

‘A rich tapestry: emergent themes in spirituality in the care of older adults with mental health needs’

Julia Head

Introduction

The aim of this paper is to explore a number of thematic elements concerning the nature of the spiritual and religious needs and resources of older adults with mental health needs.

Increasing attention has been paid over the last few years to the concept of personhood in working with older adults. This translates into a shift of approach, which calls for a valuing of the different facets of an individual’s personality and self-expression, rather than a de-valuing and objectification of the same. It calls for a celebration of the aging process that begins from the moment we are born, and throughout life.

A major part of the theological task is to make explicit the sacred within the secular. In my presentation, therefore, I will focus on selected issues arising from this area of care, from people’s everyday lived realities, and I will highlight where one may discern themes, which hold religious and spiritual significance. I will dialogue with contemporary findings and experiential material from my own clinical experience for this purpose. In drawing the threads together, I will conclude that the notion of ‘relationality’ and the communication of ‘presence’ are vital aspects of spiritual care-giving.

Throughout my presentation I will be reflecting on the issues from a Christian theological perspective, but of course the same material can be approached from a variety of faith perspectives.

The contemporary focus on personhood

In more recent years, the rethinking occurring in the care of older adults with mental health needs, particularly concerning people with dementia is having an enlightening effect generally on treatment and care.

Tom Kitwood’s injunction to practitioners caring for those with dementia is to hold *PERSON-with-dementia* rather than *person-with-DEMENTIA* as their frame of reference (1997, 7). One can see this as being in line with the call over recent years to listen to and respect the voice of mental health service users and survivors. And one could also register surprise at the fact that it has taken so long for services to recognise that respecting, and being prepared to listen to any individual’s experience, is the major way in which personhood, and the dignity of the person, is upheld.

Goldsmith (2002, 24-5) suggests that this focus on personhood calls for a ‘shift’ in approach to seeing the person as a whole, rather than seeing ‘a set of deficits, damages and problem behaviours, awaiting systematic assessment and careful management’ (Kitwood in Goldsmith) – that is, objectifying the person. This approach does not deny the presence of illness and mental and emotional distress and disturbance, but sets it within a social rather than medical context. It recognises also the complexity of what it means to be a person at any given time, not least through the interaction

between personality, physical health, life history and social relationships as well as the existence of any neurological impairment.

This approach values the fact that people are more than just what is happening in terms of their health – it is about seeing the person behind the illness, distress and disturbance. Such a perspective enables an appreciation of the many aspects of any individual's personality, the context in which they live their lives, and of particular elements that make them more vulnerable. It is an approach that can be used across the board of mental and emotional distress, and it is also a perspective that is consonant with theological approaches to health and healing.

Theology, similarly, may follow one of two major approaches. The first is *deductive* (redemption-centred), where one believes implicitly that the world is in need of redemption, and where 'culture and human experience are either in need of a radical transformation or in need of total replacement'. Or, one may follow an *inductive* approach (creation-centred) where 'human experience, current events, and culture would be areas of God's activity and therefore sources of theology' (Bevans 1992, 16-7).

This approach acknowledges that 'life' as a whole is the totality within which reflection takes place. And that prior to all forms of language and formulated doctrines there is pre-conceptual awareness penetrating life as a whole. Thus, rather than enforcing particular texts and traditions, this theological approach acknowledges a 'tacit dimension' (Polanyi 1967) to life and enforces life and ongoing history as a whole to deduce its truth from there.

One can always see both approaches evidenced in different ways in contemporary religious and spiritual spheres, including spiritual and pastoral care giving. The inductive approach, however, should offer encouragement to many who are struggling to articulate their own particular experience of the divine as it relates to the whole life project, and who believe firmly in its starting point - that is, human experience and being. Many contextual theologians consider that:

Theology is not really done by experts and then 'trickled down' to the people for their consumption. If theology is truly to take culture and cultural change seriously, it must be understood as being done most fully by the subjects and agents of culture and cultural change...the role of the trained theologian...is that of articulating more clearly what the people are generally or vaguely expressing (Bevans 1992, 13).

