structures gives cause for re consideration of our own individual positions. For instance, we can no longer rely on retirement pensions either state or company to cushion our old age. We are at the mercy of uncertainty: the markets, terrorist activity, health care inconsistencies, social care underfunding. Our old age is not secure even though our chances of reaching old age increase daily. Living with uncertainty is one of the greatest challenges to human beings. Ageing is the embodiment of uncertainty.

Flattening of social hierarchies

A practical manifestation of post modernism in Scotland is the flattening of traditional social hierarchies^{xxiv}. Patient focused care and partnership within the health service is one example. This leaves the individual in the health care setting in a potentially confusing situation where the previous arrangement of doctor qua expert, leader and decision maker has given way to some extent (and not without a struggle) to authority and decision making residing in the self to a greater degree than hitherto expected or experienced.

Individualism:

The current context of the self as unique and multi faceted individual is relatively modern and new in western culture. Simon Schama^{xxv} suggests that the reformation really introduced the idea of the individual into the common psyche. Prior to the reformation, the idea that individuals could interpret their worlds individually was less common. The reformation allowing as it did, a personal relationship with God that did not have to be mediated by the conventional church, offered a different vision of self. In Scotland this vision of self tended to be that of sinful self. This opened the door, arguably, to the present day construction of individual uniqueness. Individual destiny is less subjugate to the machinations of institutions (in particular the church). Now in the early 21st century we have moved to an extreme form of secular individualism in which the individual is consumer and king. Questions of personal responsibility are posed alongside collective responsibility. Indeed this struggle of who is in charge is being currently played out in our key institutions of health, education and family. Older people are given less cultural license to be individual than their younger counterparts. The experience of ageing is articulated by a cultural context which suggests that ageing runs counter to the search for individualism which is the dominant driver of our time.

The self as individual is a continual challenge to the ageing person and society

Sibling Society:

Robert Bly^{xxvi} has written a very powerful book in which he proposes the idea that we now live in a society which is populated by half adults. No body wants to be the grown up. The gestation period to adulthood is endless and society is thus populated by siblings from different generations. He is mainly commenting on the child's and particularly the male child's struggle to grow up in this sibling society dominated as it is by a media culture hell bent as it is on either ignoring spiritual growth or reducing its purpose to face cream to avoid wrinkles. The idea that old age brings with it wisdom is seriously challenged in this perspective^{xxvii} and suggests that growing up is a matter of will and largely counter intuitive in today's society. Who would want to be a grown up in today's society.

How are ageing and successful ageing currently defined.

Theories of successful ageing - gerontology

There are a number of overlapping models or theories of successful ageing that are most commonly referred to in gerontology. They share some basic ideas around the presence of good health, absence of disease, evidence of independence, social activity and absence of overwhelming need.

Rowe and Kahn^{xxviii} offer us a model that strongly equates success with good health via absence of chronic disease, presence of fitness and ability to perform physical functions. Implicit is that longevity is an achievement and that compression of morbidity is a goal.

Baltes and Baltes ()^{xxix} consider a behaviour related model of adaptation and compensation. They offer seven propositions which comprise known factors associated with ageing, for instance changes in use of memory, and this leads them to suggest that successful ageing is a process of selection optimization and compensation. If these balances can be made then the older person can maximize their 'efficiency' in terms of conducting a normal and "mainstream" life. They do not mention the spiritual specifically. However they do very helpfully point out that the

task of selection compensation and optimization is not confined to the old. Losses and gains are a feature of every decision and they discuss briefly the use of dependence as part of the adaptive process.

Cumming and Henry (1961) present a model of ageing which involves disengagement or withdrawal. This comes from a functionalist perspective. This theory suggests that there is a natural withdrawal of the older person from mainstream society. In this model the clinging on to middle aged norms and roles would be seen as inappropriate. There is an age related functional withdrawal that allows for the smooth transition of roles from one generation to another. In this theory success is understood to be in terms of the degree of smoothness of the handing over of power from one generation to the next.

There are psychological theories or models in particular Erikson (1982) who developed the idea that people move through psychological stages and that these are important to their journey of self. The later stages are related to reconciliation. Antonovsky () also pursued the idea of sense of coherence as being a state of spirit that allowed one to feel content and to understand ones meaning in the world.

All these models assume a quiet movement into a different part of the life journey. Success therefore is to some extent the degree to which the movement into old age can be noiseless and untroubling to other members of society by sustaining the activities and processes of youth for as long as possible or by accepting the status of old and disengaged. Speck, Howse Moberg and others^{xxx} have suggested that the language of spirituality may help to move those who study ageing to develop a more integrated approach.

The idea of successful ageing

Successful ageing is a concept that is in many ways counter intuitive. Can ageing be successful given the social understanding of ageing that dominates our normative understandings? Successful ageing therefore becomes a process by which these negative attributes and connotations are by-passed or converted. The successful ager is somebody who is able to be in the group nominally but not in the group actually.

The idea of successful ageing has been influenced by the evidence based culture. A number of forms and themes of successful ageing have been developed which put good physical health and consequent longevity at their centre and have considered the behavioural mechanisms by which

these goals can be achieved, particularly the way in which individuals can optimize their existing situations. These approaches have sometimes included psychological or interactional perspectives ^{xxx1}

However...What about the Spiritual?

If the spiritual journey is our primary task, then it becomes more pressing and vital as we age we self consciously engage in the journey and that we can connect with people who can help us with it.

The fruits of the spirit are what we aspire to, what we wish to retrieve and retain and optimise. The fruits of the spirit are the map of our journey whose aim is to achieve balance

Remembering the self and then loosing the self – the ageing task

To reiterate, Peter Coleman ^{xxxii} has argued that the study of older people's religious and spiritual beliefs and practice should be integrated with the investigation of self and the way in which meaning of life questions are posed and dealt with in later life. The self and the search for self is the central practice of the spiritual journey. The positions outlined above have implications for the way in which older people are able to “manage” and negotiate their ageing task . Because old age tends to be seen in two rather extreme ways, there is a danger for the individual of loosing their own identity.

The self as individual

The self as part of family or community

The self as part of an institution

Slides- 3 pictures depicting individual, family and institution

[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 presents 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. Erikson's 8 stages of development are very well known and much criticised in terms of their thinness in relation to old age. Firstly he defines old age as anybody over 65 which now implies at least two generations. Secondly he does not address the issues of cognitive impairment and dramatically changing selves.

However he does suggest that the most important event at this stage is coming to accept one's whole life and reflecting on that life in a positive manner. According to Erikson, achieving a sense of integrity means fully accepting oneself and coming to terms with the 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.

The self as a member of a family or community

We live in relationship to others. That is our defining characteristic.

We are to a great extent the roles that we play within our communities. These roles can be extensive and hugely various. This means that we have to maintain our roles in order to maintain our situation in the society /community in which we find ourselves. As we grow older our grip on our roles is less sure and we can succumb to others interpretation of our roles. It is important that we remember ourselves as part of a community. Our purpose to some extent is in community with others.

The institutional response to the community self is to construct rules around these selves that ensure their smooth passage. The difficulty is that the self is today, as we have seen, a much more fluid and interactive phenomenon with many more cultural options than previously. Older people are in danger of being stereotyped for the convenience of the institutions, the community or the family. Remembering earlier selves and roles is an important part of combating that danger. Reminding incomers of earlier selves is also important. This is the work for the whole community or family not just the individual concerned. The remembrance of the self in its multi coloured glory helps when and if the self becomes diminished or less fluid as a result of old age related illness or disease. The multiple self must be defended in just the same way as it must also be allowed to change and develop.

This is quite hard work.

The self within the health and social care policy institution:

The third venue for self that I want to address is within the health care institution. Here the self is most vulnerable. The implications of this for

the institutions that are set up to protect the ageing self, such as community care and residential care may themselves promote, albeit unwittingly, the diminishment of the multi coloured self – a self which has spent years maturing and developing. Even in extreme illness past selves are only be negated through lack of remembrance. The community care legislation and subsequent work in maintaining older people in their communities and in their independence must also maintain the memories.

Here the onslaught of institution which requires a bureaucratic organisation to accommodate the needs of many, can overwhelm the self of even the most assertive of souls.

Here in sickness and in crisis the self is thrown into a reluctant self reflection and needs support in doing this.

Here remembering the self is crucial to the well being, recovery and safety of the self. Here however the self is most likely to diminish.

Older people can become caught up in institutional responses to their care that compromise their spiritual journey. This can be within formal institutions such as residential care or hospital care or less obvious institutions such as community care and family care. The remembrance of self is a task that is meaningful only when it is seen as the route to self transcendence. The will to meaning is stimulated through the search for self and transcendence.

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 people can do their spiritual work.

Peter Speck ^{xxxiii} 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 conference offers us that opportunity and the chance to revisit the TS Eliot fundamental questions

Final slide – TS Eliot again

- ⁱ Erikson (1982)
- ⁱⁱ (Seeber 1990, Bianchi 1984, Moberg 1990).
- ⁱⁱⁱ Tom Kirkwood – Time of our lives
- ^{iv} ask Linda
- ^v Durkheim
- ^{vi} Kitwood T
- ^{vii} Achenbaum W. A. (2001) Aging in Grace: The spiritual journey of Henri Nouwen Journal of Aging and Health 13(12) 1833-1847
- ^{viii} Frieden B. The Fountain of Age 1993 Simon and Schuster
- ^{ix} Cohen G. (see below)
- ^x Woodward
- ^{xi} Berger and Luckmann
- ^{xii} Frankl's tragic triad
- ^{xiii} Scottish Executive: (2003) Mental health and well being in later life: older people's perceptions
- ^{xiv} ask Jerusalem – Chris Levison will know her address
- ^{xv} Elrick D. (2003) Ask Gerry for full ref.
- ^{xvi} Spirited Scotland remit – ref to newsletters
- ^{xvii} fair for all and other papers to be referenced
- ^{xviii} Davis and Challis community care
- ^{xix} referenced below
- ^{xx} David Hay
- ^{xxi} Coleman P et al Religious attitudes among British older people: stability and change in a 20 year longitudinal study Ageing and Society 24 2004 167-188
- ^{xxii} Gordon Graham, Lenten talks 2004
- ^{xxiii} ref to chaplains study. Importance of retaining some traditions to support older patients/ also patients with dementia
- ^{xxiv} some sociological text
- ^{xxv} Schama S “A history of Britain” – got the book
- ^{xxvi} Bly R. Sibling Society – got the book
- ^{xxvii} also ref K. Woodward Against wisdom the social politics of anger and aging. Journal of Aging Studies Feb 2003 vol 17 no 1 pp 55-67
- ^{xxviii} (1997) Rowe and Kahn
- ^{xxix} Baltes and Baltes ()
- ^{xxx} Speck P, Howse K etc all refs available
- ^{xxxi} (Moberg 2001).
- ^{xxxii} referenced below
- ^{xxxiii} Speck P (2001) Spirituality and Well being in women over 45 years. Pennell Initiative for Women's Health