Wilfrid Laurier University
Scholars Commons @ Laurier

Theses and Dissertations (Comprehensive)

1994

Engaging denial through spirituality: An ethnographic study of caregivers of the elderly and implications for pastoral care

Ian Elliott Gartshore
Wilfrid Laurier University

Follow this and additional works at: https://scholars.wlu.ca/etd

 Part of the Christianity Commons, and the Social Work Commons

Recommended Citation

Gartshore, Ian Elliott, "Engaging denial through spirituality: An ethnographic study of caregivers of the elderly and implications for pastoral care" (1994). *Theses and Dissertations (Comprehensive)*. 806.
https://scholars.wlu.ca/etd/806

This Thesis is brought to you for free and open access by Scholars Commons @ Laurier. It has been accepted for inclusion in Theses and Dissertations (Comprehensive) by an authorized administrator of Scholars Commons @ Laurier. For more information, please contact scholarscommons@wlu.ca.

National Library of Canada
Acquisitions and Bibliographic Services Branch
395 Wellington Street
Ottawa Ontario
K1A 0N4

Bibliothèque nationale du Canada
Direction des acquisitions et des services bibliographiques
395 rue Wellington
Ottawa (Ontario)
K1A 0N4

NOTICE

The quality of this microform is heavily dependent upon the quality of the original thesis submitted for microfilming. Every effort has been made to ensure the highest quality of reproduction possible.

If pages are missing, contact the university which granted the degree.

Some pages may have indistinct print especially if the original pages were typed with a poor typewriter ribbon or if the university sent us an inferior photocopy.

Reproduction in full or in part of this microform is governed by the Canadian Copyright Act, R.S.C. 1970, c. C-30, and subsequent amendments.

AVIS

La qualité de cette microforme dépend grandement de la qualité de la thèse soumise au microfilmage. Nous avons tout fait pour assurer une qualité supérieure de reproduction.

S'il manque des pages, veuillez communiquer avec l'université qui a conféré le grade.

La qualité d'impression de certaines pages peut laisser à désirer, surtout si les pages originales ont été dactylographiées à l'aide d'un ruban usé ou si l'université nous a fait parvenir une photocopie de qualité inférieure.

La reproduction, même partielle, de cette microforme est soumise à la Loi canadienne sur le droit d'auteur, SRC 1970, c. C-30, et ses amendements subséquents.

Canada

Engaging Denial through Spirituality: an Ethnographic Study of Caregivers of the Elderly and Implications for Pastoral Care

by

Ian Elliott Gartshore

B.A., York University, 1981
M.Div., Vancouver School of Theology, 1989

THESIS

Advisor: Dr. Delton Glebe
Readers: Dr. Peter VanKatywk and Rev. Brice Balmer

Submitted to the Faculty of Waterloo Lutheran Seminary in partial fulfillment of the requirements for the degree of Master of Theology in Pastoral Counselling

1994

© Ian E. Gartshore 1994

National Library of Canada
Acquisitions and Bibliographic Services Branch
395 Wellington Street
Ottawa, Ontario
K1A 0N4

Bibliothèque nationale du Canada
Direction des acquisitions et des services bibliographiques
395, rue Wellington
Ottawa (Ontario)
K1A 0N4

Your file Votre référence

Our file Notre référence

THE AUTHOR HAS GRANTED AN IRREVOCABLE NON-EXCLUSIVE LICENCE ALLOWING THE NATIONAL LIBRARY OF CANADA TO REPRODUCE, LOAN, DISTRIBUTE OR SELL COPIES OF HIS/HER THESIS BY ANY MEANS AND IN ANY FORM OR FORMAT, MAKING THIS THESIS AVAILABLE TO INTERESTED PERSONS.

L'AUTEUR A ACCORDE UNE LICENCE IRREVOCABLE ET NON EXCLUSIVE PERMETTANT A LA BIBLIOTHEQUE NATIONALE DU CANADA DE REPRODUIRE, PRETER, DISTRIBUER OU VENDRE DES COPIES DE SA THESE DE QUELQUE MANIERE ET SOUS QUELQUE FORME QUE CE SOIT POUR METTRE DES EXEMPLAIRES DE CETTE THESE A LA DISPOSITION DES PERSONNE INTERESSEES.

THE AUTHOR RETAINS OWNERSHIP OF THE COPYRIGHT IN HIS/HER THESIS. NEITHER THE THESIS NOR SUBSTANTIAL EXTRACTS FROM IT MAY BE PRINTED OR OTHERWISE REPRODUCED WITHOUT HIS/HER PERMISSION.

L'AUTEUR CONSERVE LA PROPRIETE DU DROIT D'AUTEUR QUI PROTEGE SA THESE. NI LA THESE NI DES EXTRAITS SUBSTANTIELS DE CELLE-CI NE DOIVENT ETRE IMPRIMES OU AUTREMENT REPRODUITS SANS SON AUTORISATION.

ISBN 0-612-01831-8

Canada

Table of Contents

Abstract

The paper examines a number of studies conducted on caregivers of the institutionalized elderly, including a large qualitative research project conducted by the author and a hospital administrator. Finding that many professional caregivers of the aged continue to deny their own aging and death to some degree, this paper seeks to chart the relationship between such denial and spiritual wholeness. The facets of denial, both positive and negative, are examined in the light of the dual nature of spirituality. Midlife is viewed as being the crucial time for growth and well-being for oneself and for the wider community, including the earth. Theological and practical considerations are offered.

Table of Figures

Chapter One Introduction

1.1 Caring and the Hospital Setting

Theological underpinnings for helping and serving institutions can be found in our Jewish (and by association, Christian) roots. The Hebrew Scriptures assert the importance of caring for those who were poor, those without support, and the stranger or visitor. For the Jews, "providing food, clothing, education for children, doweries for maidens, subsidies for orphans, visitors to the sick, support for pregnant women, money for free burials, ransom for captives, aid to the ailing, and shelter for the aged, were equated with the highest ideals of mankind."[1] This principle, in varied forms, is what underlines the religious intention of caring for the elderly and infirm. In terms of *institutions* being established for this task, the Jewish legends of the Patriarch Abraham have importance. In these legends we learn that institutions such as hotels, hospitals, and homes were established. The model was Abraham's tent, which was set up at the crossroads formed by the junction of important trade routes. With openings on all four sides it was accessible from every direction. Strangers were welcomed, given food and hospitality for the night, and sent off in the right direction in the morning.[2]

This thesis will focus on care-givers employed in hospital settings, more specifically geriatric and extended care facilities, in light of spirituality and the role of denial. The majority of those whom they serve are elderly, and will live out their remaining lives in that setting. All are in need of total health care. Given this situation, how do these care-givers feel about their own aging and death? How could the way they feel about this existential question affect them and their ability to care for others?

---

1 Jerome Kaplan, "Caring for the Elderly" in *Values, Ethics, and Aging*, Gari Lesnoff-Caravaglia, ed., Human Sciences Press, N.Y.; 1985: p. 118

2 *Ibid*

1.2 History of the Research Project

This thesis is based on research done in two locations, Victoria B.C., and Guelph, Ontario. The first (Victoria) segment of research was prompted by an earlier independent assessment of the Pastoral Care Program at Juan de Fuca Hospitals, Victoria, B.C. A conclusion of this assessment was 81% of the respondents felt that someone in the organization should help staff with their feelings about growing old. This led the author of that report to conclude that there might be "a need to talk about what it is like to be reminded so frequently about the implications of aging."[3]

Consequently research was conducted at the Juan de Fuca Hospitals, Victoria, B.C. during the summer of 1987. Our prime goal in the research was the question, "How do nursing staff, working with immobile elderly persons, feel about getting old themselves?"

A few years later I found myself taking a course that helped me better understand the research method we had earlier used. I decided to "resurrect" it, narrow the focus a little, conduct three more interviews at St. Josephs hospital in Guelph and determine whether the results were consistent with our earlier findings. It became obvious that they were.

1.3 The Research Question and the Field in General

The question we were raising with the nursing staff of these hospitals directly relates to this thesis. By discovering something of how nurses sense how others and themselves perceive aging (and death) for themselves, and related subjects, I was able to begin to answer the question, "How do nursing staff cope with the aging process, the existential question of death, and live life well?" As a result of the answers given to us by the staff, the direction and focus of this thesis was written.

As will be seen, one of the major replies given by the

---

3 D.J. Kergin "Report on an assessment of the Pastoral Care Program, Juan de Fuca Hospitals." School of Nursing, University of Victoria, 1986.

nurses in terms of their own feelings about aging and death was some form of denial. This thesis attempts to identify the role and meaning of denial in this context, and relate such denial to the spiritual well-being of the caregiver.

More recently hospitals and health facilities have begun to recognize that caring for the *caregiver* is most crucial. More literature is being written on caring for the caregiver. However, virtually no literature has revealed just how central to the well-being of the nurse is the ability to cope with aging and dying in a holistic and spiritually mature way. This thesis will highlight much of this importance, both to nurses, and to those for whom they (ad)minister.

1.4 Research Design

Again, the research question addressed in this paper was: "How do nurses, working with aging residents in geriatric/extended care nursing facilities, feel about their own aging?"

Using a Qualitative research approach[4] in 1987 Andrea Patch and I interviewed 35 participants in the three different shifts, representing five occupations and all seven nursing units of Juan de Fuca Hospitals. They ranged in age from their early twenties to 64 years old. Both men and women were included. Of these 35 interviews, most of the data from 10 were lost. In 1993 I interviewed three more nursing staff in Guelph. Thus, data from 28 nurses (including supervisors and nurses aids) from a variety of extended care (or Geriatric) settings and shifts in both Victoria, B.C. and Guelph, Ontario are used for this thesis. While making only a brief comparison of perceptions of aging and dying with the general population and with other types of nursing, this paper instead focuses on the relationship between nursing work (and vocation) and aging/dying. I do not attempt to compare findings between the various locations, nor

---

4 This method of research, although relatively new, is most ideally suited to this research question because it seeks to determine the meaning of experience.

between the three levels of nursing responsibility. However, I do attempt to examine whether the age of nurses affects their perception.

Terms: "Qualitative research" is one that attempts to discover the meaning of people's experiences through the use of interview and observation. As will be seen below, the questions given followed a guideline, but were not restricted to those listed. "Aging" here means the latter years of life, especially those that follow retirement. This definition became self-evident by the responses of those we interviewed. "Residents" are patients in the hospital who are (by definition of what is "extended care") unable to care for themselves due to physical and/or mental restrictions. "Perceptions" is an open question in this process, although I am particularly interested in their perceptions regarding quality and meaning of their lives. Lastly, the term "denial" is borrowed from psychology but is used in both the clinical and non-clinical sense as being the avoidance, fear or anxiety to engage in the process of death.

Access to nurses in the Juan de Fuca hospital was greatly facilitated by the fact that both I and Andrea Patch, an administrator, were employees who had been commissioned by the hospital to conduct this project. We were guided to our interviewees by head nurses from a variety of units and shifts. In addition, a number of nurses volunteered to be interviewed. Thus we feel there was a broad variety in the sample. Access to another hospital, St. Joseph's in Guelph, was accomplished through the generous assistance of the chaplaincy of that hospital. It should be noted that both hospitals are run by Roman Catholic orders.

1.5 Methods

After establishing our research problem and method the two of us began by interviewing two nurses, comparing observations, and refining our questions. We then conducted some joint and individual interviews and then reviewed the process. At this point we devised a standardized list of semi-structured questions (giving ourselves the freedom to ask questions as

seemed appropriate as well as following any leads the interviewees might give us). The remaining interviews were conducted individually. All interviews lasted about 30 minutes each, keeping in mind the fact these nurses were all working a shift at the time of interview. After we drew together the data, grouped ideas into major themes, and made some tentative interpretations of its meaning we asked all those whom we interviewed to voluntarily (i.e. outside work-hours) group together in "feedback" sessions. It was our hope that this would help us check our interpretations and pick up on missed and/or erroneous perceptions. We also wanted them to have an opportunity to discuss the ideas among themselves. About one-quarter of the number interviewed participated in one of these six sessions. They validated our findings and agreed with our conclusions. Ms. Patch wrote a report with my assistance which was never published.

1.6 Research question

"How do nurses, working with aging residents in two geriatric nursing facilities, feel about their own aging?" To answer this question the following questions were used as a guide. We departed from them whenever the interviewee led us into related subjects.

INTERVIEW QUESTIONS

Q1 What has led you to be working here at St. Joseph's hospital as a nurse/nurses aid?
Q2 Where do you see yourself going in the future?
Q3 What situations or concerns can you recall that have been raised by staff around aging or death?
Q4 What concerns might they have that are not really expressed?
Q5 For you?
Q6 How do you feel about yourself while working with residents?
Q7 How close to the residents do you allow yourself to get?
Q8 Energy often is used up while caring for others. How do you get renewed/ refreshed/ re-energized?
Q9 What kind of support system do you have?
Q10 How has working at St. Joseph's hospital affected your feelings/ attitudes around aging?
Q11 How can St. Joseph's help?
Q12 Offer this list of areas of concern for aging to the interviewee for comment.

Q12 Areas of concern for aging.

As a result of interviewing others and gathering information from other sources the following list has been compiled. The following might suggest to you some areas of concern for you as you reflect upon your own aging process.

Which of these, if any, are of a concern for you, or areas that St. Joseph's Hospital might be helping its staff with?

Ill health.
Loss of freedom and mobility.
Being a resident at a hospital like St. Joseph's.
Dying.
Dying without dignity.
Loss of spouse/family and or friends.
Life after death.
Concern for those left behind.
Retirement.
Financial security.
Job security.
Quality of employment.
Quality of life.
Quality of spiritual well-being.

Chapter Two Results from Our Research

The following is a brief survey of our results.

2.1 Caregiver as an identity

While many obtained a sense of satisfaction from caring for others, some seemed totally wrapped up in their identity as caregivers, one mentioning that this began as a little girl. Some identified with the residents/patients as if they were family members. For these staff the fears of aging were heightened by an inability to continue to help others and, especially, a difficulty in allowing others to care for *them*.

2.2 Effect of Working with the Elderly

Most admitted that working at the hospital had changed their perception of aging. But most did not envision themselves being in that situation. Only two believed that their children would take care of them, while most hoped they would never be a burden on their children. Some said they had *thought* about being a resident, but very few spoke about actually *seeing* themselves as a resident. One suggested she would give the nurses a very hard time. Some said they would first commit suicide. Some were determined to avoid the hospital by taking proper care of themselves.

Some hoped that they would get the same kind of care they presently give to their residents/patients.

Some spoke of being more deeply affected by aging parents than they were by aging patients/residents.

Some suggested that "A lot of our staff accept getting old because they work around the old. They accept dying easier because they see it." Another worded it, "After working here I'm more prepared for aging."

Thus most of those we interviewed were affected by their association with residents/patients; some felt they had gained from this association.

2.3 Denial of Aging

Most staff were initially hesitant about speaking of their concerns around the subject of aging. This hesitancy usually declined during the interview, but most continued to deny any concern about their own aging. A number denied even the possibility of aging. One (male) said, "Me? I'm never getting old!" Another man, who had just turned 40, replied that he felt nothing much about his own aging. He favorably compared himself to a 100 year old, and added that even at age 65 he still had 25 years to go. Similarly another interviewee, defining old age as being something that is 20 years in the future, said, "Maybe this is avoidance!" She admitted that she didn't like to "force" the issue of aging because it is painful for her. Denial seemed to alleviate such pain.

There appeared to be some relationship between age and willingness/ability to talk about aging. The younger nursing staff were less likely to talk about themselves as aging. Obviously they are further away from their senior years and so are not as personally touched by its effects or consequences. For example, "Aging is not a problem for me now. I still have things I want to do." Another (in her mid-20's) said of aging, "I don't worry about it... Possibly because I'm young." One middle-aged woman told me that she was not afraid of getting old, nor of being a resident of this hospital. She thought that the *younger* staff might be *more* troubled about aging because "they're further away from it... it's scarier for them." She verbalized that she felt comfortable; yet I observed that her body was quite tense. Additionally, later in the day of the interview, she avoided looking at me in the hallway when we happened to meet. I had to ask myself, was she denying something, even to herself?

One other subtle form of denial was evident in a number of those whom we interviewed. They quoted a statistic that points out only 10% of the adult population resides in institutions such as hospitals and nursing homes. Some were confident that they would be among the 90% of those who would not require

institutionalization. (This statistic is, however, misleading. Only 5-10% are actually residing in such institutions at any given time. More recently a longitudinal study revealed that fully 25% of adults will eventually require some kind of long-term institutional care.)[5]

2.4 Concerns about one's own aging

Most indicated some concerns about their own aging. Many stated this was, in part, because of their exposure to the aging residents/patients. Here is how one older nurse's aid put it, "Oh, yes, everybody is afraid of getting old. Who isn't? Certainly when you're working in an institution like this you actually see the ones who *need* care." A little later, after I said, "So, you're saying that these staff really notice this course (of deterioration) and this has an impact on their lives," she replied, "Oh yes! *Everybody* is afraid of growing old... And you cannot say that it's not going to happen to me because the possibility *is* there that it will happen. You hope it *won't*!"

2.5 Loss of mobility, independence, and self-control

The loss of mobility is something nursing staff face all the time due to work-related injuries. Loss of independence, though, was the most-oft mentioned anxiety relating to aging. In three (randomly selected) interviews this *word* was used (by them) 14 times.[6] If we add related terms to the number-count, this number would be much higher. Loss of self-control is obviously linked to the loss of independence, albeit a particular one. One believed that abusive or fighting behaviour in residents was a consequence of their loss of freedom.

---

5 Cary S. Kart, *The Realities of Aging*, Allyn and Bacon, Inc., Boston; 1981, p. 4

6 Mobility was mentioned 5 times, control twice.

2.6 Releasing feelings

Either turning off one's feelings, or releasing them somehow seemed necessary for those who indicated a high degree of attachment or feeling for the residents/patients. Saying goodbye was highlighted by some. Others simply preferred to stay detached.

2.7 Retirement.

Most who raised this subject spoke positively about their retirement. One of the most frequently mentioned fears by older staff was about financial security. Due to the physical demands of the job some feared injuries would prevent them from working until they were 65.

2.8 Preparing for Aging

Some of the ways people indicated they were preparing for their senior years included financial planning and management, physical exercise and care, and living well in the present.

More than one staff person noted a relationship between one's past life and how one is coping with being a resident/patient. "It depends on a person's past life. If they have a content happy life, then it reflects on old age. If you've got good memories, then you can deal with it better."

2.9 Fear of Death

In the original project we often touched on the question of death. Most often the interviewees did so in relation to faith or beliefs. For these people death was not "a problem", such as was illustrated by what one woman told me about how she feels after having had a dream[7] in which she saw herself at Jesus' feet: "Since then I've come to accept a lot. Since then dying doesn't bother me." Only once did I hear a hint of doubt from a caregiver whose faith assured her of life after death: "But I think we all go this life after death. I think there is. (Me:

---

7 Two people volunteered that a dream helped them no longer to fear death.

"It gives you some comfort.") Her: (a little skeptically) "Yeah, I haven't thought too much about it, because we don't know, do we? Nobody has come back to tell us..."(trailing off).

One woman who had used "you" language when speaking about aging became more agitated and used "I" language when speaking about death, at the end of the interview. "I think dying, I always, I always do, it's terrible to say, (pause) it's so final, you know? I know it isn't final, but, you know what I mean? I just I find it really hard... to deal with." She related to me about a book she had read from the perspective of a dying man and said, "This is exactly how I feel. It's not seeing people again. (quieter) It's... I find that very scary."

Some of those we interviewed stated, without hesitation, that they would prefer to die rather than be patients/residents, even though they often also added that they thought the level of care at their institution was more than adequate. Having control over their lives, even if this meant an earlier death, was preferable to living in an institution like this one.

Loneliness was mentioned a number of times. This was not only the isolation they sense the residents feel. Fear of aging and death was sometimes expressed in the separation involved in both.

2.10 Spirituality and Religion

Quite a few people whom we interviewed mentioned the role of spirituality and of religion, or of religious beliefs (such as life after death) in their lives. Spirituality (and beliefs) always had a positive role in the lives of those who mentioned it, while organized religion (when mentioned alone) was usually spoken of in a negative light. For example, "Many residents with strong religious backgrounds are not comforted very much by it in this situation." Contrast this with: "As I age I will feel comfortable because I've taken care of the spiritual aspect." Most often spirituality came up in the context of support and a source of energy. For example, when I asked one woman, "Anything else that re-energizes you or refreshes you?"

she replied, "Well, I think I have my strong belief and a strong family background..." Later on she added, "I'm not afraid of death. I, I, (Pause) I'm at peace with my God and I believe, and I'm not afraid, so, and I would rather grow old gracefully then try to fight it!" One nurse spoke about her father's retirement, the shock this was to him, and the psychological help he needed. Then she added, "But he had enough inner spirituality to deal with it (retirement)."

Admittedly drawing a line between spirituality and religion is slippery. One male staff seemed confident about his aging and future because he believed his life was entirely in the hands of God. "It depends on an act of God: you die old or you die young; you have to take what you get. There's no reason to fight against it." This statement could have indicated a deep spirituality. Instead, it appeared to be religious dogma used as some kind of defense. From the whole interview (only sampled here) I had the sense that this man was using his beliefs as a kind of fatalistic protection from life and from others. I noticed, for example, that he was the only person whom I interviewed who moved his chair - and did so as far away from me as he could.

Spirituality seems also to help some find meaning in their job: "That I believe in God, and I, and I care very deeply about my fellow man, and that's *life*." And this: "I was brought up as a Roman Catholic... I was brought up to have respect for the elderly and for parents. Maybe this makes me a little kinder towards people." Another woman said she treated the residents/patients as if each were her mother, and then added, "If this person is Christ, then how would I treat them?" A number of caregivers indicated they saw a relationship between spirituality and caregiving. Research conducted by Marcus, Lotte, and Jaeger in Montreal[8] revealed that women especially mentioned that religious beliefs influenced their caregiving. As one interviewee said, "There is lots of variety in acute

---

8 "The Elderly as Family Caregivers", *Canadian Journal on Aging*, 3-1 p. 33

care, not so here. It's *hard* work. Stress here is due more to the nature of the job than the fact that they're old. The staff don't see improvements in the patients..." When we asked what, then, gives staff hope, she replied, "Yes, all of these are related to hope and to spiritual life. How often do we concern ourselves with co-workers' spirituality? Not often. How often do we look at the wholesome aspect of caring? It's the whole person. How do they feel about aging if they don't have the hope/spiritual perspective?" As this woman said earlier, "Most staff are very involved, over dedicated; they see the soul behind the body."

2.11 Support

Our interviewees were asked where they received support. Family or friends were their most typical answers. Those who seemed totally wrapped up in their jobs seemed the least able to talk about support. One nurses aid had discovered that her whole life was too wrapped up in work. "I wasn't taking care of myself a while ago. Now I've discovered areas besides work, such as aerobics, dancing, socializing, bicycling, and communicating with myself in a non-hurting way."

Chapter Three Denial and Acceptance

3.1 Introduction

Hora incerta, mors certa[9] (Latin, "While the hour is uncertain, death is").

A cartoon drawn by Robert Jay Lifton[10] shows two birds talking with each other. One says to the other, "Now that you have completed 40 years of scientific study on the nature and ramifications of death and dying, can you tell us your conclusions?" The second bird replies, "When you're dead you're dead."

Rather than celebrate death as the final step into a higher form of life, modern Westerners fear it.[11]

> Our lives are poisoned by a fear of death, and much of our culture represents a response, however inadequate, to this fear. Most of us are afraid to contemplate our own ending; and when anything reminds us that we too shall die, we flee and turn our thoughts to happier matters. The thought of our finitude and ephemerality is so frightening that we run away from this basic fact of existence, consciously and unconsciously, and proceed through life as though we shall endure forever.[12]

3.2 Relationship between aging and dying

A curious thing frequently happened in our interviews. Speaking on the subject of aging our interviewees often slid into the subject of death and dying. This is no accident. The association of aging with dying is quite natural. Evidence for this association is plentiful. Both subjects are considered impolite in conversation Many people are uncomfortable in places that serve either the aged or the dead. Said one nurse regarding the loneliness felt by residents: "We don't really talk to them, just care for them. Relatives don't visit that

---

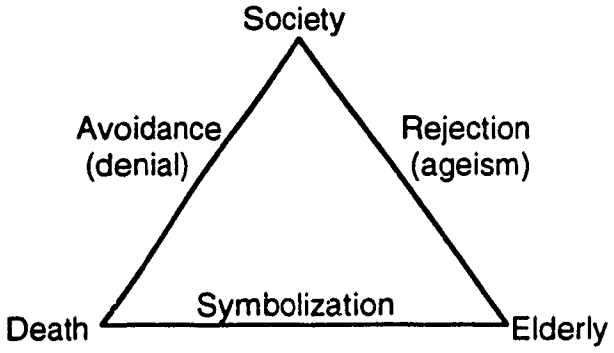
9 Robert Jay Lifton and Eric Olson *Living and Dying*, Praeger Publ, N.Y., 1974, p. 2

10 *ibid.*

11 Ernest Becker, *The Denial of Death*, The Free Press, N.Y.; 1973, p. ix

12 David C. Gordon, *Overcoming ther Fear of Death*, The Macmillan Company, N.Y., 1970, p. 13

much, they don't know what to say." Such is indicative of our discomfort around the aging. It is almost as if the aged, like death itself, were diseased. It could very well be that people tend, as one author suggests, to avoid aging, death and unknowns for fear of losing life itself.[13] The following diagram can help to illustrate the association between aging and death in our society.



Symbolization-Avoidance Process[14]

In the diagram above Paul Jones illustrates the tripartite role society, the elderly, and death play with each other. Rejecting the elderly is related to the denial of death.

One related piece of research conducted on employees of a nursing home also indicated a positive correlation of anxiety between aging, and death and dying.[15] The same research found that those who indicated they were more comfortable discussing death and dying with residents tended to perceive elderly adults as possessing greater social value.[16] This appears to be in agreement with the illustration found above.