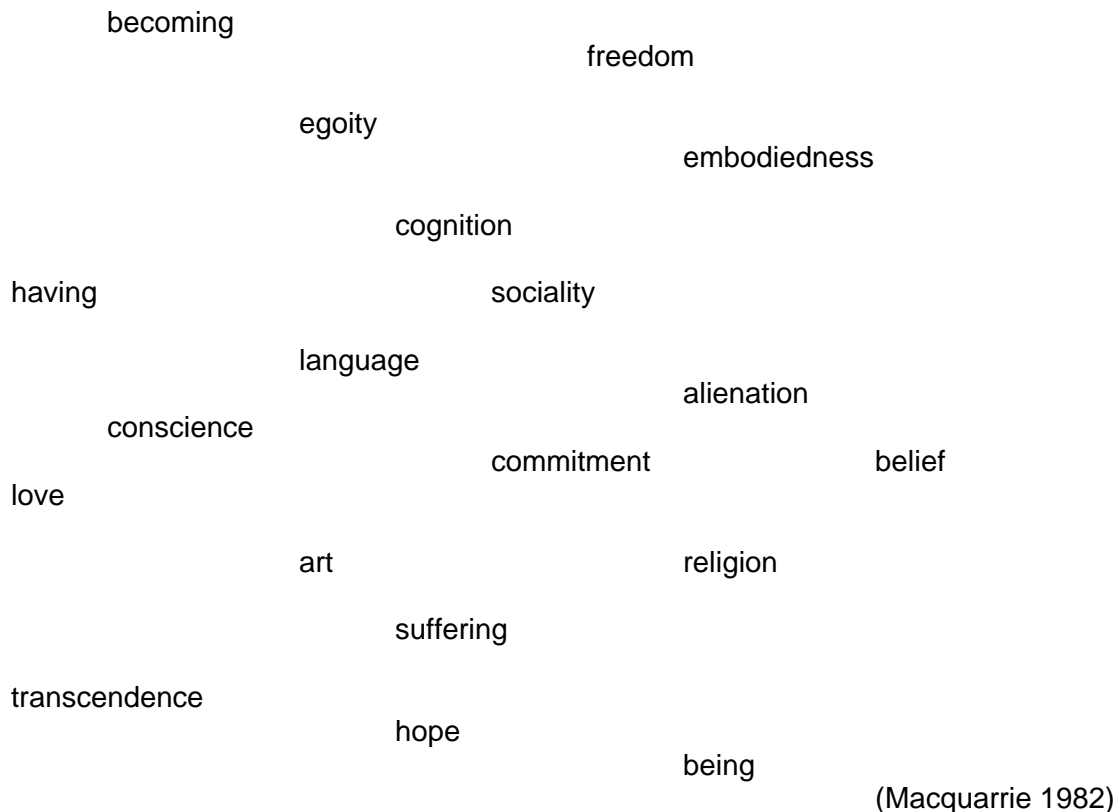
On being a person

Theories concerning what constitutes a 'person' assume many forms in the realm of philosophy, many of which are too complex to enter into here. What I would like to do is to focus on aspects of being human that arise with particular acuity and poignancy in later years amongst people with mental health needs, and which form the basis for spiritual and pastoral care.

Some time ago, the theologian John Macquarrie (1982) published a work entitled *In Search of Humanity*. In his work, Macquarrie relies on various philosophical approaches and the findings of psychology, sociology and other

disciplines. Theology has to use these additional tools to effect its task, as does any spiritual and pastoral caregiver.

Macquarrie offers the following as aspects of personhood:



For this presentation, I have chosen to focus on Suffering and Transcendence, but other aspects listed here will become evident in the material that follows. What I do not want to do is to give a presentation that follows the lines of ‘this is how it is’. However, I do want to offer a few reflections, albeit tentative and sensitive to lived realities, that convey some of the connections I make in my work, while also inviting you to make some of your own within the context of your own experience.

When I encounter people, including older adults, in my chaplaincy work, I do not take with me the certainty of answers to the more pressing concerns of human existence. What I do take with me is, fundamentally, my own humanity, as well as particular aspects of culture, tradition, learning and life experience, and a willingness and commitment to be there. All these aspects are shared in the encounter with another. I recognise too that my reflections are not coming from someone who is an ‘older adult’, which means I, and quite a number of us here today can only have a partial view of what this experience is like.

My reflections are offered also in the knowledge that a lot of the literature, particularly on dementia, deals with the question of whether or not a person can get in touch with their ‘real selves’, or whether there is a ‘separation from self’. But they are also offered in the belief that it would indeed be ‘an infringement of liberty’ if an individual’s history, personality and uniqueness were not recognised (Killick in Goldsmith 2002, 32) – and that we

would be left with a 'daunting and bleak future' if we denied the possibility that there 'is someone in there' (Goldsmith 2002, 33).

Suffering and Pain

What do we mean by the concept of suffering? There will be many different versions amongst us in this room today and many different theories offered within the major world religions and philosophies. However, most would not disagree with Macquarrie's (1982, 222) notion that suffering raises the 'threat of meaninglessness or absurdity' and that:

Suffering is everywhere. It seems to belong to the very texture of human life. Does not the universal fact of suffering raise again all the questions about the worth of life?

In theology, no theory of suffering can be addressed without bringing into focus the issue regarding the problem of evil:

Outrage at the existence of suffering has been an important factor in the modern debate with atheism; with some justification, the proportion of evil and suffering in the world has come to be regarded as the most telling argument against the very existence of a good Creator God, and with the loss of general belief in an evil agent like Satan, the question 'Why suffering?' has become a serious problem at the popular, pastoral level (Young 1983, 555).

