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**NARRATIVES OF BABY BOOMERS:
ENVISIONING LATE LIFE SPIRITUAL RESOURCES**

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DISSERTATION

Submitted to Martin Luther University College

In partial fulfillment of the requirements for

Doctor of Philosophy in Human Relationships

Wilfrid Laurier University

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ABSTRACT:

In this narrative inquiry, first-wave baby boomers (six males and six females born between 1946 and 1955) reflected on their lives and envisioned living into old age. While literature has focused on trends in baby boomer spirituality, issues of aging, and spiritual needs and tasks among elders, this study listened for “spiritual resources.” Initially defined broadly as that which has sustained a person throughout their life and will sustain them in the future, spiritual resources came to be understood as those things, both internal and external, that address deep human need for such spiritual values as love, hope, peace, and joy. Through open-ended interviews, participants’ reflections revealed the spiritual resources they have accessed and built up throughout life, and induced wonderings about future resources. One important finding was that first-wave boomers appreciate conversation about spiritual resources, as they grow older. Having been raised in the church, participants in this study reflected on the evolution of their traditional spiritual resources, including scripture reading, prayer, music and spiritual leadership, as well as their openness to explore, learn and embrace diversity in spirituality. For many, faith, rooted in both belief and experience, is a sustaining resource. The themes of “Self,” “Someone,” and “Space” frame these boomers’ further reflections on what has sustained and will sustain them. Both participants and the researcher suggest adaptive considerations for spiritual care in long-term care. The findings of this study help define what is meant by “spiritual resources,” encourage further conversation among baby boomers, and inform spiritual care.

Key words: spirituality, spiritual resources, baby boomers, aging, long-term care

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**NARRATIVES OF BABY BOOMERS:
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Chapter 1 - Introduction

It is no secret that if we live long enough, we grow old. Working in long-term care with elders and their families, I bear witness to the changes, challenges, and joys of later life. As a spiritual care provider, I am privileged to hear stories and glean what is most deeply meaningful to these elders, to interact with and affirm what matters most to those now living with dementia, and to observe the various spiritual resources that sustain them over their life course. I provide opportunities to participate in traditional Christian religious practices for those for whom this is meaningful, and I attempt to find appropriate ways to connect to the “essential spirit” (Koepke, 2016) or core, of all our residents.

Most of those currently in long-term care were born in the 1920s and 1930s, but a new generation is beginning to arrive. The “baby boomers,” born after World War II (1946-1964), are entering their older years. There will be a lot of them, and thanks to quality health care, many of this generation will live a long time. Today, life expectancy at birth in Canada is over 82 years, and 9 in 10 people can expect to reach 65 years of age. According to population projections, by 2031, close to one in four Canadians (23%) could be 65 years of age or older (Statistics Canada, 2016).

While this baby-boomer generation expects to maintain control over the length and quality of their lives and to establish a new image of aging (Jacoby, 2011; Rock, 2014), losses and frailty are inevitable for many. Even those who age “successfully,” maintaining physical and cognitive function and engaging in an active life as seniors (Bouwer, 2010; Rowe & Kahn, 1997; Sadler & Biggs, 2006; Wong, 1998, 2000) may later live many years as frail older adults.

As with any changing cohort, it is expected that boomers will have different needs and expectations than did the generations before them (MacKinlay & Burns, 2013; MacKinlay, 2014). This may prove especially true as they encounter the challenges of aging and seek or require support. While the National Advisory Council on Aging (1999) found depression related to the challenges of aging to be a major concern for Canadian seniors into the future, and admitted that little is known about how people find meaning in their senior years, the Ontario Successful Aging Project (Wong, 1986) had earlier concluded that more attention should be given to the existential and spiritual needs of those who are aging. Thirty years later, as the baby boomer generation enters older adulthood, needs continue to diversify and change, and even more attention to the spiritual needs and resources of Ontario's aging population is warranted (Wong, 2014).

While Phillipson, Leach, Money and Biggs (2008) noticed that, "much of the attention to boomers has focused around a relatively narrow band of issues, with economic questions, personal finance and work and retirement drawing much of the attention" (p. 15), they advocated for a sociological analysis of the boomer generation. They acknowledged that "little is known about the *context* within which these areas operate, notably in areas such as changing social attitudes of boomers, social relationships, and expectations about future lifestyles" (p. 15). They expected that some groups of boomers might re-shape growing old in distinctive ways, reflecting their involvement in leisure, consumption and caring roles, but also that many boomers would experience a life "far removed from the optimistic images encountered in the media and marketing" (pp. 15-16).

Underlying these social questions are those of spirituality and the meaning and purpose of life as people get older. In Great Britain, Coleman's (2011) research "has highlighted the need

for finding new or better answers to questions about existential meaning when growing old, if previous customs and beliefs no longer seem valid” (p. 159). He noted that,

Negative perceptions of ageing are being successfully combated at present, but only by providing opportunities for people to continue previous work-oriented lifestyles for longer. However, although the experience of ageing is changing, the inevitable association with death as its end goal cannot be avoided. The meaning of life at the limits of viability will remain a disturbing presence and the role of religious and other spiritual rationales for continued living in the last stages will continue to be relevant. The challenges from existential questions at all crisis points throughout life find their culmination in old age. They are not of limited “academic” interest. How older people actually find answers to these questions of meaning and purpose so as to sustain their daily lives are important topics for social research, and have huge implications for provision for those living in states of frailty and debility. (p. 159)

Review of the literature on baby boomers, aging and spirituality revealed that although there is blossoming popular interest in boomer spirituality on the internet with website names such as “Age without borders” (<http://agewoborders.com/>), “Transforming aging” (<http://transformingagingsummit.com/>) and “Fierce with age” (<http://fiercewithage.com/>), scholarly research that addresses how this spirituality and the experience of aging intersect is just beginning.

Aim of Study

The participants in this study were first-wave baby boomers born between 1946 and 1955 who are now in their 60s and early 70s. The purpose of this narrative inquiry was to explore

spiritual resources in the life stories of first-wave baby boomers as they envisioned their later years. According to Walsh (2009):

Spiritual resources can be tapped both within and outside organized religion: through strong religious and humanistic values; in personal faith and a relationship with God or a Higher Power; in practices of prayer, meditation, and rituals; by involvement in a faith community; in communion with nature; through music and the creative arts; and in service and social action to benefit others and our environment. (p.xii)

For this study, “spiritual resources” were defined broadly as “that which has sustained a person throughout their life and will sustain them in the future.” This definition was kept simple and open in order to allow participants room to engage the question in whatever way fit for them. Further understandings that have emerged through the findings of this study are offered in chapter four, leading to a refined definition of “spiritual resources.”

Research Question

What spiritual resources have sustained and will sustain first-wave baby boomers over their life course?

Sub-questions:

1. What have first-wave baby boomers experienced to be spiritual resources in life so far, and how have these resources evolved over their life course?
2. How do first-wave baby boomers envision their own life into the future, and what spiritual resources do they expect to value as they grow older?
3. How can the spiritual resources of first-wave boomers be supported in long-term care?

Purpose and Justification

Personal: As a spiritual caregiver in long-term care as well as a spiritual director, daughter, pastor and friend of many baby boomers, I am intrigued by the implications of a generational shift for the provision of spiritual care in late life.

Practical: Understanding the spiritual resources to which these particular baby boomers turn is necessary to help spiritual caregivers, and others, to listen for and honour the spiritual resources of baby boomers.

Theoretical: New knowledge and approaches, including those that consider life course theory, will help spiritual caregivers to provide appropriate care for baby-boomers in their last stages of life.

For this study, twelve first-wave baby boomers were asked to reflect on their lives and to envision their future, while reflecting on the spiritual resources that have sustained them through the life course and will sustain them as they continue to age.

Following this introductory chapter, the structure of this dissertation will be as follows:

In chapter two the literature from the past few decades in the emerging field of spirituality and aging is reviewed, exploring various approaches to our “spiritual” dimension, issues of aging, how aging and spirituality intersect, the boomer cohort experience, and how conversation with boomers can inform research as spirituality in long-term care is imagined into the future.

Chapter three explains the method of inquiry used and its suitability for this area of research. Both narrative inquiry and narrative gerontology are explained, followed by description of the study procedure, sample, and ethical considerations.

Chapter four explores the findings of this study, beginning with a definition of “spiritual resources,” followed by an analysis of the seven “resonant threads” or themes that emerged, and ending with care considerations.

Chapter five explores how these findings interact with previous research and theories of spirituality and aging, and discusses the implications of these findings for spiritual care in long-term care.

Chapter six concludes the study with recommendations. Limitations of this study and direction for further study are considered and personal and theological reflections are shared. In the appendices, the reader will find ethics approval, the recruitment flyer, consent form and demographic information sheet. The final pages of this document are perhaps the most important, as these are where the narratives of each participant can be found. Each participant chose a pseudonym and all identifying information has been removed. A table following the narratives summarizes the demographic information gathered.

Chapter 2 - Literature Review

To review relevant literature for this study it was necessary to look at studies and theory around spirituality, religion and aging, and also to consider the particular cohort experiences of first wave baby boomers related to both spirituality and aging, and the popular books they are reading. It was discovered that though “spiritual resources” are rarely mentioned, there was considerable literature pertaining to spirituality, spiritual development, spiritual need, and spiritual care.

As a narrative researcher I am aware that literature review is an ongoing process of dialogue between myself as the researcher and the literature being discovered. In narrative inquiry the literature review is not considered complete at the beginning of the research project, as it is with other methodologies, but is an ongoing discovery (Clandinin & Connelly, 2000) that continues to evolve as themes develop from co-researchers’ contributions. I began my literature review by looking for literature related to spirituality, and both aging and baby boomers. In time it evolved to encompass an array of issues related to aging as well as various aspects of spirituality.

Aging, spirituality and baby boomers

The literature on spirituality and aging has historically focused on the birth cohorts older than the boomers, whose life experience and worldview differ significantly from that of the boomer cohort (Albans & Johnson, 2013; Coleman, 2015; Erikson & Erikson, 1997; Koenig, 1994; Manning, 2012; Vaillant, 2003). Though useful, the significance of this research must be seen in the light of change that can happen from one cohort to another. McFadden (2015) explained,

Given the changes in the religious landscape worldwide since the mid-20th century, assumptions based on research with people now in their 80s and older will need to be critically examined to see whether they can be validly applied to people just now entering their 60s and 70s. (p. 488)

Consequently, in this study I sought to engage a new cohort on questions of spirituality and aging rather than assuming that earlier research conclusions would apply. I invited participation from first-wave baby boomers (born between 1946-1955) who were born and/or raised in southwestern Ontario.

Most research on the spirituality of baby boomers was done before boomers perceived themselves to be older adults (Emberley, 2002; Miller, 1990; Roof, 1999; Sheldon, 1997). Two studies have explored baby boomers' experience of life, including anticipation of aging, through in-depth interviews (O'Ryan, 2002; Poole, 2010). Several have researched and written about how to better provide for and engage boomers in church and synagogue settings (Bloom, 1993; Easum, 1991; Haemmelmann, 2012; Hanson, 2010; Knapp & Pruett, 2006; Macgregor, 2018; Massey, 2013; McIntosh, 2008; Miller, 2017; Pettegrew, 2008; Sheldon, 1997). One new study (Hummel, 2017) explored a contemplative, Ignatian retreat-style program for baby boomers discerning how to live their retirement years. Another looked at baby boomers and near-death experiences (Kinsella, 2017). Yet another (Address, 2017) asked about new rituals to bring meaning within boomers' extended lifespans. Because these studies were primarily done by Christian and Jewish researchers hoping to enhance spiritual life in their faith settings, literature was lacking that addressed the spiritual needs and resources of baby boomers not necessarily connected to Christian or Jewish faith settings, and especially as they anticipate spiritual care in long-term care.

Understanding Various Approaches to our “Spiritual” Dimension

Literature related to older age and spirituality approached the spiritual aspect of life and care from various angles. Some writers and researchers wrote about “spiritual needs,” some wrote about “spirituality,” and some about “spiritual tasks.” Still others considered “spiritual resources,” “spiritual assessment” or “spiritual care.” This section defines these various approaches as relevant to the present study, beginning with definitions of spirituality, spiritual need and spiritual resources. This is followed by an exploration of spirituality as a dimension of wellness, a look at baby boomer experience of spirituality, with particular attention to Canadian trends, and consideration of the spiritual tasks of aging, including spiritual development and meaning-making. Finally, the need for spiritual support is considered, with attention to boomers’ spiritual resources as individuals and in community, and spiritual care is explored in terms of assessment and provision.

Spirituality

Defining “spirituality.” While spirituality is infamously difficult to define, an international panel of medical, psychological and spiritual care experts settled on the following:

Spirituality is a dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose and transcendence, and experience relationship to self, family, others, community, society, nature, and the significant or sacred. Spirituality is expressed through beliefs, values, traditions and practices. (Puchalski, Vitillo, Hull, & Reller, 2014, p. 643)

This definition is useful in that it highlights the significance of relationship (or connections) to spirituality, as well as the role of expression, and the centrality of meaning-making, but several other elements of spirituality that are especially relevant to older adults are missing.

One aspect of spirituality not apparent in the above definition is its relationship to “coping” as explained by Pargament. Pargament (2007) defined coping as "a search for significance in times of stress" (p. 90). People can use religion/spirituality to cope, to hold onto a sense of meaning, when stressed, or can find their systems of meaning transformed as they cope with their situation. To Puchalski et al.'s (2014) definition of spirituality, especially in relation to aging, could be added the function of “coping” with crisis, transition and circumstance.

For elders, another important aspect of spirituality is memory. We carry our life experience with us through memories (Chittester, 2008). Throughout life, memories of sacred moments accumulate, often connected to transition points in the life course (Pargament, 2007) and familiar practices, including prayers and rituals, come to hold deeply rooted meaning. Memories interrupted by dementia can often be accessed through these familiar practices. For example, a song one remembers having been sung by one's mother can be deeply meaningful, and the words of the Lord's Prayer can be recited by many Christians living with dementia. In community, memory is held communally (McFadden & McFadden, 2011) and when memory fails, as Swinton (2012) attests in his book title, those with dementia are “living in the memories of God.”

In addition, “mystery” is an increasingly friendly aspect of spirituality for elders as many attest to a greater level of comfort with the unknown, and the need to give up the illusion of control as they grow older. In Chittester's (2008) words, “Mystery is what happens to us when we allow life to evolve rather than having to make it happen all the time” (p. 75) and “in age, mystery comes alive... we learn to wonder again” (p. 76).

Supplementing Puchalski et al.'s definition of spirituality with aspects of coping, memory and mystery, particularly relevant to those in later life, the following definition is proposed for the purposes of this study:

Spirituality is the dimension of human experience that has to do with meaning, memory and mystery, lived out through connection to self, others, nature and the divine. It can be both personal and communal, and finds expression in relationship, rituals, traditions, practices, stories, creativity, beliefs and values. One's spirituality both sustains vitality and mediates acceptance and can enable one to cope with crisis, transition and circumstance.

Spiritual Needs

Defining "spiritual needs." A recent literature review out of Australia (Jackson, Doyle, Capon and Pringle, 2016) explored how spirituality, spiritual need and spiritual care are defined in aged care, as part of the process of developing new guidelines (Meaningful Ageing Australia, 2016) for spiritual care for older people in Australia. None of the papers I found addressed a definition of spiritual need in older people living in residential aged care or receiving home care, but it was noted that Narayanasamy (1991) defined spiritual need in the following terms, which seemed relevant to aged care settings:

The need to give and receive love; the need to be understood; the need to be valued as a human being; the need for forgiveness, hope and trust; the need to explore beliefs and values; the need to express feelings honestly; the need to express faith or belief; the need to find meaning and purpose in life. (Narayanasamy, 1991, as cited in Jackson et al., 2016, p. 284)

Koenig (1994) identified 14 spiritual needs of physically ill elders:

For meaning, purpose and hope.... to transcend circumstances.... for support in dealing with loss.... for continuity.... for validation and support of religious behaviours.... to engage in religious behaviours.... for personal dignity and sense of worthiness.... for unconditional love.... to express anger and doubt.... to feel that God is on their side.... to love and serve others.... to be thankful.... to forgive and be forgiven.... and to prepare for death and dying. (pp. 283-293)

Research designed to be inclusive of religiously heterogeneous patient populations identified themes of belonging, meaning, hope, the sacred, morality, beauty, resolution, and a deeper acceptance of dying as relevant to spiritual need (Galek, Flannelly, Vane & Galek, 2005).

These three lists, though different, each reveal the breadth and depth of the concept of spiritual need. Laying these three lists alongside one another, common themes emerged. Though complex and far-reaching, most all of the needs listed above could be captured under broad understandings of the need for *love*, for *hope*, for *peace*, and for *joy*. While these simple words may seem trite, they are chosen for their breadth and depth of meaning. For example, the need for *peace* encompasses need for forgiveness, reconciliation/resolution, trust, acceptance of dying, transcendence of circumstances, as well as desire for privacy, familiarity and access to nature and quiet in one's living situation. Freedom of expression, choice and autonomy also contribute to peace, as does patient understanding and support in suffering. These four spiritual values, *love*, *hope*, *peace*, and *joy*, counter risks of loneliness, hopelessness, distress, and despair, and are essential to sustain vitality and meaning, throughout life, but especially in old age. Chapter four begins with a detailed discussion of all four of these spiritual needs, and the resources that address them.

Spiritual Resources

Defining “spiritual resources.” While Jackson et al. (2016) searched the literature for definitions of spirituality, spiritual need, and spiritual care, they did not search for mention of “spiritual resources.” For this study, spiritual resources were defined to participants as “that which has sustained a person throughout their life and will sustain them in the future.” Spiritual resources may be seen as that which addresses spiritual need (defined above as the need for love, hope, peace, and joy). Connecting with the above definition of “spirituality,” “spiritual resources” may be understood as that which provides a source of vitality and meaning in one’s life, at times through cherished memory, and often including mystery. A spiritual resource may enable connection (to self, others, nature, the divine), provide opportunity for expression (of emotion, thoughts, beliefs and values), and/or offer tools for coping (with crisis, transition, or circumstance). What baby boomers experience as, and understand to be, their spiritual resources was the subject of this study.

Spirituality as a dimension of wellness. Gerontologists and researchers have attested that people who participate in a spiritual life may have an easier time coping with the inevitable losses and indignities that accompany old age (Pargament, 2007; Thorson, 2000). Nelson-Becker (2017) referred to “spiritual resilience,” explaining, “spiritual resilience is an ability to be nurtured by one’s inner spiritual self, outer spiritual and other social relationships, and to live with ambiguity, trusting the goodness of the universe when that goodness might be only faintly perceived” (p.379).

VanderWeele (2017) and colleagues from Harvard recently published an article in the *Journal of the American Medical Association* highlighting the richness of the interconnection between health and spirituality. They emphasized the importance of clinicians becoming more

spiritually competent and taking religious perspectives into account as “increasing numbers of people in an aging society may be facing difficult end-of-life decisions” (p. 519). Increasingly it is being recognized that, “patients often discover strength and solace in their spirituality, both informally through deeper connections with family and friends, and formally through religious communities and practices” (p. 519). This need for spiritual support for patients and the spiritual resources that sustain them are being acknowledged by the medical profession.

Globally, there is a movement toward incorporating spirituality into care. Since 2013, the Global Network for Spirituality and Health (<https://smhs.gwu.edu/gwish/global-network>) has held annual conferences with the aim to “integrate spirituality, defined as meaning, purpose, and connectedness, into all levels of health care as part of a strategy to create more compassionate systems of care” (home page). The conferences were based on “evidence that spiritual care is a fundamental component of quality health care and that this aspect of care is most effective when it is recognized and reflected in the attitudes and actions of both patients and health care providers” (GNSAH website - <https://smhs.gwu.edu/gwish/global-network>). In Canada, the Canadian Association for Spiritual Care and the Canadian Association for Hospice Palliative Care are the primary organizations working on developing spiritual care capacity.

Of the six dimensions of wellness, developed by Hettler (1976) – physical, emotional, social, occupational, intellectual and spiritual – the spiritual dimension may hold potential for maintenance and growth, while the others undergo loss and decline. Expanding on these dimensions by adding financial and environmental, Swarbrick (1997, 2015) saw spiritual values as a strength and said spiritual wellness involves “having meaning and purpose and a sense of balance and peace” (2015, p. 10). But what will constitute a spiritual life for boomers as they age?

Baby boomer spirituality. In the lifetime of a baby boomer, the realm of spirituality and religion has seen much change and increasing diversity. Baby boomers in Ontario, like their counterparts throughout North America and beyond, have accessed a variety of resources to meet their spiritual needs, including counselling, spiritual direction, contemplative practice, retreats, life-coaching, support groups, holistic health care, etc., in addition to the traditional Christian worship, prayer, Bible study and small groups to which many of their parents were accustomed (Adams, 2010; Emberley, 2002; Green, 2010; Roof, 1999). New books and studies are emerging that reveal boomers' experience with, understandings of, and questions for religion and spirituality (McClure, 2017; Mercadente, 2014; Weber & Orsborn, 2015), including discussion of what it means to be spiritual but not religious.

In his study on competing influences on baby boomers' religious orientations and participation, Sherkat (1998) showed that traditional socialization agents, life course factors, and countercultural participation all play a role in directing future religious orientations and commitments. He argued that, out of these, traditional socialization factors have a dominant influence on future religious beliefs and participation. Miller (2017), writing almost twenty years later, brought a different perspective. He believed that the spiritual roots of boomers were formed by the values of broken trust, loneliness, rootlessness and self-seeking, which informed their personal relationships as well as their relationships with society. He noticed that in their search for God they valued: godliness, supernaturalism and wholeness. They relished their freedom, wanted to stay young, and were diminished relationally and financially by their rampant individualism.

Paul Higgs (2016) examined the implications for spirituality and religion of contemporary gerontology's understanding of the "third age" and "fourth age." The "third age,"

popularized by Peter Laslett (1989) in *A Fresh Map of Life*, distinguished between a healthy and productive later life and a later stage, or “fourth age,” of incapacity and neediness. Higgs saw baby boomers who are currently in their “third age” engaging spiritual belief within a framework of consumption, as an issue of choice rather than religious affiliation (p. 145). He expected that this “shift from institutionalised religion to a more pluralistic spirituality is something that will continue into later life” (p. 152). He wondered about the implications of losing communities of collective belief, noting that the “absence of the nature and ritual of collective belief may limit the power of individual spiritual beliefs” (p. 151). Coleman (2016), in his European study of the importance of ritual and memories of ritual in older people’s lives, shared similar concerns about the implications of losing collective belief.

Canadian trends. Reginald Bibby (2006, 2012, 2017), a Canadian sociological researcher with interest in religion, identified important trends experienced by boomers, including significant changes pertaining to the pervasiveness of diversity, the decline of community, the rise of the desire for input, the new basis for decision-making, the new sense of time, and the information explosion. Bibby (2012) noted:

The Boomer era has seen themes like duty and loyalty replaced by a market model. That model stresses the importance of determining needs and then meeting them. Successful organizations emphasize what’s in it for us... In the post-1960s, many religious groups failed the gratification test. (p.20)

Bibby (2006) wrote about Canadian boomers,

They frequently feel that the churches are not in touch with who they are, what they want, and what they need. To be fair, many of those people are not necessarily sure themselves

what those needs are – sort of like being hungry but not knowing what one wants to eat.

(p. 178)

Using 1931 Statistics Canada and 2009 General Social Survey data, Bibby (2012) computed that “over the past 70 years or so the “no religion” category has jumped from less than 1% to about 25%” (p. 30). But he believed,

Religion is not going to go away. For most people, the experience of life – as well as death – leads to questions of meaning, purpose, and what happens when we die. In addition, some observers have maintained that there is almost an innate restless-ness for something beyond ourselves. Obviously, everyone does not respond by looking to religion, but many have, and many will. (p. 12)

Clarke and Macdonald (2017) were not so optimistic about the future of organized religion in Canada. Citing the same “no religion” statistics as did Bibby (2012), they pointed out that these numbers lag behind actual disaffiliation, as people tend to continue to claim affiliation for some time after having stopped participating in church. They concluded that joining a faith community is something fewer and fewer Canadians are interested in, and that the “no religion” category is likely to continue to grow. However, despite the lack of interest in organized religion, Clarke and Macdonald (2017) observed that the vast majority of Canadians believe in God and an afterlife. These beliefs may be supported by or expressed through spiritual practice outside of organized religion. A recent survey, by the Angus Reid Institute (2016), found a large number of Canadians engage in various forms of prayer on a regular basis. Moreover, even those who do not pray did see some value in this religious expression at the individual level.

Bibby’s (2006) specific research on baby boomers in Canada found that 77% of baby boomer women, and 65% of men feel they have spiritual needs. He found 42% of baby boomer

women and 27% of men said spirituality is “very important” to them, with a further 32% indicating it as “somewhat important.” Eighty-three percent of both baby boomer men and women said their interest in spirituality has either stayed the same or increased over the past ten years (pp. 184-185). He believed that as boomers got older they would be faced with a dilemma – while many have “taken a pass on organized religion... [they] acknowledge spiritual needs... [and are] looking for more” (p. 204).

Spiritual tasks of aging. The spiritual tasks of aging have been variously identified by researchers since Jung (1933) wrote: “for the ageing person it is a duty and a necessity to give serious attention to himself” (p.111). Jungian psychologists, Baker and Wheelwright (1984), wrote of seven tasks summarized from Jung’s writings, which include:

accepting the reality of death.... reviewing and reflecting on life.... acknowledging consciously that one’s life has finite limits.... letting go of the dominance of the ego.... encountering and honoring the Self.... articulating the meaning of one’s life.... and engaging unused potentials so as to foster late-life creativity (pp. 266-271).

MacKinlay (2001) has used a four-task model, including: to develop self-transcendence; to find personal final meanings; to find relationship (intimacy); and to find hope (p.224). These four tasks interact with and influence the way two other spiritual tasks of ultimate meaning and response to ultimate meaning are worked out in an individual’s life. Mellinger (2014) has integrated these and other theories with her own research to propose six tasks including: awakening; re-ordering of time and re-imagining work; embracing sorrow and savouring beauty; choosing our attitude; nurturing relationships; and leaving a legacy. MacKinlay (2006), in later writings, clarified that a task is to be seen as “a dynamic and continuing process, and not simply something to be completed” (p. 52). As baby boomers navigate these “tasks” in the midst of

living their later years, some geropsychologists (McFadden, 2015), educators (Walker, 2016) and people interested in their own spiritual growth (Osborn & Weber, 2016), anticipate that boomers will access existing, and seek further, spiritual resources as part of their ongoing spiritual journey.

Spiritual development toward maturity. Spiritual development toward maturity, generally through the transformative experience of life difficulties, is a process widely acknowledged by gerontologists, psychologists and aging theorists (Atchley, 1989; Erikson & Erikson, 1997; Fowler, 1981; Tornstam, 2005), spiritual caregivers, guides, and theologians (MacKinlay, 2008; Schachter-Shalomi & Miller, 1995; Shults & Standage, 2006), psychotherapists (Miller, 2011; Wong, 1998), and specialists in mental health (Clements & Koenig, 1994). A longitudinal study based on data from the Institute for Human Development at the University of California that measured spiritual practice among two cohorts of adults, first from their early 30s to their late 60s/mid-70s showed an increase in practice-oriented spirituality from middle to late adulthood (Wink & Dillon, 2002). While in the 700+ pages of the 'Handbook of the Life Course' (Mortimer & Shanahan, 2003), there is no mention of spirituality or religion, life course perspective has been applied to religion and aging (Ingersoll-Dayton, Krause & Morgan, 2002). In Ingersoll-Dayton et al.'s study, qualitative interviews with 129 people over the age of 65 revealed that certain dimensions of religiosity change throughout the life course, that they change via different trajectories, and that these changes are often related to transition. They did not, however, study baby boomers, or give consideration to cohort effect, meaning that potential similarities and differences in experiences related to the birth years of the participants were not taken into account.

Wuthnow's (2000) ideas about social change in spiritual thought during boomers' lifetimes are relevant here. Wuthnow described a societal path from "dwelling" in a religion-centred faith, through "seeking" a person-centred spirituality, to "practising" attentively and creatively as an individual in community. It seems many boomers have followed this path personally, and are continuing on the trajectory from seeking to practise as they age. As society's approach to religion has changed, so have boomers. Or perhaps as boomers have changed their approach, much of society has shifted with them.

Walker (2016) contended that boomers would continue to be interested in learning about and furthering their own spiritual development. She expected they would engage in informal learning through reading, conversing and online browsing as well as through structured opportunities within spiritual communities. Study material is being developed (Miller, 2017; Macgregor, 2018) and online seminars are burgeoning. Walker (2016) saw potential for resources to be built around the themes and findings within spirituality and aging literature, and emphasized that opportunities to learn together are valuable. She believed boomers would welcome opportunities to rediscover spiritual practices, share life experiences and their meanings, discuss issues about being and becoming in later life, practise reflection, meditation and mindfulness using body, mind and spirit, combat ageism and reclaim later life in all its fullness.

Both Erikson (1997) and Fowler (1981) suggested that reaching what they described as ultimate stages of development is a rare experience. Erikson (1997) added a ninth stage of "gerotranscendence" (a theory first proposed by Tornstam in 1989; see Tornstam, 2005) to *A Life Cycle Completed* while experiencing her own tenth decade of life. She wrote,

Gerotranscendence is to rise above, exceed, outdo, go beyond, independent of the universe and time. It involves surpassing all human knowledge and experience... it may be a regaining of lost skills, including play... and above all a major leap above and beyond the fear of death.... Oddly enough, this all demands of us an honest and steadfast humility. (p. 127, emphasis in original)

Fowler (1981) said that those who reach his stage six, of “universalizing faith”, “have a special grace that makes them seem more lucid, more simple, and yet somehow more fully human than the rest of us. Their community is universal.... Life is both valued and held loosely” (p. 201). For both Erickson and Fowler, the ultimate stage of life was a gift of shifting perspective. Perhaps boomers will hope to reach these stages of experience.

Eisenhandler (2016) wondered about the potential for baby boomers to experience these rare later stages of development. She wrote about interiority (or turning inward) and gerotranscendence (citing Tornstam, 2005) as “frontiers which are open to those in later life but not yet regularly crossed” (p. 169). One wonders if perhaps these frontiers are not regularly crossed by elders of the current cohort because they have not been encouraged to imagine spiritual development beyond their mid-life years. For many first-wave boomers, these developmental possibilities may currently exist in potential, and may become something for which they strive, or hope.

While these studies may lead us to assume that most adults experience a strengthening of their spirituality as they grow older, Coleman (2011), researching in the United Kingdom, questioned that assumption, noting, “The data shows that strengthening of religious faith is not an inevitable consequence of the ageing process. Loss of faith is the more striking feature in

some biographies” (p. 75). Spiritual distress and/or loss of faith is a possibility when growing older is accompanied by disappointment, suffering and existential questions. Counsellors who work with older adults often recognize that spiritual issues, such as questions of meaning and purpose, identity and worth, reconciliation, or legacy, are paramount in one’s later years (Blando, 2011; Maples, 2007; Nelson-Becker, 2017; Pargament, 2007; Wong, 2000).

Meaning-making and successful aging. Several studies have begun to explore the connection between meaning-making and successful aging. Though Rowe and Kahn (1997) made no reference to spirituality as a contributor to their theory of successful aging, Wong (2000) maintained that the need to make meaning is “successful aging’s hidden dimension” (para.6) and Crowther, Parker, Achenbaum, Larimore and Koenig (2002) revised Rowe and Kahn’s model to include “positive spirituality” (p. 614). A multidisciplinary anthology (Bouwer, 2010) agreed that there is a connection between spirituality and successful aging, and researchers are working on exploring the links (Sadler & Biggs, 2006; Arteaga, 2012). Others contest the idea of successful aging, suggesting that seeing aging as a spiritual journey, rather than either successful or problematic, is a more realistic and mature approach (Mowat, 2005). Marston (2010), who researched the impact of age-related negative changes on meaning in life, found older adults find meaning through connectedness (to others, nature, and God). She wrote:

It remains to be seen whether the baby-boomer generation will find and/or maintain meaning in life as they age. The challenge is for practitioners, such as those providing pastoral and spiritual care, to explore ways of talking with baby boomers about connectedness on different levels, such as those of faith and religion or by using life review techniques such as reframing. (p. 340)

Other studies relevant to the spiritual experience of aging boomers have explored patterns of transition in aging (Fisher & Simmons, 2007), the experience of changing relationships and caregiving (Boss, 2011; Burkholder, 2012; Sheehy, 2010), the desires of those who are becoming dependent on care and ultimately dying (Kuhl, 2002; Gawande, 2014), as well as spirituality and personhood in dementia (Jewell, 2011; Lipinska, 2009; Power, 2016). There is, however, little research on the experience of becoming dependent and receiving care, the anticipation of the spiritual needs that may be evoked and the spiritual resources available for that stage of life. McFadden (2015) noted that disability, physical or mental, often elicits theodicy, or “Why?” questions, and dementia is likely to present challenging existential questions for boomers “wondering how to find meaning while facing a potentially bleak future” (p.489).

The need for spiritual support. While the current cohort of older adults in Canada has sought little support for their spiritual and emotional needs beyond their family and faith communities, boomers are accustomed to a wide range of opportunities to pursue personal growth and healing (Maples, 2007).

British psychologist Coleman (2009) has studied elderly people of various faiths. He has found that childhood religious traditions can have deep roots in people’s consciousness and religious beliefs function as an essential connection to the past as well as an investment in the future. Coleman’s research has convinced him that “rising rates of uncertain, unsupported and troubled belief among the current generations of older people in Britain” have consequences for mental health (p. 68). Accompanying the decline in traditional church involvement, his studies showed rising rates of spiritual as well as physical isolation, lack of support in bereavement, depression and absence of meaning.

Literature in counselling, clinical geropsychology, and psychotherapy acknowledges a gap in the preparedness of therapists to understand and meet the needs of baby boomers as they age (Laidlaw & Pachana, 2009; Levant, 2008; McFadden, 2015; Qualls, 1998; Rainsford, 2002). McFadden (2015) noted that “most clinicians acknowledge the role of religion in people’s lives but have no training in addressing it” (p. 475). Physicians in an aging society are also encouraged to pay more attention to spiritual health, both of those in their care and their own. VanderWeele and colleagues (2017) noted that though 80% of US medical schools currently offer elective training in spiritual care, most physicians have not taken it (p. 520). A new collection of essays stated as its goal “to advocate that persons of all disciplines [including social work, medicine, psychiatry, etc.] engage the spirituality of their clients so that their interventions might be as lasting and effective as possible” (Koepke, 2016, p. 6).

In a handbook for geropsychologists, McFadden (2015), explained,

[A geropsychologist’s] role in the future will be to accompany older adults in coming to terms with the existential-often spiritual and religious-trials of old age. Once an older adult might have turned to a spiritual director or to a pastor for accompaniment through this frontier, but in the coming years, many aging baby boomers may turn to relationships with clinical geropsychologists for comfort, support, and guidance. (p.482)

McFadden (2015) went on to advocate for training programs that teach clinicians and spiritual leaders to work collaboratively to support individuals faced with their human limitations, and to learn to differentiate between psychological and spiritual need. She stated, “Clinical geropsychology that explicitly addresses issues such as hope, suffering, forbearance, love, forgiveness, surrender, hope, and compassion offers older people potential resources for living with the limitations and losses of old age” (p. 485). Boomers dealing with declining health, loss

of or separation from friends and family, relocation, and other trials may struggle to hold onto a sense of meaning and purpose in life and need support.

It is interesting to note both the overlap and the distinctiveness of spiritual care and psychotherapy/counselling with older adults. The relatively new fields of spiritually integrated psychotherapy (Pargament, 2007) and relational spirituality and transformation (Shults & Sandage, 2006) bring spirituality and psychology together, and may help us to explore the experience of aging boomers.

Boomer Spiritual Resources

MacKinlay (2006) observed,

Many people in society at the beginning of the twenty-first century do not even know what spiritual needs they have, nor do they have a repertoire of spiritual strategies that they may draw on to assist them to develop spiritually. (p.45)

In this current study, and its pilot study (Kuepfer, 2016), I asked about these spiritual strategies, and/or spiritual resources, to discern if the study participants did indeed have some, and what they might be. If traditional or expected spiritual strategies and resources are indeed lacking, is there something else that sustains? Or are people not being sustained? What do those in the first wave of the baby boom consider to be their spiritual resources? In the pilot study (Kuepfer, 2016) of four boomers, who were active participants in Mennonite faith communities, I found both “belonging” and “trust” emerged as overarching spiritual needs and resources as they age, which invites us to consider the role of community in providing spiritual support.

Spiritual resources for aging in community. Not all spiritual resources are expressly individual, like one-to-one counselling, or private spiritual practice. McFadden and McFadden

(2011) considered the deeper resources that can sustain a person in times of challenge and suffering that accompany aging, and identified faith, hope and love as primary spiritual resources that can be found in community. Together, as a psychologist (Susan) and mainline church minister (John), their research and experience has led to a conviction that friendships and communities, including churches, can help relieve despair. In line with this approach, Smith (2018) advocated for spiritual formation of isolated elders through small group home worship that maintains an experience of Christian community. Writing from the Netherlands, a more secular society, de Lange, in *Loving Later Life: An Ethics of Aging* (2015) asserted that love is good ethics for the public sphere, for nonbelievers and believers alike, and that love begins in relationships of trust.

As mentioned earlier, Higgs (2016) expressed concern about the implications of losing communities of collective belief. Higgs wondered if the baby boomer “emphasis on spirituality [in the “third age’] rather than on religious tradition leads to abandonment of concern for those confronting the dependencies and disabilities of deep old age” (p. 142). As affiliation with religious communities declines in Canada (Clarke & Macdonald, 2017), it will be important to nurture, maintain and build intentional community relationships that will embody the spiritual resources of faith, hope and love for older people who might too easily be forgotten.

In sum, the literature that discussed “spiritual resources” (broadly conceived) revealed the importance of spirituality for wellness, the assumption that spirituality grows and matures as we age, and the need for appropriate support for that to manifest. The next section considers what has been meant by “spiritual care” in relation to aging, the role of “assessment,” and who provides spiritual care in long-term care.

Spiritual Care

Defining “spiritual care.” Literature on the topic of spiritual care, defined as care that meets spiritual needs, is growing in the field of nursing. Though the work of chaplains is often, curiously, not noticed in medical literature, one study conducted by Hummel, Galek, Murphy, Tannenbaum and Flannelly (2008) found that nurses and chaplains agreed about what constitutes spiritual care and what it entails. Broad categories of interventions identified in this study of the literature were: religious, spiritual, counselling, emotional support, advocacy, presence, respect, communication, adjunct therapy, and other care. This study revealed the broad scope of spiritual care and the numerous needs it addresses. Jackson, Doyle, Capon and Pringle’s (2016) literature review found elements of spiritual care to include: spiritual assessment, trusting relationships, support, rituals, compassion, prayer, reading scripture, reminiscence, story telling, connectedness, generating a sense of hope, mindfulness and meditation (pp. 285-290).

Spiritual assessment. In health care, including long-term care, caregivers attempt to determine the spiritual needs and resources of residents through assessment conversations. MacKinlay (2006) suggested that spiritual assessment in long-term care “should include questions about meaning in life, source of hope, coping strategies in crises, and any spiritual or religious practices” (p. 46). Rather than using the term “assessment,” Cooper and Temple-Jones (2006) preferred to say the first major area of responsibility for a spiritual care provider is to “discern, identify and understand spiritual and religious history, resources and care needs” (p. 30). Their approach is more akin to a spiritual life review conversation than to a medical assessment. While these conversations give insight to caregivers when a resident is in long-term care, it is also an interesting exercise for first wave baby boomers to contemplate these questions, needs and resources now.

Providing spiritual care. Jackson et. al. (2016) emphasized that a whole organisation approach is required rather than leaving spiritual care to one individual, like a chaplain. In Australia, education for spiritual care for all those who work in aged care has been successfully piloted (Taylor, 2013). Hall, Hughes & Handzo (2016) in their white paper about the importance of spiritual care in health care in the United States acknowledge the role of multiple disciplines in general spiritual care, while emphasizing the important distinct role of skilled spiritual care specialists.

Considering gender. Though a comprehensive literature review on the topic of gender and spirituality related to aging and baby boomers is beyond the scope of this study, a few observations can be made. Older women have been found to be far more likely to engage in religious behaviours than older men (McFadden, 2015, p. 495). Perhaps because of this, research in spirituality and aging has tended toward involving more women than men, and often only women (Manning, 2012; Mellinger, 2016; Sheldon, 1997; Tucker, 2012). Studies that have involved men invite potential for further exploration. For example, McFarland's (2010) study found that older men with high levels of religious participation obtained more mental health benefits than did women. In addition, a qualitative study of spiritual resiliency found that older men took a more cognitive, analytic approach to describing the role of religion and spirituality in their lives, compared with older women's more emotional, relational approaches (Ramsey & Blieszner, 2013). There is much more to explore in the realm of male baby boomer's spirituality as they age.

The next section of literature to review is about the life experience of those born during the first wave of the baby boom.

The Boomer Cohort Experience

Life course theory. Life course theory, which refers to a multidisciplinary paradigm for analyzing people's lives within structural, social, and cultural contexts, attests that,

Lives are influenced by an ever-changing historical and biographical context....

Individuals generally work out their own life course and trajectories in relation to institutionalized pathways and normative patterns... [and] historical changes often have different implications for people of different ages...who differ in life stage. (Mortimer and Shanahan, 2003, pp. 7-9)

Changes in life expectancy, family structure, and societal expectation have all influenced the aging process of boomers. Similarities in experiences and social influences across this particular age group is referred to as "cohort effect."

It is important, recognizing that the baby boom cohort is now thinking about aging and spirituality, to investigate the common life experiences of their cohort and consider implications for their spiritual resources.

The baby boom cohort from which the sample for this study was drawn lived their early lives in southern Ontario in the years following the end of the Second World War. Their families were largely descendants of working class Christian immigrants from Western Europe, most of whom had lived in Canada for many generations. These "boomers" grew up as part of families that were the core of mainstream Ontario society throughout their childhood and young adult life. Their environment was relatively homogeneous and they were steeped in cultural values of hard work, loyalty, and the importance of family and community.

In the late 1940s and early 1950s, these baby boomers began life in a society where much value was placed on home and family, and children were seen as highly important, and

paradoxically both fragile and powerful. Owram's (1997) history of the Canadian baby boomers' first 25 years revealed the roots and implications of their particular experience of home and community life, religion, education, psychology and the counter-culture movement of the 1960s. Consumerism has also been significant to the experience and perspective of this cohort, as has change in health care awareness and availability. In this section, each of these aspects of life will be briefly reviewed as potentially relevant to this study.

Religion. Canada was an avowedly Christian country in the 1950s, with time set aside for religious instruction in schools and religious observance a normal part of community experience. During the years when baby boomers were children, church membership increased dramatically from the years before when religious indifference was common. Owram (1997) reflected on this "most curious revival" (p.105), during a time of marginalization of religion elsewhere in the world, reflecting that it had "more to do with the baby boom and middle-class sensibilities than with religious commitment. People attended church because it was another stabilizing force within a community that sought security... part of this generation's strange desire for conformity" (p.106). Religion was seen as the conveyor of values and ethics to the new generation, so Sunday Schools were the real centre of many churches, but "religion for children was not basically a theological matter but a strand in the web of socialization" (p.106). Owram (1997) reflected on the implications of this upbringing, "As [the baby boomers] moved into adulthood, they became the first of the truly secular generations, rejecting as a body the pretense of their parents that religion was central to their society" (p. 109).

The baby boom cohort's experience with religion has been described as religious individualism breaking free from worshipping out of a sense of duty (Bellah et al., 1985). Nelson-Becker (2017) explained:

The Baby boomers are a bridge generation spiritually. Many were raised in the faith of their parents, and some still keep that faith. Others have gone far afield in their spiritual explorations... they were the first as a group to forge their own way spiritually. (p. 347)

Emberley's (2002) research into the spiritual journeys of baby boomers across Canada revealed how religious and spiritual exploration played out for individuals in mid-life, as they searched for solace, spirituality and a place to belong. He concludes that,

For a long time, baby boomers were willing to accept surrogates and counterfeits to their spiritual longings, as answers to human predicaments. Then, as a consequence of age, personal crisis, a heightened sense of responsibility, or a natural (perhaps even supernatural) development in their lives, baby boomers began to suspect something was missing from their lives. It is possible that these children of the sixties are still looking for a home, and this refuge in spiritual discovery is merely the latest expression of that search. (Emberley, 2002, p. 246)

Education. The arrival of the baby boomers in the Canadian education system began in 1953 and steady expansion continued, first in elementary schools and then in secondary schools, through the 1950s and 1960s (Foot, 1996). Education in the 1950s, though rooted in conservative values, was shifting toward tolerance and inclusiveness, values that were dynamic and destabilizing in their implications. Canadian education systems were overwhelmed by numbers, staffed by hastily trained teachers, and influenced by Dewey's teaching that experience is the best teacher, and so children learn better by working things out for themselves (Owram, 1997). In their youth, and for their parents and grandparents, differences in boomers' ethno-cultural identities (i.e. Irish, Scottish, Dutch, German, and Protestant or Roman Catholic) had been

pronounced and significant, but these differences faded over time, in part due to these boomers attending high school together, before full public funding for Catholic high schools in Ontario began in 1986. With increased immigration as boomers matured, Canada became more and more diverse, stretching boomers' valuing of tolerance and inclusivity.

Psychology. In the baby boomers' early years, psychology was beginning to be taken seriously, and becoming popular. Consequently,

The baby boom was raised by a generation that would be prosperous, ceremonialize religion and maintain a degree of stability, but also be beset by a nagging sense of anxiety about that apparently tortured, fragile, and yet crucial vessel – the human mind. (Owram, 1997, p. 40)

As these children grew into teenagers and young adults pop psychology taught them that personal well-being was an inner force, and that personal emotional and psychic satisfaction were central to life (Owram, 1997).

Counter-culture. The counter-culture movement, from the early 1960s to the mid 1970s, challenged mainstream society. This movement had religious aspects – mysticism, personal conversion, and the search for an ultimate truth – and invited young boomers to dabble, to experiment. In rejecting modern society, it was important to have some passionate belief (political, social or religious), and feeling became more important than the substance behind it, as Owram (1997) asserted, “the real underlying belief of this generation was in itself” (p. 210). Writing from an American perspective, Gerus (2017) maintained that memories, life lessons and hippie values from the sixties endure. He (2017) noted, “Many of us old freaks still dream of a world without war, where the cops are cool, and where we're assured of the happiness and

security of our kids and grandkids” (p. 18). Kotarba (2017) wrote about popular music and spirituality in the 1960s.

Baby boomers rejected their parents’ religious affiliations and embarked upon spiritual journeys to find meaningful truth about life and reality. The general feeling was that organized religion was not relevant to young people’s lives and moral concerns.... Spiritual experimentation was rampant, and few belief systems were out of bounds. Scientology, animism, Eastern meditation, Gnosticism and philosophy were each fashionable at different times for the baby boomer generation. (online, chapter 5)

Popular music of the time emerged in the context of the counter-culture movement and influenced many.

Consumerism. Baby boomers have been carried along as part of large cohort in which they experienced security, affluence, freedom, power and a strong sense of self. They bring this expectation into the experience of aging. Studies done in their middle age years assured boomers that if they engage in healthy behaviors and thought patterns in their middle years, they will experience a vital, satisfying life in their 70s and beyond (Hartman-Stein & Potkanowicz, 2003). As consumers, boomers expect society to cater to their needs, to solve the problems of aging as they encounter them, and marketers are ready (Ko, 2011), offering “props”, like hearing aids, pacemakers, joint replacements, and gadgets not yet imagined.

Health Care. Baby boomers lives have coincided with an era when knowledge about health and availability of health care in Canada has grown tremendously. Good health has been perceived as achievable, and as a right. Canada’s publicly funded healthcare system that provides universal health care coverage began in Saskatchewan in 1947 and expanded nationally with the

Medical Care Act of 1966. In Ontario, insured hospital services were introduced in 1959, and insured physicians' services in 1966. As children the boomers were the first cohort to have access to immunizations and antibiotics. As seniors, once over the age of 65, they benefit from coverage for prescription drugs, annual eye exams and physiotherapy (Government of Canada, www.canada.ca/en/health-canada, retrieved March 15, 2018). In the long-term care system, the province currently contributes \$145 per day per resident for nursing and other care in long-term care, while residents pay between \$60 and \$85 a day to cover accommodation costs (Ontario Long-Term Care Association, www.oltca.com, retrieved March 15, 2018). Beyond health care's accessibility, boomer health has been influenced by emphasis on public health awareness and information. Education about healthy lifestyles, exercise and diet, combined with medical advances, has undergirded the health of boomers throughout their lives.

To summarize, boomers, as a cohort, had strong roots in family and church where they were given high value and much attention as children. Growing up they experienced increasing freedom, challenge and change as they learned to see the world in new ways, which contrasted with those of earlier generations. As adults they have been accustomed to addressing most of the problems of life, including declining health, as consumers, but while boomers may be able to access physical props to ameliorate some problems, the losses of aging may bring for them a sense of loneliness and isolation, a loss of identity and security like they have never felt before, perhaps a spiritual need they have never experienced.

Listening to Boomers

What issues are relevant to this first wave of baby boomers as they envision aging, and what spiritual resources are they bringing to the experience and/or hoping will sustain them? Researchers are exploring by listening to boomers themselves.

Recent studies. In one recent study y MacKinlay and Burns (2013), who were commissioned to plan eldercare services for the future in Australia, gathered data from boomers and highlighted their hopes, fears, and the importance of spirituality and spiritual care for all in their future holistic care. The freedom boomers have had, as spiritual consumers, to gather what is meaningful to them in terms of spiritual belief and practice proved significant, as well as importance of relationship, with others, with God, and with self (alone time). Guilt, grief, loss, loneliness, pain, palliative care and preparation for death were themes that arose (MacKinlay & Burns, 2013).

In a qualitative study of thirteen Canadian women born between 1946 and 1955, Mellinger (2016) learned that in terms of spiritual practice these early boomers expect to value challenging discussion, space and time for silence and contemplation, and opportunity to talk about and prepare for dying in a mutually supportive context. Music, social justice and service, multi-faith concerns and holistic care were all valued highly.

Issues of aging. Those who are listening to boomers are beginning to hear more conversation and wonderings about issues related to aging, including: declining health, relationships/loneliness, living arrangements/home, ageism and culture change, existential questions, medical assistance in dying, aging anxiety, and spiritual exploration. Some of these issues have accompanied aging for every cohort, while some are new, or are being seen in a new light by the baby boomers. Each of these issues has the potential to be a separate dissertation. What follows is a brief overview of what researchers are beginning to explore as boomers enter their eighth decade.

Declining health. The boomers have been a generation of hope and promise when it comes to health. Medical research and progress in health care has set up expectations that any

problems boomers may encounter should have a solution. One example is boomers' confidence that there will be a cure for dementia before it affects them. A feature article in March 2018 on the Boomer Health Institute website entitled *Alzheimer's: Finally Preventable and Reversible* began, "Everyone knows a cancer survivor. No one knows an Alzheimer's survivor. That is about to change. Just in time." It offers a list of twenty supplements boomers should consider taking (<http://boomerhealthinstitute.com>). Unfortunately, most scholarly, scientific research is not yet so hopeful. While popular websites reveal that boomers believe that "Seeing the calendar flip by is inevitable, but seeing our health decline isn't." (<http://www.baby-boomers-r-we.com/boomer-health>), Badley's (2015) study of Canadians found, that health declines with age, regardless of one's cohort. Though boomers have had advantages such as access to antibiotics, publicly funded health care, and higher education, higher income, and lower smoking rates than earlier generations, and believe that they are healthier than previous generations, Badley "found no evidence that the health of baby boomers is substantially different from that of the previous or succeeding cohorts" (Abstract). She found that their health advantages are likely to be counterbalanced by the adverse effect of obesity, and noted that while advances in medical care, such as treatments for heart disease, have meant that people are living longer, these people may have ongoing health issues. For some, Gawande (2014) argues, rather than extending their living, medical advances may extend their time of dying, turning life into a "long, slow fade" (p. 28).

Though they will have medication to use for pain, hypertension, erectile dysfunction and other quality of life issues, the realization that illness may be irremediable and death remains inevitable may be a disappointment for optimistic boomers as they age. Facing difficult decisions about when to pursue further medical treatment and when to turn one's focus to "letting go"

(Gawande, 2014) will be an increasingly common experience for which boomers will need spiritual resources.

Relationships and loneliness. Researchers around the world are currently studying predictors of loneliness in aging populations (deKoning, Stathi & Richards, 2017; Lee, Martin & Poon, 2017; Wang, Hu, Xiao & Zhou, 2017), as social isolation becomes more common for older persons. Recent studies confirm that social resources help people to cope with aging (Boehlen et al., 2017) and social engagement contributes to successful aging (Carr & Weir, 2017). A Canadian study looked specifically at the experience of involuntary separation when one spouse was admitted to long-term care and found the importance of connections with family, friends and spiritual resources, and of meaning focused support (Glasier & Arbeau, 2017). McFadden and McFadden (2011) called for social institutions, especially faith communities, to embrace aging, and cognitive change, and build supportive relationships for all.

Where do I call “home”? A practical issue of aging, around which many seniors need to make decisions and transitions, is living arrangements. Research has shown that most baby boomers prefer to stay in their own homes as long as possible, and some creative approaches to make this viable are starting to emerge (Edlund, Lufkin & Franklin, 2003; Kennedy, 2010). Edlund et al. (2003) noted that while most elders are currently cared for at home by unpaid caregivers, more care in community and long-term care settings will be needed as baby boomers age. Kennedy (2010) imagined accommodating the needs of older people by expanding the spectrum of senior housing options. Thomas (1996), the creator of “Eden Alternatives” has pioneered improving living spaces in long-term care and retirement home settings. His newest venture is small independent living homes for seniors (Myminka.com).

While issues of home, transition, care environment and space are paramount in one's experience of later life, no literature was found directly related to spirituality and space. There is some literature about space in person-centred care, and about the value of natural environments. Edvardsson, Fetherstonhaugh & Nay (2010) advocated for personalized spaces as important to person-centred dementia care, with attention paid to the meaning of a person's surroundings and special objects within them. Research-enlightened awareness of what can make one's home a spiritual resource would be helpful to individuals and families of older people, as well as to long-term care facilities.

Another aspect of improving housing for the elderly is paying attention to incorporating exposure to nature. An entire issue of the *Journal of Housing for the Elderly* was dedicated to "The Outdoors as a Multifaceted Resource for Older Adults" (Rodiek & Schwarz, ed., October 2006). Kearney and Winterbottom (2006) learned from forty elderly residents of three different urban long-term care facilities about the importance of outdoor green spaces and views within the facility, their use of the facility's outdoor spaces, benefits they derive from those spaces, and barriers to using the spaces. Eisenhandler (2016) advocated for gardening as a spiritual practice in old age. Those interested in health promotion have also written about the importance of nature for various populations (Maller et. al., 2006), and boomers themselves (Manning, 2017) have discovered the benefits of appreciating the natural world around them.

Ageism and culture change. Ageism is a subject that arises frequently as authors write about the experience of elders (de Lange, 2015; MacKinlay, 2016; McFadden, 2011; Rock, 2014). By "ageism" they refer not only to how society feels toward and treats older people, but also how people tend to think and feel about themselves as they grow old. These negative attitudes toward old age affect people on a spiritual level, as their identity, self-esteem and social

roles are threatened (de Lange, 2015). Baby boomers are both affected by ageism and are on the forefront of culture change in the world of aging (Applewhite, 2016; Brune, 2011; Fagan, 2003). Emerging from a 2016 conference, involving mainly long-term care providers, on changing the culture of aging in Canada, a white paper was produced that both defined “culture change” and reflected on the biggest mistakes we as a society are making that prevent us from living fully in later life. Three themes emerged from the discussion as key barriers: marginalization and segregation of older adults from the community, the dominant deficits-focused view on aging, and the inherent ageism in our society (Schlegel-UW RIA and CapitalCare, 2016). How aging is talked about and thought about has implications for how aging is experienced. Theologians (Jewell, 2011; Swinton, 2012), ethicists (de Lange, 2015) and other spiritual thinkers (Chittester, 2010; Pevny, 2014; Schachter-Shalomi & Miller, 1995) are challenging ageism with their perspectives.

Existential questions. As mentioned earlier, aging and ageism affect people on a spiritual level. McFadden (2015) wrote that “as people grow older, they frequently experience threats to the meanings constructed over a lifetime. Vulnerability, limitation and loss can shake the foundations of meaning in a person’s life and produce considerable suffering” (p. 478). Johnson (2016) wrote about biographical pain and the value of having opportunity to process this pain in later life. MacKinlay (2006) added, “All meaning in life is provisional, until old age, when we begin to see the final, ‘ultimate’ meaning and purpose of our life” (p. 107). One approach to discovering and articulating this meaning is through writing spiritual autobiographies (Morgan, 2002).

These existential questions are not only relevant to individuals, but also to our society. What is the meaning of life when one becomes a frail elder? Where does that meaning originate

and reside? In a society that values doing over being we need to grapple with the question, “What are older people for?” (MacKinlay, 2013, p.67). These questions are rooted in the existential question posed by Frankl (1984) of how we make meaning in times of suffering (Kimble, ed., 2000), and are met by the need for person-centred care (Rogers, 1961) that affirms the personhood of the frail aged (Kitwood, 1997) and assures those who are wondering about their own future of the compassionate support of others, whatever life may bring. Studies in the fields of palliative care (vandeGeer et al., 2017) and dementia (Reed et al., 2016; Swinton, 2012) especially support a growing understanding of the importance of clinicians and the public honouring the existential value of those who are vulnerable. Bryden (2017) testified to the persistence of self, adding her valuable perspective as she writes as someone who lives with dementia herself.

Medical assistance in dying as an option. Questions were raised by MacKinlay and Burns (2013) about boomers considering physician assisted death as a means of avoiding frailty. These questions are highly relevant for Canadians, as medical assistance in dying (MAID) was legalized in 2016. Current Canadian law requires that a person be both capable of consent and experiencing intolerable and irremediable suffering to be eligible for this assistance (Government of Ontario, 2016). Consequently, those who envision using MAID to shorten life with dementia or their years in long-term care are likely to be disappointed by the restrictions of the current legal parameters. But the reality that boomers would consider seeking out a way to die by choice is significant.

The extent to which these questions relate to the ability to make meaning or access spiritual resources is unknown, and would make a fascinating research project. What is known is that baby boomers like to be in control and have come of age in the era of “successful aging.”

One of the hallmarks of aging successfully is “compression of morbidity,” a strategy articulated by James Fries: namely, that “medical science should strive to postpone diseases and impairments of age until a point not long before terminal drop” (Moody, 2001, citing Fries, 1989). This desire is seen in boomers’ hope or even expectation that they might maintain good health and then die quickly, without having to adjust to changes or endure suffering. Successful aging focuses on individual responsibility for personal health, and, Moody explained, “if the aim of life is to be successful, and if success is measured by life satisfaction, then when homeostasis and quality of life decline below a certain point, it’s time for assisted suicide” (p. 179). Though a decrease in quality of life alone does not allow someone access to medical assistance in dying in Canada, there may be boomers who wish it would.

An article that explored suicide among seniors attested that while suicide rates have declined for all other age groups, baby boomers have exhibited higher suicide incidence rates as they age (Monette, 2012). In a resource for clinicians, McCue and Balasubramaniam (2017) addressed the clinical, ethical and sociocultural aspects of “rational suicide” in the elderly, specifically addressing the aging baby boom cohort. Conversations about being mortal (Gawande, 2014) and the need to make decisions about living and dying are becoming more common, or at least beginning, among baby boomers, and among clinicians, and hopefully in the relationships between baby boomers and their clinicians.

Aging anxiety. De Lange (2015) observed that aging anxiety is different from death anxiety and that “it is not primarily physical weakness or frailty but the evident failure of “self-control” and “self-direction” that frightens people” (p. 69). Researchers have learned that dementia is more likely to be feared than cancer, or even death (Corner & Bond, 2004; Volicer, 2016). In their study of 143 baby boomers in Australia, MacKinlay and Burns (2017) identified

fears of future frailty, loss and dementia, and attest that spirituality promotes better health outcomes and lowers anxiety about aging for baby boomers. An American study showed that aging anxiety was heightened among baby boomers who were older, less healthy, less educated, and poorer, as well as those with less knowledge about aging and who had less contact with older adults (Yan, Silverstein & Wilber, 2011).

Aging and spiritual exploration. For many baby boomers, spiritual seeking is a way of life. Coleman (2011) reflected on the increased time for reflection that comes with aging, and expects that baby boomers will challenge assumptions and acquired beliefs as they consider the meaning of life and death with an increased openness to questions. He also articulated that for baby boomers religious beliefs are “better lived and expressed in real-life experiences and commitment [than] encapsulated in words... there is a desire to live in a way that recognises the importance of the ‘sacred’ and the need to search for it” (p. 162). Two studies specific to baby boomer spiritual exploration and practice as they age looked at near death experiences (Kinsella, 2017) and at creating meaningful ritual for transitions in an extended lifespan (Address, 2017). Their work suggested that as boomers age they may seek meaning in late life, be increasingly curious about dying, and be open to new ways of marking significant change.

Resources to accompany and guide boomers in their spiritual life as they age are beginning to emerge. *St Benedict for Boomers* (Fletcher, 2017) is one example of a recent publication specifically for boomers exploring spirituality as they age. Literature in the field of spiritual direction/maturity for those who are aging is growing as aging baby boomers seek support and resources (Chittester, 2010; Sherman, 2010; Singh, 2014; Thibault, 1995) and study books are available to encourage group discussion of the practical and spiritual implications of aging (Brubaker, 2003; Macgregor, 2018; Miller, 2017; Snyder, 2017). The “conscious aging”

movement (Pevny, 2014; Weber & Orsborn, 2015) seems particularly relevant to and rooted in the baby boom cohort. These written resources for individuals and groups are tools for some boomers as they seek to recognize and augment the spiritual resources that have sustained them through life so far and will address their spiritual needs into the future.

With all of these issues on the minds and hearts of baby boomers as they envision aging, how do we begin to support their spiritual resources? Who is responsible and/or able to provide care, nurture, support and/or inspiration? There is literature in the field of spirituality and aging that explores where we might go from here. In the next section, I will consider other researchers' visions for understanding and interdisciplinary collaboration, and outline literature about spiritual care in long-term care with a view toward the future.

Opening the Conversation about Spiritual Resources and Baby Boomers

Spirituality is a topic that tends to make professionals and researchers uncomfortable. Though its importance is acknowledged in the fields of medicine and psychology, it is met with a sense of inadequacy, where there are “multiple barriers to the proper assessment of spirituality in clinical practice and research” (Lavretsky, 2010, p. 16). It is becoming increasingly clear that gerontology needs research done by those who are familiar and comfortable with listening for the spiritual depth in experience, and able to pay attention, with non-partisan openness, to the needs expressed. McFadden (2009), a psychologist who researches spirituality and aging emphasized, “We need to take time to nurture collaborative relationships with practitioners and older people themselves who know how to ask the difficult and down to earth questions about aging” (p. 87). As baby boomers become these older people, they will have questions and thoughts about their spiritual needs and resources to express to those who will listen.

Understanding individual experience. There are trends in 21st century studies toward understanding the increasing complexity and intricacies in individual experience of spirituality and aging, with the goal of moving beyond a focus on health and mortality to examine wellbeing more broadly in the context of older adults' life experiences (McFadden, Brennan & Hicks-Patrick, 2002). A recent study conducted by Ellor and McFadden (2011), based on a survey of professionals in gerontology, rated sources of meaning in their lives, now and in the future, and views of whether religious organizations would be able to meet the needs of aging baby boomers. Their study revealed that future scholarship and practice needs to reflect the diversity of the aging baby boomer population in terms of how persons understand and experience religiousness and spirituality. This furthers Ai and McCormick's (2009) findings of increasing diversity that has implications for spiritual care, and supports Mellinger's (2007) emphasis on the importance of intentionality in offering spiritual care that is respectful of the diversity of spiritual expression in long-term care homes.

Coleman (2011) encouraged other researchers to listen closely to older people's voices, using his research participants' own words in his writing so they could be "heard" as they attempted to explain their beliefs. Preferring to write about "belief" rather than spirituality or religion, he observed the changing context of belief, the importance of finding meaning in life, and possible future trends in spiritual exploration. "Belief", Coleman (2011) argued, "will become an increasingly important feature of identity because it is more likely to be chosen and willed rather than assumed" (p. 9). This transition, observed by Coleman in the British context, is likely to be experienced by Canadian boomers as well, and may be noticed as they attempt to articulate what matters to them in the absence of strong ties to religion.

Researching spirituality through stories. Narrative gerontologists suggest that life stories are a particularly powerful and accessible avenue for exploring meaning in late life (Morgan, 2002; Randall & Kenyon, 2001; Kenyon, Bohmeijer & Randall, 2011). Atchley (2009) attested that “there are few things more important to many aging people than their intentions for their own spiritual journey”, and invites us to “create a safe space” for elders to reveal their basic spirituality in their own way (p. 157). He advised academics to “try theories built around an open-feedback-systems approach to spirituality, consistent with the upcoming older population’s open-systems approaches to spirituality that let the research evolve without knowing precisely where the journey will lead” (p. 156). Walent (2009) emphasized the ethical importance, in the study of religion, spirituality, and aging, of researchers remaining reflexively in touch with participants, meaning that, through a continuous process of reflection, the researcher examines both him or herself as researcher and the research relationship. Sadler and Biggs (2006) agreed that user-led, participatory research will help us to understand the spiritual needs of those who are aging and to find what will “support the spiritual potential that lies within the experience of a long life” (p. 276).

In Manning’s (2012) narrative study of the spiritual lives of women in their eighties and nineties, their stories revealed narratives of conflation (of spirituality and religion), continuity, confidence, connection, and caring. As her participants were older than the participants in this study, it is interesting and important to compare their narratives to those of the cohort that is following them, to notice what is the same and what is different.

Interdisciplinary collaboration. The significance of spirituality in the lives of first wave baby boomers is increasingly being recognized across several fields. Researchers suggest that social work practitioners and health care providers need to carefully assess the religious/spiritual

issues of older clients (Lee, 2011), that spiritual caregivers will need to explore ways of talking with boomers about connectedness on various levels (Marston, 2010), and that there is a need for spiritual directors, pastoral counsellors and mental health professionals to be prepared to help older persons find solid spiritual ground when all is changing around them (Watkins, 2010).

New resources for students and clinicians have been produced that provide important questions, if not all the answers, to bring into settings such as long-term care (Nelson-Becker, 2017; McFadden, 2015). Some of these questions include:

What does it mean to have life? What does it mean to be or become old? What is the value of aging? ... What is the spiritual self? ... What am I searching for... and what do I believe? ... How can we support diversity? ... What does it mean to flourish, and how is that facilitated? ... How can meaning within life challenges be accessed? (Nelson-Becker, 2017, p. xxii)

McFadden (2015) asked clinicians to consider questions such as:

How can religiousness and spirituality be measured or assessed? ... How can religiousness and spirituality both help and hinder the search for meaning in later life? ... What is the role related to religion and spirituality of gender and sexual orientation, race, ethnicity, culture, national origin, language, socioeconomic status? ... And what is the influence of disability, including dementia? ... How will baby boomers receiving a dementia diagnosis while still in middle age cope with the prospect of terminal, progressive cognitive decline? ... In what ways might spiritual life be deepened while experiencing loss of cognitive function? (p. 488-490)

While many important foundational questions are being asked, there is a lack of literature that addresses the pressing questions for residential care:

- Is the spiritual care currently provided appropriate and adequate?
- Who is responsible for ensuring spiritual care is provided, and do they have appropriate skills?
- How will the residential care system navigate change as spiritual needs and spiritual resources change?
- As traditional spiritual resources diminish, what will meet spiritual need?

These questions are important both to those responsible for providing comprehensive and holistic long-term care, and to those who may anticipate needing to receive it.

Researching spiritual care in long-term care. The field of spirituality suffers from a dearth of robust evidence to guide practice, which is difficult to remedy, given the nature of spirituality and spiritual care. An international survey of clinicians and researchers in palliative care recently found almost unanimous support for more research in spiritual care, focusing on: ways to help people, including staff and clinicians, to talk about spiritual issues; identifying spiritual need; and developing and evaluating spiritual care interventions, while understanding needs and preferences in diverse populations (Selman, Young, Vermandere, Stirling & Leget, 2014).

A unique aspect of long-term care research is the tension between providing spiritual care for those who need inspiration for living, and spiritual care for those who are dying. As evidenced in the study of Selman and et al. (2014), research in spiritual care in long-term care tends to focus on palliative care. Another recent example was a mixed methods study showing that family of long-term care residents had concern about their loved one's emotional and spiritual needs not being met when they were dying of advanced chronic illness compared to those dying of cancer (Church, 2016). A Canadian study that included long-term care workers in

the US, UK, Germany, Norway and Sweden as well as Canada has highlighted the difficulty of providing care in what are concurrently homes for the living and hospices for the dying (Banerjee & Rewegan, 2016). This conversation about how we are best to think about long-term residential care, and spiritual care within it, recognizes that we are simultaneously striving toward a model that emphasizes living while the reality of daily life in long-term care is that many need care that acknowledges they are dying (Banerjee & Rewegan, 2016). What bridges these two realities is the need for relational care, by which they mean care that emphasizes interpersonal bonds that can embrace both living and dying. Spiritual care is an integral aspect of this relational care.

A recent Canadian study of predictors of self-reported quality of life in long-term care found that those who usually attend religious services and/or find strength in faith reported higher quality of life than those who do not (Kehyayan, Hirdes, Tyas & Stolee, 2016). Nichols (2013) agreed, finding that spiritual support (both religious and nonreligious) is a vital factor in well-being and quality of life in long-term care. McDonald (2016) also observed a relationship between quality of life and spirituality, but suggested the inverse, saying that spiritual well-being can be enhanced, despite disease and disability, by supporting quality of life, which promotes contentment. For frail older adults in long-term care the pillars of quality of life include meaningful activity, self-efficacy, supportive relationships, positive outlook and security. If the potential for quality of life is strengthened, McDonald maintained, individual pursuit of higher meaning through reflection and spiritual tasks may be fostered. Whichever comes first, it seems spirituality and well-being are interdependent for many in long-term care.

In long-term care in Ontario, patterns have been established for providing religious/spiritual care. Currently, in most facilities, these patterns involve hosting community

pastors and priests who volunteer to provide short religious services for residents, perhaps a hymn sing or Bible study time. Residents from other-than-Christian faith traditions are usually visited individually as numbers are small. People from other faith traditions are often more recent immigrants, from collectivist cultures that highly value filial piety and care for their elders at home (Olson, 2001). An exception would be Jewish facilities where religious services and rituals rooted in Judaism are provided. Most facilities designate someone, often recreation staff, to be responsible for coordinating the volunteer schedule. Some contract or employ a chaplain part time to coordinate religious services and provide spiritual care to residents.

As the role of religion and churches in our society changes, and diversity in spiritual understanding and resources shifts, what spiritual care will look like in our long-term care facilities will need to be renegotiated. Speed and Fowler (2017) found that attending church does not benefit the religiously unaffiliated and argued that religious and spiritual beliefs and behaviours do not have an inherent benefit, but rather the benefit is contingent on the person seeing value in them. Spiritual care provision will need to reflect the beliefs, practices, values and needs of the boomers involved in order to have benefit. A risk is that, as volunteers are harder to find and residents show less interest in traditional religious expression, spiritual care might be dismissed as no longer necessary. This literature review shows that would be a great loss, rooted in misunderstanding of spiritual need. In their book about creative long-term care administration Gordon, Grant and Stryker (2003) advocated for *increased* spiritual care, arguing that there is even a cost benefit, as attested by professional chaplains' white papers that suggest a positive contribution of spiritual wellbeing to overall wellbeing.

Spiritual need, spiritual tasks and spiritual care are about much more than religious services. Researchers are beginning to explore some innovative approaches to spirituality in

long-term care. Some examples of this are: Ross (2016) attested to the value of using soothing surroundings, human connection and music activities to sustain the enduring spirit of those living with dementia; life satisfaction and spiritual wellbeing have been shown to improve significantly among those with dementia through opportunities such as spiritual reminiscence (Wu & Koo, 2016) and musical life review (Otera, Horike & Saito, 2013); mindfulness practices have been developed for people with dementia (McBee, 2008; Rejeski, 2008); narrative care as a person-centred approach to care has been shown to meet spiritual need (Villar & Serrat, 2017); peer support in residential care can help alleviate the spiritual distress experienced by those who are lonely and socially isolated (Theurer et al., 2015); and gardening has been found to be a transcendent activity for some that “permits a larger awareness of life and a glimpse of the eternal” (Eisenhandler, 2016, p. 176).

Johnson (2016) is especially concerned about depression among those in the “fourth age,” caused principally, he believes by having an overabundance of time in which to think about their lives. He has found that “among those who have lost their independence, those who maintain a positive hold on life are far outnumbered by the depressed, the disappointed” (p. 204). He defines “biographical pain” as “the irremediable anguish which results from profoundly painful recollection of experienced wrongs which can now never be righted. When finitude or impairment terminates the possibility of cherished self promises to redress deeply regretted actions” (p. 207). Noting that those who are religious may “seek forgiveness through a priest, by prayer or via redemptive good works... for those who are spiritually unlearned the options are less available” (p. 207). He wonders about new social rituals for “putting things right” (p.207) believing that while “secular society... will not welcome a wholly religious formulation for

addressing the spiritual needs and biographical anguish of people coming to the close of their lives... ways of supporting these needs should be high on the agenda” (p. 208).

Who will be responsible for providing this attention to spiritual need? Who will have the knowledge, awareness, and skills? Who will have the spiritual depth and resilience? The long-term care system, and individual facilities, will need to grapple with these questions in order to provide optimal care for their residents. Perhaps spiritual care will no longer be relegated to a part time chaplain but shared among all those who accompany residents through their days. What role might social workers, personal support workers, music therapists and horticultural therapists play in spiritual care? Perhaps a spiritual care specialist, with skills to understand and give attention to significant spiritual need, could be employed to navigate this specialized work while training all staff to provide ongoing basic spiritual care. Awareness that all work to support the spiritual needs of the residents could be a vital shift for residents, families and caregivers alike.

With the baby boom cohort entering long-term care, while facing all the issues of aging, we are likely to see spiritual need and interest in spiritual questions increasing. In the emerging field of spirituality and aging, researchers are increasingly encountering complexities, challenging assumptions, and finding the courage to speak and write honestly and with vulnerability about questions of meaning and the spiritual resources, or lack thereof, of those who are growing older. Recognizing the need to accommodate those who are religious, secular and/or otherwise spiritual, the vocabulary and discourse is widening, and opportunities are increasing for candid, reflective conversation. Atchley (2016) called what is happening an “expanded view of spirituality” (p.28), while Johnson & Walker (2016) wrote about “reinventing spirituality” (p. 9). MacKinlay (2016) reminded us that “beneath all the overlay of culture and

religion is the common spirituality of all people”, and within this context, “people have choices ... concerning how they will live out their spiritual dimension” (p. 33).

As spirituality is “reinvented,” spiritual care programming in long-term care will need to look different than it does today. More attention will also be needed in palliative care to support the spirituality of those baby boomers who are dying. Research has yet to explore what will prepare the long-term care system to provide for and respond to baby boomer residents’ spirituality and spiritual need. This study is a beginning.

In this narrative inquiry, I listened to first wave baby boomers as they reflected on their spiritual lives, made meaning, and envisioned what it might be like for them to live into old age. Their reflections and stories revealed the spiritual resources they have accessed and built up throughout their journey of life, and induced wonderings about what further resources might be desired into the future. The chapter that follows will explain the method of inquiry used and its suitability for this area of research.

Chapter 3 - Research Design and Methodology

Research Question

The purpose of this narrative inquiry was to explore spiritual resources in the life stories of first wave baby boomers as they envisioned their later years. First wave baby boomers were born between 1946 and 1955 and are now in their 60s and early 70s. For this inquiry, spiritual resources were broadly defined as that which has sustained a person throughout their life and will sustain them in the future.

The following research question was explored:

What spiritual resources have sustained and will sustain first-wave baby boomers over their life course?

Research Design

I employed a narrative inquiry study design (Clandinin & Connelly, 2000; Clandinin, 2007, 2013; Wells, 2011) within the field of narrative gerontology (Kenyon, Clark & de Vries, 2001).

Narrative inquiry. Among Creswell's (2003) four alternative knowledge claim positions, narrative inquiry is rooted in constructivism, which assumes that "individuals seek understanding of the world in which they live and work... developing subjective meanings of their experiences... leading the researcher to a complexity of views" (p. 8). Constructivism is a point of view in which "reality, or better, realities are invented rather than discovered; humans build the worlds in which they live" (de Shazer, 1991, p. 44). Constructivism fits within "post-structural" thought, which maintains that "our world, our social context, is seen as created by

language, by words, [rather than relying on stable and knowable meanings]... and meaning is known through social interaction and negotiation” (de Shazer, p. 45). Constructivism relies on open-ended questioning, and an inductive process that acknowledges participants as unique and complex individuals, influenced by their own worldview and background, which shapes their understandings.

Piaget, a pioneer within the field of constructivism, was an influential psychologist with particular interest in children and education during the years that baby boomers were young. He explained that at the heart of constructivist philosophy is the belief that knowledge is not given but gained through real experiences that have purpose and meaning to the learner, and the exchange of perspectives about the experience with others (Piaget & Inhelder, 1969). Throughout the lives of baby boomers, including those in this study, this philosophy of Piaget and others shifted the way Western society thought about learning and about spirituality and religion. In order to understand boomers as they grow older it is helpful to enter into their narratives using the philosophical framework that has shaped them.

This study was rooted in the understanding that the participants have become who they are through experience, making meaning and knowledge for themselves throughout their journey of life. In life course theory, aging is seen as a continuous process that is experienced throughout life. The life course is defined as "a sequence of socially defined events and roles that the individual enacts over time" (Giele and Elder, 1998, p. 22). The life course perspective elaborates the importance of time, context, process, and meaning on human development and family life (Bengtson & Allen, 1993). From this perspective, the historical, cultural and socioeconomic context in which these boomers have lived is significant. Gubrium and Holstein (2000) integrated life course perspective with a constructivist point of view in their book

Constructing the Life Course which offers a social constructionist perspective on personal experience throughout time, exploring how people make sense of their life course using images and language.

Especially as part of the baby boomer cohort, the participants in this study have known themselves to be responsible and autonomous in creating, or constructing, understandings for themselves, from their early years (Owram, 1997) through to the present (Weber & Orsborn, 2015). The open-ended questioning in this study made room for both voicing their understandings and experience as well as wondering about the future as participants walked the path of continued learning about, and construction of, their own spiritual resources. Their memories and stories from childhood through adolescent and adult years revealed experiences of religion and spirituality that have helped to form their current resources and provide a foundation for future resources.

Narrative inquiry is “a way of studying people’s experiences, nothing more and nothing less” (Clandinin, 2013, p. 38). It is a way of understanding and inquiring into experience through “collaboration between researcher and participants, over time, in a place or series of places, and in social interaction with milieus” (Clandinin & Connelly, 2000, p. 20). The three “commonplaces” of narrative inquiry – temporality, sociality, and place – define the three-dimensional space held by narrative inquirers throughout each stage of the inquiry (Clandinin, 2013). Some narrative inquiries begin with participants actively living their stories, and others with participants telling stories. This inquiry accessed both stories that have already been lived and are now being told, as well as the ongoing living of life and envisioning of the future.

Narrative inquiry is composed around a research puzzle or wonder, with each inquiry beginning in the midst, and ending in the midst of ongoing experience (Clandinin, 2013). It does not expect to conclude in an answer, but rather in an open-ended process of continual learning. Researchers and participants (known as co-researchers) explore and learn together as their stories interact, and as they collaborate, negotiate, and co-compose research texts. It is important to narrative inquiry that the researcher begins by becoming aware of his or her own “narrative beginnings” in relation to the area of inquiry. As a researcher I was aware that I came to this research as a spiritual care provider, a psychotherapist and a spiritual director. Though my participants did not have direct experience of me in these roles, I believe that my identity influenced the conversations in a positive way in that they understood me to be accepting of their spirituality and curious to seek understanding with them. I approached the research with genuine openness and curiosity and verified my understandings by sending written data to participants for comment and correction.

The field of research for a narrative inquiry is conversation, or interview as conversation. These “conversations are not guided by predetermined questions or with intentions of being therapeutic, resolving issues, or providing answers to questions” (Clandinin, 2013, p. 45). In this approach to research, researchers “listen to participants’ stories about their lives and engage with them in reflective dialogue in order to interpret the meaning of the chosen area of research” (Bruce, 2006, p. 323).

Narrative inquirers gather “field texts” rather than “data”, narratives that are reflective of the experience of both participant (co-researcher) and researcher (Clandinin, 2013). These texts are collaboratively interpreted into interim research texts, and eventually, with the continued engagement of co-researchers, and often a “community response group”, into final research texts

which “make the complexity of storied lives visible” (p. 50) and allow audiences to “engage in resonant remembering as they lay their experiences alongside the inquiry experiences, to wonder alongside participants and researchers who were part of the inquiry” (p. 51).

Narrative gerontology. Narrative gerontology, a term first used by Ruth (1994) and Ruth and Kenyon (1996) is “the study of the stories of aging as told by those who experience life and growing older” (Kenyon, Clark & deVries, 2001, vii). As a field of inquiry, narrative gerontology has developed alongside the methodology of narrative inquiry, with much intersection of values and approach. Narrative gerontology understands narrative as a root metaphor for living, understands life as a story, and understands each human being as a story (Kenyon, Birren & Schroots, eds., 1991). Narrative gerontology understands aging as “biographical as well as biological” (Kenyon, Clark & deVries, 2001, p. 3), seeking to look at aging from “the inside” (p. 262).

Similar to narrative therapists (White & Epston, 1990), narrative gerontologists understand that our stories are open-ended, “a framework for understanding a purpose of life, connecting past events and planning future actions” (Osis & Stout, 2001, p. 275). Our stories concern “our lives as a whole - past, present and future – that is, where we have come from, where we are now, and where we are going” (Kenyon, Clark & deVries, 2001, p. 5). Lifestory meaning evolves as the story is lived, and “is determined...between middle and end” (Randall & Kenyon, 2001, p. 84). It was intended in this study that narrative questions would invite rich description both of the story already lived and that envisioned into the future.

Suitability of narrative approach. In the past decade researchers have used narrative methods to explore: meaning in old age (Tenenbaum-Precel, 2011), spirituality in the lives of

older women (Manning, 2012; Tucker, 2012), spiritual distress in geriatric physical rehabilitation (Mundle, 2015), baby boomer images of aging (Rock, 2014), and reflections on life's turning points as baby boomers turn 60 (Poole, 2008).

This study explored spiritual resources in the life stories of first wave baby boomers as they envision their later years. A narrative inquiry approach was ideal for this study for several reasons. First, narrative inquiry fit with what Atchley (2009) called the baby boom generation's "open-systems approaches to spirituality" (p. 155), and "practice of dwelling in the questions rather than fixating on today's answers" (p. 156). He suggested that "an open-feedback-systems approach to spirituality has two important advantages: flexibility and less potential for divisiveness" (p.156). Narrative inquiry is reflexive, inviting co-researchers to be engaged in the process of interpretation, and open to the various interpretations that may arise.

Secondly, narrative inquiry fit with who I am as a researcher. As a spiritual director and psychotherapist I have the skills to have these conversations in such a way as to evoke rich narratives. In addition to listening to stories, I am comfortable with the invitation to leave room for and honour silence, and all it contains (Clandinin, 2013). I appreciate the relational emphasis of narrative inquiry, as it acknowledges the researcher, as a spiritual care provider, also comes with a story, and a vantage point, and that my autobiographical narrative interacts with that of the co-researchers. Self-conscious subjectivity and reflectivity are primary, and positive, aspects of this methodology. Bruce (2006) reminded us that "narratives are ultimately reflective and subjective interpretations of life and its meaning. Such reflectivity on meaning is a spiritual activity" (p. 329), which makes narrative inquiry a good fit for a spiritual director. As with spiritual practice, in narrative inquiry, one listens carefully to narratives, sifts them, returns to the narrators, and reflects again.

This methodology also fit with my area of inquiry: spiritual resources. Bruce (2006), a Canadian religious educator, suggested that narrative inquiry is a spiritual research practice. She stated:

Spirituality is demonstrated through various means including in research relationships that are potentially mutual and caring, in the search for meaning as it relates to telling and hearing stories, and in the ways that this method offers respect for persons. The sensitivity to human growth and becoming, and the search for who we are, and what our lives mean are spiritual quests. Narrative inquiry is about this search. It affirms the whole of the human person including the heart, body, mind, and spirit. It engages multiple and complex perspectives while respecting differences and remaining open to patterns of meaning in the complex. This kind of care for others, mutuality, affirmation, and respect for diversity resonate in the spiritual depths of the human person where one experiences the riches of life and the connection to ultimate reality. (p. 335)

Narrative inquiry has been found to be an appropriate method for studies in gerontology. Mundle (2015), who conducted a narrative analysis of spiritual distress in geriatric physical rehabilitation, stated,

Layers of meaning in narrative approaches ... are important to holistic geriatric care especially in order to help resist the pull of “master narratives” embedded in cultural and institutional contexts that can steer patients toward a narrative of decline, and even toward “narrative foreclosure” (Freeman, 2011) near the end of life. (p. 281)

Narrative inquiry frees elders to tell stories from their own experience rather than conforming to others' expectations.

My area of inquiry invited participants to look into both their past and their future and connected the two. One of the three dimensions of narrative inquiry is temporality, requiring researchers to pay attention to time, and opening up the envisioned future as a legitimate area of inquiry. Narrative values both memory and imagination and sees how they are often linked as we tell stories of our lives – past, present and future. Randall (2013) called this process “narrative reflection” (p. 12), looking back to go forward, acknowledging continual change, and expecting that the final narrative account will remain open ended.

Finally, Clandinin (2013) acknowledged that stories are imbedded within larger narratives (social, cultural, familial, linguistic, and institutional). Along with the life course approach, the narrative approach emphasizes that the lifestories - past, present and future - of baby boomers, are lived in a particular context that was important for this inquiry to keep in mind.

Participants/Co-researchers

Non-probability, purposive sampling was used to identify twelve participants, six male and six female, born between 1946 and 1955, who understood themselves to be part of the first wave of the post-war baby boom cohort. All participants were residents of southern Ontario and most had recent experience of their parents’ later years.

The sample for this study consisted of twelve co-researchers (n=12), six men and six women. They were all born between 1946 and 1955, with a mean age of 68 at the time of the study. All had a history of, and most had present connection with a Christian denomination: one Roman Catholic, one Quaker, one Baptist, one Lutheran, one “lapsed” Anglican, two Mennonite, and five United Church of Canada (one “on sabbatical,” one “never goes”). Participants in this

study were almost exclusively from families that have lived in Canada for many generations, having emigrated from Western Europe in the 1800s. They grew up in strong communities where people knew one another and shared values. Four co-researchers were working at the time of the study, but three of them semi-retired. Six others had recently fully retired, and two had been retired for several years. One was living in long-term care, one in an apartment, and the rest in detached homes – four on farms, two on rural properties, one in an “adult lifestyle community”, one in a small town and two in city subdivisions. Ten of the twelve had been married for between 30 and 50 years and remain married to their original spouse. One was separated but maintains relationship with intentional distance, and one “survived an ill-fated marriage” and was single again. All participants had had children, and half had had a child die. All but one had living children, all adults now, numbering between one and five. Nine of the twelve had grandchildren (numbering between one and twelve, infants to young adults), and one had a great-granddaughter. Four had parents still living, two in retirement homes, and two in long-term care. All but one finished high school, three completed short college programs, and one began university before quitting to take a job. One apprenticed in a trade. Three attended teacher’s college, two of these gradually completed bachelor’s degrees. One completed a master’s and professional degree. This demographic information is summarized in Appendix F.

Though it is acknowledged that southern Ontario has grown greatly in diversity throughout the lives of these baby boomers and it would be interesting to explore the spiritual resources of the great variety of persons born between 1946 and 1955 who are currently living in Ontario, this study was limited to those who were born either here or moved here at a very young age. Consequently, the participant group was relatively homogeneous and so the data is not

generalizable beyond those whose life course has been lived out in a similar context. This study provides preliminary data that could be placed alongside a future, more diverse, study.

Participants were considered co-researchers in that the narrative method is collaborative, and they participated in seeking to understand, question, and clarify the field notes in conversation with the researcher. They reviewed their transcripts, then their individual narratives, and the initial draft of the results, and were invited to comment on each by telephone or email.

Procedure

With approval from the Research Ethics Board of Wilfrid Laurier University (Project #5219), potential participants were invited to participate in an individual, open-ended, face-to-face interview/conversation of approximately one hour to share their life story, thoughts and feelings about their own aging, and to reflect on their spiritual needs and resources. They received a written invitation (see Appendix C), by hand or email, or saw it posted in a library, or long-term care home. I chose locations within a reasonable vicinity of my home, and sent emails to those on my email contact list and that of my parents who I knew or expected to be in the first-wave baby boomer demographic, asking that they share the information about the study with anyone they thought might be interested. Those interested in participating were asked to contact the researcher and were sent, by email, an informed consent form (see Appendix B) and the conversation starters (see below). Interviews were arranged by email. Interviews were held in a quiet space of the participants' choosing, most often their own home. The informed consent form was signed before the interview began. Demographic information (see Appendix D) was collected at the close of the interview. No payment was given to participants beyond a verbal "thank you."

Conversation Starters:

Please tell me about yourself – tell me the story of your life so far.

As you hear yourself tell that story, what would you say has been important for you?

If “spiritual resources” are defined as “that which has sustained a person throughout their life and will sustain them in the future,” would you talk about what you consider to be your spiritual resources? Can you tell me about times you have tapped into what you would consider your “spiritual resources?”

As you envision your lifestory into the future, would you describe for me what happens next – how does the rest of the story go?

As you hear yourself tell that story, what matters most to you in your later years? What are your longings/hopes/fears? (What are you looking forward to? What will be difficult for you?)

As you grow older, what would you consider to be spiritual resources that will be important for you?

If I was your spiritual care provider in long-term care, what would I need to know about you as a person to give you the best care possible? (This is the “patient dignity question” proposed by Chochinov, 2012)

Data collection and transcription. Conversations with co-researchers were digitally audio-recorded and transcribed verbatim by the researcher using a computer. Data in response to field notes shared with co-researchers were also collected from email sent by co-researchers, and from telephone conversations, which were also audio-recorded and transcribed. All data were de-

identified as each co-researcher chose a pseudonym under which all of their data were saved. Data were stored on the researcher's password protected computer throughout the study and removed to a thumb drive for secure storage at the completion of the project.

Data analysis/interpretation. In narrative inquiry, field notes are composed from transcripts of conversations/ interviews. Researcher's reflections are added to these transcripts and the co-researcher is re-engaged to explore interesting areas more deeply. For this study the first draft of field notes pertaining to their interview was sent by email to each co-researcher to review, along with an invitation to arrange a telephone conversation. A brief telephone conversation followed in which co-researchers were asked for further reflections after having read the field notes. These conversations were also recorded and transcribed. After this second conversation, the researcher used the field notes and transcripts to write an interim narrative account, capturing the essence of the encounter with the co-researcher, their story and their reflections on spiritual resources, in about one thousand words. This essence was derived through careful reading and re-reading the transcripts and field notes taken immediately following the conversation/ interview. This interim narrative was sent to the co-researcher by email for validation. Co-researchers were invited to suggest changes, by email or telephone conversation with the researcher, before this narrative account was considered complete for the purposes of this study. Some details were later removed from these narratives to further protect the privacy of participants.

De Medeiros (2014) explains that in making sense of interview data there "are no ostensibly right or wrong interpretations, just interpretations that are supported by the narrative or not" (p. 121). Both the researcher's disciplinary perspective and research question significantly influence how data are processed and interpreted. A second level of interpretation

occurred after the co-researchers were satisfied with the interim narratives presented. This level discerned “resonant threads or patterns” (Clandinin, 2013, p. 132), and opened up new questions and wonders. The task at this point was to focus on these threads and follow them as they wove through individual narrative accounts, and as accounts were laid alongside each other, to search for resonances or echoes that reverberated across accounts.

The first stage in doing this was to review each full transcript to identify quotes related to spiritual resources and spiritual needs. Anything experienced as meaningful or sustaining or related to religion or spirituality throughout the co-researcher’s life course was included. These quotes were extracted and grouped under theme headings, which emerged from the quotes for each individual. Themes were recorded in a Word document and meaningful quotations were electronically cut and pasted under these theme headings. Outlying quotes that did not speak to a theme but were thought-provoking were also cut and pasted to the end of the document. The transcript was read and re-read until no more quotes or themes emerged.

Each participant’s themes and quotes were then printed on a colour of paper unique to that person. When all conversations were analyzed, the colourful results were cut apart and sorted by hand into similar themes. These rainbows of resonance became the raw material from which emerging themes were explored.

The next step was to sort through the colourful piles of quotes in each theme area to bring similar thoughts and/or experiences together in potential sub-themes. Within these sub-themes I identified similarities, differences and outliers. In time some theme headings conflated under larger themes, some were divided among sub-themes, and some shifted between themes.

With all theme headings written on sticky notes it was then possible to create a theme map, moving themes around to see what might be related and to create a flow of meaning. I then started writing, following the flow of the theme map, and laying out one pile of quotes at a time, moving them around to compare, contrast and speak to one another. I was able to pay attention to the assortment of colours representing individual participants in each theme pile -- who was there, who was missing – and could go back to search transcripts and my memories of our conversations to retrieve relevant thoughts that may have been missed.

Once the results were written up, all co-researchers were emailed a first draft of this second level of interpretation and invited to comment by email if interested.

A concern within narrative gerontology is “how to balance a desire for aggregate information based on several lifestories with a respect for the integrity of the story of each individual” (Kenyon, Clark & deVries, 2001, p.13). With this concern in mind, though I analyzed the data for themes around spiritual needs and spiritual resources, the stories were also held intact to preserve meaning. The themes will be discussed in the next chapter, and the intact narratives can be found in Appendix E.

Concerning the interpretation of narrative data, Bruce (2006) wrote,

One helpful way that unity in diversity and patterns in complexity can be discerned is when the researcher reflects with the participants on the research findings. Once the researcher writes up the findings with initial themes as a first layer of data interpretation it is useful to share these themes with the participants because this offers the participants an opportunity to begin to see differences from their own experiences in the findings.

They may also perceive patterns within the variety of experiences that offer meaning into

their lives and into the larger questions with which a study is concerned. Patterns often emerge after sifting a variety of life experiences. (p. 331)

Though offered opportunity to comment or engage further, few chose to do so. Response was received from four participants, indicating that they continue to reflect on their own spiritual resources. The length of the document, and the time needed to read it, would have been prohibitive for some. Others expressed their gratitude and interest in seeing how their reflections fit with those of others.

Benefits of the Study/Significance of the Findings

I expected that the opportunity to reflect upon and talk about the experience and anticipation of aging would help participants to reflect upon their hopes, fears and needs, and to become conscious of their spiritual resources. Bruce (2006) reflected on consciousness-raising as an outcome of narrative inquiry for both participants and researchers who participate in the process. Participating in a narrative inquiry “has the potential to generate mutual understanding and spiritual growth” (p. 331).

Further, I hoped that this research would inform spiritual care providers, counsellors and therapists, policy makers, and funders of spiritual care in our society, of the needs to be anticipated in the years to come, and what appropriate provision for these needs might look like. These types of data will evidently be necessary as baby boomers move into long-term care. The Ontario ministry of health and long-term care requires that licensees “shall ensure that there is an organized program for the home to ensure that residents are given reasonable opportunity to practise their religious and spiritual beliefs, and to observe the requirements of those beliefs” (Ontario, Long-term Care Home Act, 2007, Section 14). Further, the Resident Bill of

Rights (Ontario, Long-term Care Home Act, 2007, Section 3), provides that “every resident has the right to pursue cultural, religious and spiritual interests and to be given reasonable assistance by the Home to pursue these interests” (paragraph 23).

Until now, long-term care facilities in Ontario/Canada have largely provided traditional Christian services and rituals for their residents, relying on volunteers and minimal staffing to provide for any variety in individual spiritual need. This study was prompted in part by wonderings about what type of spiritual support will be needed and appropriate in the future in long-term care. What religious and spiritual beliefs will residents want opportunity to practise, and what will those beliefs “require”? How can homes assist their residents in pursuing their spiritual interests? These questions need to be addressed before best practices for the future can be explored, developed, encouraged and implemented.

As of 2010, Regulation 79/10, under the Long-term Care Home Act 2007 (section 85) more specifically requires:

The organized program of religious and spiritual practices must include arrangements to provide worship services, resources and non-denominational spiritual counselling on a regular basis for every resident who desires them, depending on the availability of these services within the community. There must be mechanisms in place to support and facilitate residents’ participation in religious and spiritual programs. The Home must also make arrangements for one-to-one visitation, as desired by the resident, and must help residents who have hearing or visual impairments to participate in religious and spiritual practices, all depending on the availability of these services within the community. A

person who has sufficient knowledge and experience to co-ordinate religious services and spiritual care in a multi-faith setting must be designated to lead the program.

This study helps us to understand the desires of some potential future long-term care residents so that we can begin to imagine how we might support and facilitate the spirituality of those in their cohort.

Ethical Considerations

Collaborative research, such as this narrative inquiry, requires close relationship between researcher and co-researchers. Relational ethics, focusing on relational responsibilities rather than exclusively on rights (such as informed consent and anonymity) are appropriate to narrative inquiry. These responsibilities include an attitude of empathic listening, of not being judgmental and of suspending disbelief in attending to participants' stories (Clandinin, 2013, p. 199).

It was important to be open and attentive to co-researchers as we co-composed interim research texts, demonstrating this with "white spaces where words [could] be added, with wonders, questions, and comments that invite[d] participants to say more, to clarify, to add or subtract details" (Clandinin, 2013, p. 200). To protect co-researchers who were feeling too visible or vulnerable strategies such as fictionalizing and blurring of times, places and identities were negotiated (Clandinin, 2013, p. 201).

With narrative inquiry it is important to remember that a person's stories "are who they are, and who they are becoming, and that a person's stories sustain them" (Clandinin, 2013, p. 200). Thus, they were treated with the utmost respect and care as I strove to represent them faithfully as narratives.

Chapter four explores the findings of this study, beginning with a definition of “spiritual resources,” followed by an analysis of the seven “resonant threads” or themes that emerged, and ending with care considerations.

Chapter 4 - Findings

Each participant/co-researcher in this study had his or her own unique story. Defining spiritual resources as “that which sustains,” I inquired into what we can learn from their life stories about their spiritual resourcing, to answer the research question: What spiritual resources have sustained and will sustain first-wave baby boomers over their life course?

This chapter invites the reader to become acquainted with the co-researchers through their narratives, outlines the creation of a definition for “spiritual resources,” explores the themes that emerged when participants’ stories were laid side by side, and reveals considerations for spiritual care in long-term care.

Narratives

Before reading further the reader is invited to get to know each of the research participants by reading their individual narratives (See Appendix E). Each person is unique and their story and spiritual development over their life course elicits their spiritual resources. These narratives serve as an introduction to the co-researchers and background to the findings that are organized thematically. While these stories inform the system, I did not want to assume that any one individual’s story could be generalized to others, and certainly not to an entire generational cohort. For the purpose of defining and understanding “spiritual resources” and making recommendations for long-term care, I gathered resonant threads from all the narratives, and from the field notes from which they arose. The common themes that arose demonstrate contextual validity for this cohort of first-wave baby boomers born and/or raised in Ontario.

Further Defining “Spiritual Resources”

The findings of this study inform a rich understanding of the meaning of spiritual resources, rooted in responses to the broad definition of spiritual resources as “what has sustained a person through life and will sustain them into the future.”

A “resource” is commonly understood as something available to be used for benefit, and “spiritual,” as an adjective, as something that relates to or affects the human spirit. In reflecting on what they consider to be their spiritual resources the participants in this study identified inner resources ranging from self-reliance to faith, from curiosity and openness to acceptance of mortality. They identified external resources ranging from books to flowers, from grandchildren to God. They expressed satisfaction of spiritual need as they talked about relationships and connection, belonging and contributing, trust and creativity, mystery and delight. They voiced longing for reconciliation, beauty, freedom, dignity and purpose. Simply put, they articulated spiritual need for love, for hope, for peace, and for joy in life, and identified that which addresses those needs for them.

Consequently, the findings of this study have led to a definition of “spiritual resource” as anything, internal or external to a person, which is available to address deep human need for such spiritual values as *love, hope, peace, and joy*.

Spiritual resources that address the human need for *love* might include relationships of unconditional love and acceptance that honour personal dignity, a sense of worthiness and value as a human being, and a sense of belonging. The experience of love is about being connected and being known and understood by other people and/or in relationship to a higher power.

Opportunity to love and serve others allows love to be expressed.

Resources that address need for *hope* might include opportunity to explore beliefs and values and to find meaning and purpose in life. Understanding oneself in humility as part of a larger community, world and story that includes younger generations and will continue into the future provides context for hope, focusing on positive possibility, as does connection with and learning from role models who have exhibited resilience and growth in adversity. Nature, including living, growing things, surprising beauty, and light in darkness, provides a powerful metaphor for regenerative hope. Hope relies on both personal agency in sustaining a positive attitude and perseverance, and the encouragement of others who can “hold hope” within known risk of disappointment. Disappointed hope leans on peace.

Resources that address need for *peace* might include acceptance of self, others and circumstances, forgiveness and reconciliation, as well as trust and/or faith. Peace thrives in a context of freedom and safety/security, where honesty, questions, and autonomy are welcome and supported. Choice, control and privacy all contribute to peace, as does practical and emotional support in situations of potential frustration and/or distress, including loss. Resources that support peace enable one to “let go” and trust. Quiet and nature are important contributors to the experience of peace for many, as is unhurried time.

Resources that address need for *joy* might include experiences, relationships, connections, or thoughts that lift one’s spirits, inspiring feelings of awe, wonder, gratitude, satisfaction and contentment. Opportunity to experience and/or express joy can be found in work and play, in music, dance and art, in food, in humour, and in beauty, light and colour. Creativity, having fun, engagement with others, laughter, and mindfulness of little things all bring enjoyment to life.

Spiritual resources have sustaining value in one's life, providing sources of vitality, meaning and purpose, through experiences of connectedness (to self, others, nature, the divine), opportunities for expression (of emotion, thoughts, beliefs and values), and tools for coping (with crisis, transition, or circumstance). For elders particularly, the role of memory, both individual and communal, and the place of mystery, in one's relationship with all that is unknowable in life, can be significant to one's spiritual resources.

The spiritual resources, both internal and external, that address the deep human needs for love, hope, peace, and joy among the co-researchers in this study, emerged within seven themes, to which we now turn.

Themes

This section reveals what participants shared about their spiritual resources under the following seven emergent themes:

1. Church: their upbringing and past and present experience
2. Traditional spiritual resources: reflections on scripture reading, prayer, spiritual leadership and music
3. Openness: to exploration, learning and diversity
4. Faith: beliefs and transcendent experience
5. Self: personal agency, attitude, facing reality, and identity, purpose and meaning
6. Someone: the longing to share life, and need for support
7. Space: both physical space as sanctuary, and temporal spaciousness as gift

Spiritual care considerations for long-term care follow.

1. Church. Study participants' upbringing and experience with church has been significant and was mentioned by each of them when asked about their spiritual resources. This section will discuss their life course development around church (childhood memories of church, their adolescent exploration, their return to church as parents), their decisions and reasoning regarding engagement and involvement with church as they have matured, and their thoughts about church in the years ahead.

At the time of the study seven study participants remained regularly involved in a faith community, two were connected and attending occasionally, and three were intentionally "lapsed," "on sabbatical" or "never go."

All of the study participants spoke of going to weekly church services and Sunday School as a child. Church was part of their upbringing that was taken for granted and non-negotiable. Mary explained, "church was like the hub in the small community, and you went to everything at the church... you grew up in the church." For some church was a family event, while for almost half their mother made sure they got to church and their father stayed home. Eric said, "We always went to Sunday School – 90% of the time not because we wanted, but because we were expected to, or told to, by my mom." Sophie had a similar experience. "My mom took us to church; my dad didn't really go. My grandparents didn't always go. But my mom made sure we went all the time." Though Rick's father had not attended church in Holland, when they came to Canada they met a neighbour who was a minister. Rick recalled, "My mother and dad were baptized in the Baptist church, before I was 5. So we went to church very regularly all the time I grew up."

Going to church was part their identity, which for some was formed by their church experience and for some in reaction to their church experience. While most recalled their childhood time at church as pleasant, if boring at times, Edmund, remembered his childhood experience of church with resentment:

The sermons in [our] church were very long and very boring; they were harangues, really, rants against the liberalism of the United Church, the creeping liberalism of the new curriculum, rants against the liquor trade and the tobacco trade, about the jungle music creeping in with Elvis Presley, being heard by young people. Things were very serious and somber, in the church I grew up in, laden with guilt and shame.

This early experience started Edmund on a long and determined search for more effective spiritual resources. Edmund's university years gave opportunity to explore beyond his fundamentalist upbringing. In his words, "I was just 10 or 12 when I started thinking about these things, and they'd all stay submerged, but I started following up on that when I got into university... All these questions were percolating in my head." Edmund enjoyed exploring other churches and engaging with other young people at InterVarsity Christian Fellowship.

Others also experienced change during the late sixties and early seventies, in the church, and in their experience of the church. Florence recalled, "When I was in grade 12 we went from all the Latin masses [to English]. That's when a lot of things changed for our age group... people weren't stuck with the restrictions, the black and white of it all. People questioned." In the city where Julie lived with friends she found a group of young adults within which her faith continued to be formed. She noted, "That was my first experience of not agreeing with peers on theological issues. I started to speak out a little on things I didn't agree with but wasn't ready to

take a firm stand. At the time, it was very faith-forming.” Others, like Rick, Mary and Sophie, who moved away from their home community as young adults, took a break from church involvement, enjoying the freedom of young adult life, until they were married with children.

In fact, as they became parents, all of the participants in this study returned to the church to raise their children after the pattern they were raised. Though they appreciated their freedom as independent adults they understood deeply that church was an important place to be for children and families. Mary expressed her experience this way:

As soon as I got pregnant I thought “I need a church,” right, I have to get my daughter baptized, and so we joined a church. We got involved in leading groups, teaching Sunday School, on committees, and enjoyed that very much.

Once their children were no longer under their care, church involvement became optional again. For Mary it was significant when her daughter decided not to be confirmed as an adolescent saying, “Mom you don’t have to go to church to be a good person.” Few of their children remain actively involved, and those adult children who are connected to a church have, for the most part, chosen a church of a different denomination, so church is no longer a family activity for these boomers.

In reflecting on their past involvement with the church, virtually all participants recalled that at some point in their lives a church community had been of support through difficult times. Mary said, “When my husband had the brain tumour and when my parents were dying, the community in the church was so supportive, the people were so kind, and I think I couldn’t have gone through that without those people.” Edmund provided another example of support: “In May of 1976 our brick home collapsed. It was a traumatic experience but also showed us a Christian

community that was very supportive of its members. They raised enough to build us a new home on the same site.” Bobby agreed, saying “My spiritual resources are friends within the church, people that have similar faith, the support of a church community. I remember telling an insurance agent ‘I have insurance you don’t know the value of, and that is my faith community’.”

Mary, who participated in a church until her daughter was grown but is no longer connected wondered about her own current lack of involvement, “I would have thought that the people of our era, who grew up as tightly woven into it as we were would be very religious and very connected to the church, but we’re not. And I’m not sure why.” Florence, a Roman Catholic, has also noticed fewer boomers in church:

I think back to the people we went to Catholic school with and there were a bunch of us that were dating; we all got married, and most of those marriages are still together. But so many are not doing the church thing anymore. My husband and I are odd in that we do. I’ve really noticed that. Spirituality was a much bigger thing when we were younger. In those days we were surrounded by the Catholic culture.

Perhaps some of the distance these baby boomers have taken is because church, for them, has often been an uncomfortable place. In their younger years, church felt like a place of judgment and rules. Bobby was the first in his faith community to play junior hockey and remembered, “My mother would get chastised by our pastor’s wife about me playing hockey on Sunday afternoon – that was a big deal.” Edmund struggled with the membership vows about never drinking or smoking, and challenged his mother about them, arguing that these rules were not in the Bible.

As time went on, and they entered another life stage beyond active parenting, while the realm of spirituality and religion became an arena of deconstruction and exploration in Canadian society rather than assumption (Emberley, 2002), some of the participants felt a growing misalignment between their own beliefs and their experience of church. Mary said,

I pulled myself out because I almost felt hypocritical going, because there's so much I don't believe... although everything was comforting to me, the music, the traditional service, but the words, the things being said, I thought "I don't really believe this – I'm being a hypocrite by participating in this and pretending."

Sophie shared Mary's sentiment:

I started to lose interest and I started to lose belief, and I think a lot of it has to do, it's dumb I know, but I didn't like the words – I didn't like the creed anymore – it's all about men. I'm sorry to say and I know it's only words, but I found that just hearing them, it wasn't bringing me any kind of joy or peace or any of those things, and I actually started to find it painful to go, and so I stopped. I haven't been to church in years.

Rick resonated with this as well: "While I appreciate the church, I have questions I can't really raise with them, and I find it's more beneficial to chat with people who are more open-minded."

In contrast, Julie experienced church as a safe place to ask questions:

It was liberating to see that disagreement and respect could co-exist. It didn't drive me away from the church but drew me in... I learned I was free to ask difficult questions, [that] we can disagree and still respect each other. Through all of that there was

something I wanted to be part of, in spite of my wonderings and unanswered questions.

That began to help my faith to gel into something more solid.

Florence acknowledged that she has changed even when her church has not:

I've ended up that I'm quite a liberal Catholic. Like the homosexuality thing – I can't buy what the church is saying. There's a lot of things, and I know that's why a lot of people I went to school with left. They just couldn't deal with the church's stance. But I'm a firm believer – you try to fight from within. And I know in my heart that I'm not going to be punished because of my liberal views, that I don't follow the church. There are many things about the church that I love, and about the spirituality and the faith tradition, but there are a lot of things that I do NOT agree with, and if I'm asked I will say so.

Church as an organization has been experienced by many as a hassle. Louis observed, I was on church council. You get caught up in the “nuts and bolts” in church finances, and I found it very hard for me to focus on my faith. It was more of a detriment than it was an asset. I couldn't separate the two.

In Mary's words, “There were problems. There were always problems.” Mary was disillusioned by her church experience:

I think that the church itself isn't adjusting to the world and meeting the needs of people the way it should... in the most recent church I was at I felt that a lot of the money is raised and projects were related more to the building than to reaching out and helping others.

Both those who remain connected to a church, like Bobby and Florence, and those who have distanced themselves, like Sophie and Mary and Eric, expressed disillusionment with organized religion as a whole because of the tension it creates between people. Sophie lamented, “I wish in this world today that people from all the different religious faiths would sit down and say ‘we have a lot more in common, we really do.’ It’s just so disheartening that there’s so much discord.”

Rick said he struggles with sometimes wanting to be more involved with their church but is reluctant to get drawn in as it takes too much time:

We still keep in touch with all those people, but we are more strangers in the church than we used to be. It used to be every week front row left side that was us and our family. We haven’t sat there for years now, since the kids have moved out. We’re involved in Mission Band, we get the prayer line from church and are aware of what’s going on... we don’t attend church services though... I hope, in some small way, that we’ll become a little more involved in the church. We won’t become completely involved, but even feel out... they have small group discussions – I don’t know if it’d ever be something I’d be comfortable with.

Mary, too, was cautious,

It’s not easy to “shop around” for the right church community, because if you know people, and then if you don’t come back, then it gets uncomfortable, and they think “what did we do wrong?” They want to visit and entice you – you have to know in your heart what you want before you start out, or whether you even want to get involved. It’s complicated.

Charles, who has been involved with leadership in his church, acknowledged that church had been a mixed experience for him. “Church makes you frustrated. And I don’t particularly agree with doctrine. But it does provide you with a framework that you can participate in.” He and Faith had recently experienced the closing of the church to which he had belonged for his entire life and had begun participating in a neighbouring church community. He concluded,

The church is part of our history; it’s part of your DNA. It’s a tie; it’s an expectation in my body that church is part of my life. You feel good after church. I get some kind of peace. Yet I’m not a fanatic – if we miss a Sunday we miss a Sunday. I enjoy it. I think the fellowship after is important. The church is important to me.

In summary, church has been a mixed experience, relationally, theologically and practically for these boomers throughout their lives. Church does continue to hold value as a spiritual resource for some, both as a supportive community and as a place of worship, but boomers will measure their support for church as an institution carefully. Clearly church in society is in a time of transition and boomers will continue to experience the implications of that transition even into long-term care.

2. Traditional spiritual resources. Beyond their experience with “church,” these baby boomers had much to say about traditional spiritual resources, such as scripture reading, prayer, music, and relationship with spiritual leaders.

a) Scripture. Edmund said, “My parents had a tradition of Bible reading around the table...never any discussion, it was a duty, seen to be good for us... from an early time I had a lot of questions. I didn’t voice them out loud.” Through sixty years of exploring and learning, Edmund has arrived at his own understanding of the Bible:

I see the Bible as a record of the explorations of the Jewish people over the centuries as they try to make sense of the world, what they thought God might be saying if God spoke. I think the Bible is a valuable resource of how people have come up with many diverse, often contradictory, often not very helpful ways of looking at God. But some of them are helpful and inspiration and worth consideration, but not ‘the Word of God.’ I see many words about God, some of them more helpful than others.

Rick also brings many questions to scripture. “I listened to lectures about the historical Jesus and I thought ‘I don’t like the very literal interpretation of the Bible that I get so often.’ I still enjoy reading the Bible, but I think ‘you can’t take this literally’.” Louis recalled a time in life when scripture became more meaningful: “I lost everything and had to go back and read the Bible again. You read it as a kid, like Paul says, when you are a child, so I read it again. It was an interesting journey, a good one.” A few spoke of sporadic times of doing readings and meditations, but only Florence said she currently reads scripture regularly: “I’ve tried to get spiritual readings I can follow each day because if I don’t have that I never quite get around to it... and Bible Study, I think I’ll do it again this year.” Charles, though a regular church attender, pointed out, “I don’t recite scripture, not like some people do... I don’t know that kind of stuff.”

Mary shared that she collects inspirational poems/quotes. About the Bible she grew up with she said, “I really dispute some of the things that are written in the Bible. I don’t believe in the whole Adam/Eve business, I’m totally into evolution. I’m not sure I believe in the whole virgin birth. A lot of it to me feels ‘fairytale-ish’, like somebody has written stories.” She continued,

I think a lot of it is because I shouldn't take it literally, I should take it more figuratively, it's just a symbol of something else... I feel like I'm a "Christian" per se but I don't have faith in the Bible... yet so many intelligent people interpret it, and get strength, so why can't I? What is my missing piece of the puzzle?

Those who mentioned scripture as a spiritual resource spoke of engaging actively with it, through study and questions, and have come to new and different understandings than they had as children. Others were open to learning and discovery. And some dismissed scripture, along with their childhood understandings, looking for words with meaning wherever they might be found.

b) Prayer. Prayer was another traditional spiritual resource with which these baby boomers have had varying experience. Iris reflected on the practice of prayer throughout her life:

The teachers in Sunday School spoke of prayer, God's love and faith. Mom taught us to pray and mean it. I talk to God all the time, wherever, doesn't have to be formal, that's for sure. I really think He answers prayer... Trials with family and teenage years, I prayed and taught them to pray... health concerns, there's value in prayer there... [I pray for] peace, just peace. Let's have some comfort and calmness, try to get along, not be so upset, because [life] is upsetting... so yes, prayer is a good thing, a comfort. Let go and let God. Truly let Him have these burdens and it sorts out, sometimes minute by minute in our lives, sometimes daily, whatever.

Julie learned about and experienced prayer as a young adult: "One study we did was just on prayer, and that for me was extremely meaningful... it wasn't just learning about it but experiencing it." Now, she said, she leans toward contemplative prayer and appreciates solitude,

“If life gets overwhelming I just need quiet time.” Throughout her mom’s journey with dementia she also discovered lament as a spiritual resource:

I would yell “Why are we going through this God?” or “How long? I don’t have the strength for this anymore, just let it be over.” Then, of course, the guilt would set in. Who wants their mom to be gone? ... A friend encouraged me, “You can say those things to God. She’s big enough to handle it.” I knew that in my head, but it had to come down to my heart, and that’s partly what sustained me. I knew “You [God] understand this better than I do, thankfully. And I’m not handling this very well at all, and you know that, and it’s all right if I tell you all about it.”

When Bobby needed surgery, he experienced the value of being prayed for: “I remember when I was home and I didn’t have the energy to pray myself, remembering that there were thousands of people praying for me.” He said he finds time to pray now when he is driving long distances for work.

Florence talked about praying both on her own and with others. “I try to do half an hour of prayer each day... I’m part of a group where I say one decade of the rosary every day – I’ve been doing that for 20 years.” When her youngest child was four she discovered a charismatic prayer group which influenced her prayer life and became a significant spiritual resource for 25 years. “I am very able to pray with people spontaneously, because of my prayer group.”

For Edmund,

Prayer is stopping and listening. Contemplative prayer means a lot to me. I don’t think I really believe at all in... intercessory prayer. I can’t do it anymore. I just don’t see God as a rescuer. But just slowing down and being attentive to leadings that come from who

knows where, the Spirit, God, your senses and consciousness. I have the idea they might be all one and the same.

A couple of people mentioned the practice of saying grace before meals, sometimes for the benefit of grandchildren. Charles perhaps would not equate saying grace with prayer, as he said, “We don’t get talking to anybody. We just ‘say grace’.”

The other five participants did not mention prayer as a resource, and Mary commented,

A lot of my very dear friends would need prayer. For me, at this point in my life, I don’t think that would work. I’m not sure that would give me any more strength than I already have. I’m sorry to say that but I don’t think it would.

Rather than prayer, Mary said,

I need, not necessarily meditation, but sometimes I do a body scan when I go to bed at night. I start at my toes and go all the way through, and the reminders about gratitude, and the good things, no matter how bad our day has been.

Prayer, or contemplation, understood and experienced in various ways, including gratitude, intercession, and coping with adversity, was considered a spiritual resource by most participants, both as an extension of what they learned to practice as children, and as an acquired aspect of spiritual development as an adult.

c) Spiritual leaders. Spiritual leaders (known as ministers, pastors, or priests to those in the study) were assumed to be a spiritual resource that varied in effectiveness. There was a sense that ministers come and go and one may or may not develop a close relationship with such a spiritual leader. Sophie had a supportive relationship with the minister in her former town, but

just “never clicked” with the one in the church she most recently attended. Louis, whose father was a minister, has always felt comfortable talking with pastors “not like a parishioner but just general talk... I’ve always had a kind of easy-going relationship with pastors.” He appreciates the pastor who drops in to offer him communion in long-term care. Faith’s experience is that the minister would only come by on church business, or if their family had suffered a loss, so there has never been opportunity for much conversation. In Edmund’s childhood church “they had the same minister for 25 years and I came to resent him greatly because he was a petty tyrant, arrogant, and made derogatory comments about my mother’s lack of knowledge about the Bible.” He was surprised later in life to find ministers who would laugh, or take a gentle, kind approach to conversation about faith. Faith, too, wanted “the minister or lay person to be real, to speak at people’s level, and bring in their own personal interests... to connect.”

Beyond their church leadership, Iris said she sometimes watches the Long Island Medium on television, and Rick mentioned listening to podcasts with spiritual/religious themes, but otherwise they did not mention other people as providers of spiritual leadership in their lives. They were more likely to appreciate peers in groups as spiritual support and inspiration.

Spiritual leaders may or may not be a spiritual resource for boomers, depending on the boomers’ desire to cultivate relationship and on the personality and effectiveness of the spiritual leaders available to them. The importance of peers and groups will be discussed further later in this paper.

d) Music. Music was mentioned as a spiritual resource by eleven of twelve participants. Comments included: “I find it rejuvenating” (Julie), “It recharges my batteries” (Mary), “Music has been a huge part of my healing, has soothed. I’ve been able to almost access my emotions

through music” (Sophie), “It’s really good to sing from the heart with words that resonate and express your beliefs, goals and ideas and so on, how you see the spirit in the world” (Edmund), “I love to listen to music. If I’m driving and my shoulders are getting higher with stress, I turn on the radio and instantly it calms me. Music is a comfort” (Iris), “I’m not a good singer, but hymns we’ve sung all my life I know them, I can sing them” (Bobby).

Several said they enjoy singing in choirs, church or community. The range of music styles appreciated was impressive: classical, instrumental nature sounds, old hymns, new hymns, praise, African gospel, harpsichord, rock, bluegrass, musicals, country. Rick said, “I even listened to some rap when I drove with a young guy. I’ve tried appreciating opera. I keep an open mind and see what it has to offer,” and Mary added, “We go to the Pops at the symphony. I like all the instruments playing together, the big sound. I can immerse myself in it.”

When asked about old hymns Louis responded:

I have my old favourites, but I think what happens is you hear things too long. *Amazing Grace* is getting to be tiresome. I’d like to listen to something new. I hadn’t heard the Hallelujah chorus for quite a few years, and it happened to come up. It was nice to hear it again, but you can hear things too many times.

Thinking about what music might mean as he grows older, Bobby shared, “I remember one time I was sitting alone with my father-in-law and I started singing some old songs to him. He perked right up and his mouth was moving. He had a smile on his face.” Bobby anticipates there will be familiar music that will similarly move him. Charles said he is considering taking up another instrument in retirement, a banjo, violin, or maybe a trumpet. And when his playing

days are past and someone is playing music for him? “You know the Gaithers? Oh, I love that music. I’d be hooked on that. I like the life in that music, nothing draggy or dull.”

Music is a powerful spiritual resource that provides comfort and inspiration to these boomers, engaging them emotionally and strengthening their vitality. They appreciate variety and newness as well as that which is familiar. Music can be enjoyed alone or can connect people in community.

In summary, according to the participants in this sample, some boomers are likely to continue to value traditional spiritual resources such as scripture, prayer, spiritual leaders and music. Some may value parts of their tradition and reject other parts. For example, though they may find the traditional words of an old hymn theologically offensive, the tune may resonate deeply.

3. Openness: to exploration, learning and diversity. Regardless of their relationship to traditional spiritual resources of church, scripture, prayer, spiritual leadership and music, what all the baby boomers in this study shared was a sense of openness to exploration, learning, and diversity. This openness seems to be not only a characteristic of the baby boom generation, but also a spiritual resource, in that it has sustained them and helped them to cope as the world has become increasingly complex in their lifetime.

These baby boomers have felt freedom to explore, to develop their own spirituality. Sophie talked about cherishing her “Grandma tree” by the river. Iris did not hesitate when invited to visit a psychic medium. After years of having been the obedient daughter, Florence has delighted her small group with her straight-forward honesty in her thoughts about God, people and the church.

All said they value learning, though they learn in varying ways. Some love to read. Edmund said, “I read voraciously books on religious matters... I get a lot of magazines— a lot are both religious and political - that’s the way they should be – they should tackle the hard issues.” Rick said he likes to read science fiction and recalls a quote from *Canticle for Liebowitz* that has made him think – “You don’t have a soul. You are a soul. You have a body, temporarily.”

The internet is an appreciated resource. Louis found Facebook to be a place where he can engage with people and ideas. Edmund reported “belong[ing] to an online blog group called “progressive Christian mysticism” where you can post questions, thoughts, or forward something good you read somewhere else and people are free to respond if they want.” Movies and theatre were inspiring and thought-provoking for some, and even television shows have opened up the world of learning. Charles reflected “if I did have a chance to do anything over again I’d want to be in medicine for brain studies – it’s intriguing. I don’t think I’ll do it now, at 70 years old, but it’s intriguing!”

For these boomers, questions are exciting and engaging. Though Edmund was not allowed to question as a child, his questions emerged later as he taught others:

I remember one thing I did with grade 8 in the Bible class. I said “If life on this planet is like a play, and we’re in the play, and God is in the play, and the church is in the play, and Jesus is in this play somewhere, where are they?” I had the kids reflect in groups on that and write out their ideas and do artwork. Some of it blew me away. It gave them a chance to wrestle with where they saw God... was God the director of the play? The puppet master pulling strings? I got them to think.

These boomers are open to imagination, wonder and experience, and are comfortable with mystery. Rick said, “I love to talk, even about death, to speak openly and honestly, to ask questions but not say I have an answer. I think that’s what I’ll need, to always think open-mindedly but not try and have an answer.”

They are not threatened by disagreement or being different from others. Several mentioned siblings, friends and children who have different spiritual orientations than themselves, and that they were okay with that difference. Rick said, “I’ve often gotten into conversations about religion in the carpool, often with someone who’s anti-religious... I have enjoyed those talks because they challenge me to think about why I believe [what I do].”

They are also open to accepting and learning from others. Two Protestant farmers whose parents’ generation would never have associated with Roman Catholics revealed changed attitudes. Eric said, “I remember when our daughter married a Catholic, and our son married a Catholic, thinking “Why should I be worried whether my son or daughter in law is Catholic, if they’re getting along, what am I worried about?”” and Charles reflected,

I’m United, always have been. But you know what my second choice would be? I’d be Roman Catholic. It’s an odd thing, right? I like the way they know their stuff. I don’t agree with some of the things they do... but they’re dedicated and they’re good. I’m not going to be one, but I respect how strong they are.

Faith has learned much from her son’s community of those with autism and other differences: “It’s a whole different population that I don’t think we would have known, and we enjoy them. They are so humorous and knowledgeable... it made our path different.”

Florence explained how she and her friends have navigated their differences:

My close friends are not spiritual. They're spiritual with nature, but they're not church-goers. But that's okay – it works for me – they all know that I have my thing and when we go away on a weekend I go to church and they don't and that's fine ... over the years there were times when it was a bit of a difficulty – [my friend I met when I was 18] would always say “I can find God in nature” and I'd say “well He's at church too you know.” But now it's fine – over 50 years we've got it pretty well resolved.

Being among the early baby boomers, questioning faith/rebellion was not as comfortable as it was for later boomers. Florence recalled,

In my 30s I rebelled against [my mother and conservative Roman Catholicism]. I tried not to let her know, but inside certain things just drove me crazy... that's when I started to figure out that it's okay to question and there are different ways of doing things and it's not always her way... it was my delayed rebellion.

Bobby reflected on how important his questions have been:

I think my faith today is stronger than it would have been any time throughout my life but... I probably question more things than I would ever have questioned. I doubt more things. I've changed my mind. When I was 25 or 30 years old my faith would have been very black and white. Today I'm not as sure about many things. Most people would look at that as saying my faith is weakened but I think my faith is stronger because I know who I am, I know what I believe. Those things aren't shaken. I know who I am as a person, and yet my world has become much more inclusive than it would have been 40 years ago...I think the most inspiring and most important things in my faith journey have

been hearing other peoples' opinions and perspectives, and not being afraid of those... because my faith has grown because I've had those conversations and keep having them.

Several expressed the belief that God is inclusive. Florence, for example, said,

God is a God of all people... I believe that there's billions of people on this earth and He is for everyone, so He's got to be able to be flexible, in so many ways – I remember once someone said “you know, when we get to heaven I think we're going to be really surprised who's there,” and I agree with that.

Louis agreed:

My faith for me now is a very personal matter. I don't feel any great need to evangelize. I don't have a need to have beliefs and tell others they're going to hell because they don't believe, like creationism or evolutionism, that's a question I don't feel the need to bother to answer. It's not of importance.

Edmund, who was raised in a fundamentalist home, is grateful for the openness of his Quaker group:

Twenty-six years ago, we started this group and we're still involved. It keeps us sane, gives us the spiritual resources to go on. It's loosely structured, but there's room for diversity, there's room for questioning, there's room for doubt, there's an intentional kind of listening from the heart, to listen for the spirit behind the words, there's an openness to all truth from wherever it comes.

The boomers in this study were open to the invitation to conversation about their spirituality, which indicates both a need and desire for these types of opportunities. It was

interesting how many study participants spontaneously commented on their appreciation for this research and for personally having been given “opportunity to think about these things.” Mary agreed, “As you age you do have more time to think. It doesn’t necessarily mean you figure it out... You’ve made me really stop and think about spirituality. For that I’m thankful. It’s good for me to think about what I want.”

Similarly, Eric said, “This is good. It gives you a chance to look inside yourself and you go away saying ‘Wow, that’s really important to me.’” Rick agreed:

This talk with you is very interesting for me. To me this is a spiritual resource. I’ve thought about this ever since we first contacted each other so it’s always running in the back of my mind. I’d love to have a talk like this with anybody that will.

Sophie commented personally,

I feel very good having the chance to talk about this and lay my life out before somebody. I don’t get to talk about myself very much at all. At dinner in a restaurant with friends everyone is talking about their kids and grandkids and what they’re doing and I’m sitting there saying “that’s nice” and I can’t fully partake in life that way.

These stories point to an openness to spiritual engagement and to exploring religion and spirituality. Sophie is reading “The Celtic Way of Prayer” and seeking “the Mother Earth, rather than some ethereal God up there... that just resonates more with me.” Faith was intrigued to hear familiar scripture in a different context that led her to absorb it differently. Mary has done some reading and wants to do more. She summed up the attitude of many in saying “Probably the most important aspect is that you’re in the middle of figuring it out.” There is a sense that they are “not finished yet” and that that is okay.

In summary, openness is both a characteristic of boomers and a spiritual resource that sustains and helps them to cope in changing times. While Bobby talked, for example, about “our whole church environment ... changing fairly rapidly,” he also reflected on the liberating experience that “it’s easy for us to make judgments of people when we’re not in their shoes, and when we get into their shoes it’s amazing how our perspectives change.” Boomers have learned much as they have opened themselves to experience new things and to see things in new ways. Their questions and curiosity, acceptance of diversity and of mystery, and their desire to continue to learn will continue to be a spiritual resource for them through the new experiences of old age.

4. Faith: Belief and experiences. When asked if they would consider themselves a “person of faith”, most of the participants in this study responded positively, though they meant a variety of things by “faith.” Mary responded to the inquiry with a question, “What do you mean by faith? Do I believe in a greater power, like in a ‘God’ kind of thing? I’m not sure.” Others responded by articulating their beliefs and sharing experiences of transcendence that have been significant in the development of what they hold as “faith.”

a) Beliefs. These boomers expressed beliefs in three main categories: belief in God (including evolving images of God throughout life), belief in human capacity, family and community, and finally beliefs about life beyond death. Some of these beliefs aligned with traditional views and some diverged.

Rick said,

Is there life after death? Is there a creator? Those to me are the two fundamental questions. I believe in a creator and that I have some relationship with the creator. I do not have a mystical sense of the presence of God that makes me wonder if I am missing

something but I try to be prepared for the meeting that will come. So that implies life after death, which is a fundamental belief I hold onto. I guess what I expect from the spiritual aspect of my existence is both reassurance and that there is a reason for my existence and challenge for me to live up to that reason. Jesus and his teaching are important to me and I find it stimulating to ponder his message and purpose even though I have a hard time subscribing to the exclusivity of the rightness of Christian faith.

When Edmund imagines God, “It’s not so much an image of a person God, a sky-father, more of a loving force of energy or power that’s working for the good of the human race and the planet in general.” Florence, too, reflected on changes in her image of God:

Until I started into the prayer groups, God sat on a chair as a ruler and we were a whole lot of ants. Through my prayer group, I learned that He knows me individually, although I have no idea how He manages to do it. For me it’s a “He.” I know a lot of people who don’t like that because they had poor father figures. I didn’t have a great father figure, but I’m okay with it being “He.” ... In the Catholic church we have God the Father, Son and Holy Spirit. I like that because a Father’s good for some things, the Son’s good for some things, the Holy Spirit is good for some things. For me that’s very helpful. I go to each of the persons depending on what’s happening in my life. If I need strength, if I need just to be loved as I am, that’s usually Jesus that I go to for that. The Holy Spirit is for knowledge, that I make the right decisions. It’s really a multi-pronged thing of God, it used to be just one thing, but it’s not anymore. I’m finding the older I get the more complicated God gets... My God is “changeable” I guess you would say. I don’t like putting him in a box – there’s no way.

Louis shared his life-sustaining image of God:

I think what most of us tend to do is have an idea of God very similar to how we feel about our parents. For me it's safe, it's a place that's not judging you, it's a place that's always there for you, and you find yourself with an inner chord that's very difficult to break through. I find you can always work down to the basics and build up again... I found that I could not suicide. It just was not in me, and I think that's the hard core of faith that's in there. Faith and love just could not take me there.

Faith said, "I feel He is always kind of there and supporting and I don't know whether there are other battling spirits, but He is there, and more and more you realize there is a path that He has you on." Charles agreed: "I do believe that there's no such thing as coincidence. I think it's created by somebody, somewhere, partly yourself, partly the situation, and maybe a helping hand. That's what I believe." Iris also expressed belief that life unfolds according to God's plan:

Mom's way of thinking was, "Don't get too overwhelmed with sadness throughout life. What will be will be."... When my brother died at 51 and the plug needed to be pulled I said under my breath "Thy will be done." You didn't want it to happen but, you know, it's beyond our knowledge.

Part of these boomer's beliefs seems to be confidence in human capability, responsibility and agency. Charles said, "I believe in the medical system... that mental health is underfunded... in Ronald Macdonald House... in research and development. There's always hope for people." Edmund's words were,

I believe that God is in every human being... I believe in caring for the environment, living simply. I believe strongly in democracy, that everybody's voice should count. I

believe in the power of love, which in the end is the only thing that will overcome evil, so non-violence, being actively involved politically and in personal relationships to bring out a third way.

Florence concluded, “I believe in faith and family, and in treating others as I want to be treated... Those are basically my core beliefs. If you stick with that the rest all seems to fall together.” And Bobby defined faith for himself: “For me faith is community... and the peace position. I think it’s important to have a voice in the world where there is conflict... and faith is my belief in an everlasting future somewhere, wherever.”

Though reluctant to define or describe it, several others also expressed belief in life after death. Charles said, “I believe that there is another life, there is another door and I want to be part of it, whenever that is.” Iris said, “I believe the spirit goes to the other side, yet they’re here, they’re hearing, they know.” Florence articulated,

Faith is an assurance that there is something bigger than me, that there is God, or whatever you want to call it... and something ahead. I need that. I’d hate to think I’ve lived my whole life and there ends up being nothing. And there may well be. But for me it just makes life easier thinking that there is something ahead.

Edmund, however, challenged the doctrine he grew up with:

Regarding the afterlife... I think heaven and hell were invented to meet a need, to help people to see some meaning in the darkness, to think that if things don’t work out in this life then we still have then next life, through punishment for evil and reward for good... My parents had a plaque on the wall with a verse from Romans, “All things work

together for good for those who love God and are called according to his purpose.” I don’t really believe that. I have a lot of trouble with that.

While some would say their essential beliefs, in God, in human capacity and relationship, and in life after death, have not changed since childhood, others reported marked change. They have held and/or tested their beliefs through many years, adjusting them to new learnings and experiences. The beliefs they continue to hold are for the most part sustaining resources for them. They believe what they do not because they are told to, but because they want to believe and have reflected on why they believe. Their beliefs reassure and sustain them.

b) Experience. Faith, for these boomers, is about their beliefs and convictions, which have evolved throughout life, and faith is also largely influenced by their experience of transcendence.

Faith’s mystical experience of a spiritual presence by her side has been a spiritual resource for her. She related, with emotion,

I’ve had a lot of experiences where I’ve felt someone close to me... after our baby died I remember working outside and I just felt this warmness around me. Those kind of experiences make me feel like there is more, there is someone always supporting me. I felt that. Another time when I was upset I felt myself above myself. I’ve had some of those sensations that make me know that there is more.

Most recently, when her husband was gravely ill in the hospital and she had come home to sleep she explained,

I did see [my husband] at home, and I thought “this is not good,” and I said “you need to go back there.” It was a frightening experience, but it is an experience that is real. I’ve had a few experiences of knowing that spirit part of things, not always comforting, but comforting in a fashion, that there is something else.

Her husband, Charles, was similarly affected by a spiritual experience, at the same time:

When I had my heart thing, that first night in the hospital, I died that night, I think, ‘cause I could see doors and I could open them but couldn’t get through and I heard this voice “it’s not time Dad, go back” ... makes you think you are spiritual after all... it makes you know there is something after... I’m not afraid to die, ‘cause there is something.

Iris’ faith has been strengthened through her visits with a psychic medium who has reinforced her beliefs.

I said to one [psychic medium] “What’s this with feathers? I’m getting feathers.” I was doing more cleaning at the funeral home at one point. And there was a white feather on the rug. When you least expect it there’s a feather. She said “That’s your dad. He’s there to say he’s with you.” And, oh my goodness, it sounds kind of weird, but they are in the darnedest spots where you absolutely don’t ever expect to see a feather. I’ve heard of pennies or different things people will have. For me it’s a feather. It feels good to have validation that somebody’s coming through. And I’m amazed as well that people have this gift, that there is some communication. Comfort to know... I believe it anyway, that there’s life after death.

Bobby has been aware of uncanny coincidence that lent meaning at the time of death:

I remember when my wife's dad died, we were out at the cemetery, lowering him down, and the train came through – “There's the train coming for him.” Then when we were burying his wife, my wife said to me “I wonder if the train will come through again.” Sure enough it did! It had to be within a matter of a minute that it had to happen for it to have significance, and it did.

Louis recalled his experience of God:

There were times I was very low, and I'd feel God reaching through me, just forgiving me to the core. I was able to learn to let go when there were things I couldn't handle. I was able to give them to God until I was able to deal with them again.

For Sophie the experience of faith has been hard to sustain:

It's okay when you're in the throes of what's happening, the church is all around you and protecting you, but that starts to fritter away as you get on with it and move on... I remember in the horridness of the house I lived in, in the terrifying moments I had, digging really deep and reciting in my head some scripture, the one around wearing the armour of God comes to mind. And I know that sustained me, I know that got me through the night because I wouldn't close my eyes, I wouldn't trust that I would get up in the morning. But you can't do that, it doesn't work, every day for the rest of your life.

Later she articulated,

I would [call myself a person of faith] because clearly something has allowed me to survive all this chaos and discord over my entire 63 years... I had, obviously, some deep wells, some deep reservoirs, but they're getting a little dry, I'm not able to grab onto the

spiritual anymore, not the same way I may have in the past, so I'm trying to figure out what's going to work for me now, 'cause I don't want to leave this world feeling angry and bereft.

Mary longed for a felt experience of faith:

What was it that Chris Hatfield said when he was twirling around the world about how there was this greater power and he could feel it? I'm waiting for that moment when I can feel something, when I can feel that connection. One of my friends had something like that happen to her at her brother-in-law's funeral, and it just empowered her and made her feel so connected to religion. There's something missing for me.

For Julie, experiencing and claiming her own faith, rather than just assuming the faith of her family and church, has been vital. She spoke of her "head to heart journey" with her mother's dementia:

I think I've learned a lot in the past couple of years about head and heart knowledge... I had to come to the point where I knew it in my heart for myself... I think though that I found my greatest peace when I could say "ok, in my heart this is not what I really want, I wouldn't choose this, but it's okay." I'm finding that, as I'm getting older, easier to do... God will give me the strength to deal with the way my life will unfold.

Florence remembered a time when she was spiritually longing:

I had about two years that I knew I needed something more... then I bumped into this prayer group and it really helped. It really sustained. And even within that there were

times when I felt I needed more. Other things would present themselves. It's amazing. If you pray for it the Lord provides.

She went on to say,

I'm grateful for my spirituality. For me it's a huge source of strength and support through difficult times in my life. I've seen so many people say "I just can do this anymore" and they walk away, but for me it's been very positive to have. And as I get older I know I'm going to need it more and more.

Both beliefs (about God, humanity, and life after death) and experiences (of spiritual presence and support, learning and development) undergird the faith that these boomers profess. This faith, conviction, or "peace," and/or their continual longing for it, is a spiritual resource that sustains and motivates them.

The spiritual lives of these boomers, in their diversity, have roots in childhood church experience, have evolved understandings of traditional spiritual resources such as scripture, prayer, spiritual leadership and music, and have navigated life experience with an openness to differences, learning, and mystery. This openness has resulted in, and/or longs for, an evolving faith that they describe using both beliefs and experiences. Their beliefs have been carefully considered, evaluated and chosen, and their experiences have been powerful and are cherished. But this is not the sum total of their spiritual resources. When asked what has sustained them and what will sustain them into the future, these boomers revealed further sources of strength and meaning that can be organized under three more headings: "Self," "Someone," and "Space." It is to those spiritual resources we now turn.

5. Self. When asked “What would you say has been important to your spiritual sustenance?” Sophie replied, “The first thing I can think of is that my own self is important to me, as being the only one I can count on.” Later, when sharing her hopes for the future, she said, “I want to figure out how I’m going to finally get to be me.” This awareness of self is different for boomers than for previous generations. Reflecting on the life of her grandmother, who raised nine children, Julie said, “She never had time to think about herself, she had to go with the flow, and there was always something happening. She realized she had no hope of control.”

As first-wave baby boomers, participants in this study revealed in many ways a strong sense of self, determination and personal agency. They were aware of the privilege of their time, many of them sharing how easy it was as young adults to get a job without needing much education. Almost all had strong parental support, a secure childhood, and opportunities far beyond those of their parents. With opportunity and freedom came a sense of choice, responsibility and control. In their youth the emphasis on individualism gradually increased while focus on collective values and community life decreased. They came of age with the advent of the self-help and self-care movements. Through the difficulties and losses of life they have learned the power of acceptance, reconciliation and a positive attitude. Role models, including their parents, have helped them to face the reality of aging and dying, and they are able to articulate their fears and prepare for the future. Identity and purpose brings meaning to life as does nurturing the virtues they value. These many aspects of the spiritual resource of “self” will be discussed in turn.

a) Personal agency. In telling their early life stories, the boomers in this study revealed personal agency, responsibility and control that strengthened their sense of self. Faith reminisced,

In those days, we had jobs to do and things to be responsible for but I didn't know of drugs, pressures, that young people have to deal with today, bullying, that wasn't part of my experience. We were so free to just go and do things and my parents offered opportunities even though we were farming, and we'd help out with milking, or driving tractor. I remember riding our bikes just anywhere, going to an aunt's, to friends. We always went to church and I taught Sunday School. I went on to teachers college and taught for 6 years, and got married. I met my husband in high school. Before I was married another gal I met in teaching, we travelled for most of the summer in Europe.

Bobby grew up as an only child in a household that at one point held four generations. There was always lots of family around, and he was the first generation to be free to play team sports in the community. Bobby finished school and held a succession of good jobs. When his family had opportunity to move west for a job he said, "My parents never held us back. They always gave us a blessing when we decided to make a change or a move."

Like Faith and Bobby, most of the boomers in this study have had opportunity and freedom and have made independent choices to improve their lives.

From their early years this first wave of baby boomers experienced a "no nonsense" parenting style that fed their will and determination. Eric remembered,

If we'd come in saying "My legs are sore," Mom would say "Let's go into town and there's probably somebody in a wheelchair who would wish their legs could be sore – now get going." So, there was your determination built up.

Some of Eric's determination formed in response to experiences he did not want to emulate, resulting in higher self-expectations for his own moral behaviour:

I caught my dad with another lady one night. And I swore that I would NEVER, EVER, do that to my wife...My dad would get mad and he'd stay mad for two or three days – not talk to anybody – he'd stay upstairs. There again, I swore I'll NEVER – I saw a lifetime of that at home and don't want that.

These determined young people were formed by striving and self-improvement. As a means for self-improvement, the male participants noted: sports (2), 4H/Junior Farmers (2) and reading/ideas (3). Of his experience with 4H, a skill-building club for rural youth, Eric said, "You're going to compete to the best of your ability, and if you don't you see what happened." Edmund remembered the summer he started reading intensively: "At the end of my first year of university I got a job with a mining company, and I filled my entire suitcase with 55 books on religious subjects and flew them up to the mining camp." The women similarly talked about the importance of "getting out of their comfort zone" (2), education (4), and travel (3), though for some of the women these opportunities came later in life, once they had more freedom from home responsibilities.

First wave baby boomers had a lot to figure out as young people in a changing world. They found themselves managing expectations (personal/family/societal) with new possibilities and freedoms (education, work opportunities, family planning). Julie remembered the gravity of one decision:

My husband and I struggled as to whether or not we'd have a family. Part of my hesitation was that I had an amazing mom and I felt I wasn't up to the task. Somebody said to me, "You don't have to be your mom. You're not your mom. You can be a good mom without being exactly like her." Looking back, I know there was truth in that.

They have been very active participants in their own life decisions. With more freedom and more options than their parents had, in terms of these decisions, they developed strong personal agency. Edmund, who left a secure job in search of something that would have more integrity for him said, “I’ve always been kind of a contrarian. I don’t just follow stuff hook, line and sinker.” Sophie talked about her bold decision to start a new life in a new community in her forties:

People thought I was out of my mind. I didn’t know a soul here, didn’t have work lined up, I just had to do it, had to go somewhere...this is the first place I lived where I actually chose to be here ... I have to step back sometimes and recognize my strengths. I think that was a very bold move for me to do that, a huge leap of faith.

This valuing of personal agency and determination in the context of freedom is likely to accompany these boomers into their later years. Mary had been thinking about what she wants to be involved in as she grows older and said,

A friend of mine was telling me she joined a choir, then she said “but I hate it”, and she’s my age and I said “so why did you join?” – “Well somebody else was joining and I thought I should join.” At this point in our lives [I think] we should only be doing what we enjoy doing, and we should be able to pick and choose what we want to participate in, and we shouldn’t be doing anything we hate to do.

When life was not easy for many of my co-researchers, they largely credit hard work and perseverance as what has gotten them through. Mary reflected on the period in her life when she was working, raising her daughter, and her parents were dying: “I couldn’t do everything. It was not any easy time, but I did the best that I could.” Soon after, her husband also dealt with serious

illness and she noted, “it was a busy, stressful time in life – I don’t really stop and think about what I did and how I got through it. Everybody faces their challenges. But we make it. We carry on. Life is good.” A sense of humour can help, though Eric observed, with pain in his voice, “You try to make fun of the things that hurt you worst and try to cover up some things with laughter.”

Sophie articulated her strong sense of self and personal agency:

I’ve figured everything else out in my life to – “cope” isn’t the word I want to use – but to get through every day, to get up and go out the door. I’m proud that I’ve done it without a single drug or drink.

These boomers credit their own hard work and determination, combined with the opportunities afforded to them as baby boomers, as an aspect of the spiritual resource of “self” that has sustained them.

This strong sense of self developed for first-wave boomers with the advent of self-help and self-care. The popularization of psychology and self-help books beginning in the late sixties, and an increasing emphasis on self-care in the medical field and beyond, both influenced this generation greatly throughout their adult lives. These boomers responded to the encouragement to take responsibility, in a new way, for taking care of themselves, and began to see these practices as part of their spirituality. Sophie said,

[My] spiritual practices would be my own self-care, which would include... reading, music, trying to eat properly, and trying to be present in every moment I can be (all the new age stuff, but it works), talking to my grandma tree. I should be walking more, physical self-care, but also the things that fill the beauty and grace requirement for me:

my surroundings, music, good food, good friends... I'm really hard on myself, so part of my self-care is trying not to be so hard on myself, give myself a bit of slack, it's okay if I'm not perfect, if I make mistakes, feeling it's okay if I don't have all the answers.

Julie also mentioned exercise:

I do exercise as well. I find it's a good temporary fix. I go to the gym and I can just block out everything else in life, and I come away from there and I think "I can still do this." I'm well and I'm grateful... I was not an athletic type in high school ... I also walk a fair bit and when I walk I think about what I can give up, frame it spiritually for myself, treat it like a metaphor, a spiritual discipline. Walking for me is prayer time ... a good time to unwind and just "be."

Charles talked about relaxing and reducing stress:

You've got to be balanced. I try not to lose my temper. I'm more of a keep-stuff-in guy. Some couples yell and scream at each other, and oh I would hate that, couldn't stand that ... I think being reasonable will be important to my spiritual health, realism, as opposed to "I'm going to get better/ I'm not going to get better," just I'm on a path here and it's a path.

He also expressed awareness of environmental effects he can control, and those he cannot:

I quit smoking 16 years ago and haven't had a headache since. I'm not much of a packaged-meat guy either. I do think the environment can affect you. I don't know how safe it is to live beside the dump, and I don't like all the spray these [farmers] use.

Two participants shared their experience with mental illness and their gratitude for the medication they continue to be on, as a tool to help them manage their mental health. Florence shared,

I struggle with depression, so I'm on a very mild anti-anxiety drug. I just want to be really open about it all. They say it's a family thing. Dad medicated himself with booze. And a lot of people do. My mom always said you HAVE to be careful. So, I started using medication and I've been on it now for about 5 years. I may stay on it the rest of my life because I'm copacetic. This is how I cope. This is why I'm as sweet as I am!

Eric also shared appreciation for medication:

When we were having the money troubles my nerves really got to me bad and that's when I started taking nerve pills. We went to different psychiatrists, and they did not work for me. A doctor worked for me. When I'd get there I couldn't stop shaking. He said "I'm gonna put you in the hospital." I said, "No, I can't do that, I've got to deal with this." He said "Well, it's an imbalance in your brain. Your body's not producing a certain thing." I credit him 100% with that. The psychiatrists would blame my kids, my wife. I'd think it's not them, it's me that's sick. I've been taking pills ever since, and I still get a little bit depressed sometimes, but nothing like I used to.

Through self-care practices, including exercise, attention to diet, smoking cessation and awareness of mental health, including use of medication where helpful, these boomers have taken responsibility for their own well-being. As they grow older, health, a "sound mind and body," is high on their lists of "what matters most." Charles explained,

What matters most? My health. Our health and the health of our children. We have acquaintances that have had cancer challenges. Some recover, some didn't. Sometimes I wonder how I would react to that kind of situation of no return, and I don't know. I think some of these things you can't answer until you're faced with it.

Personal agency, determination, hard work, perseverance and self-care have buoyed boomers through much of life thus far, but though they try to control what they can, several others echoed Charles acknowledgement that not everything is within one's control in life, especially as we age. Knowing that, these boomers have used their personal agency to monitor their attitude, learning acceptance of their circumstances, of others, and of themselves.

b) Attitude. These boomers maintain that attitude is a choice, throughout life. They talked about being positive and staying involved and engaged. Having considered and chosen against suicide, Louis concluded, "If you're not going to die then it's time to get living again. I think it's surprised a lot of people how I've gotten through these things without getting bitter or feeling sorry for myself."

Bobby, who worked in long-term care himself, appreciates the importance of attitude. He said,

I'm trying to think about it positively before I get there so when I do get there it will be as positive as it can be. I may not like it. It may not be nice, but I'm going to try to be as positive as I can because I think the staff and the people who look after me will appreciate somebody being positive. That's really important for me to think about, and I think about it because I know I'm getting closer to that point. Could be any time.

His overall approach to life facilitates this attitude: “I tend to live in the moment. I’m not a person that frets about stuff I can’t do anything about, so I take the moment - if it’s a good moment it’s a good one, if it’s a bad one I move on.”

Charles exemplifies the choice to not worry. An example he shared:

I don’t worry about money, never have, always had to make enough. Our son (with autism) cost us a lot so we just had to make more. [We] didn’t whine to anybody, just wanted to do it ourselves, so we did.

Louis, among others, talked about having hope:

The degree to which knowledge is expanding is fascinating to watch... I always have the feeling there are things out there to look forward to. It’s the old glass half full, glass half empty. I’m a half full guy, and I don’t think that’s going to change.

Positive attitude is a choice that, for these boomers, bolsters the spiritual resource of “self.” The positive attitudes espoused by participants were often inspired by role models who have taught them about the realities of aging. Living in a seniors’ community Mary observed,

Some of the seniors we know haven’t transitioned well. But one has the best attitude ever, and I hope I can have her attitude. She says “It’s just that time, it’s time to go, to move on. I can’t hang on to the past. I just have to make the best of it. I’ll be fine. I’ll be happy. I can do it.” And she does.

Bobby shared,

We have a good friend who has Lou Gehrig's disease, and his body is diminishing to the point he has a hard time getting his hand to his mouth but has a clear mind. I can easily see how people are angry and frustrated. I'm sure there are times when he curses the night before him but he is as positive as I think somebody could possibly be. So, he has really been inspiring.

Julie is an example of someone whose attitude has been transformed through accompanying others. She said,

I've learned a lot from my dad as he's getting older. Take life as it comes. Be content. I just want the simple things in life. I just want to be comfortable... I've learned that your approach to life affects how you experience it. I'm hoping as I face significant loss that I can do that gracefully, by saying "Ok, this isn't what I want, but it's happening so I have to make the best of it rather than continuing to fret about what I'm losing here"... I hope I can keep a positive attitude and keep trusting.

Julie realizes that she is "one of those people who just needed my ducks in a row." But, she said:

I learned when Mom was sick that life is okay if my ducks aren't all in a row sometimes. God walks with us no matter what – I learned that in new ways... It was a hard way to learn it, I have to be honest, dementia is horrible, there's nothing nice about it... I'm more contented now. Which feels really good! I know there's lots more that's going to happen that I wouldn't choose, and times I will say life's not fair, but I have incredible peace. I know God will be with me.

Faith could have been bitter about her loss and hardships but she said,

I'm not sad about anything as far as my life. Some people get angry and it's hard on them because they feel like they've been cheated, but I don't have any of those feelings. We've had challenges, but... I only have to look around me and I see people who have been through so many challenges and I think mine are okay. I have learned and had good, positive experiences. You don't have to look far to see a variety of things that seem unfair, extremely hard to get through, disease, challenges, loss of mobility, there's hundreds of things. That's my reality – there is lots to be thankful for. I guess it's all in how you look at things, your perspective on it – lots of good stuff.

Similarly, Eric reflected on a conversation he had with a neighbour:

She lost a child in a car accident. After our [physically challenged grandchild] was born and we were talking about it one day, she said to me "I have a thing on the fridge that says 'Why Me?' And then it says underneath it 'But why NOT me?'" And I thought – that's so right. What gives me the right to expect everything okay in life?

Mary agreed:

There have always been issues all along with health, but that's life... my husband has had more than his share, issue after issue. But you deal with those as they come along, try to get through them, hope for the best, and hope there isn't another one for awhile. That is life. Everyone we know is dealing with something and a lot of people we know are dealing with a lot worse than we are, so I'm very thankful.

Julie, remembering her Grandmother, said, "she learned that [she was not in control] and realized that being content or miserable, she could choose. I saw that modelled really well and from quite young I thought 'I hope I can be like that'."

Acceptance of their circumstances, of others and of themselves is another aspect of “attitude” within the spiritual resource of “self” that sustains these boomers. When Mary and her husband bought a cottage they had dreams of a fairy tale life for her daughter and granddaughter, but they realized it could not be:

We thought our daughter and her husband would take over the cottage, the responsibility, and the physical work, so as we were aging, and as they separated, we thought “This is not working. This is not going to work’... It was a really tough decision to sell, because it had been our dream. I had this fairy tale thing about our family playing games and our granddaughter growing up in nature, canoeing, fishing, walks in the woods, playing in the puddles. I had this fairy tale in my head. It was not a fairy tale, it was a nightmare.... It was good that it was gone. Sad but good.

Charles conceded, “You have to accept that’s just the way life is. You get some wins and some not wins and hope for better things in the future. I don’t get all uptight about it and rant and roar. That’s too hard on you.”

Louis has accepted the changes brought by Parkinson’s disease, but maintains hope. He said, “Health has been a big issue, but more in the sense of being able to say ‘I’ve got what I’ve got.’ I’m not sitting there belabouring the fact that I can’t drive anymore. I haven’t given up the idea of driving. Just can’t right now.”

Part of what enables acceptance is reconciliation. Five of the twelve participants related issues with their fathers, from mental health problems, to alcoholism, abuse or unfaithfulness, which had a significant impact on family life as they were growing up. Edmund appreciated the letter he received from his father, after his mother died, apologizing for his abusive treatment of

the family. Edmund was able to acknowledge his sincerity and mend the relationship to the extent that they were able to connect and do some woodworking projects together in his father's old age. He said,

You've got to resolve these issues in your life. None of us is perfect. When you get to be my age you realize you didn't do it all right yourself either. You hope you did it better, but maybe only better in some ways and not as well in others.

Currently in a difficult relationship with one of his children, Edmund longs for reconciliation.

Florence, too, needed to reconcile her relationship with her father:

He's been gone about 18 years now. And I had made peace. For the longest time as a child of an alcoholic you go through a lot of ups and downs. All of us have dealt with it in our own ways, and we're all very grateful because of our mother's strength and her faith that we all turned out to be fairly productive citizens in spite of all the craziness. But I found that I was able to finally forgive him. I started to hear more about his family and his backstory and there were reasons.

She, too, has forgiven herself for times she wasn't as loving, patient, and kind as she would have liked:

I think back to when I was a mom of all these little kids, and I was a young mom, and I say to them "I'm sorry you guys. I was a pretty rotten mom some days," but you know every day I gave the best I could. Once I got my head around that I was able to forgive myself for the rotten days.

Louis' beliefs enable his self-forgiveness: "[God] takes your sins, when you ask forgiveness, as far as the east is from the west. Why would you bring them back? It's very freeing."

Reconciliation can be hard to come by, especially when one party is dead. When Eric thinks of his father he acknowledges,

I can't forgive him. And I'll most likely take that to my grave, and maybe it shouldn't be... and you talk about fear ahead... and I think, okay, is my mom dealing with a lot of unrest? Is that old bitch still interfering in Mom and Dad's relationship? And when I die will I have to confront that again? How will it be? Will I be depressed/down? Or will I be so delighted to see [Mom], that she's so happy, because I don't want to see her sad anymore. I saw that enough.

In summary, these boomers strive to maintain a positive, hopeful attitude, embracing acceptance of circumstances, self and others. Reconciliation is often an important aspect of this acceptance than enables a positive attitude. They have paid attention to and learned from others who have faced the challenges of aging before them. These role models and boomers' relationship with them, help them to choose an attitude that is another sustaining aspect of the spiritual resource of "self."

c) Facing reality, coping and resilience. Though baby boomers have been known for their defiance of and denial of aging, the participants in this study talked about the need to face reality. In their reflections on "attitude" above, several participants noted that the realities of aging are often difficult, including decline in health, stamina, and abilities, dementia, change in living situation, disappointments and difficult losses. This section reveals their experience and

expectations regarding loss, suffering, and getting older, as well as their awareness of both fears and hopes in relation to dependence, dementia, dying, and other unknowns. It concludes with their thoughts about preparing for what may be ahead. Florence, who worked in long-term care reflected,

The problem with this [PSW] job is that we know what's ahead, or what could be ahead, various scenarios, and on one hand it's good, but sometimes going into it oblivious is also good, because it isn't fun and it isn't pretty. It's a very difficult, difficult time of life...

The way I look at it it's going to be my purgatory on earth.

These boomers are no strangers to loss. All have lost at least one parent, and half have lost children, through miscarriage, illness, and senseless tragedy. Some have suffered financially and/or lost relationships. Charles talked about when his son died, "That was the toughest part of my life. I never let it go. I'd say I think about it every day." His wife, Faith, acknowledged, "You never really forget." Rick, too, shared, "We've had some hard times. Having a child with a handicap, my wife having cancer, losing that child, those are all things that have shaped us."

They recognize that there are likely difficult times ahead, between now and the end of life, and many decisions to make, and things to deal with beyond one's control. Mary recalled a counsellor once saying to her, "Life IS about suffering, and it's what you do with the suffering that determines your quality of life. We all suffer, there's stuff going on that no one knows, we shouldn't judge, we all muddle along, and it's how we deal with it that matters." Now in long-term care Louis talked about holding on when losses, such as mobility and privacy, loom. "Everything that you lose diminishes you, so I try hard to make sure that if I have to lose something there's a reason for it."

Participants confessed that it is hard for them to believe they are getting old. Edmund said, “I keep joking with people now that I’m just in late middle age, but they’re looking at me a little skeptically now (laughing). I guess I’m actually in early old age. I don’t really like the sound of that.” Mary shared,

I can distinctly remember when my grandparents had their 50th wedding anniversary. They were old people. Like they were OLD. All they did was play cards, might have got themselves out to church, sat on their chairs, and that was it. They were OLD. So, I don’t think of myself as being old, even though it’s our 50th anniversary. So, I think we think of ourselves as 10 years younger than we are. And we’re not. That’s not reality. Denial is a big part of our lives.

Despite their internal perception of youth, they are aware of changes in their bodies and think about their implications. Bobby looked in the mirror the other day:

When I came out of the shower I had the droopy arms, I don’t have the muscle form, I’m looking like a 70-year-old, more so all the time. I used to be a muscular, strong, young man, and you know your mind doesn’t move as fast as the rest of you does. So, I look at myself and think my oh my, I’m starting to look my age... adds a touch of reality to the fact that I’m now the oldest generation of my family. Our parents are gone so we are now those people.

Mary realized, “We’re at a stage now where some of our dear friends have terminal illnesses. It’s hard to see. It makes that reality face you.”

Eric has given thought to his own mortality and said,

I think if I have something that's terminal, like, I'm 70 years old, if I was to get cancer, I don't want to get treatment, because I don't think our forefathers did. I think cancer's been around since Christ, just now they know what it is and they try to cure it and they can't.

Faith is taking life one day at a time. She said, "Our most recent challenge was with my husband in the hospital with his heart... he's doing very well-paying attention to his diet... a lot of people carry on for a lot of years, paying attention to their health."

A few admitted to being tired. Mary said,

Our sisters need emotional support. No matter how bad I have it, they have it worse. So even though I was so exhausted this fall they would phone and at the end of the conversation I would realize I was supporting them more than they were supporting me, and I'd think "Wow, I'm really exhausted now."

Florence recently moved her mother into long-term care.

We tried to keep [Mom] home as long as possible. My husband and I had managed to keep his mother home till she died, about 13 or 14 years ago, but I'm that much older, and I just don't have what it takes to do it for my mom. I'd been going over there every day for about 7 years, and I was wearing out.

Julie, too, was drained by caregiving, and relieved that her mother's journey with dementia is over.

Sophie, besides caring for her mother, is fatigued by life in general. She said,

I'm getting a little tuckered trying to figure it all out all the time. I haven't really enjoyed [life] much yet. I've done a lot to engage in it and be present in it but haven't had a lot of joy in it yet. So, if that doesn't come fairly soon, or never comes, then I'm done.

Facing reality prompts some fears related to this spiritual resource of "self," specifically around losing independence and agency. This was true for both men and women. When asked what would be difficult in old age, Iris responded, "Losing some or all independence, and accepting this graciously... interference from unkind people, and dominance – that's a fear." Mary agreed, saying "losing your sense of independence will be really hard."

Louis, familiar with the various circumstances of his neighbours in long-term care, provided more detail:

My biggest fear would be facing some stage of limitation where I was at somebody else's beck and call, [like] being in a wheelchair and can't talk, my voice is gone. I would find it very hard to not be able to read, going blind, having to have a trachea tube to breathe, having to have a colostomy bag, those things which are really physically putting you at the bottom end of the spectrum... I don't want to die, but I'll get tired of being an invalid.

Edmund also described specific fears:

One of my fears is loss of eyesight, not being able to read. Loss of mobility, not being able to walk or drive the car. I don't want to be in a hole where I'm sitting in a rocking chair going brain dead. I remember one of my father's aunts in her late 80s sitting in an old age home. She was kind of demented and just sitting there saying "take me home Jesus, take me home, I'm ready to go home." That's a horrifying thought, an absolutely

appalling thought, that you could be alive physically but have nothing to look forward to, or don't have your mind to think about it.

The men, particularly, do not want to be a burden. Eric was adamant:

I do NOT want to be a burden on my family... I don't want to die day by day and my kids die with me, day by day. I don't want that. To me there's some people that have lived on and on, but they've been dead for years... That's the biggest thing. I do not want to be a burden on my family.

For some this has led to conversations about medical assistance in dying, recently legalized in Canada. Edmund said, "My wife and I have talked about end of life and thought we should have the option of doctor assisted things if you're totally gone, brain dead, Alzheimer's, in tremendous pain, if there's no real quality of life left." Rick was thoughtful:

As far as medically assisted dying, I do feel the choice should be available to us, because it is easy to imagine myself in a situation where I would want to choose that. However, I can also imagine many ways in which that decision would be difficult if not impossible to make.

Rick wants to be a help rather than be a hindrance to society, and said,

I heard a surgeon who declared that when he turns 70 he will stop taking medications, if he's taking any, to prolong his life. Instead of being a drain on our society I would like to be a resource to our society. It's not going to be beneficial to prolong my life that much. All the risky jobs that are done by young people should be done by old people. We've got

less to lose, really! If I could give my life for my 42-year-old neighbour [who died of cystic fibrosis], I would.

On this serious topic, Eric found his sense of humour:

I think there's something to be said for assisted suicide, and yet, I always said, if I get sick I hope it is dementia so they can tell me I'm going to Hawaii tomorrow and I'd be happy all day and by morning I wouldn't know where they'd talked about. But I guess it's not all that great – you can either be happy or mad as heck with dementia!

The mention of dementia introduces another fear. Bobby said,

I think the biggest fear for a lot of people now, more than it was 30 or 40 years ago, is the whole issue around your ability to have a sound mind. I think what's really scary is dementia. I don't think anybody wants that, yet you go to nursing homes and there's not a lot of people who have a clear sound mind anymore.

Louis agreed:

Being able to think. Being able to continue to examine things, continue to learn, continue to see, hear, those are very valuable. Without that you're isolated. It will be hard enough to lose mobility... as long as I can have those things then I am a real person.

But Iris said, "I try to be a realist. I'll probably end up with dementia like Mom. Who knows? Nobody knows." She continued, "In the funeral service I see people are dying of such variety, you're gonna die of something, and we don't get to pick. Forget getting overwhelmed with that. We have no control. You've got to live your life."

Others also acknowledged that much about how old age will unfold is unknown. Mary reflected,

You can't predict when something's going to go wrong. You don't always get a lot of advance notice in this life... We don't get to pick and choose how our life goes at the end, whether it is Alzheimer's, cancer, heart... The hardest part about old age is the unknown.

Part of facing reality is facing the unknown and facing fear. What these boomers fear is what threatens the spiritual resource of "self." Frailty, loss and dementia particularly worry these boomers and the men, especially, do not want to be a burden. The unknown future prompts wonderings by some about how control might be maintained, specifically by considering medically assisted dying, though at this point, for most, it would not be a legally available option under the current criteria for qualification.

The ultimate threat to "self" would seem to be death, but study participants did not express fear of dying. They don't want to, yet, but they are not afraid, and they expect there will be a time when they are ready to go. In many cases, their experience of their parents' deaths have made death more familiar, and helped prepare them for their own experience.

Bobby expressed gratitude for his father's example:

He accepted the situation he was in in a way that allowed him to live his last month rather than die his last month. That was a blessing to family because you could go in there and talk about all kinds of stuff and it wasn't this morbid death place.

His mom lived a few years longer, and Bobby recalled, “I remember saying to Mom ‘You’ve lived a good life, it’s okay if you want to go.’ And just like that, she was holding my hand, and she let it go and just relaxed.”

Rick reflected on his father’s dying:

I think it was Dad’s choice. He had already said “I am ready to go.” His life was not easy anymore. He had a catheter; he was in a wheelchair, and he said “My life is not pleasant anymore.” So he said yes, I’m ready, I’ve had it... I think that was his choice, to stop eating and drinking.

Rick has an uncle living in Holland who has told him “When life gets too difficult for me I may choose to end it.” He hopes his uncle will tell him first, and is going to visit again soon.

Mary recalled visits with her aunt. “My aunt was 103 and she used to joke, “There’s one good thing – no peer pressure!” Because everybody had died. But then later in the conversation she’d say “I just want to die. I don’t know why I’m still here.”

Iris reflected with gratitude on the spiritual connection she made as her mother was dying.

I truly believed Mom was not afraid to die, nor am I...but I felt it was important to her to feel a connection to God, to reassure her of His true love and of finding peace and happiness beyond, and [my siblings] were comforted too [when I prayed by her deathbed].

Being at peace with the notion of dying, facilitated by experience with their parents' deaths, is another aspect of facing reality that sustains these boomers sense of "self" as a spiritual resource.

In the face of what they envision into their future, some study participants want to make preparations for growing older and for dying, while others resist, or see others in their lives resisting. Mary said,

I know we won't be able to stay here forever. I'll be more ready to make that decision than my husband will. He gets such strength from the trails, the walking, the friends, but we'll have to go someplace, someday, depending on the care we need, we'll have to downsize, get rid of "stuff," and we need to do it when we can make the decisions and not leave it until it's our daughter's problem, and that's difficult.

Thinking even further she said,

I personally want to do funeral preplanning [but] haven't convinced my husband. I think it would be more fair for our daughter, as an only child. It would be sad to do it, but I think we need to talk about it and face that reality. I bet most people don't, but I think we should. If you do the preplanning then you know it'll be done the way you want it, and your family will be freed up to feel their emotions and not worry about that. Facing the reality is not easy.

Faith admitted, "This health issue has pushed us to think a little more seriously, realizing there are a lot of things to clear up and balance off, to have comfort that we're not leaving one person or the other with cleaning up challenges."

Florence foresaw challenges:

Because of the difficulties and the stress with my mom, my hopes are that we would realize ahead of time when we need to make the changes to easier living, rather than holding on until you can't make the changes and the kids are forced to make changes that you're not happy with. But I know my husband will be the type that will want to hang in there no matter what. Who knows, maybe at 87 we'll get divorced! But to go to an apartment for him he would think it was awful. But for me – I could do that.

It was interesting that some of the men were less likely to think about adapting to future needs. Edmund had not imagined frailty for himself:

I don't envision myself there yet. It's not something I've thought about, so your question forces me to envision myself being in a long-term care home, and I'm probably there because my physical health has bottomed out, maybe whatever disease, problems, disability, could be eyesight or hearing....

Bobby hopes he will not live that long. He said, "I hope I don't grow to be ninety because I'm not sure my body would be in good shape... I know I have arthritis, a bad shoulder. My life in old age is not going to be as nimble as I would like it to be."

While some of these boomers prefer to hope that change will not be necessary, others take on preparations for the future as another act of personal agency that can serve as a spiritual resource.

Though their society encourages them to deny and/or fight aging, these boomers seem to find some freedom in facing the reality of aging. The humility that accompanies the recognition

of an aging body, the acknowledgment of loss, and the feeling of well-earned fatigue, reveals a self-awareness that is an aspect of the spiritual resource of “self.”

d) Identity, purpose and meaning. Yet another aspect of the spiritual resource of “self” is one’s sense of identity and purpose. As these boomers grow older they are more conscious of living life intentionally, of knowing who they are, and living out the virtues that matter to them. Each participant has found and continues to find purpose and meaning in life in their own way, which can be seen by reading their narratives. Below are some glimpses into how some talked about it.

Several talked about vocation. Charles said, “Politics has been good for me. Some people don’t want to be labelled – Liberal, Conservative, NDP – I say it doesn’t matter as long as you’re something.” Julie reflected, “When the [church] job came up I really felt that was a calling, to serve the church in that way. I find church work really energizing.” Iris remembered her vocational calling, when she was a child visiting the funeral home for friends who died in a car accident:

I was taking it all in and thinking “Wouldn’t it be great if someday I could learn how to do the work as a funeral director and maybe make people look better to make their families feel better.” So the seed was planted to be a funeral director, which I am today. I have no desire to stop. I enjoy being with the public and helping people.

Faith recalled, “Occasionally you tackle some things outside of your comfort zone and grow a little. It puts you in a whole different zone of things that happen, the connections and variety of things you need to do in those circumstances.”

For Mary, life's meaning is found in family. "Our granddaughter is a big part of our lives. It's wonderful to be close and to be involved. On the other hand, it's stressful sometimes to be so involved. It's a lot of responsibility, but the positives far outweigh the negatives." Rick agreed: "Grandparents are important. And grandchildren are important. In a way it gives me a kind of purpose to my life too." He also finds meaning and purpose in giving and said,

Instead of being a drain on our society I would like to be a resource to our society. In February, after I retired, I went and gave blood successfully for the first time, and it wasn't difficult, and I look forward to being able to do that again... right now I can shovel snow for the neighbours... I can take our neighbour boy [whose dad died] canoeing... our neighbours give us some purpose too.

For Louis, living in long-term care,

It's very important to maintain as much freedom as I have. And they will give me freedom as long as they don't have to come get me, then I can do whatever I want to... my phone is always with me... I've got a free bus pass... that gives me lots of freedom, and it's a wonderful thing!

Sophie has brought meaning out of tragedy in her life. She asserted with confidence, "I tried as best I could to make [my child's] life normal in the chaos we lived in. And I would have succeeded if we'd had the chance. I would have succeeded." She worked with others to establish an organization that helps other women in abusive relationships to have that chance, and then made the courageous move to start over and create a more normal life for herself in a new community.

Into the future, when asked “What matters most?” Edmund said, “Health, relationships and trying to make a difference.” In the same vein, Iris responded, “Family and love. Health and happiness. Peace and happiness with family and friends, without worry, financially, or health wise – while remaining independent – having say about my health, management my way, especially in a nursing home.” Mary agreed, “Health, peace, family. Health you can’t determine. Family, you do what you can to support. Peacefulness in our own little world, but I’m afraid it’s just not going to happen in the larger world.”

Thinking about what will sustain her, Mary said “We need to value what we have, and the past. Focusing on that gives us strength, focusing on what we’ve accomplished, and the good things.” Participants were more likely to express gratitude and contentment than aspiration for the future. Mary said,

Maybe we’re going to have a bit of time to travel – but it’s not a priority for me. I’m comfortable with what I’ve accomplished. Some people have these huge bucket lists and I don’t have that... I’m not yearning for more or better. I’d like to still read and learn, go places, do things, see people, be involved. I volunteer and hope to be able to continue to do that. I hope to be able to reach out and support people, and live an honest, ethical life together, love our family, be part of their lives.

Rick agreed:

Now as we’re coming toward the ends of our lives, we’re not aspiring to greater things anymore. We had talked many years with our friends we used to live in the townhouses with about sharing a house. It was always in a joking manner, but I’ve thought about that.

We might... it's hard to set up, and perhaps we'll put it off until it's too late, then we won't have that choice.

Charles commented that life is full: "I am retired, from the business, and I don't do anything on the farm, but you still keep going. Now I gotta go to the doctors all the time, so you're hardly retired with the time you're running. You're good for the gas companies."

Florence hopes that the knowledge and skills she gained in her years as a PSW will continue to be useful to others. "I figured when I retired I can help some of my older friends with their aging issues, 'cause I know all about it."

Sophie expressed,

Mostly I want to figure out what's going to bring me joy... If it's about giving myself permission to have fun, I want to figure out how to do that. It would be really nice not to be worrying all the time, about money, about where I'm going to be, where I'm going to live, who is going to look after me, so before I get to there, I just want to have some fun.

When Rick was asked about finding purpose in life when he is no longer the giver of help and support, but the recipient, he responded "the one thing that I can have to give, even as a dependent, is my attention. I hope to be a friendly, attentive, listener. Naturally I will need friends to be that, and that will give me a purpose during the next few years as well."

These boomers' sense of identity and purpose is an important aspect of the spiritual resource of "self" that is lived out intentionally, and may need support, as they grow older, especially in relation to changes in health, family relationship and/or independence.

Mostly what matters seemed to be nurturing the virtues that have come to mean the most to these boomers. They all want to be a “good person,” which in their youth was equated with being a “church-going Christian.” As society has changed throughout their lifetimes, several spoke of their journey to discern what a “good person” is.

Mary reflected on compassion: “I feel like we’re compassionate and kind and caring, that we reach out to support other people, charitable. I believe we do those kinds of things and live that kind of life, but it’s not through a church, or through religion.”

Charles and Eric explicitly cited the Ten Commandments and the Golden Rule (‘Do to others as you would have them do to you’ (Matthew 7:12, NIV)), as foundational to their spiritual life. Charles said of the Golden Rule,

That’s the rule I try to live by. It doesn’t always work. I sometimes don’t let it work. But the rule is there to work.... I believe as much as I can in the commandments, and the golden rule. I’m not perfect. Sometimes I swear too much, and I apologize when I’m done, which makes me feel like a hypocrite.

Eric added, “I think spiritual things is not Bible thumping, it’s – if all the people in the world took the Bible and set it [aside] and grabbed the Ten Commandments, we would have no more fighting. It would be just the truth.”

For Bobby an important virtue is generosity. “My parents, grandparents, were always generous people. So, we’ve tried to be generous people and tried to instill that in our children.” Charles, Mary and Rick also talked about giving money. Rick said,

I support the church financially, and I don't do it for the church, I do it because I feel like it's my responsibility. It reminds me that the money I have is a great blessing, and it's not what I deserve and I have to give some of that – it's not all mine. So I give to the church but also to other organizations. I feel it's my obligation, because I'm blessed with resources, to share those. So I do.

Mary talked about practicing gratitude:

Every night when I go to bed I think of three things that I'm thankful for – and I've been doing that for years – no matter how bad a day it is, there's always still good things, things to be thankful for. I really feel in life we need to pause and cherish what we have... and appreciate people, and situations, and the beauty of nature.

Both Eric and Rick talked about the importance of honesty. When Rick sold insurance “it was my responsibility to deal with them honestly and not just try to sell them something. So, if I didn't think it was the best thing for them I would tell them. I wanted to be ethical about it. That was part of my purpose in being there.” Eric reflected,

I'm a firm believer that I do not have to be a front row church going person to be a good person, and that to me is where I feel I'm very limited in the religious part, but the practising part I try to do daily. There is no way I'm going to lie to you, and to me that is my faith, right?”

Iris's profession has led her into humility:

The first body that I ever saw, ever... [the funeral director] asked me to assist... and I was in there by myself and I stopped and thanked God for letting me work on one of His

creations. I felt so humbled by the experience, and always did, for each and every body – hundreds and hundreds – I really did feel in my heart that it was a privilege.

Rick has appreciated having friends who are models of simplicity.

They have not been very materialistic – [one friend] chose to retire quite early and they moved from a bigger to a smaller house by choice. [Her husband] is now working half time and can do what he's best at. I'm not sure they go to church much anymore. We talk about how you live your life – not expecting to have everything and the best of everything.

Edmund similarly appreciates opportunity for conversation about real life that give him “the chance to explore some of those so called secular concerns that I don't think are secular at all. They're about living and about relationships and people.” Bobby also spoke about wisdom, all the “tidbits” he has gleaned from others over the years.

These virtues: generosity, humility, gratitude, compassion, simplicity, and wisdom are outgrowths, or fruit, of these boomers' focus on “self” as a spiritual resource. Foundational to their identity and purpose is a desire to be “good,” or virtuous, people. Through determination and personal agency, in a context of freedom, choice, responsibility and control, and in a society that has increasingly encouraged self-help and self-care, these boomers are facing the reality of aging and the unknown, including dying, while maintaining meaning through identity, virtue and purpose. They value and take responsibility for positive attitude, acceptance and reconciliation, and have learned from inspirational role models.

6. “Someone.” Though baby boomers pride themselves on being independent and self-sustaining, every one considered relationship with others to be a vital spiritual resource. Having

“someone” is important, and often it is those people, whether friends, family, fellow community members or caregivers, who give meaning and purpose to life, and provide support when life is difficult. These relationships sustain such spiritual values as love, hope, peace and joy in an aging individual, and become a primary spiritual resource. This section sketches the importance of belonging, connection and community for these boomers, along with their hopes and reservations about the role of friends, family, spouse, and other relationships in their future.

a) *Belonging, connection, community and friends.* As mentioned earlier, church has been a place of social interaction and of support through difficult circumstances. But for these boomers’ their experience of belonging, connection and community has extended beyond church. Rick remembered,

When [my wife] lost her leg we weren’t in a church, but the people from both her work and my work were very supportive. They had a fundraising dance for her. When [our daughter] died, we had been going to church with our kids. They were all there for us.

When asked what sustained her through her parents’ deaths and husband’s serious illness Mary said “the people, lots of people phoning or emailing or just saying ‘Hi, how are you doing?’.”

Charles and Faith have been intentional about getting themselves, and their son with autism, out in the community. Charles shared, “[Our daughter] skated for years and we ran [our son] all over the place, and sometimes his temperament was not acceptable in some societal spots, but we just kept going, put him out there all the time.” Showing some emotion, he continued, “He’s a part of the community. They all like him.” Faith agreed,

There have been a lot of times we have seen people who say, “Oh I was in school with [our autistic son].” It’s good to hear. I think it’s a good thing they were in the same school. There’s a lot to be gained, if there’s enough support. It does allow people to understand and know how to react, and not make it exceptional.

As a couple, they value community highly and Charles reflected on their experience of community as they have visited churches after their own closed. He explained,

We know a lot of people, and they come running down thinking we’re going to become members and that kind of stuff. I enjoy it. I think the fellowship after is important. Some people just run in to church and run out but I can’t do that. I like to stay and visit. It’s a community tie that if it goes, other things go with it.

Sophie’s story is important in its difference from the others. After a childhood and young adulthood of aloneness and self-sufficiency, the tragedy she experienced brought community around her. She shared:

There was an extraordinary group of women who work with women’s abuse issues who came together and decided my case needed some looking into, and did a huge community study, and brought me into the picture, and I can’t tell you what kind of healing that did for me, to be around women who were extraordinarily gentle and supportive of me, something I’d never experienced before! It was lovely.

Having friends has been sustaining. Eric appreciated the quiet support of friends when times were tough:

[What has sustained me?] Love. Acceptance by your friends. Because I'm sure they knew what we were going through. They didn't come out and say "well if you would've worked harder" or anything negative. I think of it more now. They were so supportive when we were having all that trouble.

Julie also expressed gratitude:

I've had good friendships, good family. I have some amazing cousins I still connect with. We enjoy being together and always have. For those relationships I'm truly grateful. I realized that too when my mom died. I made good friends at [high school]. I don't see those people a lot, but some of those friends showed up at my mom's funeral visitation, and I graduated from high school 43 years ago. Part of me was surprised and another part wasn't. It just reiterated for me how blessed I am.

Florence agreed, "I've been blessed with wonderful friends, and some of them are church goers. My two closest friends are not... I have a real variety."

Rick gave an example of friendship that is spiritually sustaining:

We have a group of friends, a small group now. We used to live in a complex up the road and the friends we met there we have kept forever. The one couple, they're also really involved with their kids and grandchildren. We see them most Saturday mornings at the market. They're Catholic, and they have the same problem we have, they don't really enjoy the church but they're still spiritual people, so when we talk about things philosophical, it's not about the spiritual necessarily, but more about how we live.

Being part of a strong community, or at least having a few friends with whom to share life, who are available, mutually interested and supportive, is a valuable spiritual resource for these boomers. The experience of belonging, connection, community and friendship has been sustaining for these boomers throughout life, especially through difficult times. Losing peers is one of the difficulties that comes with growing older. Losing community is also a common experience as elders move to better accommodate their needs. Though these boomers did not talk about it directly, their current community and friendships are spiritual resources that will be at risk as they age. New friendships and new communities will likely need to be found and nurtured to supplement this resource that may weaken as their life circumstances change with age.

b) Family. While friends provide good mutual support, it is more often to family that people turn when in need of care. As children the majority of these boomers were part of families from which they received a healthy sense of belonging and support. Eric credited his mother, especially, for his strong roots, “My Mom was the most important person in my life, ever, because she instilled all the beliefs, morals, all that type of thing... that’s made me what I am.” Florence too, appreciated her mother’s support:

My mom had it really tough. But she was good. When [my husband and I] came back with two little ones, expecting the third, and we moved back in with her and my siblings, she always made space. We were forever grateful to her.

Bobby enjoyed being part of a large intergenerational family and reflected, “I’ve been fortunate in the sense that there has been really good communication in our family always.”

Louis' family has been intentional about staying connected. He commented, "Birthdays were always important, always a special birthday cake, whatever people wanted. We'd make it special. [Now] I try to call my sister and brother on their birthdays, and my niece and nephew."

As our society has become increasingly individualistic, and families smaller and more dispersed, these boomers realize they could find themselves without the family connections that they had in childhood and that their parents would have taken for granted in old age. When it comes to knowing who they can turn to for help if in need of care, the answer is not as obvious for these boomers as it was for earlier generations. Though some of their children live close by, others live at a distance, and many have busy lives, with little interaction with their parents. Some trust their children and grandchildren will welcome whatever caregiving responsibilities are necessary through old age, but several do not want to expect that.

Bobby is the participant who expresses the most confidence in his family: "They would be the primary caregivers for sure. They're all involved, all good friends with each other, all in the area. Any one of them would do what they needed to do to help out." Others were less confident. Mary said,

[Our daughter] has always been helpful, supportive and kind, but she's a single mom with a full-time job, so there's only so much energy she has to give. She can't be running out here and taking care of us. We're going to have to make sure we take care of ourselves... hire someone or go into care... She would be caring, but I don't think she could care for us.

Charles felt similarly,

I don't think our daughter will be as diligent as we were. That's part of society, the way it is. That's why I have to be in a facility with other people, peers. I may be cutting her a bit short. Maybe when I got in there she'd be there 2 or 3 times a week but I don't see it, yet.

Rick, too, said,

Our daughter who is a nurse, perhaps she would give us some care, but I don't want to lean on her too much. She's very wise in many things and knowledgeable in health matters, so we would look to her, cognizant of the fact that we can't lean too heavily.

She's going to have her own family to look after. We will try to find our own resources.

Florence was similarly self-sufficient:

A few of my kids have said "we'll take care of you," but the way their lives are right now I don't see that they can do it, but as they get older their lives would sort out, I'm sure.

But I don't want to rely on them. I've said to a couple of my kids "Don't worry about me in the nursing home. Don't worry about coming to visit all the time." I don't want their lives thrown way out of whack because of us in old age. I want them to be able to live their lives.

In summary, these boomers do not want to be a burden, or hamper the freedom of their children. Many have born responsibility for caring for their own parents and, though they do not resent this responsibility, they do not expect the same of their children. Instead, they expect to be self-sufficient in looking after their needs as they age, recognizing that will likely mean living in residential care if they can no longer be independent.

Regardless of how much or how little they would expect of their family in terms of caregiving, these boomers spoke of family as a source of love, joy and strength from which they derive their inspiration and reason for living. Eric shared,

I had thought of suicide different times, really close sometimes. Then something of one of your kids clicks and you think, “God I want to see that kid,” or “God I want to see her married” and it’s enough to get you past that. My thoughts of family have kept me alive.

Mary, too, is sustained by her family relationships:

Family is first. We need our family members and get our strength from them. I get joy and strength from being with my granddaughter – the laughter, the funny things they come out with, being wrapped up in their lives makes you feel good too, and it gives you a different perspective on life. I don’t think it’s good to just hang out with all old people.

Eric agreed:

You can be having your worst possible day and one of your grandchildren comes up and puts his arms around your legs and looks up and says “I love you Grampa!” Then nothing else matters. Last week we were looking after our teenage grandsons, and they’re to the macho age, and they still say “I love you” – it’s pretty darn good! The other kids just tell you all the time, and it’s just like a million-dollar cheque, it’s awesome! Family. There’s nothing like it. The best things in life are what don’t cost you any money.

Young people can be inspiring purveyors of hope even when not related. Charles said, We don’t have any grandchildren, and won’t have, I don’t think. And that’s alright. Might have to adopt some. I like little guys. We hire a young kid to cut our lawn at the

restaurant... he's a good friend. These young people, they're so smart and some of them so creative. I think what a wonderful time to be alive to see how these people mature and move on – I like that – it's just a great thing.

It's difficult when family lives at a distance. Edmund said,

Keeping in touch with family, grandchildren is meaningful to me. I'm hoping to support them and visit with them as they grow up. With two of our kids living in the far north it's hard. It's expensive and it's hard to go for a long period of time. It would be better if you could visit for a few hours at a time.

Louis is intentional about building family relationship, even at a distance, recognizing that “family love” is second only to “faith” for him in terms of spiritual resources. He shared,

I'm getting to know my son and he's getting to know me. I sent him, for his 25th birthday, an email of 25 memories I have, a ten page email. The response was magical. It's a trilogy – my letter, his response back to me and mine to him – I'll keep it for a long time. It's special because it's [been] hard for me to relate to him [through high school years]... If I hadn't been heavily involved in work and elsewhere at the time I may have had more time... it has been good to reach a rapport, and for him to think about it too... it's very difficult when you're separated from them... Family love is important. Without that [life] is very meaningless. If my son and daughter and my wife were gone I'd just be another cog in the wheel. So as long as I've got the family tie, that's very important.

Family, specifically children and grandchildren, was named as a highly valuable spiritual resource by these boomers. Knowing they may not be able to rely on their children for daily care, several expect to arrange other ways for their needs to be met. Regardless of their practical

relationship with their parents and grandparents, children and grandchildren will be a very important spiritual resource that sustains life and meaning, supplying affection, love, hope, and joy for aging boomers.

c) Spouse. Ten of the twelve co-researchers have been married to the same spouse for over 30 (mostly 40-50) years. Having been through everything in life with this one other person, they have become a primary spiritual resource. Mary shared,

[My husband] and I do well together and support each other. He looks at life so different than I do and he'll say "Don't sweat the small stuff." He'll calm me down. Then when he's rattled I'll calm him down... . We've dealt with a lot over the years, but we always seem to bounce back, and we seem to do it together, to get through it. I think I'm very fortunate that our marriage is so good. Fifty years this summer we'll be married. So when one of us is gone that's gonna be... that's a reality... cause when you have that much of your life together, it's not just the love, it's the comfort, it's the security, it's the understanding, and how lucky am I that we can be together and be happy that length of time. I'd say that's my biggest support right there.

Edmund also articulated how much he values his wife as a spiritual resource.

And [my wife] (pausing, with quiet emotion), I think after 45 years you realize how much you mean to each other, and I guess you realize that even more, you know she had some health problems three years ago with her heart, and some this winter that were a bit uncertain. It's a great blessing to have a partner you feel you can be open with and I think people are lucky when they find that. I don't think it's much more than luck really, but I feel pretty lucky.

Spending one's entire adult life with another person results in a significant connection and interdependence. Charles puts it this way,

I said to [my wife], if one of us dies, who's gonna keep you warm in bed? I don't like being cold, just hate it, so I said she can't do anything like that, drop off.... She said "Oh you'd just put on a couple more blankets." That's not too comforting!

The loss of such a significant relationship is understandably feared.

Some spouses, like Florence and her husband, have lived more separate lives, connected by family, but with wider networks of community. About her marriage Florence shared,

We very much lead parallel lives. He does his thing, I do my thing, and then we have our family stuff. It works out fine... he's never been one as far as us praying together, that's not his way of doing things at all. He's not into big long conversations. That's why I have so many friends, 'cause I like long conversations. And I have to respect that that's who he is.

Some wonder, with more free time together, and as health issues arise, if life together might be difficult as they grow older. Iris said candidly,

Staying together, through sickness and health, dealing with this together, and trying to remain calm through all of that, that's one of the bigger challenges, and nothing to do with the sickness, it's just the people thing... you're married, have children, you're busy, out of the house, hardly living together, then WHAM! Who are you?

A marriage of almost 50 years is not always easy. Eric, married to Iris, feels tension too and longs for resolution, “I would never, ever, ever, hurt [her] like [my dad hurt my mom]... I wish she could understand that. That is my wish.”

Of all the relationships these long-married participants talked about, their relationship with their spouse was the most integral, for many, to their spiritual resources. The companionship of a long-term spouse is valuable, and the quality of these relationships deserves attention and support as boomers navigate the changes and challenges that come with aging.

d) Other relationships. Outside of their primary community of family, friends and sometimes church, these boomers have sought out what relationships they needed and made use of connections that just happened. Rick said, “I’ve had good relationships, carpooled, with a lot of different people. Two hours a day in a car with people who were just thrown together and man we had some really great relationships there. I miss those people.” Perhaps he will remember this experience when he enters residential care someday and again finds himself in close quarters with strangers who could become friends.

Meeting in small groups of people with like interests has met some needs. Faith talked about belonging to the Women’s Institute in her community. Edmund highly values his book study groups. Florence related,

When my youngest was about four I started charismatic prayer groups, so I was in them for 25 years. They were a huge part of my spiritual life. I’ve always been involved in a Catholic Women’s League and the PTA and volunteered, but my prayer group, we met weekly, and that was a huge resource for me. So when it first finished I felt quite at odds but I’m developing my own ways and last year I tried a Bible Study at the church. We

talk in small groups, so you get to know different people and you get to know different people's lives, which is very interesting. You don't realize what some people deal with... I'm really enjoying reconnecting.

Some people preferred connection with just one person, like Julie, who said, "I'm an introvert, especially in a group. I like one-on-one conversation."

Florence recently recognized a situation that is likely to become more normal as boomers age:

There's one lady at the church. She's in my choir, and she's 82, and she has no one, no siblings, or children, her husband's dead. She has no one and she had to go to the hospital, she had shingles. I felt so bad, so I said "How about I give you my phone number and then if you go to the hospital and feel you'd like someone there with you I could come." And she seemed happy about that.

Meanwhile, both Mary and Rick voiced concern for older neighbours but do not have the same church community connection. Rick said of one neighbour,

She's a very reclusive lady. Her mother died when she was in her 90s and that was her purpose in life. Now we visit her once a year in her house, and it's a wonderful visit and she just adores us it seems and we really enjoy her, but only once a year at Christmastime. She will not come here.

Mary witnessed the struggle of the lonely older couple across the street:

A dear, sweet couple, who were both 88 and she wanted to go to where her family was and have somebody care for her. She was tired, of making meals, of looking after the

house. Her husband ended up in the hospital. She had to deal with selling the house and all that, while he was still in the hospital. And he's still alive, and in the hospital, and she's [moved closer to family], but it was a very difficult two and a half years.

When families lived close by and neighbours were part of the same church community there was easier connection and societal permission to be in relationship and support one another. Now people like Mary and Rick are unsure how to independently meet the needs they see, which may lead them to wonder who will notice their needs as they grow older.

Sophie, who is alone, hopes to find a close relationship, whether romantic or a friendship, in the years ahead:

I'm most interested in the "cherish" part. The proverbial "soft place to land." I've never had that, except for here in my own house. I've created my own soft place to land, but it would be nice to have another kind of soft place to land.

She would also value being part of a small group, exploring new opportunities with others, especially after retirement: "I would go on retreats. They would need to be small, and ones I could afford."

Those for whom relationship has been difficult remind us not to take relationship for granted. Reflecting on implications of the past for her future Sophie noted, "vulnerability has been a bad experience... being open to possibilities means deliberately putting some cracks in my wall."

Louis, living in long-term care in a new community, has been intentional about trying to connect:

I've started using Facebook to reach out to people... when I'm thinking about something I write about it and post it. It has brought me closer to people I haven't known for years... writing seems to be part of my life that has helped me to fill places I need to fill. It has helped me to add things into spaces left by things I had to lose.

Iris has sought relationship through a psychic medium, through whom she experiences connection with loved ones:

I'm looking to talk to the loved ones who have departed, on the other side, see if there's any way they can come through... if you can get some kind of validation from that person that someone over there is supporting you throughout life.

Edmund reminds us that having friends is an ongoing process: "I'm kind of feeling the need for more friendships. Some of our friends have moved away or died in the last five or more years. I value the ones I have but feel like I need a few more." As Rick enters retirement he said,

I'd like to have somebody I could [talk openly with]... actually my next door neighbour, we're going to get together now that I'm retired. He and I see eye to eye on a lot of things. He's recommended things for me to read. He's a musician and I love music. I'm going to enjoy spending some time with him. We'll get to know one another better and he will be a spiritual resource I think. We'll talk about things. With him I can talk politics and religion and its okay.

Some participants demonstrate that relationships can be built at any stage of life. Bobby shared his experience with his father-in-law:

When he couldn't converse anymore I don't think family visited a lot. They did their duty. What was really interesting to me was that for many years we would have our Christmas dinner at the church and we would bring him over in the wheelchair and he would sit there and he would be fine, but we would take him back and as soon as he got on his floor and saw the support workers he would just light up. And I thought, "This is now his family. We are relatives but this is now his family."

Participants in this study acknowledged the importance to their spiritual sustenance of knowing they are not alone. They talked about belonging, connection, and community, and about friends, family, spouse and others whom they consider to be their spiritual resources. Some of these connections and relationships are likely to be lost for those who live long lives, so it may be important to build new connections and relationships to sustain love, hope, joy, and peace/security into the future.

7. Space. A third area of spiritual resourcing, beyond "self" and "someone," is "space." Space has both physical and temporal dimensions. In the physical dimension, space is about where one finds oneself living, and the experience of living there. These boomers talked about home as a sanctuary and about the importance of belonging where they live. They know that under certain circumstances they will need to move homes as they age. They are concerned about privacy, mobility, proximity to their children, fitting in, and having their own space. Access to, and relationship with, nature is another aspect of respecting "space" as a spiritual resource.

In the temporal dimension, "space" is about one's understanding and experience of time and how that shifts as one grows older. These boomers appreciate the spaciousness of retirement with the freedom to choose how to use the time that is now theirs. They are glad to be less busy

and cherish opportunities for quiet and solitude that accompany this stage of life. There is also a sense that this space of time they now have is precious and limited, a gift they are conscious of wanting to use well and not waste.

a) Physical space. Though they may value them, none of the participants in this study mentioned their church buildings as a spiritual resource. The physical space they talked about was “home.” While Sophie moved frequently, for reasons beyond her knowledge as a child and Louis moved when his father’s pastoral charge changed, most participants had very stable homes in early life. They have all valued stability and home in their adult lives.

Mary, Florence and Sophie talked about home as a sanctuary. Mary said, “As I come closer to home, I feel sort of an ‘I’m going to be home soon, it’s my own little space’ and I like everything orderly and calm and quiet. I gain strength [from home].” Florence said, “I also enjoy quiet. I very seldom have music or anything on. I enjoy the quiet of my house.”

Since Sophie was a child she has intentionally created sanctuary for herself. She explained,

Here I am as a young person moving so much and everywhere we went my prime concern was for me to make whatever beauty I could around me, in terms of my little space in the house. It often got disrupted by my sister but I would put it back. My surroundings are very important to me. I’m not sure if that’s because of all the chaos in the family that this was my safety, this was my sanctuary, my surroundings, but I did try, always, to make my own space. I have good solid memories of that in my motivation for doing what I was doing.

Speaking about her current apartment, she said,

One thing I count on, that gets me through, is my surroundings. Almost every night when I come home and lock that door, I know I'm safe. Nobody can hurt me here. I don't always feel safe out in the world.

Rick shared that, after moving every two years with their banking jobs, he and his wife decided,

We'd like to stay in one place, we'd like our kids to grow up with people, to still know the people they went to high school with, and so the three of them are still within fifteen minutes of us!

Rick's children lived at home into their twenties. His parents lived downstairs for some time. Now grandchildren come for overnight stays. Neighbourhood relationships and interaction have been important over many years.

Now that his mom has moved to a retirement home, for more social interaction, Rick can imagine that possibility for himself:

[My wife] thinks that if she goes first I'm going to be the kind to become a recluse in the house and not mix with other people much. My mother tends to be the same way, although where she is now she talks to everyone she meets and knows everybody's names. I'm proud of her for that.

The space which these boomers have to live in and call home is important to them. A suitable home has potential to be a significant spiritual resource, as a place of security, familiarity, memory and meaning for the participants in this study while inappropriate housing could disrupt all of that and potentially be spiritually distressing.

The importance of space also has to do with belonging, or fitting in. In order to settle into a space that is meant to be “home” one needs to feel they belong there. Two of the boomers in this study understand the feeling of not belonging, and expressed a desire, as they grow older, to feel they belong somewhere.

Sophie reflected,

I can go into a church and feel like I’m in community but still feel so very alone. I still don’t necessarily feel like I fit anywhere. Where do I belong?

Mary also talked about belonging:

I’m not sure where exactly I belong. At this age in my life you’d think I’d know, right? Teenagers figure out where they belong, not 68 year olds. We should know where we belong, where we fit, and I don’t necessarily know.

For now, she said,

Being in the community we are in is a comfort. There are so many resources, all the people who care for us: our massage therapist, our doctor, our dentist, our eye doctor. There’s security in having all that in place. Our friends and family are reasonably close. That’s a security too, and having each other, having our home. The hard part will be giving up our home, and that’s inevitable.

Some have had to search for a place to belong. Mary remembered,

There was a period of time, about five or six years, where we couldn’t find the place where we needed to be. Now, this is the right place for us, a little house with nature, the

woods, which we really value, and for our next move it will have to be back into the city, maybe with care, so this is a happy time. This is the best place to be! But we know it's not going to last forever.

When Edmund and his family decided to make a move and start over it took quite some time to find a place to belong:

We were really trying hard to make friends. We would invite people over. We got no invitations, and very little interest when we would invite people ourselves. It was a stable community I guess. People already had their lives full of other relationships and there was no room for newcomers... it felt like a great weight had been lifted off our shoulders when we finally, finally found [a faith community] where we felt comfortable.

Louis talked about his learnings about fitting in:

With athletics you fit in as part of something that's bigger than you. That's why I focused on it during high school, and university. After the game we'd go back to the locker room, someone would bring the beer and we'd sit around and talk.

He has learned to be proactive and positive:

I've always felt, maybe because of being a PK [preacher's kid], and because I never fit in most places, that I never looked back. I always decried the people who came [from one city to another] and were complaining about missing what they had back there, instead of enjoying what they had there. You find what you have here.

Finding one's "fit" and ultimately feeling a sense of belonging in the space where these boomers find themselves would do much to strengthen their spiritual foundation if they were to live in long-term care.

Aging often requires a change in one's physical space to better accommodate one's changing needs. This move, or multiple moves, can be a disruption that threatens spiritual resources. Louis has made a major move, across the country and into long-term care, in the past year. His example above of seeking out what he needs in his new situation is inspiring. Bobby is the only other participant who has moved recently, but back to the town where they have many connections, including their children.

Thinking into the future these boomers can imagine change in their physical space but hope to be free and able to make that choice for themselves. Sophie, concerned about finances being adequate in retirement, hopes she will be able to afford to stay in her current apartment. Charles said,

I imagine someday we will go to a retirement spot. I don't want to go to a nursing home. I'd sooner be in a retirement home and operate from there, because this place will become overdone with extra work. I thought maybe we'd move the bedroom downstairs, then we don't really have to move away until we get incapacitated... If I ever get into a wheelchair, or scooter, then I have to go to town. I can't imagine me out here just inside these four walls. I have to be able to get out and get going. I want to be near a hospital and near transit. I don't plan on driving after 80.

Edmund recognizes his desires might not satisfy his wife's needs:

I really love it out here, and I think it's my dream to live out here more than [my wife's]. She likes to be in contact with people every single day. I'm content to be in the bush or the workshop, seeing neighbours occasionally, and friends. I'd be happy to kick the bucket here. If we ever couldn't drive I guess we'd move to a different place, close to one of our kids I guess, but our kids don't have very stable jobs, so who knows where that would be.

Nature was named as a spiritual resource by those in this study and access to nature is an important consideration when imagining where they will call home as they age. Rick mentioned camping with his children, canoeing with a neighbour, walking in nature with his Dad in a wheelchair. Louis likes to go to the conservation area near his long-term care home. Faith said, "Just walking in nature is something that is nice, walking, enjoying, appreciating." Mary explained,

For me, I need nature, fresh air, sunshine, sky. I gain strength that way – if the sun is shining or the moon is out at night... I love seeing people and doing things with people but then I like to come back here to my own space, and this is where I get my strength, when I come back here to the sky and the nature and the birds.

For Sophie being in nature is a spiritual experience.

I feel closer to God sitting under a tree than I do in a church, walking in a forest or looking out... any kind of nature thing, I feel much more connected to spirituality than I do inside the stunningly beautiful church.

Edmund's hobbies that feed his spiritual resources are connected to nature.

For me a spiritual resource is nature photography. It forces me to slow down and really pay attention. I see things that I don't see otherwise. Seeing other people's nature photography, likewise, so whether it's a sunset or something small and insignificant, it speaks to me deeply. I write poetry too. I have to be moved or inspired. It comes in streaks. I just write it for myself. It's kind of like baring your soul.

The physical space that surrounds them is important to these boomers right to the end. Eric has even chosen his final place of rest.

There was a walnut tree out front [of our farmhouse]. When we put this [addition] on we had to cut that tree down. I had the lumber milled and I'm going to build my own casket out of that tree. It's been around me all my life, so it should be forever. That's my wish and dream. I want to be buried in part of that tree.

b) *Spaciousness.* The other dimension of "space" that was a spiritual resource to study participants was a sense of spaciousness, meaning the availability of more free time, and an increased valuing of peace, quiet and solitude, in this stage that is less busy and full than earlier life. This was accompanied by an awareness of the passing of time, and the reality of impermanence. This changing sense of time and desire for more space in life is a shift for boomers as they get older. Charles reflected,

I enjoy community stuff but sometimes I like to be alone too. I don't need all this, and more so as I get older... I admire people who take the bull by the horns, but I don't want to do that anymore. I don't know if that's being selfish or just saying it's time to move on with life and not be so [busy]... I'd like to have a little more quiet time, but not too quiet. I don't like to go out at night anymore, to meetings and more meetings. I want more time

away from structure... I just want to have clearance to do what we want to do, not what we have to do.

Faith, too, recognized how busy they have been and anticipates change:

You have to have things of interest that you're looking forward to, but you don't have to be endlessly busy. I think hopefully we're moving to a quieter, more relaxing space, and do the things we would like to do, to do some travelling, and get into that kind of a zone that has not been our norm, but will be a new space. We even tried one of these painting classes. I think of a friend who says that she and her husband can just do nothing all day and that's okay... It would be nice to have more space to be reflective.

Julie agreed, "I'm finding solitude more rejuvenating than I used to. Just sitting quietly, meditating." Edmund said, "I'm looking forward to more time now for poetry and photography, and time with the Quaker group."

Iris knows that realistically she still has busy years ahead with family and work. She responded:

What am I aiming for? Peace and quiet. A few less things to deal with. But I can't foresee that happening, so truly just get it into perspective and know that you are loved and know that you can continue to love and help others, and the other is trivial, really it is.

Mary has noticed changes in what she needs as she gets older:

We don't cope as well in stressful situations, we're not as resilient, to recover as quickly as we once did. I know that I need some structure in my life and if things are too scattered I don't feel as calm, I don't feel I can cope as well... And timing, I need to know I have

the time to do something and can't be rushing here and there like I once could. I need that slower pace.

The freedom to slow down and relax into their days, and to balance quiet time with chosen activity, is a spiritual resource for these boomers.

Time, these aging boomers realize, is valuable. Eric misses the time when our society valued keeping a Sabbath. He said,

I am so opposed to all these big box stores being open on Sunday. I still believe we need a day. We need a DAY. It took me a long time after we started our business to get over feeling guilty when I went away on Sunday and saw another business open and thought, "I should be...." I think that's where my thinking comes from – why do we need that seventh day?

He remembers a different time:

We used to go to [the lake] every Saturday or Sunday for a swim. Well that was our bath, you know. I still say they were some of the good days, because you did it as a family, and you had your picnic lunch, and all that stuff.

Charles reflected on the passage of time. "We're married 46 years and my goodness, where did it go? So, you want to have every day count. That's the way I look at it. I want every day to count for something." Eric talked about time spent with his granddaughter:

She climbs up and sits beside me and has her "doo doo" (bottle of apple juice) as she calls it and I'm thinking "Just soak this in as long as I can – before long she won't want any part of this – and it's so neat."

Rick, too, talked about cherishing time with his grandchildren “I look forward to having them – we often have them overnight – and that kind of thing is going to pass too – so right now we’re enjoying it very much.” He also cherishes time with his mother:

[Mom] had surgery the day after I retired – it was bowel cancer. She’s not having chemo or radiation. Though we haven’t spoken explicitly about it we both know she may have a limited time. Of course, I still try to remind myself every day, I could die before she does – today could be the last day I have. I don’t want it to be – I still look forward to a few good years with my wife and my grandchildren.

In the midst of cherishing the good things, Charles has less time for hassles. “As I get older my patience and tolerance are less.” He remembers the example his father set,

Back when we put the lights in the [community hall], 50 years ago, they had a meeting and one guy was saying, “if we get a grant for this and a grant for that...” All of a sudden my dad took his wallet out of his pocket and pulled out a \$100 bill and put it on the table and said if everybody here would match that we wouldn’t need a grant. That night they got enough money to put the lights in the hall.

Time is valuable and limited. These boomers expressed their desire and intention to appreciate the time they are given and to make the most of it, for their own sakes and in relationship with others. That attitude is a spiritual resource to them.

Care Considerations

Thinking about their spiritual resources helped study participants suggest what they felt would be important for their spiritual care if they were living in long-term care. Findings are

offered here within the themes of church, traditional spiritual resources, self, someone, and space.

Church. When imagining church services in long-term care three of the men, all current church-goers, commented that they would much prefer getting out to a church service in the community if possible, and Florence hoped there would be transportation available to her church. But Edmund reflected, “It isn’t that worship services [in long-term care] aren’t meaningful. I think they can be very meaningful. Maybe arranging for people to come in who would be more progressive, liberal, challenging, and I don’t mean just to comfort people but to challenge them.” Charles reasoned,

I’d probably go to my own church in the morning and then go to [the residential facility’s] in the afternoon. But I’d go to some church in the morning if I was able. I wouldn’t just shut my life off and stay in there.

Edmund reminds those who are planning church services that:

One size doesn’t fit all....I’d probably get really turned off if it was the same old, same old from when I was a young adult, or even an older adult. I don’t want to go back to singing “The Old Rugged Cross” and “Sweet By and By.” I can imagine in a nursing home it’s pretty hard to cover all the bases and provide something for everybody.

If worship services are provided, the boomers in this study would value the incorporation of music, inspiration, prayer, and an experience of connection. Music could be from a variety of genres, using familiar hymns from time to time, as well as other music that has beauty, depth and energy. This could include anything from instrumental music, through Beatles tunes, familiar hymn melodies, lively gospel songs and more. Bobby reflected,

At this point, I can't imagine a rock band playing for the people in a nursing home. I'm not going to strike it out, but that might be difficult. On the other hand, there's going to be a whole group of people that have no idea what some of the old faithful hymns were.

Bobby said of church services in residential care, "It's going to become less and less important because people aren't going to be used to that experience. It would be an activity that would be important to us, but we might be the last generation where it is." Already, Eric, who does not attend church services now, said of spirituality, "I don't think it's a Sunday morning thing."

These boomers will bring their experiences of church as children, adolescents and adults, as well as their opinions, questions and disillusionment, with them into long-term care. Connection with churches in the community will continue to be important to some of these boomers and the churches' health or demise will affect them to the extent that they count on their church community as a spiritual resource.

Traditional spiritual resources. In long-term care, what is valued, in terms of traditional spiritual resources, will vary between individuals. Iris would want a spiritual care provider to pray with her, as she did with her mom. Edmund would want to talk about what he has been reading or be read to if his eyesight fades. Florence would appreciate someone with whom to say the rosary, while Bobby would prefer a conversation partner, and Charles would want to listen to lively music or sing with a choir. Different traditional spiritual resources will be important for different people and will require individual support. New resources that draw on what is meaningful from traditional resources and align with particular boomers' values, beliefs and practices will be needed.

Openness, as a value and a resource will continue be an underlying consideration for baby boomers. And awareness and respect for a person's faith, both their beliefs and their experiences, is vital for providing appropriate spiritual care.

Beyond traditional spiritual resources, care considerations can be pondered within the themes of "self," "someone," and "space."

Self. If they were to be living in long-term care, study participants talked about being known, acknowledged, and valued/cherished as essential to maintaining identity, dignity and purpose (i.e. self), as well as opportunities for learning, interacting, expressing, and choosing. Participants expressed fear of losing independence and agency.

Bobby spoke about being known: "You need to know who I am in order to give me the things that I need... understanding and knowing the person and what was interesting to them is important." Florence experienced this in her work,

One thing I always felt with the Sisters is we didn't know their biography. You just see these old wizened up people and yet they were PhDs, teachers for years, they had all these accomplishments... to know about the person is good, and to find out what their spirituality was like as they lived their lives. Are they interested or are they not? I would like you to ask me "Are you spiritual?" If I say yes, then acknowledge that and maybe ask a few questions: "Were you a churchgoer? Did it affect your life?" And then give me the opportunity to talk about it. A lot of the time we're not good listeners.

Eric simply valued being acknowledged:

If you are the chaplain and I've had a stroke and I can't move but I can talk and think... you coming in and joking with me, or whatever, acknowledging me... everybody likes to hear their name. It's stupid, but it isn't.

Edmund explained,

You just want to feel, when you're older, that your life still has value... when you can't contribute economically you are still worthwhile to somebody... I guess being a family historian I really do cherish the things that are left from the past.

Edmund's sense of self would rely on opportunities to interact and discuss:

Maybe a reader's group, a book club, a chance to see movies, to do some of the same things that mean a heck of a lot now. And if that won't work in a nursing home, just get me out of there to where it is available somewhere, if it's physically possible... get people out to where they need to go to stay sane, to keep minds alive, to keep them thinking. Some of that may be able to happen in the home, but not all of it... I really do want to stay in touch with the world outside as much as I can, to visit friends, visit family.

Faith would want to be sure to keep doing something if she was in residential care, "I would want to stay involved, and if I am sitting and not getting up and doing I might need a nudge. They have a good variety of things of interest available, but you have to take part."

Charles reflected on what he would need if he lost physical ability:

Read to me. Bible stories, and the newspaper. Maybe not so much Bible stories, but *The Observer* [church magazine], excerpts, short, novelish things. But the paper, the local paper, and the *Toronto Star*. I'd still be knowing I was being spoken to, even if I couldn't

speaking – I hope I would, God. I'd want to be kept up with current events. Somebody would have to do that for me if I couldn't do it myself.

Julie was concerned with dignity:

I would not like to lose my dignity, if someone is taking over some of the most personal parts of me. I am a very private person. I have to trust someone before I will share, and so I would see that as letting my guard down, and that would be hard to do.

The boomers in this study want to maintain and claim as much freedom and choice as is possible in long-term care. Florence joked that she would leave instructions to feed her dessert rather than vegetables, and Mary expressed that in old age they should not have to do anything they do not want to do.

Florence wanted the freedom to genuinely express her feelings:

Let me have the opportunity to be upset about my religion or spirituality, or to be happy that I had the spirituality I had, or, like my mom right now, she's a little mad at God, and that's okay, that's fine, and she's sort of resisting some things. Part of it's her confusion, because you would not find a more faithful person than her, so this has been a bit of a surprise... but I say "okay mom, that's how you feel," and to honour how people are really feeling at that time. Like I say it's a tough time of life, and you would get ticked off at God for some of it, and that's okay. I think especially in Mom's age group you were not allowed to feel those feelings. It just wasn't right. It doesn't mean you're denying your faith. It just means you're struggling with it.

In long-term care there are innumerable opportunities to support “self” as a spiritual resource. It will be vitally important to provide freedom, choice, and opportunities for responsibility and control, facilitating continued self-help and self-care while these boomers live into the realities of aging and ultimately dying. Their identities, emotions, virtues and purpose in life must be honoured as they strive for positive attitudes, acceptance and reconciliation. Specific suggestions for paying attention to support of “self” in long-term care will be offered in the discussion chapter.

Someone. Some boomers in long-term care will have family and friends close by. Others will not. Many will be dealing with recent loss, often of a spouse, who may have been their primary spiritual resource. Each of these boomers will need someone to connect with to support their sense of self, and connectedness to life and the world, and to counter loneliness and isolation.

Sophie, who anticipates being without family, imagined what this “someone” might be like in long-term care:

It would be lovely if there would be someone that’s spiritually wise that you could go and talk to, as opposed to just saying “Oh it’s Sunday – I’m going to the church service downstairs”... because in all likelihood I am going to end up being completely alone, I think having a long-term relationship with an advisor – if it was a different person all the time I would shut down - if it was someone you could actually establish a rapport with, build a relationship and as a result feel safe with... I think that would be really awesome to have in the last years of your life.

In Edmund’s words,

Having people who might have some training to counsel, to listen, but also make appropriate comments – old people need that – everybody needs it at times. You need some place you can sort out your life, and sometimes you can do that with friends, to some degree, but sometimes you need a little more.

It would be vital for this person to listen well and give careful attention. Iris said,

I would need to know [he/she was] a sincere and caring listener when I called on [them] for support, one who would guide me along through trials and remind me to pray to a great and loving God and to thank Him for being there for me always.

Edmund envisioned,

Having people come in to talk to you, to visit, and really listen, and take an interest in your story. I really enjoy old people's stories, and I would hope if I was in a nursing home that there would be people that would listen to my stories. I do enjoy talking about them, but you do need somebody who will listen. And if your own kids aren't interested, who's left? ... I'm interested in keeping alive mentally and discussing the present and not just the past....I want to stay connected to the world.

Being part of a group could provide a safe place of belonging and exploration. Sophie imagined,

Having opportunities to have discussions in safe environments... maybe more intimate groups, smaller, almost like a Bible study but not as rigid or scripted as that. I'd want to feel safe, and just be able to explore spirituality, be able to talk about it in ways that don't

require you to know all your Bible verses or recite the creed or anything like that. Just talk more about how I can ... feel connected.

Edmund talked about still other connections. “In a nursing home, I’d really like to have opportunities to be with children, and with animals. It’s a big part of being human to have those interactions. And flowers and contact with the natural world.”

These boomers are willing and eager to use community supports to stay connected, and transportation could be considered a tool to facilitate the spiritual resources of elders. Edmund shared,

I used to drive for [a mobility bus] after I retired so I was making that possible for some people to go to church on a Sunday – I think that needs to be expanded – help with transportation to get out there as often as possible to things I’m interested in.

Louis would agree. Access to accessible public transportation and the home’s facilitation of this freedom has been invaluable for his spiritual wellbeing. Florence agreed, and anticipates a change in attitude with the boomer cohort.

If I can get to church I’ll be happy. I’ve found with my mother and mother-in-law they wouldn’t take a taxi. They felt it was sort of beneath them or too expensive, or that family should be doing it. I’m hoping I will be open to using the community resources that are there to help me to keep my spiritual life alive and my interests alive.

Space. Much has changed in long-term care since these boomers were children. Bobby reflected on the nursing home where his grandfather lived, remembering how hard it was for his mother when she could no longer care for him at home: “Nursing homes were sort of hell on

earth... the place used to stink. It stank like urine, like vomit. They just didn't smell good, and for those generations it was as bad as it could get." Edmund acknowledged, "My father ended up in a brand new nursing home in his last year and a half and they did build that really well. It was brightly decorated, with lots of light."

But Mary would not look forward to moving to long-term care, even to a beautiful new facility. She said,

I think I will feel like I'm in jail, unless I can have some trees outside a window, and a balcony or patio where I can go outside... it will take us awhile, just because of our need for space, and our need for privacy. I'm not sure how those places work whether you can shut your door, or if you'd be ostracized if you do... I feel like I couldn't share a space with a stranger, and financially I wouldn't need to do that, but some people do, in their dying years they're sharing a room with a stranger, oh I think that would be horrible! When you're ill and when you're older or when you're dying, you want to be private. You want to have your own space.

In terms of space in long-term care, the importance of privacy was mentioned by several, the freedom to shut one's door and have one's own space, and the desire to not have to share space with a stranger. Yet others expressed that they do not want to be isolated, alone, with no stimulation or engagement. In striving for a sense of being at home and belonging, these two aspects need to be held in tension, with attention to both meaningful and secure personal space and welcoming space for connection and relationship. Access to the outdoors, to nature, was identified as a spiritual resource, as was not feeling trapped or imprisoned, but free.

Quiet was mentioned by several as important to spiritual wellbeing, in contrast to feeling distressed by being in a noisy environment. Sophie explained, “I can’t be in a loud room and feel faith. I need quiet, peaceful, gentle.” Others knew they would need stimulation and conversation so would not want their surroundings to be quiet all the time. Music was an important resource that has potential to vitalize, to give voice to all sorts of thoughts and emotion. Opportunity to choose between and balance quiet time and interesting goings-on would be important.

Finding one’s “fit” and ultimately feeling a sense of belonging in the space where they find themselves would do much to strengthen their spiritual foundation if these boomers were to live in long-term care.

Summary of Findings

These boomers were glad for the opportunity to think and talk about their spirituality and aging. Their stories and reflections on what has sustained and will sustain them led to a definition of “spiritual resource” as anything, internal or external to a person, which is available to address deep human need for such spiritual values as *love, hope, peace, and joy*. They experienced church as children and have evolved various understandings of the traditional spiritual resources of prayer, scripture, music and spiritual leadership throughout their lives. Most would describe themselves as persons of faith, the meaning of which will be discussed in the next chapter. They are open to learning and accepting of differences. As they talked about what has sustained and will sustain them, the themes of “self,” “someone,” and “space” emerged. They spoke of internal, external and environmental resources that address their spiritual needs for love, hope, peace and joy. They were reflective and able to suggest what might be important care considerations to support and enhance these spiritual resources in long-term care.

The next chapter will explore how these findings interact with previous research and theories of spirituality and aging, and the implications of these findings for spiritual care in long-term care.

Chapter 5 - Discussion

As the baby boomers begin to move into residential care, it is important that their spiritual resources are understood in order for appropriate holistic care to be provided. In this study, through qualitative, open-ended conversations, twelve first wave baby boomers shared their life stories and endeavoured to envision the experience of growing old while focusing on what has sustained and will sustain them spiritually. Listening to these stories, the researcher gathered responses to the research question: What spiritual resources have sustained and will sustain first-wave baby boomers over their life course?

Findings led to a definition of “spiritual resources” as those things, internal or external to a person, which are available to address deep human need for such spiritual values as love, hope, peace, and joy.

In this study participants discussed their experience of church and traditional spiritual resources (prayer, scripture, music and spiritual leadership), and the extent to which these traditional resources address their spiritual needs. They expressed openness to exploration, learning and diversity related to their own spiritual resources and those of others, and most articulated a faith, rooted in beliefs and/or transcendent experience. Further spiritual resources participants access and hope to access in the future can be discussed within the themes of “self” (resources rooted in the individual), “someone” (resources rooted in relationship), and “space” (resources related to physical space and increasing spaciousness of time).

Spiritual care considerations to support and enhance these spiritual resources in long-term care were also identified.

This section begins in gratitude, expressed by the study participants, for the opportunity to talk about their own spirituality and aging. Findings about their spiritual resources are then discussed within each of the identified theme areas, in conversation with previous research and theories of spirituality and aging, and implications of these findings for spiritual care in long-term care are considered within each theme. While in the previous chapter I outlined care considerations from the perspective of the participants, in this chapter these care considerations are processed in conversation with the literature, leading toward recommendations for long-term care.

Appreciation for the Conversation

Participants in this study spontaneously expressed appreciation for this research. Their openness to the researcher demonstrated a desire to be reflective, a willingness to be vulnerable, and a hope that what they have to share would find a listening ear.

Florence began, “I think it’s a great thing you’re trying to figure out. It’s hard to sort out some of these things... A lot of people are embarrassed about [spirituality]. They’re not comfortable talking about it.” Edmund said,

I’ve enjoyed this. It’s an opportunity to reflect on what’s passed, what’s present, what’s coming... I think this conversation with you is incredibly helpful to me, It gives me an opportunity to rethink some things, and some of those things at the end of life I hadn’t previously given much thought to at all.

Bobby added, “I guess you think about these things over time and as circumstances change, your friends’ situations and other things... at 40 you think about things differently, you’re still invincible, so you don’t think about this kind of stuff.”

Louis concluded,

It was important for me to talk with you... I hadn't looked at a lot of these areas for quite a few years. It felt right, what I was saying – belief in God – I don't feel like what I'm saying is a fairy tale or going through the ropes – it's my life. Without that I'd be more concerned about what I can't do, especially for my children, but I can pray with them and for them... and it's good to have it all in print. It will help me refresh my memory when I have Alzheimer's!

Opening up conversation about spirituality and aging with first wave boomers has been a meaningful experience that was both welcomed and longed for by those who participated. They were eager to “remember their story” (Morgan, 2002) and like fellow boomers, Weber and Orsborn (2015), to consider the many questions related to spirituality that arise with aging.

Discussion of Findings

Findings both supported foundational literature in the field and opened up new areas for exploration. While several participants described spiritual interest and resourcing that is growing in significance or at least continuous for them, as would be consistent with expectations coming from most literature, others expressed significant struggle and longing in their spiritual lives, consistent with Coleman's (2009) findings in the United Kingdom.

Concern has been expressed in Great Britain and Australia that boomers may lack spiritual resources in their later years (Coleman, 2015; MacKinlay, 2006). As the religious landscape has been changing in Canada (Bibby, 2006, 2012, 2017; Clark & Macdonald, 2017) as it has in Great Britain and Australia, boomers have had to navigate circumstances different than previous cohorts. The results of my study show that those boomers, like Mary and Sophie, who

are concerned that they may personally lack spiritual resources in older age, are seeking to build them. Others spoke of spiritual resources rooted in childhood, like prayer, which have evolved as they have engaged with life. These evolved resources they anticipate will sustain them in the years ahead. Their stories revealed and their reflections acknowledged that their spirits are also sustained by individual strengths and self-awareness, their relationships, and their environment.

Findings from this research project support the need for spiritual resourcing, recognizing that while some first wave baby boomers are anchored in traditional resources, all have experienced much change in their society and many find, or seek, resources in new ways. With the current and anticipated transitions and challenges that accompany aging, participants acknowledged their desire and need for spiritual support, both now and as they age.

Spiritual tasks of aging. Each in their own way, participants demonstrated they were engaged in the spiritual tasks of aging discussed by Jung (1933) and defined by Baker & Wheelwright (1984), as well as the tasks of aging understood through MacKinlay's (2001) research, and those described by Mellinger (2016). Participants were also able to talk about their anticipated spiritual needs as they grow older. Reflecting on the narratives of these study participants, one can see ways in which they are actively:

accepting the reality of death.... reviewing and reflecting on life.... acknowledging consciously that one's life has finite limits.... letting go of the dominance of the ego.... encountering and honoring the Self.... articulating the meaning of one's life.... and engaging unused potentials so as to foster late-life creativity. (Jung, cited in Baker & Wheelwright, 1984, pp. 266-271)

MacKinlay's (2001) tasks are equally resonant. Each of the participants was, in their own way, working on developing self-transcendence, finding personal final meanings, finding relationship/intimacy, and finding hope, in interaction with their own search for ultimate meaning.

Finally, considering Mellinger's (2014) description of several tasks of aging, one can see in the participants' stories reflections on "awakening....re-ordering time and re-imagining work.... embracing sorrow and savouring beauty.... choosing our attitude.... nurturing relationships.... and leaving a legacy" (video file). It seems the spiritual tasks identified by researchers over the years are just as relevant for these boomers as they were for the earlier generations studied by Jung, MacKinlay and Mellinger.

Spiritual needs (Galek et. al., 2005; Koenig, 1994; Narayanasamy, 1991), similarly, seem to bridge generational cohorts. Participants in this study articulated previously identified needs for love, understanding, being valued, forgiveness, hope, trust, exploring beliefs and values, expressing feelings, expressing faith, finding meaning and purpose, personal dignity, to love and serve others, to be thankful, and to prepare for death.

Gender. In contrast to several research projects in the field of spirituality and aging which have studied only women (Manning, 2012; Mellinger, 2016; Sheldon, 1997; Tucker, 2012), this study included men. The results of this study showed that the men who participated in this study are every bit as spiritual as women, as eager to talk about spiritual things, and as able to reflect on their resources, needs, hopes and fears. While the conversations in this study with women stayed within two hours, a few of those with men were difficult to confine to three hours. Charles at one point stopped himself to say, "I don't tell everybody all this stuff you know", then

continued to share his thoughts and experiences freely and with emotion. Emotion surfaced for each of the male participants at some point as they shared feelings integral to their lives that have been kept quite private. They were each eager to tell their life story with the freedom to reflect deeply on the joy, pain, purpose and sustenance they had experienced. And they shared thoughts about getting older, dealing with health concerns, and facing an unknown future. They, as well as the women, were able to identify spiritual resources that sustain them and appreciated the opportunity to think about such things. In Eric's words, "This is good. It gives you a chance to look inside yourself and you go away saying 'Wow, that's really important to me'."

Comparison and contrast with similar studies. It is interesting and important to compare this narrative study of first wave baby boomers to Manning's (2012) narrative study in the United States of the spiritual lives of women in their eighties and nineties. While Manning's participants tended to conflate the concepts of spirituality and religion, study participants from the first wave baby boomer cohort were more likely to distinguish between the two. The baby boomers are experiencing less continuity and more change in their spiritual lives, than did the older women. Spiritual confidence, while found to be a narrative theme for women in their 80s and 90s, was not yet there for several of the baby boomer participants, like Sophie, Mary and Rick, who continue to see themselves searching spiritually. Others, like Iris and Edmund, were more settled in their faith. Connection with others was similarly valued, though boomers were conscious of change in their connections and careful to not take relationship for granted. While Manning (2012) observed that connection reflects a gendered expression of spirituality and aging, the men among these baby boomers talked just as much, or more, about the value of relationship as a spiritual resource as did the women. While they all cited family as their primary resource, there are other relationships that matter as well. Rick continually mentioned his car-

pool buddies and his neighbours, Edmund his book clubs and faith community, and Louis his Facebook friends. As Bobby has told eager insurance agents that his faith community is part of his life insurance package. Eric recognizes in retrospect the value of his friends' acceptance. Caring, as a narrative, was also observed in both cohorts, with boomers, like the women in Manning's study, also caring about morality and doing the right thing. When asked about her current spiritual practices Mary talked about the compassionate, kind, and caring life she and her husband live. Charles hoped to make the world a better place. While this study revealed some differences, specifically in the theme areas of conflation and continuity, between the older cohort studied by Manning and these boomers, connection and caring are significant narratives common to both cohorts.

The results from this study largely resonate with Mellinger's (2016) study of the spiritual expression and practices of baby boomer women born between 1946 and 1955. She found these women appreciate both discussion and quiet time, and they anticipate desire for help to prepare for death. This study suggests that her results apply to men as well as women. Both the men and the women in the current study also talked about appreciating group discussion and collaborative learning, space, time and opportunity for silence and contemplation. Participants in the current study talked about gratitude for those whose deaths had prepared them to face their own without fear rather than exploring possibilities for what further resources might help them to prepare for dying. The diverse musical interests of participants like Rick and Louis were also reflected in Mellinger's findings in her sample of boomers. In both studies, participants consistently expressed desire for life to have meaning and purpose and valued holistic care that gives attention to spiritual as well as physical needs.

The themes that arose from the conversations in the present study largely echoed the themes from MacKinlay & Burns' (2013) focus groups. Though this study was conducted in Canada and MacKinlay & Burns spoke with boomers in Australia, it is difficult to find areas of dissonance. In both countries the landscape of religion and spirituality has changed and is changing, and boomers are balancing both a connection with traditional resources and an appreciation for developing their spirituality in new ways. Boomers in both settings express similar aging-related fears, of frailty, losing independence, and dementia, and similar hopes, of being able to be in a home-like atmosphere, where there is contemplative time and space, and good relationships.

The results of this study will help boomers, and their future care providers, to recognize and acknowledge boomers' spiritual resources for the next chapter of life. We are only just beginning to imagine what will be needed as boomers encounter frailty and what will be appropriate and meaningful for them in terms of spiritual care in long-term care.

Discussion of Spiritual Resources by Theme

While the particular spiritual resources of study participants varied widely, according to their individuality, they can be organized within the categories/themes of church, traditional resources, openness, faith, self, someone and space. Though participants may not have consciously identified or immediately articulated these things as resources, their stories revealed their sustaining value in their lives as sources of meaning and purpose, experiences of connectedness, opportunities for expression, and tools for coping. These resources, both internal and external, address their deep human needs for love, hope, peace, and joy. Each of these resources will be discussed in turn.

Church. At this point five of the participants in this study have quite a strong relationship with their church and have some sense that their church may falter before they do. Two participants have already experienced the closing of their church and are looking for a new place to belong. Three are marginally involved, and two have chosen distance but still identify themselves by their denominational affiliation.

Though first-wave boomers have had a complicated relationship with church and traditional spiritual resources throughout their lifetimes (Bibby, 2006; Emberley, 2002; Owrarn, 1997; Roof, 1999), it is clear that their religious roots hold some value for them. They spoke about this value as intangible and curious, but real. Charles “feels better” after going to church, though he is not sure why. Likewise, Mary continues to find traditional hymns comforting, though her theology has shifted. Though few used the name of Jesus in talking about their spiritual resources, it is likely that all would know by heart, the Lord’s Prayer, the Ten Commandments, and the 23rd Psalm, having memorized them as children at church and perhaps even in school. As Owrarn (1997) attested, most baby boomers attended Sunday School faithfully and knew church to be a secure part of their upbringing. Their relationship with church since childhood has been complicated by theological disagreement, institutional hassle, relational struggle, and internal/personal concerns about hypocrisy. Despite this, over half of the participants are still involved with their church at this point. This resonates with Sherkat’s (1998) projection that traditional socialization factors would have a dominant influence on boomers’ future religious beliefs and participation. Bibby’s statistics from across Canada show, however, that these study participants who continue to participate in church do not represent the norm. Though Canadian boomers attended church as children, by 1975 only 15% of them were attending services weekly, a number which rose slightly to 18% in 2005 (Bibby, 2017, p. 20). Of

course these numbers do not preclude less frequent attendance, which would be the case for several of the participants in this study. Regardless, the numbers of Canadian boomers attending church have been consistently lower than the numbers of both pre-boomers and post-boomers.

Some have chosen to keep a measured distance from the church. Though they still feel a link they are cautious about their involvement. Because their experience of church over the years has been marked by change and questioning, it is not the “solid ground” that they expect to depend upon. Though the demise of church in Canadian society (Clark & Macdonald, 2017) could be argued to be by the boomer cohort’s own choice and doing, they lament the loss of community, within which they experienced support throughout life, and wonder where they will turn in the future. As Mary said, “If you don’t have a church, and you’re not actively involved in a church as you age, where do you get [support]?” Miller’s (2017) observations about broken trust, loneliness, rootlessness and self-seeking being at the root of boomer spirituality as they age, are reflected to some extent in this current study. His observations may be seen even more so in later boomers. While later boomers are more likely to identify as “spiritual but not religious,” these early boomers tend to be both “spiritual and religious” (McClure, 2017). This was found to be the case, to varying degrees, for the participants in this study.

Coleman (2009) notes that religion has been a traditional bulwark to aging: “Religious beliefs help address issues surrounding limitation, finitude, loss and suffering ... dependency and frailty ... meaning” (pp. 65-66). Higgs (2016) understands that:

There has been a profound change in the nature of the role of religion and spirituality in people’s lives and that this echoes some of the dispositions this [boomer] generation have

developed across their lives through their focus on the key themes of choice and autonomy. (p.152)

He notes that while religion (i.e., church) has provided social stability, individualism has undermined it, and makes important observations about the effect of baby boomer undermining of the old institutionalised structures, questioning “whether an emphasis on spirituality rather than religious tradition leads to an abandonment of concern for those confronting the dependencies and disabilities of deep old age” (p. 142). This concern is relevant to a certain extent currently and has the potential to be an increasingly important question into the next generation. Florence showed an active concern for older people she knew through church, and has been able to offer her support. Meanwhile, both Mary and Rick voiced concern for older neighbours but do not have the same church community connection.

Baby boomers have had the luxury of taking religious institutions for granted, as though they would always be there as they were for earlier generations. However, as they have made personal choices regarding their own affiliation and involvement as adults the place of religion in society has substantially changed (Bibby, 2006). While religious structures have been firmly in place to officiate rituals of meaning around life transitions and provide support in bereavement that may change for boomers. While they may have assumed they would always have a place to come back to, it is possible, even likely, that more church communities will dissolve and more church buildings will close, leaving boomers without a place and a people in which to belong and to anchor their spiritual lives. Though noting Higgs’ (2016) observation that personal ownership of religious practice is valued in our society, Coleman (2016) asserts that that does not exclude belonging to a shared tradition. He says, “In later life, sharing practice of a common faith offers huge, perhaps incomparable, benefits in terms of providing both emotional security

and a sense of generativity towards future generations” (p. 121). Are boomers conscious of the value of their church connections, now and in the future? Do they value these highly enough that they will provide financially for the future of their churches? Will they stay invested? Will younger generations be there to support them? Will their churches still be there to connect with them and bolster their spiritual resources when they are living in long-term care and can no longer physically attend? These questions are highly relevant to today’s churches. Some churches are trying to keep boomers engaged (Macgregor, 2018; Miller, 2017). Those churches that are paying attention to the needs of boomers as they age will help boomers address issues they are encountering in their current stage of life, but that necessitates boomers coming to them, which may or may not happen. Florence wonders about all the people she went to Catholic school with who “are not doing the church thing anymore.” Mary, who has not been to church for some time, is not likely to seek out a new church because of the risk of initiating connections which could be awkward or difficult to sever. She does not feel free to explore without obligation.

It is difficult for the boomers in this study to have confidence in the next generations to maintain church communities that would be supportive for them. While Florence raised her children going to church regularly “not one of them darkens the door of the church” as an adult. While some of the children of Bobby, Julie, Rick, Iris and Eric do support faith communities they are often of other denominations and at a distance from their parents. Only one young adult child of a study participant currently attends the same church as does their parent.

While these first wave boomers may not have their churches to turn to for support in their old age, they are also not highly likely to turn to counsellors. They were not as likely to access counsellors in their adult years as were later boomers, and those participants who did (Eric and

Sophie particularly) do not recall their experiences as particularly helpful. Due to a dearth of interest among counsellors in the concerns that accompany growing older, counsellors are not ready for them yet anyway (McFadden, 2015) nor are other clinicians properly trained to meet needs that are more likely spiritual than physical or emotional (VanderWeele et al., 2017). In the absence of religious leaders and visitors from church, who they will talk to? Mellinger (2016) suggests they may talk to one another, finding that boomer women, especially, have had good experiences in small, peer-organized, groups of like-minded women who have come together for various reasons throughout their lives. While Edmund currently enjoys his book clubs, some participants, like Edmund and Sophie, expressed concern that they may have lots to talk about as they grow older and nowhere to turn for support. This could be an important area to be developed by spiritual care providers in long-term care communities. Participants suggested that a good group would be an emotionally safe place of belonging and exploration. Groups may bring together people of like mind, but these boomers would also welcome diversity as differences keep conversation interesting and enhance learning opportunity. Potential reasons for gathering could include: peer support, working together on a meaningful project, learning and discussion, or group spiritual practices, like worship, singing, or prayer. While peer groups are important, intergenerational groups would also be wonderful. These boomers are hoping for group gatherings in later life that evoke the best of their experience of church community while remaining free of its potential burden.

Traditional spiritual resources. Considering traditional resources beyond church involvement, study participants have had evolving and often conflicted relationships with scripture, prayer and even music. Some have wrestled or are wrestling with questions such as: What authority do I give to scripture? What happens when I pray? What theology do these

hymns express, and do I really agree with it? Though these traditional resources might be experienced as sustaining, boomers' complicated relationship with them could variably lead to disruption of meaning and support, and/or a sense of religious or spiritual alienation. It could be helpful to have safe places to talk about this shared experience of evolving understandings. A small group made up of people from a variety of backgrounds could be an interesting and liberating forum to air and discuss life-learnings. There is freedom in self-discovery that can happen in a group of strangers who are curious about your experience and ways of thinking, and willing to share their own. Interestingly, it might be easier to gather a diverse group of strangers in a long-term care setting than it would be most anywhere else in society. Individual conversation with a spiritual care provider may also be important when there is need for reassurance and support.

Scripture. As mentioned earlier, scripture was given a place of value in baby boomer's lives as children. The Bible was read and passages memorized in childhood, often in exchange for rewards. A quick internet search reveals that the current notion of a "Bible" for boomers has nothing to do with Christian scriptures, with books available entitled *The Baby Boomers Beauty Bible* (Benham, 2011), *The Baby Boomers Bible for Healthy Body Healthy Mind* (Ayton, 2017), and *The Boomer Bible: A testament for our times* (Laird, 1991). Thus the concept of a "Bible" holds meaning for boomers as a source of authority, but the word is no longer reserved for the scriptures that were presumed to be a source of authority in their childhood.

Christian scripture does still hold meaning for those who value and pursue that meaning, which may be different than the meaning attributed to it in childhood. Most of those in this study, however, do not highly value, read, or use scripture regularly in their daily lives. Throughout their lives these boomers have found other wells from which to draw inspiration:

poetry, inspirational writing, movies, magazines/journals, books, and have access to more and more material for individualized inspiration through the internet. Mary is collecting quotes. Edmund would love to keep discussing what he reads with others, like his book club. Charles hopes someone will read to him when he can no longer read himself. The words that are, and will be, inspirational to first wave baby boomers as they grow older will come from many sources, including those currently familiar and valued, those being discovered, and those that are yet unknown.

Music. Music of many genres speaks to the soul, meets spiritual need, and expresses both longings and joys. Its accessibility as a shared language among baby boomers makes it a valuable spiritual resource for both individuals and gatherings. In writing about spiritual experimentation and music in the years when study participants would have been teens, Kotarba (2017) explains:

The popular music performers who provided the soundtrack for [1960s baby boomer] spiritual voyages included the Grateful Dead, Pink Floyd, and Cream. Millions of young people discovered spiritual truth in the music of Bob Dylan, The Beatles, The Byrds and Leonard Cohen... Van Morrison. (pp. 104-105)

Perhaps because they were the first wave of the baby boom, and many lived in rural areas, those in this study did not seem to be greatly influenced by this music during their teen years, at least none of them mentioned it as a spiritual resource. Only Edmund talked about popular music, in the context of the rants he heard as a young person at church against “the jungle music creeping in with Elvis Presley.” Charles, saying “I don’t want to date myself too much” commented, “I like Paul Anka ... Anne Murray ... the Rolling Stones... the Gaithers ...

Glen Campbell ... Bonnicelli.” The participants in this study would all welcome opportunities to listen to and be engaged by music of their choice.

In long-term care, music will be a powerful tool for engaging and expressing spirituality within and beyond its use in worship services. Especially if living with dementia (Ross, 2016), musical life review (Otera et al., 2013), sounds of nature, or opportunities for movement to inspiring or contemplative music could be meaningful for boomers. Charles requested “lively music” and Louis wants “something new.” For Sophie, music can help access emotions, and for Iris it helps calm her down. Edmund expresses his beliefs through music and along with several others, enjoys singing together. These comments illuminate the role of music, and what music is and will be appropriate in spiritual care for boomers.

Prayer. Participants in this study spoke of prayer in a wide variety of ways. After having been taught specifically how to pray as children, the shift to freedom and individuality as they matured provided little guidance for their prayer lives. Consequently, their understandings and experience of prayer is unique to each individual. For Mary, Sophie and Edmund prayer looks more like meditation or mindfulness, for Louis it is about finding his “core,” for Faith and Julie it is about trust and/or coping, for Bobby and Rick it is a discipline of caring for others and receiving care, for Iris prayer is a way of life, for Florence a communal practice. Edmund has “unlearned” his understanding of intercessory prayer from childhood, while Charles continues to say grace as a practice but without expectation that he will “get talking to anyone.” The Angus Reid Institute (2016) found that of those Canadians surveyed of age fifty-five and older 69% responded positively to the question “When all is said and done, do you think that prayer adds something to your life?” Angus Reid’s (2016) data also showed that childhood prayer habits are strongly positively correlated with likelihood and frequency of prayer as an adult.

Though personal and private, the prayer lives of the boomers in this study also seemed fluid and open to exploration and learning. Julie has learned much about prayer through her conversation with God throughout her mother's dementia journey. Her experiences of lament, trust, mindfulness and gratitude demonstrate the potential for continued spiritual development (Walker, 2016) for boomers. Churches, too, are exploring intentional avenues of prayer for boomers. Hanson (2010) suggests churches "encourage older adults to intentionally pray for young people and vice versa" (p. 179). In the practice of spiritual care, prayer has often been central. As Fletcher (2017) notes in her book written for boomers, "prayer is the heart of any spirituality" (p. 5). With the boomer cohort it will be important to discern each individual's relationship with prayer before presuming to offer something meaningful.

Spiritual leaders. Spiritual leaders have traditionally represented or embodied religion and spiritual care for this cohort, for better or for worse. Participants in this study have been alternately nurtured, inspired, disillusioned, frustrated and surprised by the spiritual leaders in their lives. Sometimes they have put a lot of stake/trust in one person and been disappointed. Their personal experience is measured alongside society's shifting perceptions. Bibby (2017) reports that while in 1979, 60% of Canadians had confidence in religious leaders, in 2015 that number was 29% (p. 128). As they envision their "fourth age" boomers have hopes for those who will provide spiritual care for them. There might be several relationships that sustain their spirit in long-term care. The nursing profession is coming to see spiritual care as part of their role (Hummel et. al., 2008), as are some therapists and social workers (Nelson-Becker, 2017). All spiritual caregivers need not be clergy, though later in this discussion, the distinction will be made between spiritual care generalists and specialists.

The internet is opening vast possibilities for inspirational spiritual leadership beyond one's own community. Edmund referred to two blogs he engages, one on progressive Christian mysticism, and the other reflections on current issues and New Testament scholarship. Already in 2011, Ko (using eMarketer and comScore Canada Digital Habits statistics) reported that 80% of Canadian boomers were online, spending more time and money online than any other demographic. Though later adopters of internet use, their use was considered the fastest growing, including use of religion/spirituality sites. Boomers will search for, listen to and read that which interests them, and interact with others using online forums for conversation.

With the internet providing access to information and ideas, what will need to be provided by spiritual leaders or caregivers is personal relationship and opportunity for face-to-face human interaction. Participants expressed hope that there would be someone specifically responsible for spiritual care in their lives, someone available to listen, to pay attention to their spiritual needs, without being caught up in concern for their practical and physical care. Eric hopes that a chaplain would take time to pay attention to him. Iris will look for reassurance. Sophie looks forward to having someone to listen, as does Edmund. Edmund also wants spiritual leadership that is not just comforting but challenging. Rick, Louis and Charles would agree. They want to keep discussing and learning.

Summary and recommendations for church and traditional spiritual resources. When planning for spiritual care in long-term care, traditional resources of church services, scripture, prayer, music, and spiritual leadership, will continue to provide spiritual sustenance for many boomers. Church is a familiar place to those who grew up attending, so something that would approximate a church experience could be meaningful, though church could evoke a variety of feelings, from comfort to frustration.

If worship services are provided, the boomers in this study would value the incorporation of music, inspiration, prayer, and an experience of connection. Music could be from a variety of genres, using familiar hymns from time to time, as well as other music that has beauty, depth and energy. This could include anything from instrumental music, through Beatles tunes, familiar hymn melodies, lively gospel songs and more.

Inspiration could come from scripture that is carefully used so as to respect how the words might be heard by all those listening. Other readings, from poetry and popular literature, could also provide inspiration. Discussion or other expression (e.g., art) could be incorporated, and any message prepared by the leader should reflect the openness to diversity and learning that these boomers profess and an inclusive image of God.

Communal prayer in long-term care worship can be an opportunity for boomers to share their concerns while experiencing an undergirding support and strength. Iris expressed a desire that when she is living with dementia that she be reminded to pray. Those accustomed to attending religious services know the feeling of connection and strength in community engendered by praying together. Florence highly values praying with and for others. The purpose and process of prayer time needs to be clear and comfortable, providing for lament, gratitude, mindfulness, intercession and other expressions meaningful to those in attendance.

Also important in boomers' experience of "church" would be opportunity for connection. If spirituality is about "experienc[ing] our connectedness to the moment, to self, to others, to nature, and to the significant or sacred" (Puchalski et al., 2014), coming together for a worship service should provide for this in creative ways. This might happen through mindfulness practices and opportunities to greet and interact with one another, to engage with other living and

growing plants and animals, and to experience delight and wonder through not only the intellect but also the senses. Edmund wants to maintain connection with children, animals, and the natural world. For Charles the visiting time after church has always been one of the most important parts.

Currently many long-term care facilities welcome community churches to lead services in the facility. These services could continue to be effective with clear understanding of who is likely to be in attendance and what supports their spiritual needs. These services would help satisfy the residents' longing to keep connected to the community, especially when the visiting group is familiar to them. And when it is not? Boomers' openness to difference and eagerness to learn could mean they are intrigued by visiting groups. Gone are the days when one only felt welcome in one's own church.

Challenges to all this include mobility, communication, and dementia. As the physical and cognitive care needs of residents in long-term care continue to grow, the experience of coming in from the community to lead programming will become increasingly difficult. Community volunteers will need staff support to be comfortable and competent in the long-term care setting, and to prepare appropriate content. This, too, is a vital role for a spiritual care provider.

Beyond worship services, boomers in long-term care would appreciate discussions that support and give breathing room for their spiritual lives. Opportunities to learn and to engage with others through questions and conversation about beliefs, ideas and life experiences would be received as thought-provoking and interesting to boomers. Bobby is inspired by hearing other peoples' opinions and perspectives. In contrast to a traditional Bible study, which feels much like

the Sunday School classes boomers attended as children, Rick wants a place to be open and honest, to ask questions rather than trying to have answers. Edmund, too, wants to interact and discuss books, movies, the present and not just the past.

Beyond spiritual programming for groups, individuals in long-term care will need and appreciate the attention of a spiritual care provider to support their personal religious and spiritual practices, including inspirational reading, prayer (in whatever form that may take) and music-making or listening.

Openness. This study's findings that first wave boomers are open to learning, diversity and inclusivity are significant. A residential care environment is often a microcosm of the community or larger society in which strangers suddenly become neighbours, because of their common need for care. As these boomers grow older their lifelong education in tolerance and their value of learning through their own experience rather than prejudging will serve them well. Some will welcome the opportunity to learn something new in their transition to care. Groups to enable spiritual development may find a natural home in these settings. Joanna Walker (2016) attests that interest is increasing among older people in learning about spirituality. It may be discovered that the boomer generation is more open to thinking about developmental stages and tasks, trying new spiritual practices, and learning through developing friendship with new people. As already mentioned, several study participants would welcome opportunity to participate in discussion groups and are eager to learn. As Florence said, "I think when we get to heaven we may be really surprised who's there." She is ready to start getting to know people now.

Ritual. Though ritual was not mentioned by the boomers in the current research project as a spiritual resource, its importance bears consideration. Traditional rituals such as communion services may be increasingly valued by boomers as they grow older, especially if they are living with dementia, when familiar ritual becomes more meaningful than words (Jewell, 2011; Kitwood, 1997; Nelson-Becker, 2017; Reed et. al, 2016; Swinton, 2012). Iris, whose mother had dementia, commented on the importance of praying at her bedside, both for her mother and for the rest of the family members who were comforted by this familiar ritual. Jackson and colleagues (2016) maintain that rituals “hold significant importance, drawing [people] into a sacred space and immersing them in the deeper meaning of their faith and spirituality” (p. 287). New rituals, to mark the significance of transition, sacred moments, reconciliation, and relationship, and to convey blessing, or legacy, could be meaningful for boomers at points along their aging journey. Both Address (2017) and Grimes (2002) write thoughtfully about the significance of ritual and provide guidance to those who want to imagine appropriate rites to mark their life passages.

Funerals and memorial services will continue to evolve as boomers exercise their permission to do things differently. Some will elect not to have a service at all, especially if their church and its leadership is gone, and they no longer have a community to come together to mourn. Mary feels she should be making arrangements to spare her only daughter the difficult job “when the time comes.” She would plan,

More of a celebration of life rather than a sad ending.... perhaps a couple of weeks after I was gone, and it would be more of a gathering, people having opportunity to chat. I’m thinking there might be a little bit of religion. Some of the songs are very soothing to

people. There may be some readings: poems and food for thought kinds of things, but I wouldn't want it to be long and drawn out. I just would like it to be simple.

Death, and the accompanying loss of relationship, is a transition that has traditionally been marked by ritual in community. With the transition to a more individualistic society, boomers like Mary are claiming the freedom to change this practice to suit their own preferences. While some may be inclined to eliminate death rituals for reasons such as their association with difficult emotion, others recognize the important function of ritual in marking transition and will seek ways to maintain and/or transform rituals so they will have integrity for the individuals involved.

Iris, a funeral director herself, highly values the importance of family visitation time and hopes, for their sake, that her family will choose that when she dies. Eric is working on building his own casket. Though these boomers talked very little about the death of their loved ones, perhaps in hopes of forestalling its inevitability, it is important to consider what rituals will address their spiritual needs as mourners.

In the decades that remain for boomers, opportunities for conversation about what is meaningful, appropriate, and/or necessary to mark the end of life will be sought by boomers themselves. Spiritual caregivers in long-term care can facilitate these conversations and help boomer families and service providers make connections and implement their wishes.

Faith (belief and experience). Though they may not be accustomed to articulating it, it is clear that the participants in this study are people of faith. They would all agree that they believe in something, whether that be a higher power, such as a personal God, or a force for

good, or in human virtue and hope for the future. Their responses align with Coleman's (2011) findings that "belief," which "is more likely to be chosen and willed than assumed, is likely to become an increasingly important feature of identity" (p. 9) as the place of traditional religion in forming identity fades. It seems the boomers in this study as well will increasingly prefer to be seen as individuals rather than fitted into religious boxes, and will not hesitate to distance themselves from structures of belief that feel prescriptive. Though church involvement is currently important for over half those who participated in this study, their faith is not dependent on the structure of church. Their core beliefs, including their images of God, and hope in life beyond death, will persist and sustain them regardless of the state of their church.

Belief in life beyond death was common among participants, as also reported by Bibby (2017), who found that in 2015, close to 50% of Canadians said they believed in life after death, a number unchanged since 1975 (p. 189). Though participants in this study intuit that there is life beyond this life, a great deal of mystery is accepted and those who provide spiritual care would do well to hold that mystery with these boomers as they experience the death of those they love and contemplate their own. There can be comfort in mystery when the source of life, however that is understood, is trusted, and those who are grieving are surrounded and well supported by compassionate care.

In his research with boomers, Miller (2017) found that in their search for God they value: Godliness, supernaturalism and wholeness. Both "Godliness" and "wholeness" belong under the spiritual resource of "self," which will be discussed next, but "supernaturalism" belongs here as the "experience" that connects to faith is discussed. Several participants in this study described supernatural experiences, often with emotion. They value these glimpses that convince them that there is more to life than meets the eye, but, until asked, keep these highly personal stories to

themselves. Though Iris has sometimes shared her visits to mediums with friends, even those experiences are held closely and treated as sacred. Several boomers in this study (Iris, Faith, Julie, Sophie, Bobby, Louis, Charles) told stories of support and encouragement, a reassurance and strengthening of spirit from “beyond,” that they would describe as spiritual experience that undergirds their faith. As Faith explained, “Those kind of experiences make me feel like there is more, there is Someone always supporting me.”

Self. Self, as understood by the researcher, is one’s essential being that is known to oneself, educated and nurtured through life. One’s self is rooted in one’s background, influenced by one’s nature and personality, partially defined by skills and roles and changed by experience. This self, for boomers in this study, is largely independent, though the relational nature of self will also be discussed. Most of the boomers in this study have had opportunity and freedom and have made independent choices to improve their lives. First wave boomers as a cohort have been self-centred throughout life. As Owrain (1997) asserts, “the real underlying belief of this generation was in itself” (p. 210). This is not meant as a derogatory comment but an observation of where their strength and sustenance has originated. Developing during a time when society shifted from communal to individual focus, with changes in family and community norms, education and religion, they have needed to take responsibility for their selves. “Self-help,” “self-awareness” and “self-care” have provided frameworks and practices for this aspect of spirituality throughout boomers’ lives.

In this time of individualism, it is no surprise that “self” would be seen as a primary spiritual resource throughout life and into later years. The allure of the “successful aging” (Rowe & Kahn, 1997) agenda for boomers is understandable as they expect themselves to take responsibility for their health, for staying active and involved, for keeping their minds sharp. The

expectation of “compressed morbidity” (Moody, 2001, citing Fries, 1989), meaning good health and long life that ends with rapid demise, also makes sense in their worldview, and medical assistance in dying is seen as a rational right to control the ending of one’s life.

Most participants in this study, however, defied the baby boomer stereotype of denying aging (Jacoby, 2011) by admitting that they wanted to be realistic about the years ahead. Mary, for example, is struck by the reality of her friends’ terminal illnesses and aware of the uncertainty of what lies ahead for herself and her husband.

The boomers in this study envision accessing various “self”-rooted resources to cope with the challenges of aging. Both men and women talked about the importance of attitude and the value of what they have learned from older people around them. Mary is inspired by an older friend who moved into residential care with positivity and confidence. Julie remembered her grandmother choosing to be content rather than miserable.

Having strong “selves” they will confront the challenges of aging as creative problem-solvers and innovators, but being realistic they also recognize they will need help. Envisioning himself in long-term care, Bobby is intentionally nurturing a positive attitude toward care, not only for his own sake but also for that of his future caregivers.

These boomers’ sense of “self” with its accompanying senses of agency and responsibility is a spiritual resource for them to the extent that it addresses their spiritual needs for hope and for peace. These internal resources of agency and responsibility, which give them some control over life, sustain them in adversity, harnessing their strength while evoking genuine humility as they encounter their limits.

Along the way in life the “self” has been formed through experience. Though baby boomers are often seen as a privileged and protected cohort, there are few people who live seventy years without being acquainted with disappointment and loss. Those participants who had already navigated significant losses in life, especially if financially secure, showed less anxiety about aging than those who wonder about their ability to cope with change. This finding is consistent with Yan, Silverstein and Wilber’s (2011) findings that familiarity with aging and a sense of security help boomers to be less anxious. As Mary said, “that’s life... you deal with [health issues] as they come along, try to get through them, hope for the best, and hope there isn’t another one for awhile.” Mary’s difficult experiences in life have equipped her to face aging with hope rather than anxiety.

In this study it seemed that the women, more than the men, were determined to prepare for the future, while the men were more likely to avoid thinking about it. Both men and women expressed similar fears: of losing independence and agency, of dementia, of isolation, and men, especially, feared being a burden. Eric said he feared being debilitated by a stroke and the kind of life that might mean for his family. This failure of “self-control” and “self-direction” is what de Lange (2015) says frightens people who are aging in Western society more than does the prospect of death.

While “self” has been a significant spiritual resource through their years of strength, individuality and achievement, its role as a resource is likely to shift when boomers encounter their later years. Coleman’s (2015) longitudinal study of an earlier cohort, all now deceased, found that as participants were followed through their later years they typically experienced two major transitions that were a threat to self: the loss of a spouse/partner, and the onset of significant frailty. These two losses present a major challenge to identity, which “is largely based

on a sense of relatedness to others and competence in handling matters of personal and shared interest” (p. 5). Participants in this current study are beginning to anticipate the possibility of those losses. Louis fears being “at somebody else’s beck and call” due to physical limitations, saying, “I don’t want to die, but I’ll get tired of being an invalid.” Edmund similarly fears being “alive physically but hav[ing] nothing to look forward to, or [not] hav[ing his] mind to think about it.”

So how have others dealt with the threat to self that comes with later age? And how will boomers cope? Coleman (2015) found that a “large minority” of his participants were sustained by “a live faith... closely involved in the everyday challenges of aging” (p. 230). He also cites many examples of people who remained resilient and retained positive attitudes to life without a strong religious faith. The presence of a strong supportive family was the other significant protective factor Coleman identified. Though most of his participants expressed depressive thoughts and feelings at some point, having people in one’s life, and a sense of belonging beyond one’s self, seemed to help. Eric, too, is buoyed by his family, and expressed the importance of thoughts of his family in keeping him alive when thoughts of suicide threatened.

For some boomers “self” is given definition in relationship. One’s identity, for example, may be understood as “a child of God,” or as a mother or father. Coleman (2015) notices that “‘communal’ sources of self-description increased in importance in later years as ‘agentic’ sources decreased” (p. 233). “Communal” self-description highlights relationships while “agentic” self-description highlights what one does. This is echoed in the current study as participants who have children and grandchildren find meaning in these relationships and in hope for the future beyond themselves. When asked “What matters most?” Edmund said, “Health, relationships and trying to make a difference.” In the same vein, Iris responded, “Family and

love. Health and happiness.” Charles finds hope in young people and the future into which they will live.

While Coleman (2015) concludes that his participants aged well despite the trials they encountered he wonders, on behalf of the boomer generation, “Will we be as resilient? Will we have the same access to the needed resources that they had?” (p. 5). He notes that while “the physical realities of biological ageing including its variability across individuals may remain similar for the foreseeable future... the social, psychological and spiritual resources at older persons’ disposal in coping with physical and mental decline are already noticeably changed” (p. 220). Robust spiritual care in long-term care could help bolster these waning resources. In providing spiritual care to boomers in long-term care the spiritual resource of “self” is vital to consider. Supporting this resource begins with something as simple as acknowledgement. Individuals need to be known, loved, acknowledged as worthy and accepted. Celebrations of birthdays or of anniversaries of significant days are one way to acknowledge life accomplishments, relationships and identity.

It will be important to explore, rather than assume, who boomers in long-term care understand themselves to be, to respect the choices they have made, and their sense of responsibility to do their best and to make a difference. Boomers will continue to appreciate opportunities to be intentional, to use their personal agency, to learn, to make connections, to continue their spiritual development. Spiritual care for baby boomers living in long-term care will honour self-reflection and the desire to keep growing and learning. Some will want, and need assistance, to compose spiritual autobiographies. Some will enjoy reading or hearing inspirational quotes that resonate with their experience. It will be important for caregivers,

family, friends and neighbours to support boomers identity, dignity and purpose in life, to value and support the virtues that they understand to have made them who they are throughout life.

Residents, as peers to one another, can also play a key role in supporting and celebrating one another's sense of self. Much of this can happen through intentional everyday one-on-one relationships. Groups that focus on specific meaningful projects, like recording memories or creating a legacy gift, could also fill days with purpose. Special events could provide a forum for residents to share skills and passions with one another, the community, and younger generations.

Being known and being free to be genuine in their emotional expression and relationships would help support "self" as a sustaining spiritual resource for boomers through their fourth age. Boomers in long-term care will expect a greater degree of emotional care than did the previous cohort and will claim the emotional room to be upset about things that are upsetting. They have a greater awareness of the right to emotional autonomy and value honesty in honouring how people are really feeling.

Boomers will need a place in long-term care for questions and lament, a safe place to be vulnerable, around issues of aging, and their fears. Support for the processing of loss and grief that accompanies old age will be a vital part of spiritual care, as will support for movement toward reconciliation of "biographical pain" (Johnson, 2016). While Johnson wrote about the problem of depression resulting from those in the fourth age having too much alone time to ruminate about life's regrets, the participants in this study said they would welcome a listening ear. Having intentional company that would allow them to tell and process their stories, could counter this risk of isolation and depression. Future spiritual care providers in long-term care will need to have the skills to address these needs.

While boomers' hope for control might motivate/inspire preparation for the future, growing spiritual maturity can help boomers with those experiences for which they cannot prepare. Spiritual maturity often comes through trials, as Fowler (1981) attested in his description of "universalizing faith," and we do not realize our resilience, or what spiritual resources we may have, until needed. As Charles said, "Some things you can't answer till you're faced with it." Deepening spiritual maturity can be seen in study participants' narratives of reconciliation and acceptance. As Edmund talked about forgiving his father he concluded, "You've got to resolve these issues in your life. None of us is perfect." About her relationship with her father, Florence, too, said, "I made peace." In concert with Johnson's (2016) theory of "biographical pain," they spoke openly about having things to work through in life, and the transformational potential in working through them.

Miller (2017) writes about both "Godliness" and "wholeness" as values of boomers related to their spirituality. Boomers have striven to be virtuous, healthy, prepared, knowledgeable, aware and self-encouraged. Several of these boomers practice self-care and intend to continue looking after themselves as best they can.

Self as a spiritual resource can be nurtured in long-term care through the encouragement of self-help, self-care, or self-awareness practices that individual boomers have valued throughout life, and by the support of a positive, "can do," attitude. Beliefs and practices, religious or not, that support self-guided improvement, deliberate care for oneself, and/or introspection will be valuable. In addition to outward attention that affirms "self," boomers may find their "self" to be supported by inward attention. For example, opportunities to practice meditation or yoga, perhaps accessed through the internet, could be facilitated for residents who can no longer manage this on their own. It will also be important in long-term care to learn to

recognize those who seek the peace and solitude that allows for gerotranscendence (Erikson & Erickson, 1997; Tornstam 2005). A gerotranscendent individual experiences a shift in perspective as they mature and grow in wisdom, and a re-definition of “self” that leads to greater satisfaction with life, akin to Jung’s “letting go of ego.” Peace and solitude is more conducive to gerotranscendence than persistent encouragement of activity that, for them, might only distract from this inner spiritual task. Participants in this study articulated the increasing importance of quiet, spacious time in their lives, even now.

Boomers’ integrity of self as they grow older will embrace both their strengths of identity, purpose and agency that have been with them throughout life, as well as the humility of realism and acceptance of change as they age. Though feeling some external pressure to continue to squeeze as much out of life as they can, those in this study expressed satisfaction and contentment with life as it is.

One more dimension of conversation about “self” is opened by the experience of dementia. As brain change progresses, for those with dementia, it is important to consider how the “self” is supported. When a person cannot recall the personal identity and resources they have built up through a lifetime, what of their “self” is sustaining? Is “self” still a spiritual resource to the person? Can others hold and nurture that for them?

As Bryden (2017) has continued to live with dementia, first diagnosed over twenty years ago at age 46, her passion has shifted from being a dementia advocate to thinking about the importance of “self.” From the perspective of someone who is living the experience of dementia she is concerned by the prevalent assumption that when someone has dementia (s)he is no longer him/herself, while she clearly maintains a sense of “self” and expects she always will. As frailty,

and especially dementia, gradually dissolve much of what boomers have known as their self-identity, it will be important for caregivers, family and friends to learn how to understand and support the spiritual “self” that persists. More understanding and research in this area will be valuable.

Finally, dying, the ultimate potential threat to “self,” will become an ever more familiar process for boomers as they accompany friends, siblings, cousins and colleagues through their final years, months and days. For many, the experience of their parents’ aging and death has helped them to be familiar with the process of dying and to be unafraid of death. Bobby, Rick and Iris told stories of meaningful time spent with their parents in their last days. Their spiritual resources for dying will continue to form as their beliefs are exercised and their experiences accumulate. Again, a listening presence that is open to conversation about death and dying will be valued by many as they seek to process their experiences and imagine their own death. Some will appreciate help with advanced care planning and funeral plans, in a society where there is more choice available and more decisions to be made. Several participants expressed desire to face reality and be prepared. Boomers like Bobby, Rick and Iris would appreciate knowing someone will be by their side when their time comes, as they were for their parents, paying attention to their needs, offering comfort and support, helping them to let go. This resonates with Kuhl’s (2002) learnings that among the things that dying people want are to be touched and to be “in touch,” to belong, to review life and to speak the truth.

Attention to “self” in spirituality and aging is not new. Most of Jung’s tasks of aging (as cited in Baker & Wheelwright, 1984) engage the “self”: reviewing life, acknowledging limits, accepting death, letting go of ego, honoring Self, articulating meaning and engaging unused potential. Some of the spiritual needs identified by Koenig (1994) are addressed by aspects of the

spiritual resource of “self”, including needs for meaning, purpose and hope, to transcend circumstances, to engage in religious behaviours, for personal dignity and sense of worthiness, to be thankful, to feel that God is on their side, to prepare for death and dying.

This attention to “self” fits best within a continuity theory of aging (Atchley, 1989), which states that older adults will usually maintain the same activities, behaviors, and relationships as they did in their earlier years of life, and with Erikson’s (1997) stage of integrity (vs despair), which is about fully accepting oneself and coming to terms with death. But the theme of “self” as a spiritual resource also invites reflection about gerotranscendence (Erikson & Erikson, 1997; Tornstam, 2005). The boomers in this study are letting go of some of their previous roles, and several spoke of increasingly enjoying solitude and quiet. Perhaps this is indication of movement in the direction of gerotranscendence for these individuals.

Boomers are showing us that they are open to new ideas about aging (Applewhite, 2016) and eager to engage in “conscious aging” (Weber & Orsborn, 2015) and “culture change” (Schlegel-UW RIA & CapitalCare, 2016; Thomas, 1996) to counter ageism (i.e. negative views of aging). Regarding “conscious aging,” it is significant that all participants in this study were willing and eager to have conversation about spirituality and aging, to face the reality of their own aging and explore their spiritual resources. A recent white paper defines culture change related to aging as “an ongoing, holistic journey that includes re-examining values, beliefs, attitudes, language, practices and policies and working to implement the full range of efforts needed to transform the culture into a community where everyone thrives” (Schlegel-UW RIA and CapitalCare, 2016). Louis is an example of a boomer living out culture change in long-term care. Though living with Parkinson’s disease he exercises his freedom to take public transit uptown from his long-term care facility and lives an active and engaged life inside and outside

the facility. Administration and staff are supportive of him as they work toward small-scale culture change in their long-term care community while encouraging large-scale culture change in our society.

Both the conscious aging (Pevny, 2014; Weber & Orsborn, 2016) and culture change (Schlegel-UW RIA & CapitalCare, 2016; Thomas, 1996) movements are challenging individuals and society to think more carefully about who older people are and how both society and elders themselves understand personhood and selfhood in these years. Philosophical and theological reflections (Schachter-Shalomi & Miller, 1995; Swinton, 2012) are beginning to stretch thinking and counter ageism. This will gradually influence individual self-perceptions of what it means to grow old for boomers.

It will be important for the long-term care system to support life-giving understandings of “self” for all residents, including those with dementia, in order to counter ageism and support the essential being of each individual. Those engaged in forwarding “culture change” and the resources they provide will be instrumental in providing education and encouragement in this regard.

Someone. The spiritual resources of “self” and “someone” are necessarily intertwined, as, in frailty, the self is supported by others. When living in long-term care, these others include family, friends, and caregivers, including spiritual care providers. The literature maintains that people need people (Banerjee & Rewegan, 2017; de Lange, 2015; McFadden, 2011). De Lange (2015) says it well: “Living through old age is, at least for the oldest old, always an experience of dependence on others.... Good aging is a relational affair.... Ideally we would all have someone who loves us enough to accompany us through ‘the valley of the shadow’” (pp. 21-22). Most

participants in this study who are married named their spouse as a spiritual resource, and those with children and grandchildren spoke of them as their principal sustenance. Friends, church community and other social involvements are currently highly valued. But with old age comes change. Most people who grow old experience the loss of many of these sustaining relationships. The death of, or at least physical separation from, a spouse is a significant attachment loss for many people living in long-term care (Coleman, 2015; Glasier & Arbeau, 2017). Children and grandchildren have busy lives and may live at a distance. Friends are also experiencing the limitations of frailty and may no longer be able to connect and support one another. Communities change, and some churches are disbanding. While those people and relationships that have been spiritual resources throughout life are cherished in old age, the number and availability of these people and relationships is likely to decline sharply for those who live long lives.

Conscious of this reality, as they think toward the future, the participants in this study spoke of many different ways in which they hope “someone” will be there to sustain them in their old age. Edmund has learned from his 92 year old aunt who he visits and phones regularly.

She says to me “There’s nobody left alive who remembers anything that I do” ... We talk about what it was like on the farm. She says how much she appreciates having someone who will listen. So I think that’s super important in a nursing home.

It is not uncommon as one grows older to find oneself alone and needing “someone.” Louis, who is new to his long-term care community, is glad to have finally found someone to play tennis with this year. Bobby is grateful for all those who prayed for him after surgery. Florence has offered to be the “someone” her older church acquaintance can call if she needs to

go into the hospital, as she has no family. Mary expects that she and her husband will rely on each other as long as they can, and then hire someone or go into care. As Julie becomes frail it will be important for her to have someone she trusts to advocate for her.

Both Iris and Faith talked about “someone” in a supernatural sense, a supportive presence. Faith shared, “I’ve had a lot of experiences where I’ve felt someone close to me”, and for Iris it makes a difference, “if you can get some kind of validation that someone over there is supporting you throughout life.” But most are seeking “someone” who is physically available to meet their spiritual needs in their later years.

Jackson, et. al.’s (2016) literature review identified trusting relationships as a significant element of spiritual care. Nelson-Becker (2017) attests that “spiritual resilience” is nurtured by social relationships. In the absence of the pastors and spiritual directors to whom an earlier cohort would have turned, McFadden (2015) wonders if boomers will turn to clinical geropsychologists for relationship and spiritual support. Gawande (2014), aware of the increasing need among boomers to make decisions about living and dying, hopes for open and supportive relationships between baby boomers and their clinicians. These relationships with trusted professionals will be important, but may not be the “someone” that some of the boomers in this study are hoping for in long-term care. Sophie, who imagines herself quite alone in her later years, describes her hope for “someone you could actually establish a rapport with, build a relationship and as a result feel safe with.” Rick would want someone to support him during difficult times, citing the example of thinking about medical assistance in dying. He would appreciate “someone...who might even challenge my thinking on the subject.”

Having someone to listen and to provide support, and with whom to enjoy moments and days, is what makes life worth living for many. Charles, Faith, Mary, Edmund, Rick, and Bobby all reflected deeply on the significant connection and interdependence of their marriage relationships. Mary shared the sentiments of several others when she said, “We need our family members and get our strength from them. I get joy and strength from being with my granddaughter.” Sophie, familiar with loneliness, imagines “it would be nice to know what it is like to be loved and cherished by somebody before I pass out of this world.”

Meaning and purpose are often found in connections and relationships, which grow in significance, often becoming paramount, in suffering, frailty and dementia. John Swinton (2012) explains, “The thing that makes a human being a person is his/her relationships... care and caring relationships are what hold persons in their personhood, not their failing capacity to do certain things” (pp. 139-140). He believes that “to be human is to be loved persistently; to live humanly is to show persistent love toward others” (p. 181). Love sustains and brings meaning and purpose to life.

The boomers in this study, like most in their cohort, grew up within community and have valued it. They have seen much change in how relationships function in families, neighbourhoods, church communities and larger society, and have experienced these changes personally. While community has been an important spiritual resource for many, study participants are increasingly experiencing its fragility as churches close and friends and neighbours die or move away. As described by the McFaddens (2011), community is no longer something boomers can assume or take for granted, but needs to be intentionally built and maintained.

Several boomers in this study reflected on being conscious now of the need to be intentional about relationships that are of value to them. As explained above, Rick, recently retired, misses conversation with his carpooling friends, but now has more time to spend with his mother at her retirement home. He is looking forward to getting to know his next-door neighbour better. He hopes to be a “friendly, attentive, listener” even after he may be physically dependent, and so wants to nurture friendships now that he will be able to maintain for a long time. Edmund is also noticing change, as some friends have recently moved away and others have died. He says, “I value the friends I have but feel like I need [to make] a few more.”

Other researchers’ findings that are concerned with social isolation and loneliness in our later years would encourage this intentionality (Carr & Weir, 2017; Glasier & Arbeau, 2017). Boomers themselves will not necessarily be able to take responsibility for these needed relationships as they grow older. Family, friends, and faith communities must be aware of the vital role their presence and attentiveness plays in lending meaning and purpose to long days. Not everyone has “someone,” especially if they have moved communities to find residential care. Peer support groups, like Java (Theurer et. al., 2015) begin to build relationship where there is none. These groups are likely to grow in importance and popularity as boomers’ children are less available than were the families of previous generations.

Johnson (2016) has noticed that many people in long-term care “are deeply unhappy, despite the best possible care” (p. 204). He writes about people becoming depressed as they have an overabundance of time to think about their own lives and times. As mentioned earlier in the discussion about supporting “self,” the participants in this study hope for someone to care, to listen to what they are thinking about, to notice they are still here, to wonder with them about legacy.

In long-term care this spiritual need for “someone” can be partially addressed by all caregivers. As the culture of aging shifts, long-term care homes are being encouraged to be more attentive to what meets the needs of the residents rather than prioritizing the efficiency of the care system. “Designated caregivers,” who provide physical care and dependable relationship for the same few people every day, are appreciated by residents as they know who to expect, and their caregivers know them well (Power, 2016). This consistency of relationship supports the need for “someone” who cares.

Those who have given much thought to how spiritual care fits in a health care setting (Hall, Hughes & Handzo, 2016) explain that in a care setting there are spiritual care generalists and spiritual care specialists. They advocate for caregivers like nurses, social workers and physicians having a general knowledge of spiritual care and both adequate training and responsibility to care for the spirits of residents in their daily encounters, through careful listening, demonstrated compassion, and attentiveness to spiritual need. In this way, spiritual care can be described as “interdisciplinary.” In Australia, education for spiritual care for all those who work in aged care has been successfully piloted (Taylor, 2013). This *Spirituality in Aged Care Education* is an 8-10 hour learning opportunity that seeks to “imbue an understanding of relational spirituality, and to explore strategies for identifying and responding to the spiritual needs of aged care recipients” (p.22). It is designed to be reflective and experiential rather than didactic, and is facilitated using principles of adult learning. Participating staff and volunteers from a broad range of faith identities found this education increased their awareness of spiritual needs, their capacity for listening, and their appreciation of residents’ life stories. While Hall and colleagues (2016) assert that nurses, social workers and physicians have the potential to provide general spiritual care, Taylor (2013) encourages all staff and volunteers, such as recreation

workers, PSWs, dietary workers, housekeepers and maintenance workers, to be a spiritually supportive presence in a senior's home.

The hope that many people will learn to address spiritual need as “generalists,” does not preclude the need for “specialists.” Taylor (2013) refers to these specialists as “pastoral care practitioners” or “chaplains.” They may also be known as “spiritual care providers” or “spiritual care specialists.” As long-term care focus can easily be overwhelmed by physical needs, facilities need a person who will take responsibility to ensure that all residents are known as spiritual beings and given opportunity to live out their spirituality.

Spiritual care specialists have numerous specific skills, and considerable training. While skills and training for spiritual care in acute health care settings and palliative care have been explored and documented (Cooper & Temple-Jones, 2006; Hall et al., 2016), the skills needed for spiritual care in long-term care are distinct, and are shifting as the boomer cohort enters long-term care. Among the skills that this research attests that specialists in spiritual care in long-term care will need are:

- Familiarity and comfort with religious observance, and ability to lead and/or facilitate leadership of appropriate services;
- Ability to network with religious/faith communities and leaders providing support and education about dementia, communication and other issues of aging to encourage meaningful and mutually beneficial engagement with residents;
- Encouragement of spiritual learning, development and growth;
- Spiritually integrated counselling skills;

- Listening skills, one on one and in small group settings where participants can support one another;
- A deep and compassionate theological understanding of dementia, and passion to share this understanding with others;
- Understanding of options and possibilities in end-of-life planning, and comfort with providing support;
- Spiritual maturity to hold one's own spirituality in such a way that it engages the spirituality of others in life-giving ways;
- The leadership ability to nurture a spiritually healthy environment for its residents, where the spiritual needs of staff, families and volunteers are also met.

There is a need for spiritual care specialists whose primary focus is on supporting the spiritual wellbeing of residents in long-term care. A spiritual care provider may not necessarily be clergy, though it would be important that they understand the religious practices and traditional resources that support the spirituality of residents. The skills of a spiritual care provider will need to extend beyond the skills of a traditional chaplain, including spiritually integrated psychotherapeutic skills in navigating transitions, grief, meaning-making, reconciliation, and dying, all in the context of frailty and dementia.

(S)he must also be able to support and facilitate the other relationships in a resident's life, helping family and friends learn how to be present and engaged in the midst of relationship changes that can come with aging and/or dementia. A spiritual care provider can provide encouragement to all those who are "learning to love people with dementia with all the issues, disappointments, hurts, and joys that accompany such a calling" (Swinton, 2012, p. 181).

Swinton (2012) goes on to explain how this love “brings into sharp focus our vocation as human beings: to willfully, intentionally love one another as God has loved us” (p. 181). The need for “someone” is a need for love and support, whether that is experienced through continued relationship with family, friends and community or through caregivers and spiritual care specialists. When people have “someone” to care for and love them they know that their life is valued and has meaning. As Swinton writes, “[Love] states boldly that it wants the other to be here and, more than that, that it is good that he/she is here no matter what the circumstances” (p. 180).

Space. Participants in this study emphasized the importance of “space” as a spiritual resource. Their comments related to both physical living space and to spaciousness, related to a changing sense and value of time as they grow older. This discussion will begin by considering the spiritual implication of physical space for baby boomers.

Physical space. Mary commented, “I gain strength [from home],” and Sophie explained, “My surroundings are very important to me... I have always tried to make my own space.” For Sophie, her home and her chosen environment are her sanctuary. For spiritual sustenance she says, “I count on my surroundings, my environment, in which I seek beauty, inside and out.”

For home to be experienced as a sanctuary, it is important that the place one lives be a place of peace, order, safety and freedom. This has implications as residential care is designed and as people move there. Boomers moving in to long-term care will be grieving the space they are relinquishing and feel displaced until their new place becomes “home.” In Mary’s words, “Leaving the privacy of your own home will be hard. Because as much as they try to respect your privacy and give you your space it’s just not the same.”

Quality of space is of primary concern in residential care. It is imperative that residents feel “at home” where they live, to make the small space they are afforded comfortable, welcoming, and conducive to meeting their spiritual need for “space.” New residential care facilities will be built to accommodate the large number of boomers who are anticipated to need long-term care. The best places will incorporate both private and communal space. In fact, study participants indicated a need for four kinds of space: private, communal, a place to go within the facility that is special/sacred, and opportunity to get out in the community.

Recognizing that a resident’s private space is their only sanctuary, it needs to be respected as such by others, not treated as public space. Whatever can be done to make their new space “sacred” space for these boomers will make it a spiritual resource, whether it be photos, things of beauty, familiar objects, or comfort objects. Often families choose these things intuitively as they attempt to make a care room into a home, but it is helpful to consider what meaning and experience these carefully chosen possessions might convey as a spiritual resource. It is important to provide surroundings that are not just pleasant, but meaningful. In their study of person-centred care, Edvardsson et al. (2010) learned from family participants and staff that personal things could contribute to person-centredness in four ways:

By supporting the identity and continuation of self for the person residing therein; by functioning as meaningful conversation starters and areas for reminiscence between staff/family/residents; by enabling recognition and possibly also feelings of being at home in the setting and finally by reminding staff of the uniqueness of each person receiving care. (p. 2615)

Security of possessions is most always a concern in residential care as things easily go missing. Residents should not need to leave behind their most important things in storage to keep them safe. Some residences provide secure shadow boxes, which are like picture frames but with more room inside, to display small special belongings mounted on a wall where they can be appreciated by both residents and their visitors.

Privacy will also be an expectation to be honoured in residential care through respectful policies and practice. The Residents Bill of Rights in the Ontario Long-term Care Homes Act (2007) states that “every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs” (p. 8), meaning that the door will be closed or curtain pulled during personal care or medical examination. This speaks to the desire for dignity to which Julie referred. Residents also have “the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference” (p. 8). Staff are expected to make arrangements for private space if one’s room is not sufficiently private. While these very basic rights to privacy are acknowledged by the sector, individual facilities will need to continue to navigate the tension between providing privacy and providing attentive care and safety. Of prime importance is continued staff education and understanding that the rooms in their place of work are actually the private and only homes of those who live there.

People also need space to gather, with family and significant others, as well as with neighbouring residents. Additionally, a space in long-term care, other than the resident’s room, to be in the presence of that which is sacred – nature, beauty, music if desired, peace and quiet – would be valued.

It was somewhat surprising to hear participants talk about the positive place of nature in their spirituality, as their cohort has often appeared oblivious to the natural world as they went about their busy lives. