

## Pastoral Care and Spiritual Care of Older people

### Finding Meaning and Purpose in Later Life

The key underlying message of this essay is the acknowledgment of the later years being a critical time for the spiritual dimension of life, both seen as a resource for facing the challenges of ageing in the areas of finding one's meaning and faith as they continue to age. Also, the potential areas it can provide for one's growth and development. For the ageing person, spirituality is, very much, a part of human experience, just as any other normal area of behavior or thought. However, the importance in the area of meaning in one's life and provisions of spirituality and faith upon research in preparing for this essay has not always been the view of practitioners and scholars in past years.

Additionally, Religious and spirituality are acknowledged as being a widespread phenomenon – meaning it has been seen as being a part of the various cultures and the lives of individuals of all statuses and age groups (Kimble, 1990 p.113). With this, spirituality continues to alter and adapt to new areas as it addresses a person's human needs to connect them meaningfully with themselves, with other people, and to a much significant source of the power of purpose and meaning. Moreover, the areas of spiritual sustenance and inspiration are seen as being internal of the self, drawing on and making sense of the interactions and experiences one has in the world around them; this also is through areas of perceived transcendent connections.

For the ageing person, there is an acknowledgment in pastoral care towards the area of "being," until recently, the inner life of the older person which has very much been ignored or has been treated as being problematic in areas of physical and psychological pathologies being within the paradigms of common diseases. Similarly, the policy challenges they pose of the purse strings, or to society. However, today, one can acknowledge thankfully to the rise in interest to our ageing citizen's spirituality has been recognized for its traditional link with the associated benefits towards health and well-being as a significant contributor to interventions or therapies that can be beneficial to the overall well-being of the older person's lives as they age. In other words, spiritual practice and experiences that can assist in establishing an integrated personality are being recognized as playing a

significant part in areas of mental health and dementia being two of many examples. Moreover, older people with a developed spiritual dimension to their lives are said to cope fair better with adverse life situations, while also recovering or accepting a terminal illness, dementia diagnosis, and even trauma ( MacKinlay & Trevitt, 2012).

Meanwhile, one can acknowledge there may be many individuals that may not enter the age of dependency. In contrast, others may have their continued contributions to their family/s, and society recognized. However, one needs to acknowledge the trends of the pressures and longer lives on family/s, as these increasing ageing cohort of people mean an increased number that will risk entering and surviving longer in a dependency that is less than anything ideally supported. With that, an understanding is required and an on-going consideration of the life-course for ageing people to meet the fears of the growing generation of older people within our societies concerning being presented as a leisured class in their third age, and as burdens in their fourth age (Coleman, 2009).

Moreover, the demographic profile of Australian Citizens is seeing a critical social change relating to ageing as the ageing projections see individuals between twenty-one and twenty-three percent by 2066 (Australian Government, 2019). Also acknowledged are individuals aged eighty-five plus, of the population, will make up five to seven percent (Australian Bureau of Statistics, 2010). While CEPAR, (2014a), projects an increase from two percent of the population in Australia to three and nine percent by 2050. Meanwhile, Indigenous Australians are known to also increase by fifty-nine percent, being a twenty percent increase in the non-Indigenous population.

Even back in 2001, The Productivity Commission (2001) Report 'Caring for Older Australians' provide an insight into the social changes that are influencing the sector, therefore, continuing to impact upon the care of older people (Doyle & Capon, 2016, p.10). Such insights include, as previously mentioned, longevity, chronic illness, and disability from lifestyle diseases, such as obesity, cardiovascular disease, also increases in mental health conditions. There also are areas of social change, such as family dynamics and breakdowns. Also, redefinitions of the traditional nuclear family have meant family carer support for the older person has changed in many ways, potentially adding to isolation factors for our ageing citizens (Doyle & Capon, 2016, p.10).

What is acknowledged through the academic literature readings is an acknowledgment of the ageing person where spiritual care is essential for not only those who enjoy good health but also people with a disability and those with an acute illness. Meaningful Ageing Australia (2016a) acknowledge the older person as having a variety of special needs, and with that maintains spirituality should be a consideration around all circumstances. This includes not only taking care of their needs but also an examination of their life-worlds, culture, and diversity.

Spirituality, being an intrinsic and dynamic aspect of humanity, assists individuals in finding meaning in life while providing a purpose and transcendence, also in the experiences of understanding and enjoying meaningful and respectful relationships. This includes helping a person in finding a connection and meaning with not only themselves but their family members, nature, community, and the sacred. These spiritual aspects of humanity are expressed through one's traditions, values, beliefs, and practices (Puchalski, Vitillo, Hull & Reller, 2014). Throughout one's life, there are times people feel overcome by losses encountered over the years through family connections and loss of self. Also, wondering what their purpose and meaning are, thereby losing confidence in themselves, their faith, isolating, and the choices they make, which at some time or another they would not have given a second thought to (MacKinlay & Burns, 2013). This being understood as: the challenges in one's sense of purpose in life in situations as a diagnosis, health decline where one cannot do what they used to do a couple of years ago. Also, upon retirement, or when the children leave the nest, also upon losing their independence upon entering a care facility (Thompson & Janigian, 1988).

Further losses may be feelings of helplessness with coming to terms with these mentioned concerns and fears as the reality is for many having them left with diminished self-worth while being concerned over losing their autonomy of choices in life by the need of care and being patronized by family and care members. This is where pervasive ageism among health professional treat the older person in a way the older person is so easily labeled in pejorative terms like 'social admission' and 'acopia' – as words like these reflect upon social judgments of some care staff and perhaps family and society sadly, rather than

any attempt to identify actual physical or psychological disease processes as they allow for the elderly with their personhood, human rights, and needs who do not have an appreciation of one's personhood and human rights (Oliver, 2008).

This is where the area of dignity and respect is essential when working with these ageing individuals as all people have human rights. There must be an appreciation of one's lived life and experiences being understood for something transcendent and the continuity of the self in addressing their needs and concerns as they age in life. It is suggesting the first challenge for any care professional is working with the older person to see each individual within the context of their meanings and set aside their preconceived ideas about what should be and what should not be, what is and what is not; and who is deserving of care and who is not. Social images of older people seem to oscillate between cranky, irritable, obstinate, and intolerant 'grumpy old men' and 'grumpy old women.' Yet, the care professional will be confronted with older people who have a mental illness or dementia, that have sexual relationships, some who live quiet independently, or who are gay or lesbian. Such realities may challenge a carers' preconceived idea of what it means to be old or their fears of growing old. Yet, the responsibility of caring professionals is to acknowledge the uniqueness of all people as they enter later life in the ageing process (Lachman & Agrigoroaei, 2010).

Moreover, understanding the fourth age is vital to pastoral care as at this time in one's life is where people have a feared imaginary of old age with areas of fear which surrounds the loss of one's agency due to frailty. In particular, mental decline frailty, while also the perceived abjection of one's undignified journey towards a lonely non-existent life (Gilleard & Higgs, 2013). This social imaginary may provide some reasoning that surrounds later life fear of dementia as an example with this being explained as having some social death – where irrevocably, one is lost to one's self as a concerned agent being involved within their lives, their community, also their relationships with significant others (Cantegreil & Pin, 2012). The fourth age, according to MacKinlay (2006), is a stage in life where a human being replaces "doing" with "being," by transcending one's circumstances, and "the self." Meaning an older person may share their experiences of life onto the next generation.

Similarly, during the third and fourth ages, a person may develop patience with a sense of transcendent humor being maintained through an area of hope and resilience in one's life, however requiring the social areas of support and individuals in one's life (MacKinlay, 2006). This stage, importantly, in one's life journey requires all areas of the physical, emotional, relational, and spiritual care as this care being holistically facilitated through sensitive micro communication skills, also in safe and comfortable environments with a duty of care. There should be respectful interactions and consultations even with family members relating to decisions about an older person's care and functioning as pastoral care works in a holistic practice appreciating family members and carers.

The fourth age from a theological perspective through pastoral care helps the elderly to thrive as older people with a chronic illness will be informed by the image of God present in each person. As a consequence, or from a secular sense of duty to care for others in need, pastoral care should act with beneficence or the least possible amount of harm, mainly when conducting a life review, as well as a sense of respect for the older persons' dignity and personhoods. Implied in this is the respect of their equality as persons, lest they are treated in an excessively paternalistic way, which disregards the capacities remaining to them (Megret, 2010). The fourth age or final chapter of one's life is where the older person is increasingly aware of their mortality, and commence preparing for their last years and death. With that, there are many where areas of fear, as previously mentioned, will surround these people as many will not know what that will look like. Pastoral care, however, can support the journey by active engagements by revising and processing provisional life-meanings starting from early beginnings in their life. There also are some that require having their wishes respected as a sensitive practice of care will be necessary for those in denial and may need assistance in reconciliation should this be requested.

Moreover, people who are terminally ill can respectfully pass away on their final day meaningfully in the way of being constant with their identity. While death in itself is a very personal experience, each person will have a requirement to feel a connection to other human beings (Meaningful Ageing Australia, 2016). However, for any person, a good death is understood from a pastoral care perspective as being that of death with an honest account of dignity, where the older person at end-of-life is positioned in finding their final life-meaning. Also, in being at peace with themselves, with God or their higher power –

being able to surrender their soul by dying peacefully or spiritually when eventually that time is right. MacKinlay (2006, p.209) maintains, "dying with dignity means to have one's family and friends there for their final journey"- while for others, some may wait until they are alone. In pastoral care, all areas must be respected (MacKinlay, 2012b)

The formation of meaning is a central activity of a human being with dying and suffering belonging to the human condition in life, as it is suggested the tragic triad of suffering, pain, guilt, and even death are inevitable and also inherent in human existence (Kimble, 1990 p.117). Meaning- it is this very transitoriness to human presence, which constitutes a person's essence of reality. This two-fold understanding of finiteness in terms of fallibility and mortality, which add to life's worthwhileness"... as in the face of guilt, does it make sense to improve, and only in the face of death is it meaningful to act" (Kimble, 1990). Similarly, one could view their past as being their future, as while one lives their life, they have both a future and a history. Meaning- a terminally ill person may have no future in the usual sense; however, has a past, but once deceased, this is a past life of a person.

Pastoral care respectfully understands and appreciates a person's "personhood" as when a person becomes a reality in life, it is not seen at birth, but rather at life's ending. The "self" is not something that "is" but something that is becoming, and therefore becomes itself entirely only when life has been completed by death itself as noted by Frankl, in Kimble, (1990, p.123). At no time is the issue of addressing spiritual concerns more critical than at the end of life, although death is known to be a part of the human life cycle, also inevitable and universal. Pastoral care recognizes instinctively that death, in whatever form, is the final act of the life of a person, where their dignity should be a priority. However, when illness happens, many people turn inward, attempting to make sense of their crisis. Older people may question why me? What is happening as this questioning may help to understand situations and challenges in life? As death approaches, life slips away, and many will, therefore, strive to reason with both areas (Ballard, Finlay, Jones, Searle & Roberts 2000).

Addressing spiritual concerns at the end of life is vital as medical interventions and security and comfort. Holistic pastoral care appreciates spirituality where it rests upon a person's inner being and recognizes each person addresses their end-of-life differently as

each person's spiritual core is unique in every way. Helping one find their meaning through a life review can transport them to an emotional place where they can reminisce about relationships and events while allowing them to rediscover meaning, legacies, and their spiritual strengths nearing the end (Coleman,1999).

Furthermore, the Christian Theological perspective for pastoral care always aims to explore the concerns of the elderly, understanding the dignity of the human older person as being unique in their right being (Cameron, 2014; MacKinlay, 2012). Also, understanding they are an indivisible unity that cannot be named nor split into or reduced down to parts as each individual is spiritual - not being such as a psycho-somatic organism and the unconditional dignity of every older person warrants an absolute reverence. Pastoral care understands the older person as having an existential-meaning and that each person exists not only as a factual being but also in his/her potentialities and choices (Frankl and Gerkin in Rost, 2001, p.36). Theological care perspective works with people aimed towards the restoration of peace. This care also provides dignity, hope, and acceptance, while striving to make the older person's life worth living as even care in the restoration of acceptance and peace by spiritual connections to people, God, a higher power, is the acceptance of the person as a whole human being (Cameron, 2014; MacKinlay, 2012).

To conclude, the tasks of spiritually sensitive practice should include the area of meaning and dignity for all peoples as to the rights of these ageing people being appreciated for a life that has stood for something being transcendent of death as the continuity of self-meaning must be able to maintain a sense that one's essence is, in fact, intact regardless of any advancing illness or diagnosis with the person always seen before a diagnosis. Pastoral care should determine the spirituality propensity of the aging person respectfully as this primary role in defining and interpreting the meaning and value of one's spirituality is to include their experiences and behaviors, all being in the context of spiritual perspectives and cultures.

Pastoral care also provides for the promotion of dignity practiced in an empathetic, non-judgemental, encouraging way in a practice environment that safe from harm, comfortable and trusting. This practice environment should incorporate rights, family, friends, and communities incorporating all aspects of their client's faith value and purpose.

All positive outcomes in both health and pastoral care must prioritize concerns by integrating all the assets which contribute to creativity, God, nature, something transcendent to self. These work practice relationships, therefore, will hopefully provide a need or gap of hope and appreciation towards a life that has been worthwhile, dignified, and respected.



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