When we reflect on older adults' pain and suffering, a read through much of the literature relating to older adults with mental health needs soon reveals very powerfully the subjective nature of the experience that they are going through – with human difficulty on physical, psychological, social, emotional and spiritual levels. Some of the human states involved in the process of aging as it interfaces with mental disturbance and organic dysfunction include the following:

<i>Loss</i>	<i>Depression</i>	<i>Grief</i>	<i>Anxiety</i>
<i>Despair</i>	<i>Forgetfulness</i>	<i>Terror</i>	<i>Emptiness</i>
<i>Isolation</i>	<i>Alienation</i>	<i>Deterioration</i>	<i>Suspicion</i>
<i>Paranoia</i>	<i>Devaluation</i>	<i>Unpredictability</i>	<i>Denial</i>
<i>Confusion</i>	<i>Avoidance</i>	<i>Fear</i>	<i>Aggression</i>
<i>Frustration</i>	<i>Restlessness</i>	<i>Diminishment</i>	<i>Sadness</i>
<i>Anger</i>	<i>Blaming</i>		

In addition, the care and treatment offered to older adults in mental health care can undermine personhood through not seeing individuals as 'real persons, in the diversity of their backgrounds, personalities and ordinary lives' – and real persons who happen to develop particular health conditions (Kitwood 1997, 37, 42). Kitwood suggests that the whole culture of care needs 'radical improvement', and Cheston and Bender (2000, 155) state that the existential anxieties experienced by many can be compounded by their caregivers:

Much of the behaviour of professionals they meet – the extended assessments, the frequent failure to offer emotional support and nurturance to the sufferers themselves – can be seen as the avoidance behaviour of people who cannot refuse to interact with people with Dementia but [who] wish to avoid contamination.

This leads to there being few contexts in which people's anxieties can be explored in such a way that they can make sense of the 'phenomenological reality' of their condition. And it is not too difficult to see how much of this could engender spiritual distress in line with the acuity and nature of the distress.

However, 'loss' on many different levels is what older adults in mental health care, and their caregivers, are faced with to a disturbing degree. Speaking of the many losses and threats of loss that most human beings have to negotiate, Cheston and Bender (2000, 155, 157) report on the findings that:

psychiatric disturbance increases in proportion to the severity of multiple losses. It is not just that the loss and its subsequent handicap creates emotional disturbance as part of its process, but also that the burden of a handicap depletes the individual's resources, leaving him or her prey to what is internally unresolved and disturbed.

Loss also characterizes my encounters with two people at present, Patrick and Ron.

First, Patrick is in his mid-sixties and has been at risk of taking his own life for many months now. His wife died one year ago, and he evidences a gamut of emotions around this loss – much of which focuses on his still very strong attachment to his wife and his loneliness and guilt concerning her death. He is clearly bereft and, as I understand it, is in pain at the level of self/soul.

As I get to know Patrick better and he opens up more to me, it is becoming clearer how past events, as well as his depression, are complicating his bereavement process. His sense of personal responsibility concerning his wife's death, which might be viewed as 'inappropriate', makes sense in the context of other significant life events he has experienced, and ways that he has responded to the same. His wanting to re-connect with his wife is understandable in that bereavement has left him feeling vulnerable and alone in facing the world. The following quotation, from a chapter entitled 'The Broken Heart' captures his dilemma well:

Falling in love offers us the experience of having a believing mirror held up to us by the loved one...the loss of such love and our new way of defining ourselves... can have an earthquake-like impact...What is often not understood is that it is more than just the lover's presence that we miss, but the way we had come to feel about ourselves as part of that unit. The 'self' that we had constructed in the presence of the other no longer exists – it has collapsed...Core issues instantly surface, such as abandonment, rejection, betrayal of trust and loss of

control...Fear, anxiety and panic prevail and escalate when attempts to re-attach prove futile (Corry and Tubridy 2001, 123-4).

But Patrick is also angry. He wants to inflict pain on himself as the expression of his anger at his wife's death, and I suspect his anger that she died first, leaving him to deal with it, but also as an expression of anger that he has 'depressed' for years. The call to end his life appears to be a seductive one, and echoes the suggestion that for older men in particular the act of suicide is 'often planned and rational', indicating 'not an unwillingness to live or inability to live but a willingness to die' (Hassan in Mackinlay 2001, 73). Sitting with Patrick as he talks about the desire to take his life, I often wonder what would happen if everyone who lost someone took their lives. I want to tell him that life cannot follow this particular order.

However, Patrick is absolutely terrified as to what would happen if he unleashed his anger, and the threat of ensuing chaos holds him back from its full expression. One of the factors holding him back from the brink of suicide is concern about what this ultimate self-harm would look like in the eyes of God. He already feels bad about other ways in which he has turned aggression upon himself, but the thought of being out of divine favour is a strong preventive factor, most particularly I suspect at this time in his life.

The most difficult aspects to work with are that Patrick, consonant with his depression, has low self-worth, which shows in his inability (which is shifting a little) to recognise that he might himself have needs. In his desire to constantly care for others, he tells me 'I never think about myself', 'I'm not important'. He also 'limits' in different ways the value of working on much of his material (although he desperately wants to at another level) not only because he wants to die, but also because he thinks he does not have long to live. Yet work with it he does because something, in spite of himself, is beckoning him to do so.