Despite denial, we all know that eventually each of us dies. This is inescapable. And, in our society, death normally

---

13 Maxwell Jones, *Growing Old - The Ultimate Freedom,* Insight Books, 1988, p. 79

14 W. Paul Jones, "Death as a Factor in Understanding Modern Attitudes Toward the Aging: A Symbolization-Avoidance Theory", in the *Journal of Religion and Aging,* Vol 3, No. 1/2, 1986; p. 80

15 C. J. Vickio, J.C. Cavanaugh, "Relationships Among Death Anxiety, Attitudes Toward Aging, and Experience With Death in Nursing Home Employees" in *Journal of Gerontology,* Vol 40, No. 3, 1985, p. 348

16 *Ibid,* p. 347

happens after old age. So, for us, concludes Paul Tillich, old age is right next door to death, something we all have some anxiety about. Thus, we have anxiety about aging.[17] Writes another author,

> Most, if not all, people, young and middle-aged, live in fear of growing older. And, of course, they fear losing the physical and mental powers they now enjoy with little or no awareness that different strengths and capacities can take their place. They do not realize that even present powers will continue to a modified degree, and that new gifts come with each age.[18] Behind the fear of aging is the fear of dying: for some it is a frightening specter; for others, a part of life.[19]

What makes aging such a "frightening specter" for some people more than for others? Is it the degree to which people deny their ultimate death, or is it due to something else? This paper will attempt to begin finding an answer to this important question.

3.3 Fear of Death

When thinking about death the most obvious dimension is physical death. However, not only is death a physical reality, in a real sense death also happens when a person lacks purpose, destination, meaning, and a sense of belonging.[20] We might speak of this as being an emotional or spiritual death. But death it is. This dual nature of death is summarized in a few words: "Is death when the heart stops beating or when it stops loving?"[21]

---

17 Tillich, *The Meaning of Health*, Exploration Press, 1984, p. 209

18 Other research agrees with this, cf. Reuel L. Howe, *How to Stay Younger While Growing Older*, Word Book, Waco; 1974, Marilyn A. Borges and Linda J. Dutton, "Attitudes Toward Aging: Increasing Optimism Found with Age, *The Age of Aging*, Abraham Monk (Ed.), 1979, p. 43; D. Goleman, "New Evidence Points to Growth of the Brain Even Late in Life" in *Aging*, 5th edition, Unit 2: 53-54; Jon Hendricks, C. Davis Hendricks, *Aging in Mass Society, Myths and Realities*, 3rd edition, Little, Brown and Co. Boston: 1986; and A. Pardini, "Exercise, Vitality, and Aging: in *Aging*, 5th edition, Unit 2:55-65

19 Reuel L. Howe, *op.cit.*, p. 13

20 Robert Herhold, *Learning to Die / Learning to Live*, Fortress Press, 1976, p. 17

21 Herhold, *op.cit.*, p. 75

Another way of expressing this comes from an anonymous insert into a church newsletter: "May you live all the days of your life!"

Perhaps the difference between these two uses of the words death and life is not as unconnected as we might first think. A person who loves well is likely to be affirmative of life. Indeed, one large-scale statistical survey of longevity showed "that all the long-lived subjects had a 'serene' - that is, an affirmative - view of life. They conclude, "The individuals' philosophical attitude emerges in every case."[22]

Discovering what this means is fertile ground indeed. But it would seem that one form of death is soon likely to follow the other. For now let us focus our attention on physical death.

All living entities eventually die. But humans alone are *aware* that they will die.[23] The Mormon faith teaches that eventually humans will be like God and thus be immortal. The T.V. series *Star Trek, the Next Generation* suggests that humans will one day become omnipotent (just as the species represented by "Q" has done). Such ideas have a psychological root: "The Oedipal complex is the project of becoming God... By the same token, it plainly exhibits infantile narcissism perverted by the flight from death."[24]

It is true: we will all die. Indeed, without death there can be no life, as witnessed by the birthing of the solar system on one scale, to the entire food chain on another. Despite the truth of these statements, we humans protest death - it seems to us that death is a threat to life, and thus to growth and meaning.[25] How people respond to their demise does, however, vary. Some deny it, others fear it. Still others are terrified by it.

---

22 Victor Frankl, *The Doctor and the Soul*, trans. by Richard and Clara Winston; Alfred A. Knopf pub., New York: 1965, p. 30

23 Norbert Elias, *The Loneliness of the Dying*, 1985, p. 2

24 Ernest Becker, *The Denial of Death*, 1973, p. 36

25 William E. Hulme, *Vintage Years*, Westminster Press, Philadelphia; 1986, p. 11

> The certainty of death terrifies only the person who has a guilty conscience toward his (sic) life. Death marking the end of a lifetime can frighten only the person who has not lived his lifetime to the full. Such a person cannot face death at all. Instead of filling the finite time of his life with some meaning and so fulfilling himself, he takes refuge in a kind of delusion that he will be let off -like the man sentenced to death who in his last hour begins to believe he still has a chance to be pardoned. This type of person takes refuge in the delusion that nothing can happen to him personally; death and disaster are trials that only affect others.[26]

As said earlier, denial of death, in one form or another, appeared to be prominent among those we interviewed. Only one seemed openly "terrified" by the prospect of death. More seemed anxious about what later life might bring them.

Often the words fear and anxiety are confused. "Fear of death" and "death anxiety" are not quite the same expressions, even though they are often used interchangeably. When we use the word 'fear' it is usually some event or object which is feared. However, anxiety usually lacks a concrete referent. So it is that death can be feared since it is sufficiently concrete. "What we are fearful of in death is its apparent irreversible nature; it is so final and permanent."[27] But death also has many associations for which we may feel anxious, such as being close to a dead body, or the loss of a loved one. Even though there is a defined difference between these anxieties and the fear of death itself it is usually not possible to emotionally separate them.[28]

While some of the anxieties listed above may be felt by one person or another, death anxiety is felt by all to some degree. At its core,

---

26 Frankl, *op.cit.*, p. 130

27 Gordon, *op.cit.*, p. 20, 45

28 Richard G. Dumont and Dennis C. Foss, *The American View of Death: Acceptance or Denial?*, Schenkman Publ., Cambridge, Mass, 1972, p. 17

> death anxiety is a normal human condition (because) it is the expression of the tension between our actual condition as finite and limited beings and our aspirations to be unlimited, immortal beings that a transcendent consciousness provides.[29]

This anxiety is called the existential anxiety of humanity.[30] Such anxiety, left unexamined, is not very helpful as it "naturally leads to avoidance behavior."[31] This, in turn, makes facing one's own eventual death very difficult.

The use of drugs is a self-defeating method of coping with death-anxiety. The anxiety of separation, disintegration, and stasis that re-emerges once the drug's effects have worn off impels the user to return to the drug even more desperately in a pathetic downward spiral.[32]

The anxieties associated with aging and death are legion. What follows may not be an exhaustive list, but one that likely speaks to any of us: The fear of the unknown, punishment[33] (Hell), and of the future of one's dependents,[34] the physical pain of dying, dying without being understood, dying without value; not having the opportunity to finish what one started; frightened that life in some form might not continue beyond death; fear about what others might think of you near your end; and foolishness at believing things that may be naught, etc.[35]

The anxiety of aging and death is often experienced as a fear of loss of some kind. The more obvious losses include: the loss of things we enjoy in a about life (such as accomplishing goals), the fears of losing consciousness,[36] losing our

---

29 Momeyer, *op.cit.*, p. 4

30 Becker, *op.cit.*, pp. 69-70 and Paul Tillich, *The Meaning of Health*, Exploration Press, Chicago; 1984, p. 58. Existentialists, starting from this basic anxiety, seek to examine the inter-relationship of human meaning, loneliness, and feelings of emptiness. (pp. 86-87)

31 Richard Momeyer, "Fearing Death and Caring; for the Dying" in *Omega* Vol 16(1), 1985, p. 4

32 Lifton, *op. cit.*, p. 85

33 Elias, *op.cit.*, p. 10

34 Dumont and Foss, *op.cit.*, pp. 20-21

35 Herhold, *op.cit.*, p. 71

36 Gordon, *op.cit.*, p. 20

pleasures and sensations, and loss of autonomy[37] and control[38] (which often leads to a loss of meaning).[39]

A person may choose to respond to this loss of control by trying to control others through violence, or exercise one final act of control over oneself through suicide.[40]

Psychoanalysts, according to R. Johnston, believe that those who have lived their lives as aggressive, dominant people are more likely to fear the loss of control over their destinies and thus fear death more intensely than those who are prepared to abandon life, the humble and submissive. How people live is likely to affect how they view their death.[41]

Another interesting anxiety related to the fear of death is the fear of losing time. So many of us are busy trying to compress as much into chronological time as we can because we are afraid that time will run out; i.e., death will arrive.[42] This is usually not conscious. As a result people of this era are concerned more with saving time than with saving their soul and living![43] Thus, retirement means both the loss of work (and, often, meaning) *and* the loss of the task of beating the clock!

Aging brings with it the reminder that life will not continue forever. Not only physical limitations loom in our minds, but so also may our dreams, abilities, values and goals seem illusory. These myths give our lives meaning for many years. The death of these may be more significant of a loss than our physical deaths.[44]

---

37 Herhold, *op.cit.*, p. 18
38 *ibid.*, p. 22
39 Hulme, *op. cit.*, p. 16
40 *ibid.*
41 Johnston, *op. cit.*, p. 26
42 I suspect this is even more true as we reach the end of the second millenium, in part due to the religious anxiety about the end of the world, in part due to the common perception that the world cannot continue on as it is for much longer.
43 Gordon, *op.cit.*, pp. 33, 35 and Frankl, *op.cit.*, pp. 127f.
44 Eugene Bianchi, "Aging as a Spiritual Journey" *JSAC Grapevine*, James E. Solheim, ed., vol 15, no. 5, (Nov. 1983), p. 2

Another type of loss associated with aging and death is that of separation, death being the ultimate separation. This fear begins at a very early age. Although adolescents may not fear death due to its remoteness in time[45] they are likely to express it as a search for security.[46] In general, the fear of separation may be manifested as the dread of isolation, the thought of nonexistence (total separation from all one knew and worked towards)[47], and anger at being abandoned by friends and family. As one writer put it,

> The dying must suffer not only
> the approach of death,
> but the withdrawal of friends fearing
> their own mortality.
> Death makes bigots of us all.[48]

All losses in life are "reminders" of the great loss: death. These become more frequent as a person ages due to decreasing social ties, and as these losses begin to outweigh the acquisitions of life (finances, position, influence, authority, friends) once into retirement. One may feel spiritually more empty, too, as one's meaning in life is changed and God seems more distant.[49] These experiences of loss, as do actual (external) contacts with death, plus the physical changes (real and/or anticipated) that accompany aging and dying affect one's anxiety about death[50] and help to form people's attitudes to death.

Attitudes toward life and death are important as attitudes are a set of beliefs, values and expectations which largely predisposes one to act in a certain way in response to a given object or situation.[51]

---

45 Dumont and Foss, *op.cit.*, p. 21 and Jones, "Death as a Factor...", *op. cit.*, p. 80; Jones further states that our culture teaches this to its children, p. 77
46 Lifton, *op.cit.*, pp. 52-57
47 Herhold, *op.cit.*, p. 22
48 *ibid.*, p. 35
49 Hulme, *op.cit.*, pp. 12-15
50 Lonetto and Templer, *op. cit.*, pp. 56-57
51 Dumont and Foss, *op.cit.*, p. 3

The fear of death appears to be the strongest for people between the ages of forty and sixty.[52]

3.4 Fear of Death in North America

It is very probable that our fear of death has a cultural component to it. There are several reasons why we are less likely to face our fear of death in North America today.

In this century there have been many advances in technology (modern medicine alone has succeeded in postponing the point of death for many people.[53]), health care, and food supply, resulting in changing demographics. Statistics from the United States suggest that

> in 1900 one half of all deaths were among children; in 1980, two thirds of all deaths were among persons over 65, with children accounting for only 6%. Increasingly, death is being reserved for an ever-growing aging population.[54]

Instead of death happening suddenly in childhood, it usually now happens gradually.[55]

In addition, in 1900 approximately 4% of the population was 65 and up; in 2025 it is projected that about 20% of the population will be over 65. Thus, it is reasoned, seniors are not "considered" to be as unique and special as they once were.[56]

Death is distanced in another way. Even while death has become more frequent to our world through world wars and widespread starvation, disease, and conflicts,[57] our *personal* experiences of it are now mostly of seniors, who are often themselves isolated from the mainstream of life.

---

52 *ibid.*, p. 21 and Paul Jones, "Death as a Factor...", p. 80

53 Johann Hofmeier, "The Present-Day Experience of Death" in *The Experience of Dying*, 1974, p. 16

54 W. Paul Jones, "Theology and Aging in the 21st Century" in *New Directions in Religion*, 1987, p. 30

55 James A Thorson, Bruce J. Horacek "Self Esteem, Value, and Idientity: Who are the Elderly, Really?" in *New Directions in Religion and Aging*, David B. Oliver, ed. Haworth Press, 1987, p. 7

56 *ibid.*

57 Ruth Blustein, *The Dying Process: Impact on the Social Worker*, University Microfilsm International, Ann Arbor, MI; 1984, p. 8

Aging and death are distanced from us in yet another way. Changes in the social structures have reduced the frequency and intensity of people's contact with the dying and death itself.[58] Professionals and institutions such as hospitals and funeral homes handle much of what was the domain of the family and local community.[59] The corpse is dressed and coloured (even old scars are carefully covered over) and placed in a solid-looking coffin in preparation for the pre-funeral viewing.[60] Thus we witness the embarrassment felt by the living when in the company of the dying. As death has become "socially unacceptable" so have reminders of it - including the elderly.[61] In previous centuries

> the majority of people died in the presence of others if only because people were less accustomed to living and being alone. There were not many rooms where a person *could* be alone. Dying and dead people were not as sharply isolated from communal life as is usually the case in societies at later stages. Societies as such were poorer in earlier days; they were not so hygienically organized as later societies.[62]

Is it any surprise that we have moved away from the frankness with which Puritanism and Romanticism taught their children about death?[63] Our use of tentative language when speaking about death is revealing: "if", "may", "perhaps".[64]

> Thus the elderly and dying are isolated, something that occurs with particular frequency in the more advanced societies (which) is one of the weaknesses of these societies. It bears witness to the difficulties that many

---

58 Hofmeier, *op.cit.*, p. 16; Robert Hatfield and Edna McHutchion, "A Dialogue on Care of the Dying", Humane Medicine, Vol. 9, No. 1 (1993), p. 30, and Dumont and Foss, *op.cit.*, p. 37

59 Dumont and Foss, *op.cit.*, p. 46; W. Paul Jones, "Death as a Factor...", p. 77, Baum and Baum, *Growing Old*, 1980, p. 192, Elias, *op.cit.*, p. 23, and Lifton, *op.cit.*, p. 22

60 Dumont and Foss, *op.cit.*, p. 39

61 W. Paul Jones, "Death as a Factor..." *op. cit.*, p. 77

62 Elias, *op.cit.*, p. 75

63 W. Paul Jones, "Death as a Factor", *op. cit.*, p. 77. David Stannard writes that the importance of death (which was feared but eagerly anticipated) was enhanced through the detailed ritualization of the Puritan funerals in New England, *The Puritan Way of Death*, 1977, pp. 72-95; 117-118

64 Jones, "Death as a Factor...", *op. cit.*, p. 80

> people have of identifying with the aging and dying... The living find it hard to identify with the dying.[65]

Distancing ourselves from aging and death is but a part of a changing culture, one which has replaced religion with technology, severed our contact with nature, moved our sources of power from the animate to the inanimate, veered toward individualism and away from the community, *and* changed how we perceive identity. These have all served to make death a less acceptable subject and the dying more invisible.[66] This results in

> our inability to give dying people the help and affection they are most in need of when parting from other human beings, just because another's death is a reminder of our own. The sight of a dying person shakes the defensive fantasies that people are apt to build like a wall against the idea of their own death.

Said one interviewee,

> The majority (of staff) don't want to talk about death and the spiritual side of life. (I: "Any sense what's happening?") They don't want to get involved. I don't know why. Most people don't want to talk about death.

Fear distances us from not only the aged, the dying, and the dead. It distances us from our own deaths.

> We are most distanced from the reality of human death. We don't talk about it; we try to conceal, deny, and "bury" it. But - like repressed sexuality in Freud's day - death does not go away.[67]

Both birth (and sex) and death are taboos in our society.[68]

Most people would maintain that sexual taboos have become less powerful in this century. Although this is not quite as true of conversation regarding giving birth, death taboos have become, if anything, more powerful.[69] In part this may be

---

65 Elias, *op.cit.*, pp. 2-3

66 Johnston Jr., *op.cit.*, pp.1-5

67 Lifton, *op.cit.*, p. 21

68 Jacques-Marie Pohier, "Death, Nature and Contingency" , translated by David Smith, in *The Experience of Dying*, 1974, p. 77. He suggests that because we avoid accepting birth and death as being "a fact of (our) own humanity... (and) nature" we attribute them to the sacred realm, and so are taboos in our society.

69 Elias, *op.cit.*, p. 44

because of the somewhat superstitious feeling or belief that by not talking about something, it does not exist! As a classic chicken-and-the-egg scenario, not talking about death may help to increase our fear of it.[70] Yet by avoiding those subjects that help us understand both where we have come from and what our destiny shall be, we leave ourselves unanchored inbetween. It is true:

> We struggle for our first and last breaths
> In order to perfect the moment in between.[71]

It appears, however, that (like the taboo on sex) there now appears to be some effort to bridle even the death taboo. Lindsay P. Pherigo, in an article entitled "Death: The Inevitable Issue" makes an interesting guess for the future: much as it was before the industrial revolution, people will become more familiar with death. Why? As the aged move away from less humane and expensive methods of assistance (such as seniors residences), they will be more likely to stay at home or with family members.[72] This will increase the amount of exposure younger people have to death. Pherigo suggests that this movement is a part of what Alvin Toffler calls the post-industrial, pro-humane "Third Wave".[73] If true this may reverse some of the isolation experienced by the elderly and help us confront our avoidance of death.

3.5 Third World Culture and Aging/Dying

If, then, this avoidance of aging and death is typical of our culture, what of others?

My experience of people in Nicaragua was perhaps not representative of the whole of the "Third World." But the six months I lived there and impressions from other contacts, especially of other rural cultures, suggests that it is not a-typical, either. In brief, their attitude towards death seemed

---

70 Dumont and Foss, *op.cit.*, p. 36
71 Herhold, *op.cit.*, p. 61
72 so also Robert Hatfield and Edna McHutchion, *op.cit.*, p. 30
73 L. Pherigo in *New Directions in Religion and Aging*, ed. by David Oliver, Haworth Press, N.Y., 1987; p. 64

very different from our own. To begin with, nobody could deny the reality of death, for very few Nicaraguan families had been spared the premature death of at least one of their members in the last 20 years. Most of the deaths were of young men.

Among many conversations I vividly remember speaking with a young woman who had a baby. Early in the conversation it came out that her husband had been killed by the *contra* just before the birth of their baby, perhaps 3 months before our conversation. I said, "I'm sorry" but she seemed in less pain about the subject than was I. She spoke about how terrible was his death, and about the *contra* war, but went on to speak about what hope she had. I was, frankly, amazed. She had stared death in the face and yet was hopeful - even joyful!

One of the other factors in their situation is that they rely on each other a great deal. It is not possible to hide behind one's wealth, and avoid anxieties and fears through keeping busy, when one has little money and little work. Life there is both tragic *and* passionate.

In stark contrast are descriptions of our culture, one that encourages the assuaging of our fear of death through fads, attempts to look and feel younger, work, money, possession of things, projects and causes, drugs[74] and alcohol, faith in leaders, success, (and/or fame), good work, children, and by acquiring things and money, and extending life as long as possible.[75] Meanwhile, the movie industry and media report deaths as "events" or numbers, not true losses.[76]

I treasure a photograph I took in Nicaragua. It is of a grandmother holding her granddaughter in one arm while holding a newly butchered chicken in her other. Life and death go hand-in-hand. Both are a part of life in Nicaragua, then and now.

---

74 Both legal and illegal: the use of drugs to deal with pain associated with disease-related death has encouraged the illusion of one's own immortality writes Hofmeier, *op.cit.*, p. 16

75 Hulme, *op.cit.*, pp. 25-34. In addition, these all take on ultimate meaning, replacing God writes Gordon, *op.cit.*, p. 23

76 Dumont and Foss, *op.cit.*, p. 43

As a result of what people experience in Nicaragua, there appears to be less denial and more acceptance of death in that country, indeed of sexuality and of aging, too. Life and death are intimately related to each other.

> How one feels about life may contribute more than we know to how one feels about death. The person who gives thanks each morning for the new day with its opportunities to work, to learn, to serve, to worship, in all likelihood at night welcomes sleep and at the end has no fear of death.[77]

3.6 Fear of Life

How is it that the Nicaraguan people are more acquainted with dying and death *and* seem happier, more alive, and passionate? Perhaps it is because we hang onto the veneer of false hopes and resign ourselves to a superficial existence, exchanging the arduous road toward death for a quiet life of routine. In the process we miss taking advantage of the unique opportunity that life offers for deeper growth. To fear life is to subject oneself to the "gnawing truth of self-deception (that) consumes the spirit."[78]

We are fearful of life, for much of life is either boring and uneventful or is painful and difficult.[79] Thus, it is possible to be afraid of being overwhelmed by life as well as by the mortality of our physical existence. This is both a fear of life and a fear of death.[80] The first is a fear of standing alone and losing one's support (which would be individuation) and so represses the desire to explore everything. This means doing without awe and abandoning ecstasy. It means building defences and a character through which a person feels control over their own life and death.[81] This means denying, to some degree, those powers that transcend us -whether they be a god, or the power of some all-absorbing activities and passions

---

77 Josephine Benton, *A Door Ajar*, Pilgrim Press, N.Y.; 1979, p. 34
78 Bianchi, *op.cit.*, pp. 37, 39
79 Gordon, *op.cit.*, p. 62
80 Becker, *op.cit.*, p. 53
81 *ibid.*, p. 72

(including that of money).[82] This protection also enslaves us, making true growth and freedom of action and choice narrowed.[83] Only once we are willing to allow our defences to be defeated and so face reality will we go beyond the fear of death. Thus we will truly see ourselves as like gods, yet human as well. Only then will we become our "authentic selves."[84]

The problem in making this step is that one comes to see the world as it really is: devastating and terrifying. "It achieves the very result that the child has painfully built his character over the years in order to avoid: it *makes routine, automatic, secure, self-confident activity impossible.* It places a trembling animal at the mercy of the entire cosmos and the problem of the meaning of it."[85]

Children do not have the stamina and authority necessary to live in such a limitless world. And so they have to build defences in order to manage to live in the dualistic reality of human life. The schizophrenic knows the overwhelmingness of life better than most do: they have not been able to build an adequate defence against it.[86]

Instead of living in a wholistic way -one filled with growth, integration, and actualization many people live "neutral" lives of unwellness and lack of fulfillment. The latter is little more than mere existence involving little risk. Such people tend to fear illness and death (and aging).

3.7 Denial of Aging and Death

> "Men (sic) are subject to death, misery and ignorance, and, as they know no cure, they refuse to think of them."[87]

"Your Morning Smile", a daily (sometimes) humourous piece found on the front page of *The Globe and Mail* newspaper once

---

82 *ibid.*, pp. 55-56
83 *ibid.*, p. 70
84 *ibid.*, p. 57
85 *ibid.*, p. 60
86 *ibid.*, p. 63
87 Pascal, quoted in R.C. Johnston, Jr., *op. cit.*, p. 1

read, "The best way to stay young is to lie about your age."[88]

Denial is the polar opposite to acceptance. With regard to our topic, it means the lack of integrating a belief in one's own death, a failure to recognize that one must die.[89] It is possible to be in denial of death by consciously "believing" in one's own death, but simultaneously acting in a way that reveals a lack of integration of such belief.

What is involved in denial?

Since we are all getting older, and older is next door to death (as mentioned earlier), we all have anxiety about aging. It is normal, then, that we use our defence systems to help us avoid the eventuality of aging and death. We can do so in quite a number of ways. Broadly speaking our defence systems can pretend that aging is okay (i.e., no real problems with it), or by denying that we will get old in one way or another.[90] The first case can be seen, to some degree, in such books as *How to Stay Younger While Growing Older* (by Reuel L. Howe)[91], or as evidenced by statements as "My grandmother lived until she was 91, was never sick, and died peacefully in her sleep." The second case, silly as it sounds, was voiced in such statements as "Who, me? I'm never going to get old!" This person did laugh after saying it, but there was a certain air of belief attached to this admission. Other statements included ones such as "I never think about getting old." A number of studies have indicated that people either have an attitude of living forever, or that death is an illusion.[92] This is denial.

One article claimed that research (conducted sociologically) found most of the North American population does not deny death. A close examination of it revealed such a narrow definition of death anxiety that it excluded all but 14%

---

88 Thompson Publishing Co. Toronto, March 19, 1994
89 Dumont and Foss, *op.cit.*, pp. 5-6
90 Tillich, *op. cit.*, p. 209
91 Word Books, Waco, Texas; 1974
92 Dumont and Foss, *op.cit.*, pp. 34-35

of the population![93] No other authors I read disputed the high degree of denial experienced in our society.

One author found another way to deny the power of denial. He writes, "The enthusiasm parts of the (thanatology) movement have shown for such topics as near-death experiences and immortality ironically reflects a deeply entrenched death-denial among the very people who would eradicate it."[94]

Denial (and its cousin, repression) are healthy in many circumstances. Sleep, especially deep sleep, is impossible without being able to repress, to a large degree, the sensual inputs of touch (feeling the sheets, having cold feet), of taste (junglemouth!), of sounds (passing cars and trucks, the sound of the furnace, our snoring mate), of light (especially during summer months when the sun rises long before most of us do), and of smell (body odours).

Another type of denial is also constantly at work during our waking hours. Our brains are constantly filtering the information that arrives from our senses. Given the amazing beauty, power, majesty, terror, and miraculousness of the world humans have to limit their awareness of it all in order to establish some kind of direction and purpose in life. This involves both the repression of our senses, and healthy fear to protect our self-esteem and self-love. Without such fear and protection we might feel overwhelmed by the world.[95] This action of filtering or modifying which helps us to cope with events and thoughts, and protects us against life stressors, is the result of "mediators."[96] It is by weighing what we receive, according to what we believe to be true, that we can accept new information. Most often if something doesn't fit into our present paradigm of understanding we are unlikely to accept it. Thus we listen selectively, we see selectively, we perceive selectively. It is the exception, not the rule, when we stop

---

93 Martha Baum and Rainer C. Baum, *op. cit.*, p. 187
94 Johnston, Jr., *op.cit.*, p. 19
95 Becker, *op.cit.*, p. 52
96 Vachon, *Occupational Stress in the Care of the Critically Ill, The Dying and the Bereaved*, 1987, p. 11-12

denying a new piece of information long enough to begin the process of making the necessary changes to our perceptions and understandings. This is not only true in us as individuals; according to Thomas Kuhn it is also true in organizations and even in the scientific community.[97]

Thus, if we did not deny most of that to which we are exposed, we could not function at all! Denial, however, becomes unhealthy when we *remain* in a state of denial. If we were to prevent everything, at all times, from opening new understandings and perceptions of the world and ourselves we would be totally narcissistic and paranoid. Thus, denial and repression can and do have a positive role.

Denial has a particularly positive role among younger people. The fear of death naturally belongs in children, whose fears and terrors include (especially at night) destruction by their parents, monsters, being hurt by animals and insects, etc. "Fear is actually an expression of the instinct of self-preservation, which functions as a constant drive to maintain life and to master the dangers that threaten life."[98] However, such a fear must be suppressed in order to allow the person to function adequately. Denial is necessary.

Such fears and anxieties move under the surface, only to re-emerge when danger arises, such as in earth-quakes and other shocking situations.[99] Repression "is not simply a negative force opposing life energies; it lives on life energies and uses them creatively." As the person seeks life and expansion (s)he works against her/his own fragility. Thus fear of death can be ignored and even absorbed in the life-expanding processes.[100]

This narcissistic vitality can lead the person to having a sense of his/her own indestructibility[101] and self-esteem. Indeed, the narcissistic drive to find self-esteem and self-

---

97 *The Structure of Scientific Revolutions*, University of Chicago Press, Chicago; 1970
98 Becker, *op.cit.*, p. 16
99 Becker, *op.cit.*, p. 21
100 Becker, *op.cit.*, p. 21
101 Becker, *op.cit.*, p. 22

worth is the force behind the competition of "sibling rivalry" among children. It is the desire to be recognized,[102] "to stand out, to be *the* one in creation."[103]

As adults this narcissistic vitality may contribute to societal progress by motivating societies to protect its people by building buildings, fighting disease, regulating traffic, etc.[104]

While denial is necessary and good, it paradoxically can also be unhealthy and life-denying. When is it one and when the other?

One good example of the difficulty in determining an answer to this question can be found in the literature designed to help people prepare for their senior years. Such books help people to face the false myths of what it means to be elderly. By confronting these myths and adequately preparing for one's senior years they suggest it is possible to delay any unnecessary progression toward aging.[105] But these books also border on denying the effects of aging and the death that follows. For example one book states that one "positive step toward deferring old age through a serene mind (is to) defeat worry by thought control."[106]

Thus, while it is good to help people prepare for aging so that they don't deny the positive aspects of this stage in life, such books can also subtly deny the very real losses involved with one's aging. One such criticism is outlined in an article by Stephen Sapp.[107] He rightly points out that, in reality,

---

102 Becker, *op.cit.*, p. 3

103 *ibid.*

104 Dumont and Foss, *op.cit.*, p. 24, Becker, *op.cit.*, p. 11

105 This is the theme behind the books by Ira U. Cobleigh, *Live Young as Long as You Can*, Association Press, N.Y.; 1969, and Cecil G. Osborne, *The Art of Becoming a Whole Person*, Word Books, Waco; 1978. Osborne does include facing death realistically in his list of helpful things (p. 82-89) but only in the context of an impending death. Even then it quickly turns to the subject of immortality through God.

106 Cobleigh, *op.cit.*, p. 75

107 "An Alternative Christian View of Aging" in *The Journal of Religion and Aging*, Vol 4, No. 1, 1987

> old age is simply not such a wonderful experience for most people, including those who do not live in poverty, loneliness, and neglect. Even those who have the financial resources to be comfortable, who have family and friends to care for them, who have activities and support groups in which to participate -even these people do not often experience aging as the glorious phenomenon contemporary Christian writing tries to make it.[108]

So, denial of old age (and dying) has both positive and negative aspects. Old age is, if nothing else, ambiguous. On one hand it is an achievement, on the other it is also a series of losses leading, ultimately, to death. Literature either emphasizes the blessings and goodness of aging, or its difficulties. The differences are, in part, due to the paradoxes of the human condition. At the root of this ambiguity, ultimately, is our dis-ease with our finitude. Old age is both the successful delay of death and a sign of the nearness of death.[109]

Let us, then, look at denial that is unhelpful for living life fully.

As stated earlier, it is natural to have fear and anxiety around death. It is only the neurotic person, though, who is "not able to face the concrete occasions of anxiety with courage... Neurotic people can be defined, perhaps, as people who cannot stand the view of reality as it really is."[110] To some degree, as is suggested above, we are all "neurotic" according to this definition. The question might be, "to what degree are we neurotic, unable or unwilling to muster the courage to lower our 'defense mechanisms' long enough to see life for what it is?" If one of the following four symptoms arise then our neurosis is likely to have become extreme, according to Victor Frankl: an indifferent attitude to life, a fatalist attitude toward life, a relinquishing of decision-making to the masses, or a fanatical attitude (his/her opinions

---

108 *ibid*, p. 3 Sapp notes that this Christian position is part of a trend in western societies.

109 K. Brynolf Lyon, *Toward a Practical Theology of Aging*, Fortress Press, Philadelphia; 1985, p. 19

110 Paul Tillich, *op. cit.*, pp. 205-206

own the person, not visa versa).[111]

The neurotic simply cannot accept transformation, change, or, indeed, death itself[112] (just as modern science cannot accept death). Neurosis means having to deny death.

3.8 Ways of Denying Death

The narcissistic (subconscious) belief of immortality has a neurotic quality. It is *others* who will suffer and die.[113] Is this why many of the nurses we interviewed stated that they felt *others* had difficulty with the fear of aging, not they themselves?

Another way to deny death is to blame death on God or on the wrong-doing of humans. In so doing the person implies that death is not a natural event, but rather the result of an intervention from outside. Such a belief usually denies the contingency of human life, of which death is the sign and the proof.[114]

Denying death can be also aided by searching for permanence in the world and in life. Becker calls this the search for the hero in ourselves. It is an attempt to do and to create (a building, temple, cathedral, totem pole, a family that spans three generations) something that is of *lasting* worth and meaning. 'No matter what happens to me, this object will last.'[115] A variation on this is the search for immortal life.[116]

Many people in the west, however, have left their religious roots. To fill this void a number have been turning to health care to find common values, attitudes, and beliefs. Health care, especially in Canada (where it is publicly administered), has helped to bind people together as a community.

---

111 Frankl, *op.cit.*, p. xvi
112 Johnston, Jr., *op.cit.*, p. 40
113 Becker, *op.cit.*, p. 2
114 so also Tor-Bjorn Hagglund, *Dying*, 1978, p. 15
115 Becker, *op.cit.*, p. 6
116 *ibid.*, p. 12

> Many of our most important societal issues are being addressed in the context of health care. (These issues range from) the nature of our human identity (to the) nature of the life we will pass on to future generations (and the limits of) what we ought to do to and for each other.[117]

While the meaning and direction in life may be addressed by the health care system, the present model under which it functions tends, if anything, to deny death.

3.9 The Medical Model

A whole sector of society has been trying to avoid death by means of delaying it, namely, the medical community. While they have made major gains in human health, suggesting a "positive" component to denial, this denial has also created many problems when treating terminal patients.

In an article about dying, spirituality, and the health care system Miriam Jacik writes,

> Although hospitals have accepted responsibility for caring for people during the dying process, they and their personnel have not adequately been adapted to face the challenge and demands of the task. According to the medical model endorsed by health care practice today, hospitals concentrate on meeting the physiological needs of clients, and they do this well. Many of the emotional, social, and spiritual needs of clients remain unmet. Social workers, chaplains, and personnel from the department of psychiatry or psychology form a part of the health care team that will meet existing needs, but in the process the client is cared for in a fragmented manner. Many times, for lack of adequate numbers in the multidisciplinary team, important social, emotional, or spiritual needs go unattended. The reality is that most hospitals still do not give holistic care... (T)he personal and unresolved feelings of helplessness in dealing with death are as prevalent in health care providers as in the general population.[118]

As a group, according to one study, physicians appear to fear death *more* than control groups, even though they tend to

---

117 Margaret Somerville, as quoted by Chris Montgomery of the Edmonton Journal following the 50th annual convention of the Catholic Health Association of Alberta, 1993.

118 *Spiritual Dimensions of Nursing Practice*, Verna B. Carson, ed., 1989; pp. 258f.

think about death less. Is this a defence system, or is it because they entered this profession in order to struggle against death itself?[119] Evidently some physicians believe it is both: they find it difficult to accept their own death, employ a variety of methods of avoiding their distress[120], and cover their fear with "bold and pretentious talk."[121] By not being willing to be aware of, own, and deal with their fears they are likely to be defensive and feel depressed, incompetent, and guilty around the dying. This may mean withdrawing from the person, thereby increasing the patient's own fear, need, and anxiety.[122] "It is only the institutionalized routines of hospitals that give a social framework to the situation of dying. These, however, are mostly devoid of feeling and contribute much to the isolation of the dying."[123] Such isolation reflects also the medical model's tendency toward treating the ailment while discouraging relationships between the caregiver and client.

One study conducted on caregivers reports that one middle-aged physician suggested that younger caregivers suffer more "because they haven't come to terms with their own dying."[124] Without doing so they are more likely to suffer stress while

---

119 Dumont and Foss, *op.cit.*, p. 22

120 Josef Mayer-Scheu, "Compassion and Death", translated by John Maxwell, in *The Experience of Dying*. He writes that medical and nursing staff have developed an especially strong self-defensive screen against the problem of truth (honesty) and dying, p.111

121 Mary Vachon, quoting Dr. Avery Weisman, *op.cit.*, p. 195. Another physician, Bernice C. Harper, agrees. Further, she writes, the necessary psychological and emotional skill in dealing with the terminally ill are not being acquired in medical training settings. *Death: The Coping Mechanism of the Health Professional*, Southeastern University Press, Greenville, S. Carolina, 1977; p. 3

122 Mayer-Scheu, *op.cit.*, p. 119, Blustein, *op.cit.*, p. 123, and Egilde Servalli and Joseph Fashing, "The Wounded Healer" in *Humane Medicine*, Vol 7, No. 3 (Aug/1991), p. 223 and Richard Momeyer, *op. cit.*, p. 1-2

123 Elias, *op.cit.*, p. 28

124 We noted in our research that a middle-aged supervisor said the same thing about her younger staff. Although there is likely truth to this, we also noted that in general staff suggested it was *others* who were not coping with aging and death, far more than they admitted this themselves!

working with those who are dying.[125] One such caregiver admitted to her fear of death:

> P: I think dying, I always, I always do, it's terrible to say, (pause) it's so final, you know? I know it isn't final, but, you know what I mean? I just I find it really hard.
> I: It's the end.
> P: Yeah. (pause) To deal with. 'Cause I was reading a book, "_____." It was like that, a ro... a romance, kinda. And, in the _____ ____ _____. And, ah, as you read on there was a guy who had lung cancer. (pause) And, ah, (pause) he was ah, (pause) really terrified of dying. And he was dying. The way he looked around him, he looked at all the trees and all his surroundings out there. And he was trying to take in all he could get cause he wanted to remember it all after he died. And I could reee... (pause), you know, feel the same way? I can't think of the right word, but, you know, I, I knew exactly what he meant. I had really thought, like I couldn't identify how I felt about (pause) dying before, you know, people dying. But after reading that I thought, "This is exactly how I feel. It's not seeing people again." (quieter) It's... I find that very scary.

In the summary following her interview I wrote:

> This (mid-20's) woman's concerns about getting older include, loss of mobility (especially exercise), independence and self-control (she said because her parents let her down she doesn't like relying on others); loss of friends (loneliness, desirability and worth); dying without dignity (which she closely associates with quality of life); and not being able to do things for others (worth). Additionally, death -because this means not being with people she cares for. These things scare her.
>
> She has always taken care of others and so defines herself by this role. She gets energy from the satisfaction of doing a good job (and being recognized for it).

Not only age may make a difference. According to two studies, so also may the setting. Palliative nurses (as opposed to nurses in a surgical or pediatrics setting) "approach their work with the dying with greater ease, may enter into a more personal relationship with dying patients..., and come away from their work with the feelings that the work itself is rewarding

---

125 Mary Vachon, *op. cit.*, p. 195

and they have been useful."[126] Nurses in curative settings may, due to the emphasis on *curing* the patient (thus avoid death), suffer higher psychological costs and fewer rewards.[127] For similar reasons, social workers in the acute care setting were perceived to be more frustrated and depressed than those in the oncology setting.[128]

What seemed to be true overall, and this surprised us as researchers, is that caregivers did not necessarily work on accepting their own aging and dying, even though they were working with those who were both. For example, said one (who was looking at a list of related subjects):

> But I'm not afraid of death. Um, (long pause) well, dying without dignity. That would certainly be terrible. I think everyone should have only the best, you know. Um, to have, to be able to die the way they *want* to die. Some people *wish* to be _____. I've never met anyone who wished to be by themselves. Um. I never met anybody, who is able to still talk, and not want to talk about (quietly) dying, and, and, junk. That would be the worst thing not to have. Tell them what to do. Um, life after death -I don't have *any* problem with that. (pause) I think with my grandmother and my mother-in-law dying -I don't think that you ever leave anybody behind. They, they live on and go on, and, you know, sitting around Sunday dinner with the, the people who are left over, talking about the good times the used to have, or something silly you did, or, whatever, you know. You never die.

Mentioning again the "10% rule", that only 10% of the population requires long-term care, was this mis-understanding some kind of avoidance or denial of the reality of aging?

If it is true that people are increasingly turning "from the priest to the doctor"[129] in their search for a sense of well-being then they may be merely using a different "saviour" model; eternal life by different means!

---

126 Edward H. Thompson, Jr., "Palliative and Curative Care Nurses' Attitudes Toward Dying and Death in the Hospital Setting" in *Omega*, Vol 16(3), 1985, Baywood Publ., p. 240

127 *ibid.*, p. 241

128 Blustein, *op.cit.*, p. 128

129 Victor Frankl, p. ix

3.10 Coping

Being a caregiver in a hospital, whether acute or palliative, is not easy. It is a stressful job, made even more so by the existential reality of death.

Other researchers have asked caregivers what methods of coping with stressful situations they employed. Those that primarily regulated one's emotions were:

> having a sense of competence, control or pleasure in work; developing a personal philosophy of illness, death, or one's role; avoiding or distancing from patients either physically or psychologically; developing support outside the work situation; lifestyle management; having a sense of humour; talking to colleagues at work; and participating in support groups.[130]

Supervisors suggested these coping methods were employed by their employees:

> peer support, reacting with depression, anger, frustration, working on administrative tasks, becoming overinvolved with patients, absenteeism, projection of difficulties into work-load, involvement with staff caretakers, working with the family of the patient, compulsivity, gaining weight, anxiety, feeling inadequate, having difficulty expressing feelings, and guilt.[131]

Having asked one caregiver what else re-energizes or refreshes her she replied: "Well, I think I have my strong belief and a strong family background, so, I think that it's everyday that my family is with me and, you know, my background."

Most of these coping methods are little more than escape mechanisms that are used to hide and deny death.[132] Such mechanisms, broadly speaking, include hyper-activity and hypo-activity. Hyper-activity is indicated by such things as excessive physical activities, job-related work, and extra-curricular activities. On the other extreme is hypo-activity, which is indicated by psychosomatic illness, hypochondria, and acting prematurely old. All of these keep life superficial[133]

---

130 Mary Vachon, *op. cit.*, p. 180
131 Blustein, *op.cit.*, p. 131
132 Bianchi, *op.cit.*, p. 12
133 Hulme, *op.cit.*, pp. 71-77

and are in fact fears of going forward, resting instead on the satisfaction of past achievements.[134]

One coping method that may or may not fall into one of these categories is that of having a religious orientation. Some interviewees indicated that faith was helpful to them and enabled them to cope with the impact of terminal illness and death.[135]

One author reports that the most common answer to the anxiety about death is the belief in immortality.[136] We certainly heard this answer frequently.

Coping has a valid place in our lives. Like denial, coping helps us through difficult times in a way that allows us to function as needed. However, coping can, itself, be a long-term way of denying our anxieties and our finitude. Such methods of coping become obstacles to growth, discovery, and a fuller life. It is this subject to which we next turn.

---

134 Bianchi, *op.cit.*, pp. 14-15
135 Blustein, *op.cit.*, p. 54 reports the same.
136 Lifton, *op.cit.*, p. 69

Chapter Four Spirituality, Holism, and Theology

4.1 Introduction

Living a fuller life means being spiritually alive and whole. But what does "spiritual" mean?

Being human is, in the fullest sense, an exploration of the spiritual dimensions of life.[137] It is not possible to be human without being 'spirit', even though we may suppress, deny, or wound spirituality in ourselves and in others. Such suppression may damage one's spirit. According to Paul Tillich, healing must occur by something which transcends it, vis., the Spirit (capital S).[138]

What, exactly, is the human spirit? Tillich defines the human spirit as that which understands life in meanings and values. Such meanings and values are inherent in morality, culture, and religion. The human spirit is very central to what it means to be human, indeed, continues Tillich, it is "the actualization of what we potentially are, of our created nature."[139] Thus, spirit makes us uniquely human.

Being spiritua' is not only ethereal. While it involves the innermost and noblest part of a person, spirituality also means having a physical reality.[140]

Although Tillich's attempt to describe the spirit of humanity is a good start, it is surely not exhaustive. Indeed,

> Human; spirituality is a multi-faceted and complex matter that defies precise definition and seems to elude rigorous analysis and understanding. One of the first problems encountered in any attempt to describe spirituality is the ambiguity surrounding the concept. For some, the term *spirituality* is used as a synonym for religion. For most, however, it is used to refer to something much broader, and

---

137 Bianchi, *op.cit.*, p. 10
138 Tillich, *op.cit.*, p. 171
139 *ibid*, p. 170
140 Elizabeth Arnold, "Burnout as a Spiritual Issue: Rediscoving Meaning in Nursing Practice", in *Spiritual Dimensions of Nursing Practice*, Verna Carson ed., p. 322

> it is this that introduces much of the confusion associated with the use of the term.[141]

One writer concluded, "Descriptions of the spiritual dimension are diverse... with little universal consensus."[142]

One of the difficulties arises in the confusion between religion, faith, and spirituality. These are distinct and different concepts. Firstly, Fowler, Tillich, and others[143] indicate that religion attempts to use rituals and dogmas to describe and live faith, but is not equal to faith itself. Secondly, spirituality is usually understood to be broader than religion. Indeed, religion can even damage spirituality, such as when people live according to the letter of the law, rather than its spirit.[144] The scope of spirituality is hinted at in lists of methods designed to develop one's spirituality such as this one: holding religious beliefs, centering exercises, prayer, humour, music, reading and journaling.[145] The religious dimension does not necessarily grasp the "whole person." Spirituality comes closer, for it is the wholistic quest

> for ultimate meanings, values and answers to questions like "For what purpose have I lived?" "Have my allegiances made a difference to anyone?" "How can I live knowing the inevitability of death?" These questions represent efforts to extract order from chaos, to seek the transcendent in the transient, and to comprehend at the deepest levels the self and the world.[146]

Religion can be a vehicle, but not the content, of spirituality. Paul Tillich puts it this way:

---

141 David G. Benner, "Understanding, Measuring , and Facilitating Spiritual Well-Being: Introduction to a Special Issue" in *The Journal of Psychology and Theology*, Vol 19, No. 1; 1991

142 Ruth Stoll, "The Essence of Spirituality," *Spiritual Dimensions of Nursing Practice*, V. Carson ed., p. 5

143 such as Susan McFadden, "Authentic Humor as an Expression of Spiritual Maturity" in the *Journal of Religious Gerontology*, Haworth Press, N.Y., Vol 7, Nos. 1/2; 1990: p. 130 and Victor Frankl, *op. cit.*

144 Leo Missinne, "Christian Perspectives on Spiritual Needs of a Human Being" in *The Journal of Religious Gerontology*, Vol 7, 1990, p. 149

145 R. Stoll, "Spirituality and Chronic Illness", *op. cit.*, pp. 194-202

146 McFadden, *op.cit.*, p. 133

> 'Spirit,' with a small *s* designates the life in meanings and values inherent in morality, culture, and religion... In order to be healed, the spirit must be grasped by something which transcends it... called 'Spirit' (with a capital *S*). Spirit is the presence of what concerns us ultimately, the ground of our being and meaning. This is the intention of religion, but it is not identical with religion.... Religious health is the state of being grasped by the Spirit, namely the divine presence, enabling us to transcend our religion and to return to it in the same experience.[147]

Perhaps it is the confusion between religion and spirituality that leads many to narrow spirituality to the relationship between a person and a higher being,[148] with or without the religious framework.[149] Spirituality or, simply, "spirit," however, is found not only in religious circles - from the traditional to the new (such as New Age religion) - but in non-religious circles as well. The non-religious circles are increasingly including people from all walks of life: scientists, artists, non-conventional practitioners of natural healing, native peoples, and business people (and not just those of the distilleries!). What is most interesting is that those who encourage consumerism, the satisfaction of human desire through buying and owning things, are more and more using the word or concept "spirit" in their promotions. Perhaps they are attempting to counter the rising awareness in our culture of the spiritual vacuum inherent in consumerism. The commonality is that the interest in, and concern for spirituality is eclipsing that of organized religion.

Indeed, many people, especially those of less than 50 years, seem to see themselves as more "spiritual" than "religious." Said one interviewee, "Spiritually I think I'm alright... I believe in God and that's enough... I hardly go to church." According to one poll, the majority of respondents

---

147 Tillich, *op.cit.*, p. 170

148 Cathy Young, "Spirituality and the Chronically Ill Christian Elderly" in *Geriatric Nursing*, Vol. 14, 1993, Mosby-Year Book Inc., p. 298

149 The 1971 White House Conference on Aging asserted that "all persons are spiritual even if they have no use for religious institutions and practice no personal pieties." David Moberg, "Spiritual Well-Being: Background and Issues." Washington, D.C.

indicated some degree of discomfort in their relationship to the church (or religious organization). Indeed, a "significant" number felt quite negative towards organized religion.[150] Our research had similar results: more expressed negative sentiments towards organized religion than positive. Said another interviewee,

> People don't care as much about it now, very often. A lot just give up. A lot of them get disheartened with religion. This is true for most of life's concerns.

Thus some of the confusion about spirituality can be avoided if we keep in mind it is broader than is religion. Spirit is that which gives us purpose, meaning, identity, and the ability to relate. It is the core of our being.

4.2 Spirituality and Faith

If faith is different from religion, what about faith and spirituality? The question of "faith" seems related to spirituality, if it isn't in fact foundational to it. Some of the best contributors to a broad definition of faith are James W. Fowler and some of his mentors, H. Richard Niebuhr, Paul Tillich, and W.C. Smith.

Faith, according to Fowler, *et. al.*, is universal. That is, it does not only belong to the religious folk -although before the advent of the scientific revolution, religion was the normative vehicle for the structures and exercising of faith. Faith is a person's way of making meaning out of life and eventual death. One's "life map" -how one sees reality- is formed along-side one's identity through relations of trust and loyalty with others. The others begin with one's parents and develop into increasingly greater circles of associations. We relate in love and

> we struggle with each other in fidelity and infidelity. We share our visions of ultimate destiny and calling, our projections in hope, our moments of revelation in awe, and our fear in numbness or protest. We are language-related, symbol-borne and story-sustained creatures. We do not live

---

150 Stokes, *op.cit.*, p. 176f.

long or well without meaning.[151]

It is through such meaning-making that we have faith.

Such faith is not just some *thing* as much as it is a commitment/ trust to some center of value and power, an ultimate (even transcendent) environment or concern. Such a center gives everything perspective, a way of constructing or interpreting life experiences. Thus, faith affects the way one sees, feels, and acts. It determines the meanings of relationships, contexts, and patterns of everyday life, and gives these significance for us.

Faith also gives us the kinds of images that help us to (unconsciously) "know" or imagine an ultimate environment. Such images can be religious (such as Communion/Eucharist or "the tree of life"), or they can be "secular" such as beauty or truth.

The ultimate environment (or, center of value and power) captures not just our imagination, but us, all of us. We are devoted to (even worship) our ultimate environment. This ultimate environment could be centered "in our own ego or its extensions -work, prestige and recognition, power and influence, wealth. One's ultimate concern may be invested in family, university, nation, or church. Love, sex and a loved partner might be the passionate center of one's ultimate concern."[152] These, of course, are all limited. They all can also die. The list is endless: Success, power, prestige, wealth, fame, ideological movements, philosophies, etc.[153] However, one can have faith in a *transcendent* center of value and power, such as God or "the ultimate ground of all being." Supposedly "The Force" of the movie *Star Wars* falls into this category.

My suspicion is that the "map" of faith very much contains a person's or group's spirituality. They may not be precisely the same thing. But questions of spirituality are surely addressed by the bigger questions of life, questions that make

---

151 Fowler, *Becoming Adult, Becoming Christian*, 1984, p. 50
152 Fowler, *Stages of Faith*, 1981, p. 4
153 *ibid*, pp. 20-21

up one's meaning and purpose and images of life that Fowler calls "faith." As one writer put it, "Faith .... is both an outgrowth of and a prerequisite for spiritual development."[154]

Concretely, how are faith and spirituality related? Two dimensions of spirituality that rise from faith may be mentioned. Firstly, the more numinous dimension of spirituality: that "emotional" (affective) mode of "knowing" that is so common in human experience. Fowler calls this "the logic of conviction" which includes not only emotion, but value and imagination as well. While spiritual experiences of the numinous are often emotional they are usually not very "logical." Such experiences may involve awe, a sense of mystery, one's "sixth sense", out-of-body experiences, *déjà-vu*, or mystical experiences.