Secondly, there is Ron, who is in his eighties and who I have been visiting for well over three years now. He has a diagnosis of schizophrenia, but he is also in the stages of dementia. Our encounters are always similar in terms of content, yet each encounter is different and I suspect is important for him, both in terms of his personal and his spiritual life/transpersonal process.

A mixture of themes is woven into our meetings. Ron has been reflecting recently 'how nice it must be to be well' because he remembers a time when he was. He poses this as a question to me, almost as if he does not have the right to hope for the same. Then he tells me how there are other people worse off than he is – again, negating his need. He becomes emotional, and slightly embarrassed when remembering (with much love) his father and mother, and how his father was a 'holy man'. Ron wishes, although he never quite says it explicitly, that he could be the same. He tells me it must be nice to believe in God because at some level, it is almost as if he considers this opportunity has passed him by. But I know that he prays, and that he thinks his prayers are answered in some way, and that he believes 'God must give him the strength to carry on'. I reflect back to Ron how I sense his faith is very strong, even though it has not found expression in a community of believers. We never pray together; this is something that Ron does not request, and from a recent exchange, I think he would be nervous about.

Ron has recently noticed what he calls his 'deterioration' and he has his own version (unexpressed) of what course this might take. But he does tell me often that he has been thinking about death. Every time he talks about this subject as if it is the first time he is telling me – and every time it feels like it is the first time he is telling me. More recently, when feeling particularly vulnerable, Ron told me that he wanted to take his life. This was addressed in all the necessary clinical terms and the support he received helped him through this particular crisis.

Working with Patrick and Ron, I can be sitting with them and thinking – yes, this is understandable, I can see why you would want to take your own life, how can I stop you – my goodness, yes, how sad that good health has passed you by for so many years, restricting what you want to do with your life. They pull at my heartstrings, and they evoke in me a sadness concerning why some people appear to have to suffer more than others as well as the injustice of suffering.

However, I also recognise beyond this that Patrick and Ron are expressing particular aspects of their personality, and indeed their distress and disturbance, but that this is also not the totality of who they both are. Their hope, their seeking, their wanting to survive, their meeting with me as a chaplain, is an active part of their personality, even if another part has given up. And it is to this more active part that I appeal in my ministry with them. This is not about resolution, or not being able to stand in that space where pain and suffering prevail, but it is about accompanying at some level on their journey to healing – where age, effectively, plays no part.

Towards a framework for encountering people in pain/suffering

Young (1983, 555-6) outlines how, within the Christian theological framework, one approach has been to treat pain and suffering as having an essentially positive purpose. Arguments supporting this approach can be reinforced by appeal to Scripture and the vision of a loving God in the following ways:

- Suffering ennobles
- As a warning sign, leading to preventive action, pain is a good thing.
- Seen within the overall purpose of life, pain and suffering can produce free, mature persons – overcoming obstacles fosters strong moral qualities.
- Suffering stimulates love and compassion of a deeper quality.

However, Young reports also how there are serious objections to this approach, including:

- How can one explain 'irrational pain'?
- How can one explain mass suffering as distinct from individual suffering such that one can cope with innocent suffering?
- The haphazard nature of suffering leaves many questions unanswered, particularly where there is not an outcome that is 'good enough to counterbalance the evil effects'.

- The ‘ambiguous’ and ‘unpredictable’ nature of suffering and the working out of its effects.

A frequent response to pain and suffering is one of anaesthetizing and avoiding the same, most probably due to the fear that it will overwhelm us. Society views oppression and suffering as a state incompatible with humanity – a distraction to leading a good and healthy life.

However, as Macquarrie (1982, 230, 222-3, 225-9) suggests, we do have to consider the implications of what would happen if humankind was successful in eradicating all forms of suffering. For Macquarrie this would be ‘like living in a cocoon, insulated from all danger, yet not really existing’. He recognises that some forms of suffering appear to be so dehumanizing and numbing, so ‘destructive and pointless that the proper course seems to be to fall silent in the face of them’. However, in reflecting on its place in human life, he wants to show that in most of its forms it does not nullify the worth of life, not least because it can change one’s character and personality for the better and lead to a more compassionate and concerned stance towards others.

Macquarrie (223) posits, interestingly, that we need to put the ‘world’s sorrows in perspective’, rather than paint a picture of ‘unrelieved misery’. He suggests that:

‘the human race survives and wants to survive in spite of all the sufferings that afflict it. Humanity wants the experiment of life to continue, however distressing some aspects of it might be. If suffering were utterly massive and intolerable, then mass suicide or at least the loss of the will to live would be the appropriate response...On the contrary, there is everywhere the will to live and even the zest for life.

Perhaps most importantly for our purposes, he sees suffering (223-4) as the opposite of action. One can exercise freedom in action, but where suffering occurs something impinges on me from without over which I have little control, but which fully involves me and which might be destructive of my goals. This is effectively a dualism in life calling for a response, which usually occurs along the lines of **rebellion** or **resignation** (passive acceptance):

Rebellion – (following Camus) - ‘the desperate effort to build up human values and a tolerable human existence in the midst of a world threatening suffering and death...a kind of romantic heroism’.

Resignation/Passive Acceptance – ‘everything that happens, joy and suffering, life and death, is part of the cosmic play’, and it is pointless to rebel against it. When we can recognise this pointlessness, we can adopt an attitude of calm resignation to this position, which will give the ‘appearance of wisdom that has set itself above life’.

Macquarrie’s words ‘appearance of wisdom’ are important here. The resignation approach has indeed an appearance of something occurring at the spiritual/transpersonal level, but it is not quite of that order. What Macquarrie proceeds to do, in effect, is to promote a third way – a synthesis

of these two positions – which does represent a more spiritual/transpersonal movement and journey:

There is the possibility of realistically accepting that suffering is inevitable in the human condition, but at the same time of seeking to transform it and integrate it into human life in such a way that we come to see that life would be poorer without it. It may not be possible to integrate it without remainder. Perhaps there remains a surd, an irremovable question mark. But at least we must see how far along this road we can go (224).

Macquarrie, and fellow theologians, Young (1983, 556) and Soelle (1984, 125), suggest that Christianity displays an approach to suffering which avoids the extremes of rebellion and resignation. Young details how:

One characteristic of Christianity is a devotional response to the suffering of Christ which can effect the transformation or transcending of suffering. The doctrine of incarnation permits the believer to see in the cross God's very presence in the midst of the suffering as well as the sin in the world, His redemptive entering into and bearing of the consequences of the existence of evil in His creation. Response to the love of God thus displayed...can make a genuine difference to the situation, and in some cases produce actual healing.

When Soelle (150) questions how hope can be expressed in the face of senseless suffering she speaks of vicarious suffering where a person's resurrection does not just carry the meaning of being a personal privilege for that person alone, but how it 'contains hope within itself for all, for everything'.

I believe that life events causing suffering and pain always stay with the individual in some way. As we saw in the vignette about Patrick, one fundamental aspect concerning the nature of suffering is that it changes one's sense of self and tests the way an individual approaches life and its exigencies from then on.

Even though experiences of pain and suffering may be rationalized and eventually integrated at some level, the memory leaves behind a 'soul wounding' which can call for healing at any point through life – and perhaps most especially when the years appear to be running out. Pain and suffering may impart a sense of meaninglessness, but often it is more about the way it disturbs connections to others. In facing the isolation imparted by this soul wounding, the pain can often be about struggling to remain connected to the world we have known (as Corry and Tubridy noted), which of course will never quite be the same again.

However, what the above material and the following quotation from Soelle reflect is that it is possible for human beings to be actors in events that threaten their personhood:

What is essential is whether we carry out the act of suffering or are acted upon, indifferent as stones. What matters is whether the suffering becomes our passion, in the deep double sense of that word. The act of suffering is then an exercise, an activity. We work with the

suffering. We perceive, we express ourselves, we weep...We bury or else we unearth what we have hidden within us; we throw off or else take on a burden in suffering; we conceal ourselves from others or else we exhibit ourselves to them. Our hopes can die or they can grow in suffering (1984, 125).

However, perhaps it is most important to note that such action really occurs within our inner world, the effects of which may not be visible to the outside world. When is anyone to say, therefore, that this movement towards personal development and spiritual integrity is not happening?

I would like now to pick up on the notion of transformation, transcendence and reattachment, and to open up this more synthesised approach to suffering that I see so much of with service users in the mental health context.

Transformation/transcendence

So the question we need to ask ourselves is whether we can find within the midst of suffering, pain and decline the dignity that belongs to personhood? Even when encountering older adults with mental health needs can we dare to think that we have something to celebrate, or that the present might be full of 'latent possibilities' (Gutierrez 1974, 121)? The Royal College of Psychiatrists' *Changing Minds* booklet on Alzheimer's and Dementia seems to suggest that we can, and that it is not the case that 'If your mind goes, do you go with it?'

:

- 'The change comes slowly. Who is to say that this is the moment at which you stop seeing him as himself? He loses his dignity when you stop treating him with dignity.'
- 'When a person can't remember or do the things he used to do, he is like a different person. If he also acts differently you might say he is not the man he was. But that depends on what makes him the man he is.'
- 'Just because he cannot speak, it does not mean he cannot understand.'
- 'The person gradually loses his intelligence, his memory and his personality. Some go quietly, others rebel. This is distressing for people close to them. But for the man himself? Perhaps it is better than being invisible.'

With people who are ageing, can we dare to think that they may continue to be on their progressive journey towards 'spiritual maturity' (MacKinlay's term) – even though there may be 'ways forward and ways backward...directions which enhance our humanity, and directions that diminish and endanger it' (Macquarrie 1982, 228)? Can we dare to think that it is possible for us to journey with people in terms of their experiences being transforming and transcending ones? Can we dare to do this, even when the journeying together appears to come 'to nought'? When our own perspectives on the nature of suffering and pain do not allow for this, we are indeed on the

path of concluding that little can be done in terms of communication and interaction, and we are just waiting for 'death'.