Secondly, to have faith means not just a commitment to the "ultimate environment" but some kind of relationship with it. The Bible would call this relationship "covenant," a relationship complete with promises, mutual respect and love on the part of both parties. But this is only one example of relationship. The nature of the relationship could widely differ, especially if one's ultimate environment is something less than an "ultimate" (being). Regardless, why could one not speak about the mutuality of love, trust, loyalty, visions, and values between oneself and the "Ultimate Environment" in *addition* to such mutuality between people? I have seen evidence of people referring to their spirituality in such terms, even when they did not directly refer to "God" in their expression of spirituality.

I conclude that a person's spirituality is very much a part of the map of faith (as defined by Fowler), yet includes some kind of mutual relationship, involving a numinous dimension, with a higher (or more ultimate) power, cause, or force.

A group of other writers sought to understand the relationship between faith and spirituality by starting from the

---

154 Carson, *op. cit.*, p. 28

definition of spirituality used by the 1971 White House conference on aging. This definition pictures three concentric circles. Faith is in the centre circle, surrounded by the interior life (consciousness), followed by the circle of intellectual belief or assent. Outside of these three circles is the realm of the external/institutional life. Faith is the "active intellectual and emotional assent to and involvement in a story which ascribes meaning and value to individual life as well as to all of creation... A person's 'spirituality' is the way or style in which he (sic) chooses to activate faith by integrating all of the circles and sub-circles."[155] Spiritual fulfillment is likely to be the result of balancing all three circles of operation.

The word "meaning" appears many times when writers describe spirituality and faith. Missinne describes spirituality as "the need to maintain and to illuminate ourselves beyond our existence. We like to know our place in the universe, and the meaning of our own existence."[156] Meaning is found not only in life as a whole, but in daily events as well. He calls this "provisional meanings." Such provide glimpses of the ultimate meaning of one's life.[157] Others,[158] such as Victor Frankl, define spirituality as that which gives a person meaning and makes a person human.[159] In particular one's "will-to-meaning" is not so much what one expects from life, but a realization of what life expects from us (a key principle to Logotherapy). It is this purpose which gives us meaning and our spirituality (or,

---

155 Thibault, Ellor, and Netting, "A Conceptual Framework for Assessing the Spiritual Functioning and Fulfillment of Older Adults in Long-Term Care Settings" in the *Journal of Religious Gerontology*, W.M. Clements, ed., Haworth Books, Vol. 7, No. 4, 1991: p. 30-35

156 Missinne, *op.cit.*, p. 147

157 Missinne, *op.cit.*, p. 149

158 such as the definition developed by the (U.S.) National Interfaith Coalition on Aging; cf. the preface in Thorson and Cook: *Spiritual Well-being of the Elderly*. Thomas Publ., Springfield, IL 1980; p. XIII

159 Frankl, *op.cit.*, p. x

logos).[160]

Other writers speak not only of meaning in relation to spirituality; some also emphasize relationships. For example, Thomas Berry writes about meaning in the context of the health of the planet and our connection to it. By having a relationship with the earth and its psychic or conscious purpose we are able to have not only meaning but spiritual and moral values as well.[161] Such a relationship will enlarge our spirituality so as to include a transcendent being *in* and *with* the world, not just above it.[162]

Another writer, Ruth Stoll, describes spirituality as motivating "meaningful relationships" (note the combination), as

> my being; my inner person. It is who I am -unique and alive. It is me expressed through my body, my thinking, my feelings, my judgments, and my creativity. My spirituality motivates me to choose meaningful relationships and pursuits. Through my spirituality I give and receive love; I respond to and appreciate God, other people, a sunset, a symphony, and spring. I am driven forward, sometimes because of pain, sometimes in spite of pain. Spirituality allows me to reflect on myself. I am a person because of my spirituality -motivated and enabled to value, to worship, and to communicate with the holy, the transcendent.[163]

Other writers attempt to clarify the various facets of spirituality in these terms:[164]

* The core of one's being; a sense of personhood; what one is and is becoming.
* Concerned with bringing meaning and purpose to one's existence; what or who one ought to live for.

---

160 *ibid*, p. xv

161 Thomas Berry, *The Dream of the Earth*, 1988, pp. 90-130

162 *ibid.*, pp. 114, 120

163 Carson, *op.cit.*, p. 6

164 *ibid.* She quotes from the following: J. Bayly, *The view from a Hearse*, David C. Cook, 1969. p. 47; Allen and Schoolcraft, "Spiritual Needs: An opportunity for nursing" in Schoolcraft V (ed): *Nursing in the Community*, John Wiley & Sons, 1984, p. 247; Dickinson, C, The Search for Spiritual Meaning, *AJN* 75:1789-1794, 1975; McSherry, E. "The scientific basis of whole person medicine" *J Am Sci Affiliation* 35, 1983, p. 217

* Feeling level of experience of God as a transcendent and/or personal being.
* Intangible motivation and commitment directing toward ultimate values of love, meaning, hope, beauty, and truth.
* A supreme (or unifying[165]) experience.
* Trust relationship with, or in, the transcendent that provides a basis for meaning and hope in life's experiences and love in one's relationships.

Such relationships can be characterized as holy, deeply emotional, holistic, and with unusual commitments. Such relations push "the human spirit to its farthest reaches, toward a sense of destiny and ultimacy."[166]

I conclude that spirituality involves not only meaning (and purpose), but relationships as well.

I would like to push the above descriptions into their "farthest reaches" by suggesting, along with Thomas Berry, that spirituality cannot be limited to the realm of the individual alone, but includes a corporate spirituality as well. Human spirituality is more than the spiritual well-being of each person. It is also, perhaps even more importantly, the spirituality of the family, the school, the corporation, the nation - indeed the peoples of the world. In addition human spirituality cannot be a healthy spirituality without placing it into the planetary context, our sacred surroundings. Human spirituality has been anthropologically-centered too long for the health of both us and the planet.

In this paper the wider, corporate, context of spirituality will be assumed whenever spirituality is mentioned, unless otherwise indicated.

To narrow a working definition for our purposes I propose this: "Spirituality is the core of us which motivates and enables us both to have meaning and to connect (be in relationship) with ourselves, others, the environment, and the Ultimate Other." In an attempt to move beyond words, however, it may be helpful to "picture" spirituality.

---

165 more will be said about this later, see page 60 below.

166 Earl D.C. Brewer, "Research in Religion and Aging: An Unlikely Scenario" in *New Directions in Religion and Aging*, David Oliver, ed., Haworth Press, 1987; p. 95

4.3 Horizontal and Vertical Elements of Spirituality

Ruth Stoll and others see these descriptions of spirituality falling into two dimensions: a vertical and a horizontal. Meaning making and relationship striving are found in both the horizontal and vertical dimensions of spirituality. The vertical relates to "God" and the environment while the horizontal relates to the Self and Others and a sense of meaning, as illustrated here:

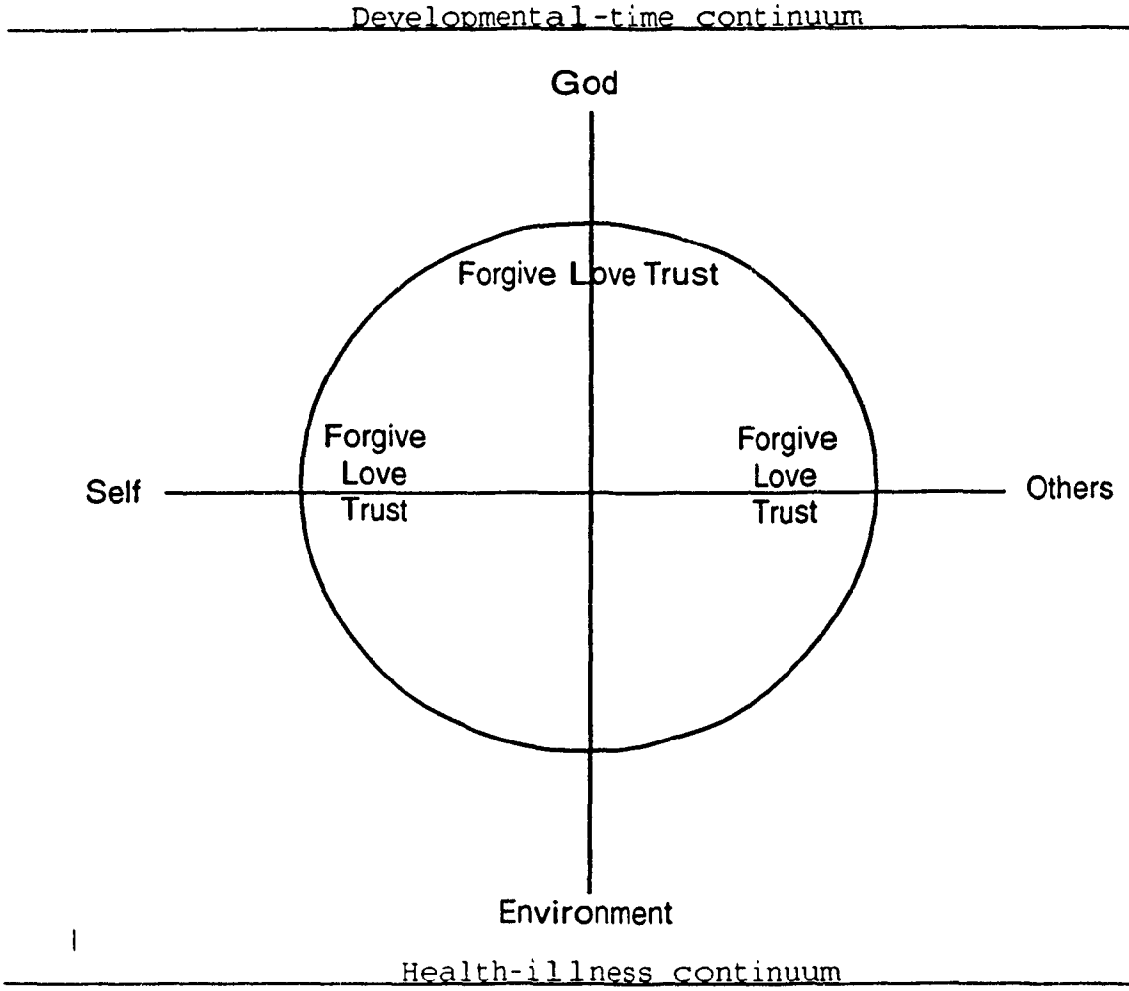


Figure 2 The person's spiritual interrelatedness. Interrelatedness via forgiveness, love, and trust, resulting in meaning and purpose and hope in life.[167]

Carson refers to the vertical dimension as a person's relationship with the transcendent (beyond and/or outside self), or the possibility of such. Or, for the non-religious person,

167 Ruth Stoll, "The Essence of Spirituality" *;op.cit.*, p. 8

such relationship is with chosen values, values that are "a supreme focus of life and/or around which life is organized." These values motivate a person to fulfil goals, needs, and aspirations; in short, self-actualization. It is a spiritual quest for being.[168] Fowler might add that this focus of life would include value and power. Still others would speak about one's relationship with "the transcendent, the mysterious, the eternal, and the infinite."[169] A relationship of love with God, the kind of relationship that helps us live from the core of our being.[170] This dimension of spirituality is the most popular with authors and, I suspect, the general population.

In addition to the vertical there is the horizontal dimension to spirituality. Some authors seem quite unaware of this dimension of spirituality. Horizontal spirituality "reflects and 'fleshes out' the supreme value experiences of one's relationship with God (Ultimate Other, etc.) through one's beliefs, values, lifestyle, quality of life, and interactions with self, others, and nature."[171]

Of course spirituality is not merely two separate dimensions, but is also the interrelationship between these. The inner dotted circle on Figure 1 above indicates this interrelationship.

Other authors also recognize the dual dimension of spirituality but may use different language to describe it. Susan McFadden, writing about spiritual maturity, uses psychological words to describe the horizontal dimension, and faith language to describe the vertical ("numinous encounter") dimension.[172]

---

168 *ibid*, p. 7
169 Brewer, *op. cit.*, p. 95
170 Joel Wiberg, "Spirituality: What Is It?" in *Word & World*, Vol VIIII, No. 1 (Winter, 1988), p. 6
171 Carson, *op.cit.*, p. 7
172 McFadden, *op. cit.*, p. 131

4.4 Denial and Spirituality

Returning to *the* human paradox (despite self-consciousness and imagination, all humans die), how each person responds to it will affect how they develop spiritually. How so? This dualism - of transcendence and yet mortality[173] - presents a paradox that has to be denied at some level, otherwise life itself becomes madness.[174] On the other hand, the "attempt to ignore either aspect of man's (sic, *et passim*) situation, to repress possibility or to deny necessity, means that man will live a lie, fail to realize his true nature, be 'the most pitiful of all things.'" This can, indeed, lead to complete breakdown or psychosis.[175] Although denial of our human paradox is necessary to some degree, extensive denial is unhealthy. One's spirituality is inevitably affected.

Examining the extremes for the sake of illustration, we can explore how denial affects people in terms of the vertical and horizontal dimensions of spirituality.

4.4a Fear of Life and the lack of Vertical Spirituality.

Depression, say the existentialists, is due to the individual becoming afraid of really living[176] and so becomes dependent upon the power of others. This is the fear of the difficulties and darings of life, a fear that living life will lead to one's own death. Of course the more one becomes afraid of life, the more one acts as if (s)he has already died.[177] Concretely, one may attempt to replace her/his existential anxiety with things, activities, and trivialities, and the pursuit of all these.

It is like a country which pays for the interest on its national debt by borrowing more funds. This nation becomes more and more dependent on others for life, trying to live up to the

---

173 stated differently, "of being like gods who will one day succumb to worms" in Becker, *op.cit.*, p. 84
174 *ibid*, pp. 26-27
175 *ibid*, p. 75
176 see the section "Fear of Life" above.
177 Becker, *op.cit.*, p. 210

expectations of others so that it doesn't lose its protection against its situation. Ultimately such action is self-defeating.

The answer to this condition is to become more self-aware of the power one has within and take responsibility for the use of such power. This involves the terror of being alone, of individuation, of losing external support,[178] of reaching for possibility and trusting in that which is eternal.[179] In other counselling circles, such as Bowen, we learn that in order to make this step one has to develop healthy boundaries. But how can this happen without coming to recognize the potential of one's own power, the power from within, the power that is divine? To do so means developing the vertical dimension of spirituality.

Not only do depressed people lack vertical spirituality. This is true also of those who fulfill their sense of purpose with work and doing for others. Their identity is wrapped up in their role. So then what happens when they are no longer able to do this? Few of those we interviewed, whose identities and purpose *and* meaning were wrapped up in work, were able to answer this important question. They simply hoped such would never happen, or that they would be able to volunteer until death. Some answered that they hoped they would die if they found themselves in such a situation![180] From their present vantage-point death was preferable to immobility and dependence on others. Losing their purpose in this way would create "*existential frustration*"[181] for they lack a compensating vertical dimension of spirituality. They need a higher purpose in life.

---

178 *ibid*, p. 211

179 as opposed to trusting in things that are temporary such as a job, a principle, etc.; cf. Frankl, *op.cit.*, p. 44 and Verna Carson, *op. cit.*, p. 33

180 at least they would be able to exercise this last piece of control over their own lives.

181 Frankl, *op.cit.*, p. xv

> Ministering to spiritual needs always involves the health of *relationships* between people and their Higher Power, and with other people. Fundamental to spiritual health is the development of a faith, or a basic life-affirming trust-system. This trust in the goodness of life, and trust that the Creator/Source of all things (God) is caring, provides a foundation for meaning: life becomes purposeful.[182]

The best way to promote a heightened vertical dimension of spirituality is through a more meditative life (quite opposite from our culture's drive to compete externally and fill time up with activities).[183] This more passive, listening attitude of contemplation allows us to break through ego facades, experience genuine feelings within, and begin to unify self and world.[184]

4.4b Introversion/Withdrawal & the lack of Horizontal Spirituality

The opposite form of denial can involve an extreme form of introversion. Such an introvert "tries to cultivate his (sic) interiority, base his pride on something deeper and inner, create a distance between himself and the average man" and from the finiteness of life (i.e., death). This person holds him/herself, to some degree, apart from the world,[185] focussing instead on the inner symbolic self. In so doing (s)he denies the finiteness of the human condition. We could say that this person is more in tune with the vertical dimension of spirituality, but is lacking development of the horizontal dimension.

When these two dimensions are utterly divorced one from the other, people are unable to live a connected, holistic life. They become unable to live well.

On the other hand, discovering the interconnection between the horizontal and vertical dimensions leads to balance. In so doing it is quite possible to discover something of the vertical *in* the horizontal and visa versa. For example, in Christian

---

182 Nolan B. Gingrich, "The Language of Spiritual Care" in *Humane Medicine*, Vol 3, No. 1, May 1987; pp. 27-28
183 Bianchi, *op. cit.*, p. 7
184 *ibid*, p. 47
185 Becker, *op.cit.*, pp. 82-83

theology the incarnation of Christ is the presence of God (vertical) *in* the immanent, this-world (horizontal) situation. Communion or communion/eucharist, and divine wisdom and *logos* (word), can also be thought of in this way. These are but examples of what can be a holistic, interconnected, healthy spirituality.

What strikes me is that the two most typical aspects of Christianity, if indeed not all of the western religions, is the tendency to divorce the vertical from the horizontal aspects of spirituality. The so-called "conservative" tends to be oriented toward (and find meaning in) heaven, God, the Church, hierarchical power, etc., and relationships are personal and between oneself and God. In its extreme this position denies the importance of earthly suffering and human passion in the scheme of things. The so-called "liberal" tends to be oriented toward (find meaning in) earthly things such as justice, human and ecological liberty, while the importance of relationship is found in the taking care of others. In its extreme this position denies the importance of the divine connection in the scheme of things, as experienced through such practices as meditation, personal prayer, etc. In either case, denial is involved and, even, religiously sanctioned.

Thus, either way, denial affects one's spiritual development and general well-being.

4.5 Spiritual Well-being

Determining how healthy is a person, in the full sense of "health," is in part accomplished by examining spiritual well-being. Appendix I contains the conclusions from literature searches on the relationship between religion and general well-being. But what about *spiritual* well-being? What describes a healthy spirituality? A person who is spiritually well has "a feeling of productivity and adaptability, (is able) to reconcile with the past, accept the present, maintain a positive view of

life, and achieve life satisfaction."[186] For the sake of simplicity, let us define spiritual well-being as the ability to "say yes to life in spite of negative circumstances..."[187] A helpful instrument to assess the spiritual well-being of a patient/resident has been developed by Paul Pruyser. A synopsis of this instrument, readily usable for chaplains and other caregivers, is found in Appendix III. Both dimensions of spirituality are evident in this instrument. Used properly it can indicate how well a person is functioning in their circumstances.

Another way of examining much the same thing is a psychological test called the "Spiritual Well-Being Scale." Information about this Scale can be found in Appendix II. A study cited by V. Carson, et. al, using this Scale, found a significant negative correlation between spiritual well-being and loneliness, while increased spiritual well-being paralleled good social skills, self-esteem, and intrinsic religious orientation.[188] Regardless of the means of measurement, relationships with oneself, others and God seems to improve one's spiritual well-being.

David Gordon offers an insightful glimpse into this relational aspect of spirituality. He writes that we are "happy" when, "however briefly, we become one with ourselves, others, and the world of nature."[189] These can be experienced not only during sexually orgasmic moments, but through dancing, singing, sports, art, poetry, reading, and others that bring laughter, tears, and other intense feelings.[190] Aging is feared in part because it may mean the reduction in one's ability and opportunity to engage in these satisfying, unifying

---

186 Young, *op. cit.*, p. 298

187 Thorson and Cook: *Spiritual Well-being of the Elderly*, p. xiii

188 V. Carson, Karen Soeken, Patricia Grimm, "Hope and Its Relationships to Spiritual Well-Being", *Journal of Psychology and Theology*, Vol 16, No. 2 (1988) p. 162. The study itself can be found in C.W. Ellison, "Spiritual well-being: conceptualization and measurement", *Journal of Psychology and Theology*, 11, 330-340

189 Frankl, *op.cit.*, p. 89

190 Gordon, *op.cit.*, p. 92 and 97

experiences.[191] We shall see whether this fear is justified. What is important for now is that spiritual well-being is developed through an interconnectedness with self, others, the earth, and the Ultimate Other.

This interconnectedness between what we have been calling the vertical and the horizontal dimensions of spirituality, that which brings spiritual well-being and health, is called "holism."

4.6 Holism

Although it is sometimes helpful to examine ideas and things in their respective parts, nothing can be truly understood without appreciating its whole. Ruth Stoll describes this holistic approach: "People are more than and different from the sum of their parts. Recent emphasis in phychosomatic medicine reveals that our beings -body, mind, and spirit- are dynamically woven together, one part affecting and being affected by the other parts."[192] In a real sense we need to move toward a more holistic approach to meaning of life and death, one that encompasses the mythic, the religious, as well as the usual scientific approach so that we can come to a deeper understanding of what it means to be human.[193]

Such a paradigm[194] is a considerable change from the early scientific principles that have informed western thought since the industrial revolution. These principles were developed by such greats as Copernicus, Francis Bacon, Rene Descartes, and Isaac Newton. Descartes divided the physical world from "mind" and so removed from western consciousness any kind of inner vital principle of the living world. No longer could non-human life have a soul or animus. Everything could be reduced to

---

191 *ibid*, p. 109
192 Carson, *Spiritual Dimensions of Nursing Practice*, pp. 8-9
193 Johnston, Jr., *op.cit.*, p. 40
194 Thomas S. Kuhn, *The Structure of Scientific Revolutions*, 2nd edition, U. of Chicago Press, 1970

quantifiable matter and its interactions.[195] From Copernicus came the belief that all reality is like a giant clock -one simply has to study its parts and put it all together in order to understand everything. These principles have formed a paradigm of immense power in shaping our understanding and especially our exploitation of the world. However, the limitations of this paradigm are becoming very evident. It is leading us to the destruction of our planet, and has left people with the feeling that something is missing. That something is spirituality: meaning and relationship.

The question of relationship was opened up in the scientific community through the discoveries of Albert Einstein. His theory of relativity (mass and energy are interchangeable), Hubble's insight that the universe is expanding and what we see depends on our point of view in it, Werner Karl Heisenberg's disproving the existence of true objectivity at the atomic level,[196] and Niels Bohr's theory of the atom (deducting that probabilities and relationships made up matter; matter is mostly made up of space!) are throwing out the Newtonian paradigm.[197] "Quantum physics and neuropsychology, and such life sciences as ethology, have recently evolved holistic theoretical formulations that treat consciousness in a way remarkably similar to the mystical approaches..."[198] In short, according to this new paradigm, relationships play a much greater role in understanding anything, including human make-up and behaviour. Everything is interrelated. Health, growth, well-being, indeed the existence of everything is contingent on the interrelationships of all things/beings.

So it is that the word "relationship" or "interrelationship" is a key concept not only in spirituality but in the emerging scientific paradigm of holism. It should

---

195 Brian Swimme and Thomas Berry, *The Universe Story*, Harper, San Francisco; 1992, p. 229f.

196 *ibid*, p. 235

197 David Suzuki, "Science and Society" in *The Canadian Encyclopedia*, vol III, Hurtig Publishers, Edmonton, p. 1656

198 Johnston, *op. cit.*, p. 25

come as no surprise, then, that the human quest for meaning, purpose, truth, value, and transcendence appear to be bringing people from different fields closer together. With confidence one author states, "Subject-object, mind-matter, idealism-realism, and knower-known are all considered to be illusory dichotomies, their fundamental unity being more basic than their apparent difference."[199] The modern separation between science and spirituality[200] and the biological and the spiritual[201] are being questioned. The holistic paradigm is bringing a new[202] perspective to the human enterprise.

Such a paradigm is becoming popular none too soon. Our health depends upon the health of the planet. Writers such as Thomas Berry (a theologian and cultural anthropologist who calls himself a "geologian") have come to the conclusion that we humans need to have a new cosmology, a holistic relatedness and meaning-making with the earth and cosmos.

Thus we see the wholeness (holistic) movement is being explored not just in physics and biology, but in psychology and religion as well. Indeed, this is part of what the holistic movement is all about. For "holism assumes that persons must be looked at in terms of a total configuration, rather than in terms of fragmentation and reductionistic analysis."[203]

In some theological circles the terms "spiritual holiness" and "emotional wholeness" are used interchangeably. Such

---

199 *ibid*, p. 25

200 For example, Thomas Berry's contention that the scientific story lacks mystique and mystery and spiritual dynamism. In addition, the scientific community is not disturbed by questions of spiritual values, while the religious community is able to focus on spirituality quite apart from the natural world. (*The Dream of the Earth*, pp. 131-2)

201 For example, Missinne writes that spirituality belongs to all of life and life's interactions; it can not be separated from the biological (or psychological, social, material, etc.), *op. cit.*, p. 148

202 In actuality, holistic approaches have been practiced in non-scientific-western medicine, religion, and culture for thousands of years. Such a paradigm is, however, new to medicine and science as we have known it in the western world.