Pain, sickness and suffering...are part of what it means to be human. But not necessarily for everyone, at least as far as physical pain and suffering are concerned...nor does everyone respond to these experiences in the same way. For some, they are the making of character; for others its destruction. Some reach for aspirin, others turn to prayer. Pain, sickness and suffering thus raise questions both about how we should understand them and about how we should respond to them (Boyd 2000, 81).

Can we really entertain the idea that in later years we still have the capacity to transform old parts of ourselves and not get rid of them, or that we can hear and relate to the pain and suffering that is an inevitable part of life from a different place, that is, change our relationship with it?

Returning to Patrick, his task is to work with his pain, without being too overwhelmed by it, and without it resulting in him wanting to destroy his physical life. He oscillates with this position, the same as we all do. This confirms for me that any individual's relationship with suffering and pain, as it interfaces with life, is a dynamic and potentially transforming one – and that the hope of something different, even undreamed of is the driving force. The question is whether I, too, can withstand being overwhelmed as I try to 'hold' him in relationship.

Patrick's healing lies in re-discovering in some measure the self he was put on this world to be. His whole life has been about this journey, but now it presses with greater urgency. He is held in the relationship such that he himself can dare to search for some meaning in life, even at this later stage in life. His trust in the relationship allows him to experience in some safety the initial 'shames' associated with gaining insight. His anger, which he wants to get rid of as part of his personality, is, however, the way through to any measure of healing, integration and identity beyond his bereavement. Patrick wants to re-connect/re-attach with his wife (which is a recognised part of bereavement). However, what needs to happen is that he re-connects at the level of his self/his soul – and the challenge is to work with him at this more symbolic level.

With Ron, he evidences resources that give him some kind of meaning in his distress that enables him to face another day. His expressed concern about having suicidal thoughts, set within the particular context of his needs at that time, was about a need for his 'pain' and 'grief' concerning his health to be heard by those around him. His re-connection to people enabled him to continue on his particularly difficult journey, but he's still there struggling with what all this means. I reflect to him often that his own struggle and search for something more meaningful is in essence his spiritual quest. In effect, I reflect back to him what I see – that his own quest gives me a strong sense of him being connected to something/someone beyond his own self, even though he finds it hard to express this as a possibility for himself.

This said, how can we understand the notion of transcendence within human existing? Transcendence is a dynamic concept for Macquarrie:

To the extent that transcendence belongs to human beings, they are always on the move and always crossing the boundaries, which at any given time circumscribe a human existence (1982, 26).

Macquarrie attributes 'a strange blending of the finite and the infinite' within humanity, and posits that 'one cannot rule out *a priori* that the transcending of every horizon opens a new horizon to be transcended in turn, and that there may be no end to this'. Not even death may be the last boundary to transcend:

It is not just the future alone or our passage through time that constitutes transcendence. There are many ways of transcending. Involvement in the world around us, relations with other people, religious or political commitment, are all modes of transcendence. We could say that transcendence is the 'becoming more', and when we speak of this 'more', clearly we do not mean a quantitative more, but a qualitative more, a deepening, enhancing and enriching of life, or, if one prefers, a fuller, truer humanizing of life. Transcendence means pushing back the horizons of humanity itself (1982, 26)

This capacity could be associated with an awareness of the mystery at the heart of life. Trying to find answers to states of health that we find ourselves in tends to take us beyond the limits of the personal into a more transpersonal realm, into an evaluation of the deeper mysteries of life. If we take that seriously then everyone has this capacity, however named. But that claim is asserted here with the recognition of the taboos it entails.

It might be helpful also to think in terms of experience and how it is interpreted and lived. Some might want to interpret their experiences as part of their relationship with God, for example, while others would want to interpret them along different lines. But this is perhaps where much of the difficulty and taboo lies, particularly in addressing the interface area between spirituality as transcendent experience and mental health. Robertson (2002, 244-247) suggests that transcendent 'realms of experience lie...largely outside of the realm of the cool web of language'. That is, they take one beyond language and logic and into another domain:

Language and logic represent only one way in which our brains can make sense of the world...there are other ways in which our brains capture and represent the world. These wordless domains have been neglected in western civilization, particularly in the twentieth century. These domains defy logic...But what they lack in cool rationality, they make up for in cinematic vividness, emotion-rousing pungency and consciousness-changing potency...Creativity flourishes in these domains of mental life. (2002)

This is a vital point to remember when working with older adults. In addition, MacKinlay (2001, 220) suggests that 'spiritual development and growth as a process towards achieving spiritual integrity has been identified as a developmental task of ageing'. Much of her language in discussing the interface of spirituality and ageing includes the notion of people transforming

and transcending their difficulties. From her research, she identifies characteristics associated with such growth and development, which include:

An openness to change and learning; an attitude of searching for the ultimate meaning in their lives; relationship with a confidante and/or membership of a long-term small group. It also included transcendence of disabilities and losses encountered in ageing; acceptance of their past life and a readiness to face the future, including the ability to live with uncertainty, and, finally, a sense of freedom and a move to a greater degree of interiority (220).

For her, the spiritual tasks of ageing include this transcending of disabilities and loss, the finding of final meaning and hope, as well as finding intimacy with God and/or others – all of which centre on responding to the ultimate meaning in life. But again, we have this notion of interiority, the individual's inner world, evoking the idea again of a realm of thinking, feeling, desiring and imagining not available always to objective scrutiny, but holding vital energy in terms of the person's spiritual/transpersonal journey.

In our engagement with older adults, it may be difficult for us to discern, particularly where communication through words is minimal, quite what is going on in terms of an individual's spiritual and religious life. The complexity of responses to pain and suffering and life that we encounter (see Cheston and Bender 2000, 155) may give no indication of the same. Again, I think it is the case that in offering spiritual and pastoral care we have to hold the individual in a more imaginal space and work with them at a symbolic level.

Killick's reflections on the experience of dementia remaining a fundamental mystery – but a mystery that is part of the broader mystery of life itself – provide us with an example of this imaginal and symbolic thinking:

Looking at this woman before me I am led to speculate on her life – what events have shaped her, has she experienced the highs and lows of existence, or has she maintained an equilibrium, living largely uneventfully and untroubled? Has her frame been stirred with passion, and the only just supportable knowledge of its being returned? Or have her days been informed by a steady and constant affection, to lull her into the illusion of permanence? Does this love still sustain her in her present removed state? (Killick 2002, 23)

In that pain and suffering occur on all levels, they call for healing on all levels – physical, psychological, social, spiritual. It is important to recognise that we are not just dealing with suffering and old age as a static category, but that we are dealing with individuals, from different contexts and cultures who have had varying responses to life events all the way through their lives. And we are often dealing with selves who find it difficult (and perhaps always have) to exercise autonomy over personal growth. We may be encountering 'selves' who desire to dwell in the past, and who are fearful of opening up to the future – that is, of being an embodied 'self' in the world. Or we may be encountering 'selves' who have been journeying with life's meanings and mystery for many years.

Perhaps another vital element of spiritual accompaniment is to recognise that, in many cases, we are not talking about major and one-off moments of transformation. We are not talking either about linear progression of one's spiritual life such that it reaches its pinnacle with old age, although some kind of progression and maturity in the same might be expected. We are talking very often about 'moments' of transformation/transcendence (*kairos* moments) and of forgetting such moments, and about ostensibly starting right from the beginning when working with some people, although we cannot always be so sure about this either.

Spiritual Caregiving - Relationality and Presence

The notion of 'relationality' and the communication of 'presence' are the most vital aspects of spiritual caregiving as they relate to the maintaining of personhood especially 'in the face of failing mental powers' (Kitwood 1997, 84). These concepts are not at all alien to practitioners, all of whom potentially play a major role in the spiritual caregiving process.

Most people find themselves in the tension imposed by the facticity of life, which includes the existence of pain and suffering. Sometimes when we are faced with pain it incapacitates our response to it. However, staying with the tension of the distress caused by suffering and not trying to go for 'resolution' is the chaplain's art, as well as the art of anyone who considers that there can be movements towards health even in the midst of pain and distress. This again raises the importance of examining/re-visiting one's own philosophies on health and sickness.

Relationality and presence depend on us being in 'right relationship' with ourselves first. This is a factor that is often overlooked in the mental health context:

Right relationships begin with ourselves. This exploration will inevitably transcend the very limited scientific view of what we are as human beings, and cause us to re-examine and incorporate spiritual values into our caring work. When this occurs, the healing potential expands...New relationships can come into existence which recognise the value of being with people as much as doing to them. Carers can let go of the intense effort required to give compassion, and relax into being compassionate, being healing, in short, becoming the sacred space in which healing occurs (Wright and Sayer-Adams 2000, 41).

People who have struggled with their own meaning can recognise more effectively that same spiritual endeavour in others. Meaninglessness imparts illness, whereas meaning makes life endurable (Jung 1963, 373). And what gives humans satisfaction is being with people. All finite phenomena are a medium of divine presence. Thus, when 'persons' meet they are also meeting the divine in the human. Individuals can experience friendship or hostility through the physical being. There is no substitute for 'smaller-scale, personal interactions'. Such interactions are essential to personhood, and enable an understanding of one's self as a person. They are also the locus within which the authenticity of one's commitment is ultimately tested (McFadyen 1990, 256-7).

A person who is distressed needs another 'person' who may be able to open up to them the experience of being genuinely understood. Such 'conversion' to the other involves an initial process of the purging of one's own fears which can block authentic encounter. The 'evangelising potential' contained within the experience of mental and emotional distress – and most acutely with those in later stages of life - is that, ultimately, all people are finite beings. The mentally distressed are very keenly aware of the chaos involved with the loss of self. It is only when individuals can accept this within themselves, which they will do at many different levels that the growth towards 'personhood' advances:

To acknowledge the reality of affliction means saying to one-self: '...It could happen at any moment that what I am might be abolished and replaced by anything whatsoever of the filthiest and most contemptible sort...To be aware of this in the depth of one's soul is to experience non-being. It is the state of extreme and total humiliation which is also the condition for passing over into truth (Weil, 1986, 90-1).

What is important is to commit oneself to 'be with' the person in distress. Presence is a prayer in itself, and sometimes physical presence is the only thing one can share with the other. The silence of encounter is more expressive and indicative of authentic solidarity with another than words could ever be. Giving a 'space' wherein the person may experience presence, but not necessarily have to act in it, is mutually liberating and healing.

One of the most important aspects of all encounter is listening – listening to the other when they are trying to articulate their pain. As Vanier (1988, 80-1) suggests:

*If you wish to enter the world of those
who are broken or closed in upon themselves,
it is important to learn their language...
To do this means you must listen and understand
the non-verbal language of the body
as well as the language of words...
Some people can only talk with their bodies;
only from there do true words flow.
Sometimes it is because they cannot speak,
but also it may be because they have lost trust in words.
They have heard too often
words that have been only empty promises,
words that have been lies,
words that condemn or despise,
words that hurt.*

Listening, as an altruistic attitude, is not easy to achieve. It entails becoming painfully aware of the emptiness behind many of our preconceptions and the restless activity that imparts barriers to interpersonal communication.

To sit with someone who is not communicating is the real test of empathy and love in encounter. To sit with and listen to what the person might be trying to communicate in ways other than language, and to think oneself into the experience of what life is like for them. This is the same for all forms of disturbance and age, but the difference may show itself in how we attempt to enable a person's resources for communicating what they most need:

Is any life worth the selfless devotion that would be necessary to sustain this commitment? And yet if relationship is to mean anything then surely this is just the circumstance which provides the testing-ground – the greatest need existing where no need is manifest? (Killick, 2002, 23).

But it is all of these elements – relationality, presence, empathy, listening, encounter, love even – that honour an individual's spiritual quest at any time of life, that enable the discernment and the respecting of spiritual need and that nurture the dignity of personhood.

Conclusion

The reflections offered above on suffering and transcendence as they interface with mental health and aging evidence the same characteristics as many other ethical questions, that is, that we are dealing in the 'grey' areas concerning these issues more than having straightforward answers.

What does come through to me from much of the thinking in this area is that many writers do hold to the notion of what can only be described as the innate movement of human beings towards health and the maintaining of personhood, even in the later stages of life. This often expresses itself precisely in the struggle of coping with adversity and decline. The struggle can lead to oscillation - an either/or position, which relates to Macquarrie's two positions of Rebellion and Resignation. However, given the right support, a different reality can emerge, that of adopting a more synthesised position of working with the given. The difficulty is how much disturbance and failing powers affect that capacity. Even so, this is what we are working with fundamentally in the spiritual and pastoral encounter.

I have used language focusing on the 'self' and have talked about re-connecting to and re-discovering self. In psychosynthesis, we work with the notion that people are not born wounded, but that life imposes its own wounding, sometimes to the extent that we can lose sight of our selves/our souls. Life is thus viewed as a journey to 'health', to re-connect to our selves/souls, which is a process that does not cease in later life.

Somewhat reflecting this stance, James Hillman in his book *The Force of Character and the Lasting Life* (1999, xiii-xv), forwards a fascinating perspective that is in tune with much contemporary thinking concerning the meaning of this period of life. He suggests that 'ageing is no accident. It is necessary to the human condition, intended by the soul', and that old age is a '*structure with its own essential nature*'. Whilst one may think of ageing as being a process leading to dying, he desires to elevate thinking on this issue to include the notion that 'the last years confirm and fulfil character'. In questioning whether the soul has to be 'aged' properly before it leaves, he

suggests we might then be able to 'imagine aging as a transformation in beauty as much as in biology'. He inquires:

Can a person become an epiphany? Can we entertain the idea that all along our earthly life has been phenomenal, a showing, and a presentation? Can we imagine that at the essence of human being is an insistence upon being witnessed – by others, by gods, by the cosmos itself – and that the inner force of character cannot be concealed from this display? The image will out, and the last years put a final finish to that (201).

And, finally, Thomas Moore (2004, 289-300), the contemporary spiritual writer, posits the notion of growing old as a 'matter of growing deep' – growing into the earthiness of identity, becoming less interested in the 'surface glitter of culture' and living more from the soul than the self. This is to understand oneself as being a part of nature, and that the soul, which is the source of identity, is a piece of the world's soul. He suggests that our 'roots reach downward, not into the brain, but into the soil', and that all people can prepare through life for this opportunity of 'growing deep', although not all people take this up so readily as others. He tells us we do not have to understand this deep level of our existence, but we do have to trust it:

There can be no doubt that as you grow old, you must come to terms with the arc of your life, its rising and setting. You have to see its elephant ears as things of beauty and signals of a divine design. You have to move gracefully with that downturn and dimming so that you will benefit from its special powers. Then all your dark nights will begin to make sense and fold themselves into the ultimate passing of the light. You will enter the darkness knowing something about the territory. You will understand that it has its own luminosity and beauty (300).

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