203 Craig W. Ellison and Joel Smith, "Toward An Integrative Measure of Health and Well-Being" in *The Journal of Psychology and Theology*, Vol 19, No. 1; 1991, p. 35

holiness/wholeness is possible only because of the action of the spirit of God and the response of the total person. The person is not made up of independent parts, but is one; is, totally speaking, *soul*.[204] Health and wholeness are both taken from the same Saxon word, because they are related. A whole person is a healthy person. (I might add, with Berry, that a whole planet is necessary for human health.) In the Hebrew language *shalom* is related to wholeness, health, and harmony or well-being, in both relationships and in individuals. In almost two-thirds of its more than 250 occurrences in the Scriptures it refers to "a state of fulfillment resulting from God's presence and covenantal relationship."[205]

Spiritual growth occurs when, despite one's limitations, the individual (or community, or culture) moves away from beliefs, ideas, and "faith" of relative comfort, safety and security and towards the risk-taking involved in discovering the wholeness and uniqueness of self. The pain this inevitably entails can help to awaken within a renewed appreciation for the human spirit and a passion for life.[206]

One book that is sure to help people question our way of understanding reality, and thus of our beliefs, ideas, and "faith" is Roy Laurens' *Fully Alive*.[207] In it he offers an intriguing way of helping people to discover what exists beyond our normal "conscious" way of functioning. The purpose of this book is to help people discover both of their "minds" - both their left and right hemispheres. Normally (during waking hours), writes Laurens, a person is aware of their right ("time bound") mind about 5% of the time. By becoming more aware of this non-linear image-oriented mind a person can become fully alive. Denying it, concludes Laurens, severely limits the person from life, healing, discovery, and the cosmic (or

---

204 *ibid*, p. 36
205 *ibid*, quoting from Harris, Archer, and Waltke, *Theological Wordbook of the Old Testament*, Vol 2, Moody press, Chicago; 1980
206 Ruth Stoil, "Spirituality and Chronic Illness", *op.cit.*, p. 186
207 Saybrook Publ., San Francisco; 1985

"spirit").

The interrelationship between everything is what the holistic perspective offers to those who seek life.

4.7 Mid-life and Acceptance

The time at which such a deepening discovery of an interconnected spirituality usually begins is at mid-life.

We have already mentioned youth's need for building identity (often by seeking an external authority and finding acceptance by others). Their fears of extinction and abandonment are assuaged by visions of a fully satisfying love life and a successful career.[208] From mid-life onwards, however, people tend to move from self-definition toward self-synthesis. Instead of searching for external authorities, older people become their own mentors and find acceptance from within themselves.[209] The youthful use of power as dominance and control over others, needed in helping to form identities and roles, can change. Instead of being used to preserve an illusion of invulnerability, power can increasingly be used in more healing and intimacy-forming ways.[210] In short, the adolescent denial (helpful as it is in early life) can be dropped in favor of a more realistic attitude toward death and life.[211]

Studies indicate that spirituality becomes more important to people as they age. Reasons given include, more time to think about life,[212] increasing awareness of one's mortality and limitedness, the incompleteness of one's life.[213] and an increasing dependence upon others.[214] These factors help people to consider their purpose and become more self-aware. While the

---

208 Bianchi, *op. cit.*, p. 40
209 *ibid*, p. 35
210 *ibid*, p. 30
211 Tor-Bjorn Hagglund, *op. cit.*, p. 13
212 leaving more time for a meditative, more inward, life; cf. Bianchi, *Aging as a Spiritual Journey*, p. 7-8
213 Lifton, *op.cit.*, p. 63
214 Young, Cathy, *op. cit.*, p. 302

process itself is normally a difficult one,[215] the results are often an increased sense of well-being, energy and daringness,[216] leading one to be more content with (accepting of) life, despite its problems. Through closer connections with others and one's higher power, greater meaning can be found in life while in the midst of declining physical abilities and/or opportunities.[217] This process often, but not necessarily, begins at mid-life.

Why these changes at mid-life and not when one is closer to death? James W. Fowler, mentioned above, is author of several books on stages of faith. He calls one such stage "Conjunctive Faith," a stage that often begins with the person's mid-life and beyond (age 35 and up). The term "conjunctive faith" can be traced back to Nicholas of Cusa (1401-1464) who developed the idea of God as the *coincidentia oppositorum*: "the coincidence of opposites." This refers to "the being wherein all opposites and contradictions meet and are reconciled."[218] This stage, according to Fowler, involves integrating those elements in ourselves, in society, and the experiences of the ultimate reality that appear to be contradictions, polarities, or paradoxes. This stage can happen only after one has a clear sense of identity, a firm set of ego boundaries, and a conscious sense of self that confidently sums up what it means to be a being. In this new stage the ego begins to humbly become aware of the unconscious -its power and influence on our reactions and behavior. One may realize that some of his/her behaviours are permanent fixtures, forever a part of one's life. "Forever," however. becomes less certain, as the reality, and power, of death also begin to figure into one's perceptions.[219]

---

215 sometimes resulting in withdrawl, resignation and dispair, cf. Lifton, *op.cit.*, p. 63
216 *ibid*
217 Bianchi, Eugene, *Aging as a Spiritual Journey*, p. 7
218 *Becoming Adult, Becoming A Christian*, p. 64
219 *ibid*, pp. 64-65

Research indicates that there are two periods of greater psycho-social tension, in the 20's and between the ages of 36 and 45. The latter "mid-life crisis"[220] usually creates greater tension in the person.[221] This conclusion coincides with research revealing that the fear of aging and death is higher among the middle aged than it is among the young or the elderly.[222]

The journey within does not happen easily. It may wait until later life, perhaps never. The inward quest is elusive and forbidding, often requiring some guidance, especially in the initial stages.

> It is far easier to hang onto the veneer of false hopes and resign oneself to a superficial existence, exchanging the arduous road toward death for a quiet life of routine. (Such) miss, therefore, taking advantage of the unique opportunity that mid-life offers for deeper growth.[223]

Besides this natural avoidance of the acceptance of aging and death are cultural barriers that also cause difficulties. One such barrier in our culture is the norm: "We are what we *do*; we are identified by contributions to family and society."[224] Mid-life challenges these cultural norms of measuring self-worth. Identity and self-worth become less what one "does" and more who one "is." Any disruption that takes away the familiar and the routine such as witnessing one's aging parents, a move, the loss of a job, a divorce, an illness or disability, or entering (or re-entering) the job market after a mother's children have left home[225] can pierce one's ego defences about becoming old. The realization of one's limitations, that one will be unable to maintain forever one's productivity (and thus self-worth and identity),[226] can be difficult! This realization may happen despite the cultural barriers.

---

220 as defined by Erik Erikson, *Childhood and Society*, 1963
221 Stokes, *op.cit.*, p. 176f.
222 Jones, "Death as a Factor...", p. 80 and Dumont and Foss, *op.cit.*, p. 21
223 Bianchi, *Aging as a Spiritual Journey*, pp. 37, 39
224 Bianchi, *op. cit.*, p. 13
225 *ibid*, pp. 28-29
226 *ibid*, pp. 20, 25

Religious beliefs (even for those which are not "religious"), are an important part of culture. These, too, can be a barrier to acceptance and a fuller life.[227] Even so, the trauma of identity in the middle years, just described, may break through cultural and religious denial. This trauma, a form of existential alienation, may bring about a new outlook, cultural and spiritual, on life.

Such existential alienation is considered by eastern religions as a necessary harbinger of a new level of spiritual integration. Western traditions refer to this phenomenon as the 'dark night of the soul.' The self or personality disintegrates before it reintegrates, a death and rebirth (or resurrection).[228] This process is an awakening or sobering up, a deep realization of the emptiness of the deception of eternal youth.

Such an awakening can bring with it anger against God for not giving protection from life's limitations, from allowing life to end. Caregivers find it especially difficult to let go of their identity of helpfulness and face this emptiness. One minister, residing in one of the extended care hospitals, presented as a very angry man. We were told he was angry because he was bitter towards God.[229] The religious pact between the faithful devotee and God was broken. Being faithful does not protect one from tragedy or suffering or death.

Despite the denial inherent in culture and religious beliefs, mid-life does often help people to realize their limitations. One example of this realization is the discovery, "I have only a limited time to do a few things reasonably well." Accepting this lowers the person's stress level considerably. It also helps them to feel more in control over their lives, rather than trying to accomplish more than is humanly

---

227 Tor-Bjorn Hagglund, *op.cit.*, p. 14

228 Bianchi, *op. cit.*, pp. 18-19

229 The other researcher, a non-religious person, was told by several interviewees that religion had a similar negative impact on residents.

possible.[230] The consequence of this period may be a re-evaluation of life's meaning and purpose.

Thus, especially at mid-life, three options in life fully present themselves to people: to continue denying much, including the beauty of life; to grab all we can (a coping method); or to discover meaning, purpose, and joy in life through death.[231]

4.7 Acceptance and a Fuller Life

> It is too bad that dying
> is the last thing we do,
> Because it could teach us
> so much about living.[232]

A German folktale, called "The Wooden Bowl", beautifully illustrates this truth.

> There was once a couple who lived with their only son Conrad in a modest house at the edge of a great forest. Though they were not rich, they lived a comfortable and happy life together.
>
> One day the man's father came to make his home with the young couple. The old grandfather's eyes had grown dim, his ears nearly deaf, and his hands shook like leaves in the wind. When he ate he was unable to hold his spoon without spilling food on the tablecloth and the floor. Often bits of food would run out of his mouth, soiling his clothing. For months the young couple discussed the irritating behaviour of the old man. Finally they set a table for him to eat in a corner of the kitchen. As he ate, he looked sadly at his family. When he spilt his food, he would sob.
>
> Finally one day the old man's trembling hands could no longer hold the glass bowl, and it fell to the floor, breaking into a dozen pieces. The woman scolded him and immediately went to he market where she purchased a wooden bowl for the grandfather. As the days passed the old man said very little as he sat in his corner eating out of his wooden bowl.
>
> Late in the fall the father came home from a long day's work to find Conrad sitting in the middle of the floor carving a block of wood. "What are you making, my young man?" asked the father.
>
> "It is a present for you and mommy," answered the

---

230 Mary Vachon, *op. cit.*, p. 14 and Herhold, *op.cit.*, p. 63
231 Herhold, *op.cit.*, p. 92
232 *ibid*, p. 9

> child. "I am carving two wooden bowls so that you will have something to eat from when you live with me in your old age."
>
> The husband and wife looked at each other for a long time, and finally they began to weep. That evening they moved the old grandfather back to the family table. From that day on he always ate with them, and they said nothing even when he spilled his food.[233]

This story not only makes a comment on the Fourth Commandment, "Honour your father and mother," but it says something about the way some people deny the effects of aging in an effort to cope with its possible effects on themselves. Acceptance, on the other hand, is not easy: accepting one's death is to believe (and behave as such) that one must die, perhaps even approve of such death. "Acceptance means the courage to face our real situation."[234] As this story reveals, acceptance is more likely when one's *own* parents have experienced problems in old age.

> Intellectually I know that I am going to die, but emotionally I do not accept it. I keep thinking that something will intervene before my turn comes, like the cavalry charging up in the last reel of a western movie. It is important that emotionally I accept my death, so that I can get on with living. As long as I think that somehow I will be the exception, I deny my humanity. When I accept death, I join the rest of the mortals.[235]

We can wear masks in the attempt to cover over our own pain and anxieties. We can pretend to be something we are not. But sooner or later one is confronted with finitude: "Taxes and death are inevitable, but we can cheat only the former."[236] Such a confrontation can lead to acceptance.

The best way of coping with one's own death is paradoxically through "a process of creative acceptance of limitations *and* possibilities..."[237] Henry Nouwen writes that acceptance involves confessing our limitedness and

---

233 As recalled in the book, *Stories for Telling*, William R. White, Augsburg Press, Minneapolis, 1986; pp. 132f.
234 Tillich, *op.cit.*, p. 120
235 Herhold, *op.cit.*, p. 42
236 *ibid*, p. 40
237 Mary Vachon, quoting Dr. Avery Weisman, p. 195, my emphasis

dependency.[238] When we accept others and the gifts we receive from them, we are dependent on them. Such (again paradoxically) leads to a life of freedom.[239] "An intellectual and emotional acceptance of death is inextricably linked to full appreciation of life, whether one is in immediate contact with death or not."[240] In acceptance both life and death, dependency and freedom, limitations and possibilities are affirmed.

In the process, one can discover meaning to one's own life that extends beyond the physical limitations of life itself[241] in a way that does not deny death.

Fearing death is, for the wise, best to be acknowledged as real, inescapable and reasonable. Such acknowledgment requires courage, and is likely to diminish the threat posed by such fear.[242]

Thus, the only way to move beyond denial is to let it die. To advance through our anxiety. To unlearn our self-repression and the lie about our character. Once we have thrashed around in our finitude we can see what lies beyond it: transcendence, the "Ultimate Power of Creation."[243] To do so involves breaking through the cultural heroism (the need for self-made permanence) that denies our finiteness, and replace this with cosmic heroism, the service of God. In so doing ultimate value replaces temporal value (of society and culture). The person's sense of meaning then comes from the "ground of creation."[244] "Feeling moments of experiential transcendence or a strong sense of relation to one of the other modes of symbolic immortality enables one to affirm the continuity of life without denying

---

238 *With Open Hands*, Ave Maria Press, Notre Dame, Indiana, 1972. His whole book is based on this theme.

239 *ibid*, pp. 62 and 157

240 Johnston, Jr., *op.cit.*, p. 10

241 Mary Vachon, *op.cit.*, p. 195

242 Momeyer, *op.cit.*, p. 7

243 Becker, *op.cit.*, p. 89

244 *ibid*, p. 91. The encounter with our mythological images, too, can help people encounter death, put people in touch with "ultimate values", and thus be transformed into fully human beings, aware of our immortality. Such an approach is advocated by Carl Jung and Edgar Herzog among others; cf. Johnston, Jr., *op.cit.*, p. 36

death."[245]

> How can we be sure that death
> hasn't the last word?
> It's human to try to salvage
> something from nothing,
> to pretend that things aren't
> what they seem to be.
> The only way that death
> doesn't defeat us
> Is when life is God's
> and not ours.
> We keep
> only what is given back.[246]

Surrendering one's self-image and acknowledging the finiteness of life leads to a deeper spirituality.[247] Life becomes fuller and more meaningful.

4.8 Theological Perspectives

Before examining aspects of denial and acceptance in the hospital situation let us first examine some (Christian) theological facets of this subject.

4.8a Immortality of the Soul vss. Resurrection of the Dead

Popular Christian theology, and our culture in general, has tended to base hope on the concept of "the immortality of the soul." This is the belief that one's soul lives forever, regardless of the fate of the body. As Oscar Cullmann discovered, this belief is a response to the fear of death.[248] Indeed, immortality of the soul is a denial of death.[249] Although such theology may offer hope to individuals for the future, how does it address the *present* reality of those who suffer? We have seen how similar theology is little more than a

---

245 Lifton, *op.cit.*, p. 87
246 Herhold, *op.cit.*, p. 39
247 Maxwell Jones, *op.cit.*, p. 89. More will be said on this later.
248 By exposing the lack of Biblical basis for such theology Cullmann "raised" a great deal of anxiety among his readers. *Immortality of the Soul or Resurrection of the Dead?*, Epworth Press, London, 1958, pp. 8-9
249 *ibid*, p. 25

prop for denying the realities of aging and death. Can Christian theology help people deal with the existential realities of life and death?

To begin with, Cullmann smartly addresses the considerable difference between the immortality of the soul (a Greek concept) and resurrection (a truly Christian concept). While the immortal soul does not die, resurrection fully recognizes death; death is separation from God. In resurrection theology death is complete: both the body and soul die. Once dead it is an act of creation (not perpetuity) that brings about new life through resurrection.[250] We shall see below that Jesus himself feared death. To biblical Christianity, death is real. Hope is found in the miracle of creation, not in the immortality of the soul.

It is particularly curious that Jesus is not shown hanging on the cross in Protestant churches. While this is meant to signify the hope of the resurrection, it has tended to be interpreted as a denial of the reality of the suffering Jesus experienced. It is crucial that in order for Christianity to offer greater hope to people in their existential present we must recover something of the original meaning of the cross.

One theologian who encourages such recovery of the early Christian meaning of the cross is Steven Sapp. He writes that the cross can provide promise to people today, just as it did to the early church as they faced real struggles.[251] The cross was a state-sanctioned method of execution, extensively used by the Roman Empire. It meant death. It was painful: physically, emotionally, and culturally. Evidently neither Jesus, nor his disciples, looked forward to Jesus' execution, judging by how Peter denied Jesus' fore-telling and how Jesus prayed in the garden shortly before his arrest. Let us look at these two stories briefly.

---

250 *ibid*, p. 27. I have found that people, when studying the Apostles' Creed, are surprised to see the expression, "resurrection of the body." It is not only the soul that is given new life!

251 Stephen Sapp, pp. 4-5

The pivotal point in the Synoptic Gospels, especially in the Gospel of Mark, is Peter's confession that Jesus "is the Messiah" (Mark 8:29 and parallels). Immediately Jesus begins to speak about his death. Once again Peter speaks up by taking Jesus aside and rebukes him. Jesus responds by saying that Peter's denial is of Satan (Mark 8:31-33 and parallels). Yet we must appreciate what Jesus' announcement of imminent death meant to them. They were, after all, only just beginning to grasp their identity as disciples. And this identity utterly depended upon Jesus. For Jesus to die would mean that their purpose for living the life they were living would suddenly end. It would also mean the end of their relationship with him, and likely their relationship with each other. Truly the death of this man would thrust them into a spiritual crisis.

When it came time for Jesus to give up his freedom, be arrested and killed, he was very distressed. "I am deeply grieved, even to death; remain here, and keep awake." (Mark 14:34) Jesus didn't want to be left alone. He prayed that he might be spared from his imminent death. Death and suffering and being left alone in the midst of it all is not easy - even for the Son of Man, the Messiah.[252]

We Christians tend to be rather squeamish when reading Jesus' reported words at the time of his death: "My God, my God, why hast thou forsaken me?" The fact that so few people participate in Good Friday services speaks volumes. It is not easy for us to be with the dying. We are like the 12 disciples who all scatter like gun-shot when death is close by. Is this one reason for removing Jesus from the Protestant cross? It looks prettier, less painful, and more hopeful of eternal life.

4.8b Loss of the Self

We are, after all, fearful of the loss of the self (thought, identity, being). Several references to this appear in the New Testament, such as Matthew 10:39 and its

---

252 Oscar Cullman (*op. cit.*) enlarges on the pain and fear Jesus felt as he faced his imminent death, see. pp. 22-27

parallels.[253]

> If any want to become my followers, let them deny themselves and take up their cross daily and follow me. For those who want to save their life will lose it, and those who lose their life for my sake will save it. (NRSV)

What is here called *life* seems also to be called *self* as seen Luke 9:25, "What does it profit them if they gain the whole world, but lose or forfeit themselves?" Similarly in Matthew 16:25 the word *life* is employed: "For those who want to save their life will lose it, and those who lose their life for my sake will find it." The NRSV footnote indicates that here *life* means not only the physical existence, but "the higher or spiritual life, the real self." Other translations use the word *soul* in place of *life*.

All of these words come from a single Greek word, *psuché*. A study of the Greek word that is translated in these various ways reveals some interesting detail. ψυχή *psuché* (psoo-khay') (from *psucho*, to breathe voluntarily but gently) implies spirit. This word is different from πνεῦμα *pneuma*, which is the rational and immortal soul on one hand, and different also from ζωή *zōē*, which is mere vitality used even of plants.[254] This word, of course, is the origin of our word *psyche*.

Breath, life and spirit are used synonymously in both the Hebrew and Greek portions of Scripture (Ruah in Hebrew). *Psuche* is more than just existence, it is Life in the full sense of this word. It is at the core of who we are.

Thus, returning to our passage, the call is to give up life, indeed, ourselves! There is no room for denial here. Quite the opposite! Disciples are instructed to "take up your cross" (which results in suffering), lose one's life (die) and deny ourselves.

---

253 Matthew 16:25; Mark 8:35; Luke 9:24 (quotations from the NRSV) cf. Gordon, *op.cit.*, pp. 65-66

254 James Strong, "Greek Dictionary of the New Testament" in *The New Strong's Exhaustive Concordance of the Bible*, Thomas Nelson Publ., Nashville, 1990; p. 79

4.8c Dependency upon God

Sapp, following Hans Kung, points out that what is particular about the Christian acceptance of suffering is the *attitude* of the follower of Christ: of "correlation, of correspondence" to Jesus' suffering.[255] But to do so means being dependent on God. Such has been anathema to humans ever since the Garden of Eden when Adam and Eve desired to be "'like God,' i.e., independent, not beholden to anyone, *self-sufficient*."[256] Accordingly, admitting that one is not independent (as often happens to seniors) is to be avoided.

Carrying one's cross, according to Sapp, is *modelled* by the dependency that marks aging. Christianity is all about being dependent upon God. As Paul says, "It is no longer I who live, but Christ who lives in me" (Gal. 2:20). This leads to changes in perspective: from the *individual* to the *community*, from *self* to *other*, from *independence* to *interdependence*; from *fulfillment* to *sacrifice*; and from *demand* to *gift*. By shifting from one to the other, by dying to the old, the Christian becomes a new creation in Christ (2 Cor. 5:17). Death leads to life,[257] at any age.

Another interesting passage relating to dependency is found in the last chapter of John's Gospel. Scholarship indicates that this gospel was likely written by the un-named "beloved disciple" and the community that arose around him (her?). Although the position of Peter in the early church is not disputed by this Gospel, it does tend to make him appear to be less faithful than the "beloved disciple." The comparison continues when Jesus tells Peter,

> Very truly, I tell you, when you were younger, you used to fasten your own belt and to go wherever you wished. But when you grow old, you will stretch out your hands, and someone else will fasten a belt around you and take you where you do not wish to go. (John 21:18-19, NRSV)

---

255 Hans Kung, *On Being a Christian*, translated by Edward Quinn, Doubleday & Company, Inc., 1976, p. 580 as quoted in Sapp, p. 7

256 *ibid.*

257 *ibid*, p. 9

We might rightly wonder what goes through Peter's head at this point. All we know is he responds by asking, 'Well, what about *him*' (pointing to the beloved disciple, here identified as "the disciple whom Jesus loved"). Is this jealousy, or does Peter simply feel uncomfortable with the issues of dependency on other people? We cannot say. At any rate, Jesus gives no real answer to this question other than, simply, "What is that (matter) to you?" Of importance to this Gospel writer(s) is that Peter (unlike the Beloved Disciple) needed more preparation for what lay ahead: he would glorify God in his old age and death. Dependency is related to old age, death, and glorifying God, the Supreme One. No temporary, pleasure-seeking avoidance-patterns found here!

In our research we noted the large number of interviewees who spoke about how difficult it would be for them to lose their freedom. Said one,

> Because I'm very independent and I want to do things for myself. It would be very hard for me to depend on somebody. Eventually you probably learn. And that why some of those people have a hard time adjusting... That's it for me, is the biggest problem... losing my independence.

Said another interviewee after being asked about her concerns or issues about getting older herself:

> It worries me, I, I, we've got a guy who's, like, nearly 100 on our floor and _(tape undiscernable)_ and although they really do get the care after you know, but I still think I wouldn't want, I wouldn't want to be on the floor like that. You know. That kind of scares me, because, I just, it's just not having independence.

4.8d Letting go of Control: Being, not Doing and Owning

Related to the need for independence is the need to be in control of oneself. Being dependent on another means, to some extent, losing control over one's own life. This is no easy task in a society that values independence and identity based on what one "does." It is easier to control what one *does* than it is to control who one *is*.

The work of R. Bellah, who was foundational to both Fowler and Bianchi, speaks to this issue. He writes that we are better

off by turning away from the present-day "kill and survive" stance in favour of the more contemplative stance of those who are willing to "die and become."[258] Bianchi continues: rather than endlessly competing for the world's goods (protecting us from "extinction") the spiritually awakened person pursues community and self-denial. To do so, suggests Bianchi, is to follow the reversal called for in the Beatitudes.[259] Such conversion or *metanoia* is likely to wait until middle age when one has a confrontation with personal finitude and self-delusions.[260]

As a result, meaning in life is derived more from the present than from future pursuits, achievements or benefits. The desire to control one's self and destiny fades. The self becomes more in touch with "the benevolent energies of the universe."[261] One interviewee seemed to be on her way:

> I'm not afraid of death. I, I, (Pause) I'm at peace with my God and I believe, and I'm not afraid, so, and I would rather grow old gracefully then try to fight it! (laughs) ...And I'm, I feel good with my body, and my understandings, and uh, I just have to do the best I can every day and that's about how to do.

Letting go of the desire to control oneself involves an act of faith that goes beyond the strictly scientific, means-oriented technological world that presently dazzles us. The latter gives us some sense of security. Faith, on the other hand, implies trust in others, oneself, the environment, but especially in a benevolent reality beyond the self.[262] It also involves risk, for there are no guarantees of growth by taking this path.

As such, value is not found in what we do (work) and what we have (physical beauty, vitality of youth, possessions, etc.). A person's value is in *being*. The process of stripping away the

---

258 from the chapter of Robert N. Bellah, "To Kill and Survive or To Die and Become," in Erikson, *Adulthood*, pp. 62ff.
259 Bianchi, *Aging as a Spiritual Journey*, p. 45
260 *ibid*, p. 36
261 *ibid*, p. 49
262 *ibid*, pp. 53-57

old way of making value can lead one to discover that the meaning of life is more a gift than something earned.[263]

W. Paul Jones, writing about "Gerontheology", states that its main assumption is, "the meaning of life is determined by how we die our death": it is a spirituality of being, rather than of doing.[264] This is a theology of grace, where worth and acceptance do not depend upon productivity.[265]

---

263 Sapp, *op. cit.*, p. 11

264 W. Paul Jones, "Theology and Aging in the 21st Century" *op. cit.*, p. 30

265 Robert E. Buxbaum, "Coming Issues in the Pastoral Care of the Aged" in *New Directions in Religion and Aging* p. 43

4.8e Brokenness

The process of accepting dependency, loss of control, and death is one that involves brokenness. Making the transition into a spirituality of grace, faith, death, and dependency means being broken. It involves the realization that human existence is limited and precarious, and that the methods used in denial are also broken.

One such method is the attempt to deny the negative feelings associated with the aging process and death. Denying one's feelings will often raise a sense of guilt and emptiness. Guilt, when old hurts and shortcomings come tumbling out, and emptiness when the myths of youth are dispelled.[266]

When these myths by which we have functioned for some time are broken our sense of anxiety increases.[267] Recognizing that one is not independent, nor in total control, that life is limited and our coping methods don't work all lead to a sense of brokenness. This brokenness reveals to us our spiritual sickness that is sometimes called sin or estrangement.[268]

The healing of this brokenness, according to Tillich, requires that all sides of the human be taken care of. There are at least four of them:

> the ultimate, which, I would say, is the matter of ultimate concern, is the ultimate center in which our center can rest;
>
> the psychological, which is often connected with the first, but not always;
>
> the bodily, which is often connected with the two first, but not always;
>
> and then the sociological healing, which is always necessary, because otherwise, if in the social existence a man (sic) becomes necessarily sick again after he has been healed in psychotherapy, something is wrong which also must be healed.

All four cannot be separated, yet must not be confused. All

---

266 Bianchi, *Aging as a Spiritual Journey*, pp. 16-17

267 Certainly one of the myths that is common in our part of the world is that of "success" -an end unto itself.

268 Tillich, *op.cit.*, p. 209

four have the common word, in Greek, *soter* -in English, saviour.[269]

Once again, let us be clear: this healing cannot occur without some measure of accepting the very thing that generates existential anxiety: death. Sometimes theology, as we have noted, is used as a way of denying this painful reality. Ralph Johnston is particularly critical of any Christian theology that acts in this role. He outlines the four major answers to the existential question of the fear of death: the technological, "death can be overcome," the traditional religious, "the glorification of death," the modern Christian, "we don't really die, only our bodies do," the existential, "facing the fear[270] will help to make it less painful," and the individualistic denial - all are inadequate. The answer Johnston proposes is "a dark model of theology" whereby death is real, it flies in the face of a God who does not wish death; death is "a block of silence."[271]

> From beginning to end, a dark model would present death as relentless and implacable, a disintegration rather than an achievement, the final demonstration of human weakness and of the weakness of religious faith and theological articulation. With such a model, theology would be drawn into desperate and grievous struggle... (T)he only solace theology can offer is faith in God.[272]

As in dying and death itself, this theology would not try to explain the unexplainable, it would only shock us by having us live by faith alone - faith in a God who gives life on the other side of the godless cross.

> One interview hinted at this kind of theology.
> I think there's life after death. I'm not a very religious person. I was brought up Roman Catholic. But I think we all go this life after death. I think there is. (Interviewer: "It gives you some comfort.") (a little skeptically) Yeah, I haven't thought too much about it, because we don't know, do we? Nobody has come back to tell us...

---

269 *ibid*
270 as opposed to accepting our deaths
271 Johnston, Jr., *op. cit.*, p. 62
272 *ibid.*, p. 62

This nurse later spoke about feeling "comfortable where I am" regarding her spiritual well-being.

A theology of darkness teaches that one who is willing to die in the mystery and darkness of death can also survive the non-being of mortality and discover hope and love. This love "makes us cry out in pain at the loss of human life (and) also permits us an ultimately liberating intimacy with our dissolution."[273] Such love connects us with community, the natural world, institutions, beliefs, ideas, and experiences. It means the end of self-fulfillment and individualism.[274] It is, from what I can tell, the theology I witnessed in Nicaragua, a theology that seldom denied the grim realities of life.

The way Johnston envisions this theology being practiced is through mysticism. Christian mysticism

> insists on the necessity of the death of the self before achieving union with the divine, and, inevitably, the experiences in question entail suffering. These experiences are analogous to the experience of death and may consequently prepare us for that ultimate loss of ego that occurs at the end of life.[275]

For Johnston, then, Christian theology does relate the human with the divine in a meaningful way and without denying the existential anxiety of death. He appears to agree with the two dimensions of spirituality: The cross brings together the vertical eternal life of God and the horizontal life of humanity. The cross is a symbol of death.[276]

The cross is also a symbol of a God who had Jesus, God's vulnerable side, come and share the worst with us humans.[277] Existentially we are not alone in death.

I concur with Sapp, Jones, Buxbaum, Bellah, Bianchi, Tillich, Johnston, Herhold and company that Christian theology has plenty to offer the existential reality of present suffering and death. And this is before we have examined any Hebrew

---

273 *ibid.*, p. 65
274 *ibid.*, p. 66
275 *ibid.*, p. 52
276 *ibid.*, p. 53
277 Herhold, *op.cit.*, p. 11

Scripture insights!

This is not to say that theology is perfect, or that theology never denies. It does. Theology is an invention of human beings and humans *do* need some denial in order to live. The difficulty is in determining when denial is helpful or harmful to health.

The line between healthy and harmful denial is thin. In a study of 850 male hospitalized veterans who were at least 65 years old found that religious coping decreased their levels of depression. The types of religious beliefs and activities that assisted in coping usually included "trust in God, praying, reading the Bible, participating in worship, receiving emotional support from clergy or others, and tuning into religious radio/T.V. programs." The authors of the report concluded that "when older persons are in situations over which they have little control, religious beliefs and behaviors may counteract feelings of helplessness, provide meaning and order to experiences, and give back a sense of control."[278] Were these people using these practices in order to avoid an issue of aging and death, namely loss of control, or as an aid to a deeper spirituality? Perhaps both. There is mystery inherit in both spirituality and denial.

---

278 Harold Koening, Harvery Cohen, Dan Blazer, Carl Pieper, Keith Meador, Fran't Shelp, Veeraindar Goli, Bob DiPasquale, "Religious Coping and Depression Among Elderly, Hospitalized Medicaly Ill Men," *American Journal of Psychiatry*, 1992, 149:12 (December), p. 1699

Chapter Five The Hospital Setting

5.1 Hospitals and Spirituality

We examined the medical model earlier and found it wanting in terms of holistic spirituality and spiritual care. Especially when treating those who are infirm and dying, the medical model can miss something of the person being treated.

> Too often we must confront our own aging and the aging of others with bromides concocted at the last moment - mixtures frequently undigestible in face of the real threats to the aging self. This problem is also acute for those who care for the aged - ministers, nurses, social workers, psychotherapists, doctors, etc. Without a coherent overarching framework or orientation, techniques for helping can rapidly degenerate into a profoundly relativistic technologism. Held together by no more than the flimsy bands of an "enlightened" eclecticism, our disjointed techniques threaten the very ground beneath our feet.[279]

One nurse put it this way when speaking about dying with dignity:

> I, I always, I look at patients and I think, you know, if, you feel, if I feel it's time that you go, like this doesn't mean that they shouldn't, but then they decide that they're going to do something else to them? And I think, you know, "Why aren't they going to die with dignity?

As suggested by this nurse's approach, the medical model is undergoing changes, and not only in the geriatric settings. Questions of value are increasingly being asked in our society, recognizing that thoughts and feelings are not totally descriptive of what it means to be human. The more existential concerns need more than merely technological rational language and solutions.[280]

In our interviews one nurse said that she was a "mentsch." When asked what this meant, she said,

> A mentsch, yeah. A person, uh, I *feel* more for older people. (pause) Cause we sometimes forget that they are people, too and they have needs and sometimes we don't allow that... they become a number. Actually they still

---

279 Lyon, *op.cit.*, p. 21
280 *ibid*, p. 22

have something to *say*.

So it is that more nurses are turning to questions of what we are calling spirituality. What does spirituality mean in the hospital setting? The following introduction to a book on nursing and spirituality suggests an answer:

> About 6 years ago I became convinced that there was a need for a text on spirituality and spiritual care. The text as I envisioned it would be about caring. I believe that when we care as nurses, as human beings, we affect the spirits of other people in profound ways. Providing spiritual care is much more than recognizing a client's religious beliefs and incorporating those beliefs into our planned interventions. Spiritual care is anything that touches the spirit of another. It can be shared laughter or tears or remembering a client's birthday. It can be keeping vigil with a family as a loved one struggles to recover. It can be crying with that same family when the client dies. It can be supporting a chronically ill individual as he struggles to redefine his worth and personal meaning in light of the illness and its demands. It can be a gentle backrub coupled with soothing words that allows a worried client to sleep. It can be a shared prayer or religious reading that has special meaning to the client. Spiritual care cannot be boxed in and narrowly defined. Spiritual care is not provided only for those who believe a certain way or who define God according to a specific doctrine. Spiritual care is for everyone. People may express their spirituality in unique ways, but everyone has a spiritual nature that can be touched through the ministrations of another.[281]

From our research spirituality seemed very related either to giving to others (especially "caring") in order to meet *their* spiritual needs, or what the nurse had to do to care for him/herself spiritually in order that (s)he be able to do the job of caring for others. Occasionally we would hear a nurse speak about caring for themselves for the sake of their own wholeness or betterment, quite apart from their occupation as nurses. When our interviewees spoke about spirituality it was in association to "caring," either for others or for themselves.

Caring for others does require energy, and can deeply affect the care-giver.

---

281 *Spiritual Dimensions of Nursing Practice*, edited by Verna B. Carson, p. vii

> (C)aring is regarded as the hallmark of the nursing profession. But when the model of the professional self disallows the personal needs of the nurse to ask for help, to make and learn from mistakes, to feel tired, or to be afraid, burnout is likely to occur.[282]

Nursing is, after all, a stressful occupation. Being confronted by situations where one is not able to be helpful in the traditional medical sense is especially stressful for those attempting to function under that paradigm. One's beliefs and attitudes, and feelings about one's self are thrown into doubt. Little seems certain anymore.[283] Reality, as experienced, may thus not fit with one's old ways of understanding or making meaning of life.

> For nursing to be meaningful requires involvement, commitment, and a sense of purpose. Delivery of quality health care diminishes in linear proportion to a loss of commitment and concern for clients, often associated with a nurse's unrelieved stress levels.[284]

Offered one nurse:

> And some people, there's some people who really care about their work, and there's people who are burnt out. It's strenuous for other people to work with them. You know. It's hard. I couldn't imagine not being compassionate or not caring or whatever, and (pause) I'd leave this job. I wouldn't stay. And I see people staying, even after that spark is gone. It's really too bad because they miss so much every day. If, if I didn't care, I'd be gone... (I: So it's really the fact you *care* for these old people, these seniors, that really keeps the spark in you...) [interrupting] P: Yeah, that's right... [trailing off] (I: ...that keeps you going.) That's right. Something always good always happens, even on the worst day, and the most disastrous day something good always happens.

One way of coping with stress is to form a certain level of detachment, a helpful aspect of denial. However, while detachment is needed in order to allow a nurse the room to live his/her own life, it can lead the same person to avoid the deeper questions of life, aging, and death. The best form of detachment involves staying in the present: making the most

---

282 E. Arnold, *op. cit.*, p. 331
283 *ibid.*, p. 326
284 *ibid.*, p. 328

meaning out of the present situation.[285]

> Said one interviewee:
> If you go home after doing a good day's work (pause) you don't have any guilt feelings, that you haven't neglected anybody, you did the best you could, I think you can go home and leave it behind. Because you wouldn't be able to live if you are worried all the time.

If, however, a nurse's detachment becomes greater in order to cope with constant stress, the spirit can suffer and a loss of meaning and purpose result.[286] Allowing for some detachment can keep the struggle to live life fully engaged. This gives opportunity for one to change, to grow, and keep one's spirit alive and healthy.[287]

Such a desire to discover and grow can and does happen to nurses. The theme behind a book by Bernice Harper[288] is that the health care worker gradually comes to accept his or her own death (have a "freedom from concern about one's own death") and so becomes a more integrated, self-actualized person and a better caregiver. The process of reaching this point involves five stages, she writes, the first one being intellectualization and denial. The second and third stages are increasingly uncomfortable for the caregiver as they experience guilt, frustration, pain, grieving, and depression. It isn't until the fourth and fifth stages that (s)he "arrives" emotionally and begins to have deep compassion for others.

Dr. Kubler-Ross has written[289] that we cannot give loving and caring support to dying persons and their loved ones until we have faced our own death and mortality within the depths of our being. To do so involves coming to some sense of the purpose and meaning of life, especially one's own life, and other existential questions such as where God fits into life, the meaning of suffering and death, and others.

---

285 *ibid.*, p. 342
286 *ibid.*, p. 332
287 *ibid.*, p. 341
288 *Death: The Coping Mechanism of the Health Professional*; 1977
289 *Death - The Final Stage of Life*, 1975

Thus, having a healthy spirituality, as a nurse, includes not only a concern for patients, but an altruistic egoism as well. This is an awareness that one cannot give to another what one does not give to one's self.[290]

Healthy spirituality involves realistic goal-making so that one has a sense of where one is going. Such goals must be realistic, keeping in mind one's own needs.[291] In the midst of failure or obstacles hope is also of real value. Hope, an affirmation of life, helps people to discover more to life than what is presently known or understood.[292]

Giving care to one's self can also happen in the work setting. While nurses do offer care to their patients/residents, it is also undoubtedly true that nurses receive a great deal from their patients and residents, many of whom have benefitted from years of spiritual growth and discovery!

> Palliative care is rewarding in a special way; it keeps us in touch with life as it really is. The imminence of death breaks through the facades behind which we tend to hide. Stepping out into the open is refreshing but also is scary. However, our rewards are immeasurable; this service keeps the richness of life in the foreground. At times, we see and feel the pain, but also we see the spirit that people discover in themselves.[293]

> Seeing patients make something positive out of pain helps us to be with other patients. We become more experienced guides. It also may help us when we have to pass through that experience ourselves.[294]

(This is written by two people who lived with dying relatives and so are less likely to deny their own mortality.)

Like being with many in the "Third World," being with the institutionalized elderly can help us to see the value in life beyond "doing" and "owning." It means we are naked, just as we were when we came into the world at birth. In such a state it

---

290 *ibid.*, p. 346
291 *ibid.*, p. 349
292 *ibid.*, p. 350
293 Robert Hatfield and Edna McHutchion, *op. cit.*, p. 29
294 *ibid.*

is easier to accept life and death together. We, like the Nicaraguans, can live life with more passion and authenticity. We can gain from the experience of the elderly who are not "clothed" with possessions and activities, and those who have accepted their finiteness. Such persons can be our mentors in the path to acceptance. Spiritual care means giving *and* receiving.

While not losing sight of the ways in which caregivers can receive from others, how can nurses (and others) care for their patients/residents in a spiritually wholistic way?

Just as nursing involves many instruments such as bandages, monitors, and gauges, so do all people carry with them an "instrument" for spiritual caring. One's inner spiritual centre can be used as a guide, a healing force, and the way of connecting with others (including the Ultimate Concern).

> From the nurse's perspective, spirituality can be thought of as an extraordinary union with a sacred energy that reaches beyond ordinary knowledge of the everyday world to embody the ultimate virtues of life in the form of hope, courage, faith, honor, love, acceptance, and meaningful encounter with death. Accepting the finiteness of human existence as a reality without becoming discouraged or denying it sharpens sensitivity to others committed to our care as we share in their pain, and in the process perhaps discover its special meaning in our own lives.[295]

Thus, giving care to a patient involves not only physical (technical) care, but interpersonal care as well. The latter involves a "spirit-to-spirit" encounter that depends upon the development of trust.[296] Some concrete suggestions are offered by more than one source as to how a caregiver might not only recognize spiritual needs in others, but care for them appropriately. Some indicators of spiritual need in patients may include: guilt, inability to practice religious rituals, lack of meaning in life and the present circumstances, a change in the relationship with one's God, and lack of forgiveness

---

295 Elizabeth Arnold, *op. cit.*, p. 324

296 Cheryl Clark, Joanne Cross, Donna Deane, and Lois Lowry, "Spirituality: Integral to Quality Care" in *Holistic Nursing Practice* 1991; 5(3), p. 67-68

toward a significant other. (Appendix III has further suggestions.) Such problems may rob these people of their strength and hope.[297] On the other hand, developing a quality relationship of mutuality, recognizing each other's uniqueness, may help to restore to health some of one's damaged spirituality. Being is of equal or greater value to "doing."[298] To offer appropriate care depends upon the nurse's self-knowledge, understanding of the human condition, willingness to listen, empathy, vulnerability, humility, commitment, and setting appropriate boundaries.[299] Developing trust (through respect and acceptance) is most important, but so also are touching, being compassionate, empathetic, and religiously supportive[300] "Caring is a profound act of hope... that contributes to the spiritual well-being of others."[301] Ruth Stoll states at the end of her essay,

> The greatest gift the nurse has to give to clients is one's personal, living, spiritual richness. This gift of one's true self given in care to the client experiencing crisis will inevitably encourage the client toward spiritual well-being.[302]

And so we enter the part of this paper that is of crucial importance: how are nurses doing themselves? How are they coping with one of life's greatest challenges -aging and death? Is their own spirituality helping them to be true to those for whom they care, and, especially, to themselves?

---

297 Carson, *op. cit.*, p. 160

298 Cheryl Clark, et al, *op. cit.*, p. 70; see more below in the "Theological Perspective" section.

299 Carson, *op. cit.*, p. 165

300 i.e. respect the faith of the patient and assist in religious observances such as prayer, use of scripture, facilitation of client's participation in religious rituals, providing access to religious articles, calling for the clergy-person or chaplain, and accomodating the client with measures (dietary, quiet times, etc.) appropriate to their religious practices. Cheryl Clark, et. al., *op. cit.*, pp. 73, 169-175

301 *Ibid.*, p. 76

302 Thorson and Cook, *op. cit.*, p. 21

5.2 Support for nurses

Given the demands of nursing, and the model under which most nurses are trained and employed, what support are they receiving? As noted in the study conducted on the Juan de Fuca hospitals chaplaincy department, nurses likely need support given their frequent reminder of aging and death. There is another reason as well. "Without support, it may be difficult for the nurse to view a client as a whole person, a unique being, and essentially a mystery."[303]

Let us begin by looking at the results of another Victoria, B.C. study that had been conducted mostly at the Juan de Fuca Hospitals.[304] Virtually all the patients were elderly and unable to transfer independently. The facility was staffed with 24 hour nurse care, coupled with a multi-disciplinary team of professionals.

The study concluded that the vast majority of respondents (90% of whom were nurses, the remaining portion being therapists and nursing aids) felt they knew when a resident was dying. 61% reported increased physical interactions (such as touching and holding residents) and that their interventions "increased markedly" while employing "different types of nursing interventions." Most respondents believed that such attention was beneficial to the residents as they neared death.[305]

However, they also recognized that their increased (and altered type of) interventions were more demanding in terms of the workload *and* their own personal emotional resources.[306]

When identifying their needs as caregivers 16% indicated they needed "a great deal" of social or emotional support, while another 16% indicated exactly the opposite: they needed no emotional support at all.[307] For those who felt support was

---

303 E. Arnold, *op. cit.*, p. 327

304 Deborah Rutman and Belinda Parke, "Palliative Care Needs of Residents, Families, and Staff in Long-Term Care Facilities" in *Journal of Palliative .i.Care* 8:2 (1992). This hospital is also where most of our research was conducted.

305 Rutman, *op. cit.* 25

306 ibid. 28

307 ibid. 25

somewhat or very important the best way of providing such support would be through peer support, especially informal support groups. Utilizing the services of trained counselors was favored by 22% of the respondents. Increased availability and professional recognition from the head nurse was favored by 6% of respondents.[308]

As for their educational needs the highest ratings were given to "learning more about symptom control, aspects and stages of the dying process, and on effective means to communicate with families, residents, and staff in palliative situations."[309]

The way to meet both educational and social/emotional needs would be served well through the establishment of a palliative care resource group, said 97% of the respondents. Such a group could be helpful not only to them but to the residents and families as well.[310]

However, the authors of this report also commented that the "staff's reluctance to affirm or acknowledge their needs for support may pose a real barrier to the provision of peer support." They added, "Further consideration of the staff's self-estimation and recognition of their needs for emotional support seems warranted."[311] In other words, denial of the need might prevent them from seeking the kind of support they likely need. The authors concluded that for this situation to change sufficiently that needs might be better identified and acted upon, it may require a change in

> the ways in which we routinely interact with other staff and colleagues and improve our abilities to identify and respond to their support needs. We need to rethink the ways in which we use our time and attach values to different facets of our activities. Perhaps most fundamentally, we need to shift our perspectives on the ways in which we conceive of, demand, and receive recognition for our time spent as caregivers.

---

308 ibid. 26
309 ibid.
310 ibid. 27
311 ibid, p. 28

This, they add, can only be done by legitimizing and making more visible the affective dimension to caregiving.[312]

However, our institutions of education, religion, and cultural norms persuade us that being a mature person means being strong, confident, and self-sufficient. In reality, being brave means to face one's emotions courageously, not deny them.[313]

One study revealed that nurses felt unsupported as a group. This study found, too, that supervisors had difficulty coping with dying patients and so were reticent to focus on the dying process in their supervisory role.[314] What is done to help nurses with feelings related to giving care to others?

As is pointed out in an article on caring for the dying[315], "giving emotional support and company to a dying person is exhausting." This article goes on to point out that society denies the stress experienced by an intimate caregiver (especially a family member) who is with a dying person. While a person may be given time off to mourn the loss of a loved one, the same person is likely to be given nothing when they are struggling with their own mortality whilst caring for a dying person. As a result our society robs people of valuable opportunities for evaluating their life values and goals and meaning, and deepening their spirituality. This, in turn, denies the opportunities for people to be more creative and innovative in the work place.[316] We are all poorer as a result.

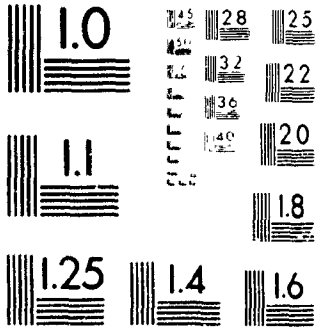
> Unfortunately, very little is done to either prepare people for aging when it's early enough to make a difference in how aging is experienced, or to help them mature in their feelings and perspectives about death. Our educating and nurturing institutions do not guide persons into a way of life in which they would be better prepared for both aging and death.[317]

---

312 ibid, p. 29
313 Howe, *op.cit.*, p. 33
314 Blustein, *op.cit.*, p. 123
315 Michael M. Burgess, "Intimate Care for the Dying: The Need for a New Social Model" in *Humane Medicine*, Vol 9, No. 1 (Jan/1993), p. 43
316 *ibid.*, p. 46
317 Howe, *op.cit.*, p. 13

2 of/de 2

PM-1 3½"x4" PHOTOGRAPHIC MICROCOPY TARGET
NBS 1010a ANSI/ISO #2 EQUIVALENT



What, then, can be done to help nurses?

5.3 Education and Support Groups for Nurses

First of all, it would be helpful to understand how nursing staff *currently* cope with their position of caring for terminally ill patients. Besides detachment, mentioned above, several variables have been reported to be helpful in coping:

> (1) the worker's desire to be helpful, (2) the orientation and understanding of the diagnosis, illness and prognosis, (3) the worker-supervisory relationship, (4) the support system of the worker's primary unit, (5) the overall hospital environment and milieu.[318]

The most common coping strategies utilized by individual caregivers were through "developing a sense of competence, control or pleasure in their work situation and developing some sense of control over their work environment."[319] It is interesting that in our survey, *loss* of control was one of the greatest fears of aging. Having control over one's own situation seems to be the most secure way of dealing with anxiety and stress.

From what we have come to understand thus far, the need for "having control" is likely indicative, at some level, of anxiety around aging and death. If education and support were to be offered that might help nurses deal with their own existential anxieties, what might be offered? And who is in the greatest need?

According to a large survey conducted by Mary Vachon, the age of the nurse has little effect upon their attitude toward death and dying. Our research bears this out, although sometimes older nurses would say that younger ones have more difficulty with aging and death. However, reveals Vachon's survey, older (over age 45) caregivers were more likely to feel stress from their identification with patients than were younger caregivers.[320] One research project did examine who would be more willing to be involved in a support group. It appears that

---

318 Harper, *op.cit.*, p. 19
319 Mary Vachon, *op. cit.*, p. 13
320 *ibid*, p. 12

older caregivers are more disposed to developing a more co-operative or team approach to coping, whereas the younger caregivers are more disposed to individual approaches.[321] It would seem that the older nursing staff would be prime candidates. Given that mid-life is usually when people are beginning to take their aging and death more seriously this is likely a wise choice.

Two options are available: education events and ongoing support groups. We will begin with educational events.

Two studies indicated that continuing education for practicing nurses on the issues around death and dying was of benefit to them. Such education both helped them "complete some of the unresolved issues they may have with their own personal death-related experiences"[322] as well as have lowered death anxiety scores (a drop from 12.87 to 4.77).[323] It is interesting that this second study revealed that death anxiety scores actually rose after such education for those who had not yet experienced supervised clinical experiences with dying patients. It appears education has to be coupled with practical experience before it is of help. Or, as the authors suggested, "providing such an (educational) program after clinical experiences with the dying may allow students to process their feelings and reactions to these experiences and thus decrease their death anxiety."[324]

---

321 *ibid*, p. 14

322 Sandor Brent, et al., "The Contribution of Death-Related Experiences to Health Care Providers' Attitudes toward Dying Patients" in *Omega*, Baywood Pub., Vol 23 (4), 1991, p. 275

323 Johansson and Lally, "Effectiveness of a Death-education Program in Reducing Death Anxiety of Nursing Students" in *Omega*, Baywood Publ., Vol 22(1), 1990, p. 30

324 Johansson and Lally, *op. cit.*, p. 31

This conclusion is also reached by another survey. As a result of examining a number of studies on the effect of educational experiences upon death anxiety Lonetto and Templer concluded that educational events are more helpful if they allow for a personal "working through" of death related feelings coupled with sufficient time to allow for integration (four weeks or more).[325] Such educational events are more likely to succeed if they are intense, personal (allowing for a great deal of participation), focussed on death-related fears, and include empathy and support in the process.[326] Educational events that are mostly didactic tend to actually *increase* the participants' death anxiety. The authors suggest this is because the exposure to the subject lowers the person's ability to deny their own mortality, coupled with the lack of an opportunity to "work through" the resulting feelings.[327]

The authors further pointed to another study that indicated anxiety about death *declined* after a person seriously examined the possibility of their own death. Yet, without this opportunity for self-reflection, a nurse's fear of his/her own death was not affected by the frequency of treating dying patients.[328] (Professional) association with the dying is not enough alone to help nursing staff work on their existential anxiety, at least not at any different rate than do people in non-related fields.

Our research indicates that nursing staff have thought about what it would be like to live in an institution and to die. But they seem to have a number of ways of denying or minimalizing the anxiety-arousing aspects of these thoughts. This is unfortunate. However, many of them did seem to be preparing themselves for older age as well as they could, such as through financial planning and caring for their own bodies now. It is true, those who plan in these ways are more likely

---

325 Lonetto and Templer, *op. cit*, pp. 80-86
326 *ibid*, pp. 90, 104-105
327 *ibid*, p. 105
328 Baum and Baum, p. 187. This is the conclusion of other research, cf. Vickio and Cavanaugh, *op. cit.*, p. 349

to age better than do those who don't.[329]

The more we understand the truth of aging the freer we are to age in our own way. Education and preparation can be very helpful, with one proviso: education around issues of death and dying *may* be a way of denying both unless the participants commit themselves to deeper reflection and discover their *own* personal meaning in light of such reflection.[330]

Keeping this in mind the following educational ideas may be helpful in the task of living well today *and* in one's future: discovering new avenues for self empowerment and identity, believing in one's future, believing in one's own power of self-transcendence (power to surpass and excel oneself), loving and being loved, seeking to change institutions, practising self-discipline to live in the present, cultivating creativity, and becoming aware of, and in touch with, one's own body. This last item includes learning to love one's body, expressing oneself freely through body language, and caring for it properly (such as through regular exercise).[331] Other relevant areas of attention should include, self-discovery and self-esteem, healthy ways of giving oneself to others, searching for purpose and meaning in life, cultivating passions and interests, and learning how to accept change and others.[332]

As indicated above, the educational events were more effective if support was a component. One method that has been offered to nursing staff is called the "Balint-group", named after M. Balint of Germany. Weekly or bi-weekly a small group (6-10) of nurses meet with a psychotherapist for 90 minute

---

329 A study done by the Anglican Church in Canada came to the following conclusion using Canadian statistics: "It is healthier to be rich in old age - mortality and morbidity rates are lower and life expectancy is higher. Also, more affluent older people go into institutions less often and do not stay there as long. Income is an extremely important factor in maintaining health and well-being in the later years. Edited by Anne Hunt, chairperson of the Unit on Aging for the Diocese of New Westminster, called *Aging*, Vancouver, B.C., 1989, p. 9

330 Hatfield and McHutchion, *op. cit.*, pp. 30-31

331 People who have lost a sense of meaning and purpose usually turn in on themselves - and their bodies, writes Hulme, *op. cit.*, p. 56

332 Howe, *op. cit.*, pp. 61-139

seminars. On each occasion a participant reports an encounter with a patient which was personally difficult for him or her. The group then reflects on the report with the goal of understanding the behaviour of the patient and the nature of the relationship between the caregiver and patient. Included in this process is an opportunity for the nurse to understand his/her relationship to him/herself.[333]

Of importance in this discussion are possible differences between male and female nursing staff:

> Women tend to be more affective and appear to seek and find a fuller and richer meaning in their faith experiences than do men; men tend to be more objective and reserved in their faith expression. Women appear to be more socialized and often dependent in their faith development; men tend to be more internalized and independent in theirs. Women are more likely to *talk* about their faith experiences, while men tend to keep them more to themselves.[334]

What are signs that nursing staff, indeed anyone, are living life well and developing themselves spiritually? Such people are likely to have hope and humour, and live life with passion. Acting out of hope and expectation keeps the creative juices flowing and energies renewing themselves.[335]

---

333 Mayer-Scheu, *op. cit.*, p. 122

334 "Faith Development in the Adult Life Cycle" by Kenneth Stokes, in *The Journal of Religious Gerontology*, v. 7 90/91., p. 176 (italics mine)

335 Howe, *op. cit.*, p. 44

In passing it is worth while to note that the speed of aging itself is often related to a number of things in the present, such as finding something satisfying and fulfilling to do,[336] having hope, being curious, discovering wonder, having humour, and facing death realistically.[337]

> I would like to be instructed by death. This is all I can hope for, because being alive means constantly resisting death. But I want to resist it without denying its reality or missing what it has to teach me.[338]

Despite the traditional medical model nurses and others can not only treat their patients/residents with spiritual insight, but can receive from them in ways that may help these caregivers to live life more meaningfully.

---

336 Osborne, *op. cit.*, p. 85
337 *ibid*, pp. 82-89
338 Herhold, *op. cit.*, p. 89

Chapter Six Signs of Acceptance

Once caregivers have begun the troubled but rewarding path toward acceptance of finitude, awareness of interdependence, and a heightened spirituality there are signs that emerge.

6.1 Hope, Humour, Play, Worship, Work

In non-religious scientific / psychological circles the word "hope" was rarely examined before the 1980's.[339] In investigating what happens to elderly people who are moved from one home to another some authors noticed that hope was sometimes lost. However, they found that

> Hopelessness is not a universal reaction to age-associated traumas and losses. Most elderly people who have suffered through painful life circumstances do not exhibit hopelessness. Indeed, many whose bodies are withered and who have lost numerous significant others through death are able to cope with their present reality and simultaneously relate to their personal past. More important, they can also project themselves into the future, anticipating with great pleasure events such as a weekly card game, an outing a month hence, and the graduation from college of a favorite grandson.[340]

Hope functions to motivate persistent activity and thereby sustain life in situations of extreme stress.[341] "Giving up" (despair) is a bigger determinant of surviving a difficult situation than is any other single factor.[342] Adaptation[343] is a consequence of hope. Hope believes that effort, will, and other causes will change a situation to the better in the

---

339 Lieberman, Morton Al, and Tobin, Sheldon S., *The Experience of Old Age: Stress, Coping, and Survival*, Basic Books Inc. Pub., N.Y.; 1983: p. 312

340 *ibid*, p. 313

341 In addition, scripture passages such as Rom 5:1-5 indicate that hope in God grows during periods of hardship. This is also seen in studies of those who have chronic conditions cf. Young, Cathy, *op. cit.*, p. 300

342 Victor Frankl, who survived as a prisoner of war, wrote, "Sadness, sorrow, and depression turn into despair when we lose hope." (as quoted by Hulme, *op. cit.*, p. 20)

343 One interviewee in particular appeared to have both hope and an ability to adapt.

future. Yet hope transcends expectation. Hope is possible because of one's life outlook whose object is the achievement of meaning, meaning that is realized in situations involving tragedy, suffering, and the threat of death.[344]

While hope is essential to physical and psycho-social well-being, hope is not possible without spiritual well-being. Only the first part of this formula is recognized in the health-care field.[345] Hope is especially helpful during times of stress, suffering, and captivity. It is a future-oriented goal that can be as common as desire for a sunny day, or as profound as a hope in an eternal God.[346]

According to Eric Erikson, hope is gained once a person finds an appropriate balance between trust vs. mistrust (stage one of his developmental model).[347]

According to a study of nursing students conducted by V. Carson, et. al., increased hope was usually found in the same people who had greater senses of religious, and especially existential, well-being.[348] This is not accidental. Hope as expressed in and through religious faith can endow human life with meaning beyond oneself.[349]

Relating to "hope" is the delightful dimension of human personality called "humour." One paper claims to demonstrate how authentic humour represents an expression of spiritual maturity. It says that "authentic humour can articulate the trust, hope and the faith of elders who maintain a sense of meaning and wholeness despite the changes, losses and suffering which often accompany the aging process. Persons who possess the resource of authentic humour experience the paradoxicalness

---

344 Lieberman, *op. cit.*, pp. 314-317
345 Carson, Soeken, and Grimm, *op. cit.*, p. 159
346 *ibid*, p. 160
347 *Childhood and Society*, p. 26
348 Carson, et. al., "Hope...", p. 164
349 *ibid*, p. 161

of aging without yielding to despair."[350] Authentic laughter is itself paradoxical, requiring one to step back and look at one's situation from a distance, while simultaneously demanding an intimacy with the situation, the self, and others.[351]

"To perceive incongruity and laugh rather than despair points to a trust in a higher order of meaning which unifies the divided."[352] A person who can laugh at their situation is a person who has an attitude of hopefulness.

Maxwell Jones in *Growing Old - The Ultimate Freedom* writes about humour in the context of spirituality. He calls the kind of humour that leads to a richer spirituality, "holistic humour." This humour helps people to move through necessary changes, relieving tensions and promoting physical health and creativity.[353] Indeed, laughter can be both a coping strategy and a kind of medicine (that aids in healing).[354]

Like hope, humour "permits aging persons to encounter physical, social and psychological traumas with an unexpected response: laughter."[355] Remember Abraham and Sarah who are told, in their 90's, that they are about to become parents. Sarah's response to this utterly ridiculous suggestion was laughter. And she still found laughter to be the most appropriate response the day the child was named "Isaac" (laughter).[356] But even in their situation laughter was not their only response. It also included (rightly so!) fear. If laughter is the only response to difficulty then it is not liberating. It must first seriously acknowledge suffering to be authentic.

---

350 McFadden, Susan H., *op. cit.*, p. 131 and Martin Loeb and Vivian Wood, "Epilogue: A Nascent Idea for an Eriksonian Model of Humor" in *Humor and .i.Aging* edited by Lucille Nahemow et. al., Academic Press, Orlando; 1986, p. 283

351 McFadden, *op. cit.*, , p. 137

352 *ibid*, p. 1138

353 Jones, *op. cit.*, p. 100

354 Loeb and Wood, *op. cit.*, p. 283

355 McFadden, *op. cit.*, p. 136

356 see Genesis 18:9-12; 21:1-7

Of all the ethnic groups that live in Canada, is it not the Irish who have epitomized a keen sense of humour -one that is evident in their quick wit, patterns of speech, and in their faces, despite their many years of suffering?

So, too, play and humour are excellent ways of appreciating the finiteness of human striving; the irony, tragedy, and paradox in the human situation can invoke laughter and prevent us from taking our work too seriously. Humour is a good and healthy way of reflecting on the ludicrous situations we mortals find ourselves in.[357] At its best, work can be done in a playful way.[358] "Work is an earthly participation in divine energies... What counts is why and how we embrace our work."[359] This can be a healthy counter-balance to a North American model. Gordon Dahl wrote somewhere,

> Most middle-class Americans
> tend to worship their work,
> to work at their play,
> and to play at their worship.

Humour and play can be a part not only of work, but of faith. Some presentations of the Christ-figure are of a clown who both evokes humour and sympathy with human suffering. This is related to the Pauline idea of the foolishness of God. Play, freeing the person from the need to perform, leads to imagination. But such play and imagination include an appreciation of the tragic dimensions of life.[360]

As we saw earlier, life is limited without confronting one's own finitude. Life is likewise limited without exercising one's own free-will. Avoiding such use of the free-will allows one to avoiding life and its challenges, leading one to apathy and spiritual atrophy and thus frustration, resentment, confusion, and futility. Free-will is something that makes us uniquely human, able to creatively find our way through life.[361]

---

357 Stoll, *op. cit.*, p. 12
358 Bianchi, *op. cit.*, p. 74
359 *ibid*, pp. 62-63
360 *ibid*, p. 74
361 E. Arnold, *op. cit.*, pp. 347-8

In this connection it would be helpful to mention Frankl's logotherapy. He tackles one way people avoid or deny their own free-will as a way of avoiding the pain of finding meaning in life. He doesn't attempt to answer the question, "What is the meaning to life?" but instead asks, "What is life asking of you? What is the task life gives to you?" Frankl claims that religion goes one step further in asking, "What is the mission which the source of life (traditionally known as God) gives to you?"[362] This question has to be answered by every individual. It is the person's responsibility to do so -nobody else can answer it. Such responsibility to act brings with it freedom.[363]

So it is that we recognize the paradox of life: Accepting loss and death is not apathy, but instead takes us through suffering (which keeps us out of psychic *rigor mortis*). Suffering gives us opportunity to mature, to make us richer and stronger.[364] Thus suffering through the realization that "I shall die" leads us to a full life of wholeness and spirituality - in doing and in being. While denial helps us cope with life, acceptance helps us acknowledge death. Both are good; one cannot exist without the other. Perhaps like no other quality of human expression, humour can hold both simultaneously.

> The will to live is an affirmation of life which means, among other things, taking care of my body and mind. It does not mean denying the obvious fact that I am going to die; that would not be the will to life, but the will to live an illusion.
>
> Peace with death and the will to live are really brothers. When I acknowledge without fear or complaint that I am going to die, then I am free to live.[365]

6.2 Community and Intimacy

Society is less able to deny death today. Why? There are

---

362 Frankl, *op. cit.*, p. xv
363 *ibid*, p. xviii
364 *ibid*, p. 109
365 Herhold, *op. cit.*, p. 84

a number of reasons. We have bumped up against the limits of "progress." Our population is aging. Our modern myths of individualism and salvation through consumerism are in trouble. The nuclear bomb, the breakup of nations, the loss of a personal sense of power and destiny, and the deterioration of the earth's ability to support us has made us wake up and find a replacement for the worn-out symbols of religion and culture in helping us find meaning in the face of death.[366]

What is replacing these symbols? In the process of becoming re-connected to the earth we have rediscovered that human spirit has both an individual and a corporate dimension.[367] "(T)he meaning of the human person as a personality points beyond its own limits, toward community; in being directed toward community the meaning of the individual transcends itself."[368] True individuality finds meaning in the task of the community; but so also the true community (of responsible individuals) finds meaning through its individuals.

As we face and accept our finiteness as individuals we come to realize more of how much we really are a part of something greater. Being supported by an identity, we can let go of our need to control and use power to become more truly connected with others and with the Ultimate Concern.

> As we accept our finitude in mid-life, we are willing to lower our masks and allow more of our true selves to appear to the other... When we embrace our fundamental precariousness as humans, we become more willing to expose our vulnerabilities to the other.[369]

As another author puts it, "In facing the experience of nonbeing, we become connected to the wider community, indeed, the cosmos."[370]

Being vulnerable (or "authentic") and connected to others

---

366 Johnston, Jr., *op. cit.*, pp. 6-7

367 William Clements, "Aging and the Dimensions of Spiritual Development" in *The Journal of Religion and Aging*, Vol. 2, No's 1/2 (85-86), p. 127

368 Frankl, *op. cit.*, p. 70

369 Bianchi, *Aging as a Spiritual Journey*, p. 76

370 Johnston, Jr., *op. cit.*, pp. 53-54

leads to being supportive of them as well. This is why "middle-aged persons are in a unique position to contribute to and benefit from support communities."[371]

Persons who are willing to face up to their mortality are less likely to use power to deny and avoid, and more to bring about healing, understanding, forgiveness and connection with others and selves through love.[372] As Bianchi, himself middle-aged, writes,

> ...such exercising of nonviolent power allows us to love ourselves. Perhaps this is one of the great exchanges to which persons in mid-life especially are invited: to substitute, for the power that promises to preserve the ego against adversity and death,[373] a new power that, by releasing us from the all-consuming lust for survival and enhancement of the self, allows us joyful love of our deepest self and others.[374]

Holistic living is motivated not by fear, but by love of self, others, life, the divine, the earth, etc. In order to move into holistic living one must face the reality of one's own mortality. Life, including human life, is temporary. The journey through life is transient.[375]

We are coming full circle. The two most important dimensions of aging and death, both of which can be addressed through spirituality, are meaning and relationship.

> The way a person dies depends not least on whether and how far he or she has been able to set goals and to reach them, to set tasks and perform them. It depends on how far the dying person feels that life has been fulfilled and meaningful - or unfulfilled and meaningless. (Dying becomes) especially hard for people who, however fulfilled their life may have been, feel that the manner of their dying is itself meaningless.[376]

---

371 Bianchi, *Aging as a Spiritual Journey*, p. 85

372 *ibid*, pp. 64-66 and Johnston, Jr., pp. 53-54

373 as opposed to youth who have a natural narcissism combined with the basic need for self-esteem. Such feel themselves to be objects of primary value, first in the universe. cf. Becker, *op. cit.*, p. 3

374 Bianchi, *Aging as a Spiritual Journey*, p. 67

375 Miriam Jacik, "Spiritual Care of the Dying Adult," *op. cit.*, p. 263

376 Elias, *op. cit.*, p. 62

This is particularly true for those who no longer have value to anyone else, who are left (emotionally and/or physically) alone and are excluded from the community of the living.[377]

One interviewee had obviously been learning from her residents.

> Quality of relationships is what I try to do. As I age I will feel comfortable because I've taken care of the spiritual aspect...

Later on she offered,

> Death is another stage in life. Another stage in the improvement in life. Life is development.

Such caregivers are able to offer the deepest aspect of loving, "a coming to relationship with another as a spiritual being. (Love) is an entering into direct relationship with the personality of the beloved."[378] What about caregivers in the hospital setting? How might they balance "professionalism" with holistic care? Without the transformation of the hospital system such is difficult. Despite this, caregivers can make room for creativity, holistic care, humour, and compassion as their spirituality blossoms. They may just change the way hospitals function in the process! Living one's full spirituality in a hospital can make a difference to that system.

This system is not insignificant. The relationships that develop between the staff and between them and the patients / residents can be quite intimate and multi-layered. Hospitals, after all, are not just institutions. They are places in which people live, work, visit, are born, and die. One would be hard pressed to think of any other place in the western world where life is lived more intensely and fully. The opportunities for growth and discovery co-existing with loss and despair are diverse and abundant. In addition there are all the relationships that staff and residents have with people outside of this setting. The potential systems diagram of all the

---

377 *ibid*, pp. 65-66
378 Frankl, *op. cit.*, p. 135

relationships, current and past, simply overwhelms one's imagination. A holistic approach would appreciate the complexity and richness to this "system," while including within it the life-giving Spirit of Animation, the Ground of Being.

Having such a systems perspective would be very helpful to those who might otherwise feel that they are alone in their struggle to develop a fuller life. The system could become more than just an employer, a job, an occupation, a hindrance to a social life.[379] It can also be a place of discovery, growth, meaning, and connection with self, others, and the Ultimate.

As we age we are increasingly forced to recognize our dependency upon others. Perhaps one of the best ways to prepare for this time is to recognize our mutual dependencies now. Ultimately we cannot completely control everything around us, regardless of how hard we may try. Indeed, the attempt to do so is proving ruinous to the natural environment, if not to all others. Once we come to realize our interdependency on the natural environment and each other we can allow for God's grace to operate in our lives. Not just when we age, but right now.

As we age we come to see the frailties of life. This can open our eyes to the frailty of the natural environment as well. We can come to see how important it is to treat ourselves well (proper rest, good nourishment, pacing ourselves, etc.). The same concern for the earth's ecosystem can parallel this concern for one's own, and other's, well-being. In addition, coming to terms with our own deaths will help us confront our attitudes that are responsible for the premature death of the planet.

One holistic approach is that of Transpersonal Psychology. It aims to help break down the humanly-created barriers between things, people, and God. The boundary between subject and object means the death of the separate and isolated self, something that terrifies the individual. Resistance to letting go of one's separateness "is the primary obstacle to

---

379 keeping in mind that most employees of hospitals are shift-workers who function on irregular schedules.

transcendence" and to the sacred.[380] This means we need to stop reducing death to the personal level and allow the cosmic law to be bigger than our own ego. To do so we may have to experience suffering, whether it be through a life-threatening experience, or through the death of a loved one. It is a heightened sense of consciousness.[381]

> We as a culture desperately need to be able to face the reality of death and to come to terms with its meaning. Yet it should be clear that we cannot rethink our relationship to death without rethinking our relationship to the cosmos. It is precisely this relationship that the earth's sacred traditions have always addressed, and not merely in their methods but also in their metaphysics and their cosmologies.[382]

6.3 Some Practical Considerations

In addition to the need for education and support for nursing staff, it is likely that counselling is needed in order to help them move through changes, understand the systemic, holistic approach just mentioned, and integrate this into their ministry and life.

A variety of counselling approaches can be used. Obviously a systems approach would be helpful. The specific method of intervention would need to be flexible according to the specific needs and the gifts of the counselor. But the movement through acceptance of one's mortality often requires active intervention. Paul Tillich offers the following suggestion:

Counselling involves three aspects: Judgment, acceptance, and transformation. Judgement means owning and facing the human condition of estrangement and finitude. Acceptance means accepting both the counselee and oneself as counsellor in the name of the One who accepts us *both*. Transformation involves participating in the power of love, the New Reality.

---

380 Johnston, Jr., *op. cit.*, p. 41
381 *ibid*, p. 49
382 *ibid*, p. 50

Realizing the finitude of oneself brings anxiety. I will one day be no more. I can deny it, but not avoid it. Through judgement I face my finitude rather than use consolations such as "life after death." "Acceptance means the courage to face our real situation."[383] Such is possible, truly possible, only through the power of the eternal one who transcends finitude.[384]

Another writer of note is Larry Graham.[385] His therapeutic approach is to care for the person while moving from opening their ears to the transformation that results from shalom, being released, joining in covenant, and being restored/liberated. His approach is holistic and systems-oriented, while never neglecting to respect the individual.

Whatever the method, part of the movement towards holistic thinking involves the breaking down of the dualism between finiteness and immortality. This requires "judgement" as Tillich calls it. Becoming fully aware of our finitude makes us more aware of ourselves as spiritual and transpersonal beings. This involves bringing the ego down to the support and grounding of the earth, and the body reaching up to the light and space of heaven. The resulting unity is liberating.[386]

Another dualism that needs to be examined is the radical separation of the individual from the community. The degree of individualization in society affects how a person sees him/herself and the human condition in general. Today such individualization isolates a person from others, affects how they come to discover meaning in their lives, and the meaning attributed to their aging. The walls of self-control prevent expressions of spontaneous impulses and consequently cut people off from one another. This tends to exacerbate feelings of loneliness and isolation in the dying person.[387] The dying person dies alone.

---

383 Tillich, *op. cit.*, p. 120
384 *ibid*, p. 120
385 *Care of Persons, Care of Worlds*, Abingdon Press, Nashville; 1992
386 Johnston, Jr., *op. cit.*, p. 34
387 Elias, *op. cit.*, pp. 52-57

Nurses who live their lives holistically can not only offer better care to their patients/residents, they can benefit from their associations with those who are aging and dying. Rather than denying aging (a part of life itself) they can grow spiritually and live more fulfilling lives. The poem called "A crabbit old woman wrote this" (Appendix IV) is an example of the gift the aged can offer to caregivers.

Such a holistic nurse, being spiritually well her/himself, is ready "to confront the boundaries of life and death, to grapple with hope and despair, to puzzle over decisions of good, evil, and mixtures of both... to [walk] to the edges of mystery at the heart of existence."[388] Such people have ego integrity; they possess a sense of 'coherence and wholeness' that provide them with assistance when confronted with loss or suffering. They are able to acknowledge the paradoxes of aging. Spiritual maturity "represents a profound sense of trust and hope that meaning and order endure despite threats of meaningless and disorder... Such trust and hope are centered in the transcendent realm, the realm of mystery, but also, finally, of certainty."[389] It is this kind of care-provider that can and does offer patients, residents, and the world! A breath of fresh air and a taste of grace. Thus the individual, the community, and the Ultimate Other are all brought together in a meaningful, connecting relationship. Duality is lost.

Let us take these suggestions and globalize them for a moment. In terms of human development on the planet, we have mastered our control over all. We have a firm identity as knowers and conquerors of the universe. Now that we have proved ourselves it is time for us to pass into our middle age, to realize our limitedness. The fact is, we are going to die. Not only do we die as individuals, but we as an animal species are killing our means of survival and so are killing ourselves. The recognition of our mortality will, ironically, save us. By

---

388 Bianchi, *Aging*, p. 177
389 McFadden, *ibid*, pp. 135t.

ending our deception, our denial of our condition, we will be able to change how we live on this planet. By doing so we will be able to live with more meaning, not just activity. It is time for a mid-life crisis, before we die a meaningless death.[390]

---

390 Theodore Roszak's book *The Voice of the Earth; An Exploration of Ecopyschology* (Simon & Shuster; 1992) offers some insights into psychology from this perspective.

Chapter Seven Conclusion

Even many of those who work with the aged and dying as professionals appear to use a fair amount of denial regarding their own aging and death. Unlike what we expected to see, such caregivers do not tend to accept their own aging and death any more than the general population.[391] While being familiar with aging and death they may, like many people, find their *own* aging and deaths to be a frightening specter. What makes aging a frightening specter includes not only its association with death, but with losses related to aging, such as mobility, independence, self-control, financial insecurity, loneliness and separation. It is quite possible that the present model of health-care, based on a "professional" hierarchical model of caring, with a focus on perpetuating life and controlling pain, helps these caregivers to distance themselves from the experience of aging.

Although denial is helpful in forming identity and coping with stressful situations, it can also prevent people in general, and caregivers in particular, from developing richer, more meaningful lives and relationships. Such people are likely to suffer from a limited spirituality and thus be less able to be truly present with those for whom they give care. Their ability to engage in relationships with self[392], others, and the "ultimate environment", relationships that can be characterized by healthy self-love, the expression of love and worth of others, and the ability to trust (leading one to hope) may also accordingly be limited. The caregivers' sense of meaning and purpose in life may then have to be found in limited sources, such as through consumerism, the work-place, keeping busy, religion, or other culturally sanctioned avenues of denial. In these cases denial can be unhelpful to and unhealthy for one's spirituality.

---

[391] More research would be warranted here.
[392] Including both the ability to give and receive, and having self-worth.

Such denial of aging and death normally decreases as one ages, particularly once into mid-life. In the hospital setting acceptance of aging and death is best encouraged by providing the kind of environment that allows for a "working through" of the experiences in associating with the elderly and dying. When caregivers do experience personal difficulty or distress (after all, such work is stressful) they are greatly assisted by the opportunity to make meaning of their pain with a supervisor, peers, a chaplain, a support group, etc. In addition, educational opportunities that include an experiential component will help to integrate experiences into their personal lives.

The consequence of facing one's denial of this kind will be a discovery of a spirituality that creates a bigger sense of purpose, destiny and hope, of wholeness, of relationship with self, others, the world, and a unity with That which is much greater. The resulting freedom may allow room for the development of such things as creativity, play, wonder, and humour, to name a few. Persons thus affected are willing to be authentic, supportive and see themselves as part of the larger community. It is to these that the term "caregiver" can be fully given, for they are able to care not only for others, but for themselves as well.

As we have seen, this is possible only once one "denies" the artificial divisions between life and death. Truly it is a paradox: We cannot live unless we deny death, yet we cannot live unless we accept death. Denial is both healthy and unhealthy. (Research should be conducted to determine ways to help people, including care-givers, to use denial in healthy ways.) Ultimately, life and death are not separable; denial has a crucial role to play both positively and negatively in life and death.

So it is that holistic health-care, utilizing a system's approach and the spiritual dimension of life, would be of benefit to the patients/residents and to the caregivers[393].

---

[393] Research could better help determine the relationship between denial (normally a psychological term) and spirituality and/or faith. Too little

Such would encourage a health-orientation more than a disease-orientation, meaning that persons would be treated as whole persons, not as objects (patient or nurse). A healthy environment of learning could occur so that (to name one) caregivers would be able to gain from those for whom they care. Spirituality would be honoured and encouraged. Life would be made more meaningful and purposeful.

By living holistically health-care workers could accept their own aging and death, leading to a changed attitude toward others and the earth, one that puts a perspective on not only working in a hospital, but on being in the world. In so being they, and we all, can encourage and affirm life in all of its forms.

---

has been done to understand the dynamics between these two fields.

Appendix I: Religion and well-being/anxiety

The results of two literature reviews of various studies are here summarized.

One study attempted to examine the relationship between religious activity, sex, health, income, and age with regard to the sense of subjective well-being of 400 older (U.S.) people, 60 years of age and up. This quantitative study pointed to three factors leading to increased life satisfaction: subjective health status, satisfaction with income, and church attendance.[394] Church attendance meant attending worship services, not other religious activities (which, interestingly, did not directly affect life satisfaction, according to the results). How "church attendance" affects seniors' self-perception of life satisfaction remains unclear. Although church attendance is not the same as spirituality (nor is health and level of income), it is safe to say that all three are very likely to have a direct impact on one's spirituality.

According to a literature study done by Gartner, Larson, and Allen[395], 22 out of 27 studies like the one above found the frequency of religious attendance to be significantly associated with physical health in a positive direction (four studies reported insignificant associations).[396] Other similar (helpful) associations were found with longevity, drug and alcohol abuse, marital satisfaction, and general well-being (of young and old alike). Although more difficult to determine, religious attendance seems also to help people in their mental health (including schizophrenics).

Interestingly, in their literature search, very mixed results were found when comparing religious attendance and

---

394 David C. Morris, "Church Attendance, Religious Activities, and the Life Satisfaction of Older Adults in Middletown, U.S.A." in *The Journal of Religious Gerontology*, Haworth Pastoral Press, Vol 8, No. 1, 1991, pp. 83-95

395 in "Religious Commitment and Mental health: A Review of the Empirical Literature", *The Journal of Psychology and Theology*, William F. Hunter, ed., Vol 19, No. 1; 1991

396 Morris, *op. cit.*, p. 7

anxiety, including the fear of death. Six studies found less death anxiety, three found more, and five found no relationship. One study found that the moderately religious were the most anxious, while those who were very religious, or not religious at all were the least anxious. Yet another study found that the very religious were more anxious about some aspects of death than they were about others.[397]

This literature study concluded that a generally positive correlation was found between religiosity and health provided that "hard" data be used, i.e., actual behaviour observation (such as religious attendance), as opposed to "soft" data such as questionnaires. They ended this article by saying, "If we wish to see advances in the psychology of religion, we must give up our love affair with paper-and-pencil instruments and get back to reality."[398]

---

397 so also with prejudice, Morris, *op. cit.*, p. 13
398 *ibid*, p. 16

Appendix II

The Spiritual Well-Being Scale[399]

This test has two individual sub-parts: a vertical dimension called "religious well-being" (relationship with God) and a horizontal dimension called "existential well-being" (sense of life-purpose and life satisfaction).[400] Despite some limitations in this test,[401] it does indicate a positive relationship of spiritual well-being to physical health, adjustment to crises, hope, self-esteem, and a greater sense of motivation by an inner guiding force. Higher spiritual well-being appears to decrease anxiety depression, aggressiveness and conflict avoidance, but increase self-assertiveness, self-confidence, giving of praise, and asking of help.[402] Most interestingly, according to this spiritual well-being scale, a person's score increases by the frequency of church attendance, plus family and personal devotions.[403] One problem with this test is that it specifically includes questions about "God." Is it for this reason that Unitarians scored relatively low when compared to other religious groups such as Pentecostals? This raises the question for me as to whether such a spirituality test is valid for people of all backgrounds and views. What prevents a person from being very "spiritual" without believing in "God" *per se*?

---

399 developed by C.W. Ellison and R.F. Paloutzian

400 Ledbetter, Smith, Vosler-Hunter, Fischer, "An Evaluation of the Research adn Linical Usefulness of the Spiritual Well-Being Scale" in *The Journal of Psychology and Theology*, Vol 19, No. 1; 1991, p. 49

401 Its clinical helpfulness appears to be stastictically lessened in its high-scale scoring range. That is, those who scored high on the test tend to be bunched together in a way that makes comparisons between similar groups of people difficult. Ledbetter, et. al, *op. cit.*, pp. 49-55 and Bufford, Paloutzian, and Ellison in "Norms for the Spiritual Well-Being Scale", *The Journal of Psychology and Theology*, Vol 19, No. 1, pp. 56-70; 1991

402 Ellison and Smith, *op. cit.*, p. 41

403 *ibid.*, p. 42

Appendix III

Dimensions of Spirituality[404].

1) Person's awareness of the Holy. What is sacred to this person? Revered? What does this person prize outside of him/herself? A feeling of awe or bliss or mystery? The holy is what the person strives for -which can be idolatrous. (p. 61-64)

2) Providence: what is the divine purpose or intention towards me?

Although Pruyser refers to the divine in Judeo-Christian terms, for those outside of this frame of reference "divine" here may be, for some people, little more than a higher purpose to life. So it may be addressed by asking the question, "What have I left undone?" Or "divine" may be that which is ultimately helpful to life and thus could include one's life-style, medical help, or the nature of important relationships with others. Some may believe they can do nothing to affect the divine will towards them, meaning that divine is equated with "fate."

Pruyser does refer to those who may be incapable of trust, rendering the whole notion of providence infertile. Or they may completely depend on themselves for all acts of providence. This narrow definition will often crumble when the individual is faced with their mortality.

What Pruyser refers to as one's expectations of the promises of the divine does depend upon their orientation to faith. To use Fowler's perspective, as they move from one stage of faith to another, one's expectations of the divine change. At one stage the person may feel that the divine owes him/her specific benefits; at another he/she expects only the presence of the divine.

3) Faith: not just the content, but the degree to which it engages or commits a person to something. Does the person's faith "open up the world for him, or does it draw narrow boundaries, making a little niche for an area of safety? Does it enlarge the person himself, activating all his talents and

---

404 according to Paul W. Pruyser in *The Minister as Diagnostician*, Westminister Press, Philadelphia; 1976

stimulating his curiosity, widening the scope of his engagement, or does it put him into a straightjacket, stifling him and constricting his abilities?" (p. 68f.)

Fowler would speak about faith as being henotheistic or a "radical monotheism." One's ultimate environment may be little else than ego extensions, or it could be something completely beyond him/herself.

4. Grace or Gratefulness. To what degree is the person able to receive grace from others in the form of forgiveness or a blessing? To what degree is the person truly grateful for life (or are they thankful only because they "aught to")? (p. 69-71)

5. Repentance/repenting. The willingness, as a result of feeling displeasure or anguish at one's condition, to change in the direction of greater well-being. Such willingness is conditional on the person recognizing some degree of responsibility for him/herself. This can become overdone to the point that the person loses sight of grace. Perhaps they strive for the satisfaction of "being the greatest of all sinners." (p. 72-73) This part of their spirituality will accordingly be limited.

6. Communion. A sense of belonging or feelings of kinship that can extend beyond a religious group to include any group -even life itself. "It has to do with embeddedness, reaching out, caring, and feeling cared for." (p. 73)

A sign of communion is whether the person sees him/herself as being a part of something greater while recognizing his/her own limitedness. Does the person fundamentally feel "embedded or estranged, open to the world or encapsulated, in touch or isolated, united or separated." (p. 74)

7. Sense of vocation. "A person's willingness to be a cheerful participant in the scheme of creation and providence, so that a sense of purpose is attached to his doings which validates his existence under his Creator." This is what Fowler calls "faith." Vocation is more than "the pedestrian details of everyday life," says Pruyser. But less than "high-level theological propositions." (p. 76-77)

It aims to determine what a person is doing with his or her life, why they do that, and what satisfactions and frustrations they find in their life occupations. "Zest, vigor, liveliness, and dedication are indicative of a person's sense of vocation. These are helpful signs when the person has the sense his or her vocation is part of a greater good. This measure can be a key to determine how a person is experiencing life, deploying one's energies, and coping with life's stresses. (p. 78)

A sense of one's vocation may lie somewhere between one extreme and another. Between stinginess and richness. The former person may approach life with gravity, living by some kind of dogmatism and dedication to the letter rather than the spirit of anything. They may live with "stuffiness" and "heaviness." The latter person may approach life with "humour," with "Spirit" and "spontaneity". Such a person has "the willingness to stick out one's neck in curiosity and with imagination, to engage playfully in the diversity of one's vast surroundings..." (p. 79)

Vocation is answered by such questions as, "What do you really want to do with your life?" Vocation will make congruent one's life-style and value system. (p. 79)

Appendix IV Poem: A crabbit old; woman wrote this

A crabbit old woman wrote this

What do you see, nurses, what do you see?
  Are you thinking, when you look at me -
A crabbit old woman, not very wise,
  Uncertain of habit, with far-away eyes,
Who dribbles her food and makes no reply
  When you say in a loud voice - "I do wish you'd try."
Who seems not to notice the things that you do
  And forever is losing a stocking or shoe.
Who unresisting or not, lets you do as you will
  With bathing and feeding, the long day to fill.
Is that what you're thinking, is that what you see?
  Then open your eyes, nurse, you're not looking at me.
I'll tell you who I am as I sit here so still;
  As I rise at your bidding, as I eat at your will.

I'm a small child of ten with a father and mother,
  Brothers and sisters, who love one another,
A young girl of sixteen with wings on her feet,
  Dreaming that soon now a lover she'll meet;
A bride soon at twenty - my heart gives a leap,
  Remembering the vows that I promised to keep;
At twenty-five now I have young of my own
  Who need me to build a secure happy home;
A woman of thirty, my young now grow fast,
  Bound to each other with ties that should last;
At forty, my young sons have grown and are gone,
  But my man's beside me to see I don't mourn;
At fifty once more babies play round my knee,
  Again we know children my loved one and me.

Dark days are upon me, my husband is dead,
  I look at the future, I shudder with dread,
For my young are all rearing young of their own,
  And I think of the years and the love that I've known.
I'm an old woman now and nature is cruel -
  'Tis her just to make old age look like a fool.
The body is crumbled, grace and vigor depart,
  There is now a stone where I once had a heart,
But inside this old carcass a young girl still dwells,
  And now and again my battered heart swells.

I remember the joys, I remember the pain
  And I'm loving and living life over again,
I think of the years all too few - gone too fast,
  And accept the stark fact that nothing can last -
So open your eyes, nurses, open and see
  Not a crabbit old woman, look closer - see ME.

.....Anonymous

Bibliography

Arnold, Elizabeth, "Burnout as a Spiritual Issue: Rediscovering Meaning in Nursing Practice", in *Spiritual Dimensions of Nursing Practice*, Verna Carson ed.

Baum, Martha and Rainer C., *Growing Old*, Prentice-Hall Inc., Englewood Cliffs, New Jersey; 1980

Becker, Ernest, *The Denial of Death*, The Free Press, N.Y.; 1973

Bellah, Robert N., "To Kill and Survive or To Die and Become", *Adulthood*, edited by Erik Erikson, Norton, N.Y.; 1978

Benner, David G., "Understanding, Measuring, and Facilitating Spiritual Well-Being: Introduction to a Special Issue" in *The Journal of Psychology and Theology*, Vol 19, No. 1; 1991

Benton, Josephine, *A Door Ajar*, Pilgrim Press, N.Y.; 1979

Berry, Thomas, *The Dream of the Earth*, Sierra Club Bks, San Francisco; 1988

Bianchi, Eugene, "Aging as a Spiritual Journey" *JSAC Grapevine*, James E. Solheim, ed., vol 15, no. 5; Nov. 1983

Bianchi, Eugene, *Aging as a Spiritual Journey*, Crossroad, N.Y., 1982

Blustein, Ruth, *The Dying Process: Impact on the Social Worker*, University Microfilms International, Ann Arbor, MI; 1984

Borges, M.A., Dutton, L.J., "Attitudes; Toward Aging: Increasing Optimism Found with Age, *The Age of Aging*, Abraham Monk (Ed.), Prometheus Books, Buffalo; 1979

Breinacher, Norbert and Muller, Alois, ed., *The Experience of Dying*, Herder and Herder; 1974

Brent, Sandor, et. al., "The Contribution of Death-Related Experiences to Health Care Providers' Attitudes toward Dying Patients" in *Omega*, Baywood Pub., Vol 23 (4) (1991)

Brewer, Earl D.C., "Research in Religion and Aging: An Unlikely Scenario" in *New Directions in Religion and Aging*, David Oliver, ed., Haworth Press, 1987; p. 95

Bufford, Paloutzian, and Ellison in "Norms for the Spiritual Well-Being Scale", *The Journal of Psychology and Theology*, Vol 19, No. 1; 1991

Burgess, Michael M., "Intimate Care for the Dying: The Need for a New Social Model" in *Humane Medicine*, Vol 9, No. 1 (Jan/1993)

Buxbaum, Robert E., "Coming Issues in the Pastoral Care of the Aged" in *New Directions in Religion and Aging*, David B. Oliver, ed., Haworth Press, N.Y.; 1987

Carson, Verna B., *Spiritual Dimensions of Nursing Practice*, W.B. Saunders Co., Philadelphia; 1989

Carson, Verna, Karen L. Soeken, and Patricia M. Grimm, "Hope and Its Relationships to Spiritual Well-Being", *Journal of Psychology and Theology*, William F. Hunter, ed., Vol 16, No. 2, 159-167; 1988

Clark, Cheryl, Joanne Cross, Donna Deane, and Lois Lowry, "Spirituality: Integral to Quality Care" in *Holistic Nursing Practice* 1991;5(3), Aspen Publ. Inc.

Clements, William M., "Aging and the Dimensions of Spiritual Development" in *The Journal of Religion and Aging*, Vol 2, no's. 1/2 Fall/Winter/85-86, Haworth Press, N.Y.

Cobleigh, Ira U., *Live Young as Long as You Live*, Association Press, N.Y.; 1969

Cullmann, Oscar, *Immortality of the Soul or Resurrection of the Dead?*, Epworth Press, London; 1958

Dumont, Richard G. and Foss, Dennis C., *The American View of Death: Acceptance or Denial?*, Schenkman Pub., Cambridge, Massachusetts; 1972

Elias, Norbert, *The Loneliness of the Dying*, trans. by Edmund Jephcott, Basil Blackwell Ltd; 1985

Ellison, Craig W., and Smith, Joel, "Toward An Integrative Measure of Health and Well-Being" in *The Journal of Psychology and Theology*, Vol 19, No. 1; 1991

Erikson, Erik, *Childhood and Society*, Norton, N.Y.; 1963

Fowler, James, *Becoming Adult, Becoming Christian*, Harper and Row, San Francisco; 1984

Fowler, James, *The Stages of Faith*, Harper and Row, San Francisco; 1981

Frankl, Victor, *The Doctor and The Soul*, trans. by Richard and Clara Winston; Alfred A. Knopf pub., New York: 1965

Gartner, Larson, and Allen, in "Religious Commitment and Mental health: A Review of the Empirical Literature", *The Journal of sychology and Theology*, William F. Hunter, ed., Vol 19, No. 1; 1991

Gingrich, Nolan B., "The Language of Spiritual Care", *Humane Medicine*, Vol 3, No. 1 (May 1987)

Gordon, David Cole, *Overcoming the Fear of Death*, Macmillan Company, N.Y.; 1970

Graham, Larry Kent, *Care of Persons, Care of Worlds*, Abingdon, Nashville; 1992

Goleman, D., "New Evidence Points to Growth of the Brain Even Late in Life" in *Aging*, 5th edition, Unit 2: 53-54

Hagglund, Tor-Bjorn, *Dying*, International Universities Press, N.Y.; 1978

Harper, Bernice C., *Death: The Coping Mechanism of the Health Professional*, Southeastern University Press, Inc., Greenville, S. Carolina; 1977

Hatfield, Robert, McHutchion, Edna, "A Dialogue on Care of the Dying" in *Humane Medicine*, Vol 9, No. 1 (Jan/1993)

Hendricks, Jon. & Davis, *Aging in Mass Society, Myths and Realities*, 3rd edition, Little, Brown and Co. Boston: 1986

Herhold, Robert M, *Learning to Die / Learning to Live*, Fortress Press, Philadelphia; 1976

Hofmeier, Johann, "The Present-Day Experience of Death" in *The Experience of Dying*, translated by Francis McDonagh, ed. by N. Breinacher and Alois Muller, Herder and Herder, N.Y.; 1974

Howe, Reuel L., *How to Stay Younger While Growing Older*, Word Books, Waco, Texas; 1974

Hulme, William E., *Vintage Years*, The Westminster Press, Philadelphia; 1986

Hunt, Anne, *Aging*, The Unit on Aging for the Diocese of New Westminster, Vancouver, B.C.; 1989

Jacik, Miriam, "Spiritual Care of the Dying Adult"

Johansson and Lally, "Effectiveness of a Death-education Program in Reducing Death Anxiety of Nursing Students" in *Omega*, Baywood Publ., Vol 22(1), 1990

Johnston;, Ralph C., Jr., Confronting Death, Psychoreligious Responses, U.M.I Research Press, Ann Arbor; 1988

Jones, Maxwell, *Growing Old - The Ultimate Freedom*, Insight Books, N.Y.; 1988

Jones, W. Paul, "Death as a Factor in Understanding Modern Attitudes Toward the Aging: A Symbolization-Avoidance Theory", *The Journal of Religion and Aging*, Haworth Press, Vol 3, No. 1/2, Fall/Winter/86

Jones, W. Paul, "Theology and Aging in the 21st Century" in *New Directions in Religion*, David B. Oliver, ed., Haworth Press, 1987

Kaplan, Jerome, "Caring for the Elderly" in *Values, Ethics, and Aging*, Gari Lesnoff-Caravaglia, ed., Human Sciences Press, N.Y.; 1985

Kart, Cary S., *The Realities of Aging*, Allyn and Bacon, Inc., Boston; 1981

Kergin, D.J., "Report on an assessment of the Pastoral Care Program, Juan de Fuca Hospitals." School of Nursing, University of Victoria, 1986.

Koening, Harold, Harvery Cohen, Dan Blazer, Carl Pieper, Keith Meador, Frank Shelp, Veeraindar Goli, Bob DiPasquale, "Religious Coping and Depression Among Elderly, Hospitalized Medicaly Ill Men," *American Journal of Psychiatry*, 1992, 149:12 (December)

Kubler-Ross, *Death - The Final Stage of Life*, ;1975

Kung, Hans, *On Being a Christian*, translated by Edward Quinn, Doubleday & Company, Inc.; 1976

Kuhn, Thomas S., *The Structure of Scientific Revolutions*, 2nd edition, U. of Chicago Press, 1970

Laurens, Roy, *Fully Alive*, Daybrook Press, San Fransisco; 1985

Ledbetter, Smith, Vosler-Hunter, Fischer, "An Evaluation of the Research and Clinical Usefulness of the Spiritual Well-Being Scale" in *The Journal of Psychology and Theology*, Vol 19, No. 1; 1991, p. 49

LeFevre, Carol and Perry, ed., *Aging and the Human Spirit*, Exploration Press, Chicago; 1981

Lieberman, Morton Al, and Tobin, Sheldon S., *The Experience of Old Age: Stress, Coping, and Survival*, Basic Books Inc. Pub., N.Y.; 1983

Lifton, Robert Jay and Olson, Eric, *Living and Dying*, Praeger Pub., N.Y.; 1974

Loeb, Martin, Wood, Vivian, "Epilogue: A Nascent Idea for an Eriksonian Model of Humour" in *Humour and Aging* edited by Lucille Nahemow et. al., Academic Press, Orlando; 1986

Lonetto, Richard and Templer, Donald I., *Death Anxiety*, Hemisphere Pub., Washington; 1986

Lyon, K. Brynolf, *Toward a Practical Theology of Aging*, Theology and Pastoral Care series (Don S. Browning, ed.), Fortress Press, Philadelphia; 1985

Marcus, Lotte, and Jaeger, "The Elderly as Family Caregivers", *Canadian Journal on Aging*, 3-1

Mayer-Scheu, Josef, "Compassion and Death", translated by John Maxwell, in *The Experience of Dying*, Herder & Herder, N.Y.; 1974

McFadden, Susan H., "Authentic Humour as an Expression of Spiritual Maturity" in the *Journal of Religious Gerontology*, Haworth Press, N.Y., Vol 7, Nos. 1/2; 1990

Missinne, Leo, E., "Christian Perspectives on Spiritual Needs of a Human Being" in *The Journal of Religious Gerontology*, vol 7, Nos. 1/2; 1990

Momeyer, Richard, "Fearing Death and Caring for the Dying," *Omega*, Baywood Publ., Vol 16(1) (1985)

Morris, David C., "Church Attendance, Religious Activities, and the Life Satisfaction of Older Adults in Middletown, U.S.A." in *The Journal of Religious Gerontology*, Haworth Pastoral Press, Vol 8, No. 1, 1991

Nouwen, Henri J.M., *With Open Hands*, Ave Maria Press, Notre Dame, Indiana; 1972

Osborne, Cecil G., *The Art of Becoming a Whole Person*, Word Books, Waco; 1978

Pardini, A., "Exercise, Vitality, and Aging" in *Aging*, 5th edition, Unit 2

Pherigo, L., "Death: The Inevitable Issue" in *New Directions in Religion and Aging*, ed. by David Oliver, Haworth Press, N.Y., 1987

Pohier, Jacques-Marie, "Death, Nature and Contingency", translated by David Smith, in *The Experience of Dying*, Herder & Herder, N.Y.; 1974

Pruyser, Paul W., *The Minister as Diagnostician*, Westminister Press, Philadelphia; 1976

Roszak, Theodore, *The Voice of the Earth*, Simon & Shuster, N.Y.; 1992

Rutman, Deborah, Parke, Belinda, "Palliative Care Needs of Residents, Families, and Staff in Long-Term Care Facilities" in *Journal of Palliative Care* 8:2 (1992).

Sapp, Stephen, "An Alternative Christian View of Aging" in *The Journal of Religion and Aging*, Vol 4, No. 1, 1987

Servalli, Egilde, and Fashing, Joseph, "The Wounded Healer" in *Humane Medicine*, Vol 7, No. 3 (Aug/1991)

Stannard, David E., *The Puritan Way of Death*, Oxford University Press, N.Y.; 1977

Stokes, Kenneth, "Faith Development in the Adult Life Cycle" *The Journal of Religious Gerontology*, vol. 7 (90/91)

Stoll, Ruth, "Spirituality and Chronic Illness" in *Spiritual Dimensions of Nursing Practice*, Verna Carson ed., Saunders Publ.; 1989

Stoll, Ruth, "The Essence of Spirituality," *Spiritual Dimensions of Nursing Practice*, V. Carson ed., Saunders Publ.; 1989

Strong, James, "Greek Dictionary of the New Testament" in *The New Strong's Exhaustive Concordance of the Bible*, Thomas Nelson Publ., Nashville; 1990

Suzuki, David, "Science and Society" in *The Canadian Encyclopedia*, vol II, Hurtig Publishers, Edmonton, p. 1656

Swimme, Brian and Berry, Thomas, *The Universe Story*, Harper, San Francisco; 1992

The Globe and Mail, Thompson Publishing Co. Toronto, Ontario

The New Revised Standard Version of the Bible, Division of Christian Education of the National Council of the Churches of Christ in the United States of America, 1989

Thibault, Ellor, and Netting, "A Conceptual Framework for Assessing the Spiritual Functioning and Fulfillment of Older Adults in Long-Term Care Settings" in the *Journal of Religious Gerontology*, W.M. Clements, ed., Haworth Books, Vol. 7, No. 4, 1991

Thompson, Edward H., Jr., "Palliative and Curative Care Nurses' Attitudes Toward Dying and Death in the Hospital Setting" in *Omega*, Baywood Publ., Vol 16(3) (1985)

Thorson, James A., Cook, Thomas C., *Spiritual Well-Being of the Elderly*, Thomas Publ., Springfield, IL; 1980

Thorson, James A, Horacek, Bruce J., "Self Esteem, Value, and Identity: Who are the Elderly, Really?" in *New Directions in Religion and Aging*, David B. Oliver, ed. Haworth Press, 1987

Tillich, Paul, *The Meaning of Health*, Exploration Press, Chicago; 1984

Vachon;, Mary, *Occupational Stress in the Care of the Critically Ill, The Dying and the Bereaved*, Hemisphere Publ., Washington, D.C.; 1987

Vickio, C.J., Cavanaugh, J.C., "Relationships Among Death Anxiety, Attitudes Toward Aging, and Experience With Death in Nursing Home Employees" in *Journal of Gerontology*, Vol 40, No. 3 (1985)

White, William R., *Stories for Telling*, Augsburg Press, Minneapolis, 1986

Wiberg, Joel B., "Spirituality: What Is It?" in *Word & World*, Vol VIII, No. 1 (Winter, 1988)

Young, Cathy, "Spirituality and the Chronically Ill Christian Elderly" in *Geriatric Nursing*, Vol. 14, 1993, Mosby-Year Book Inc.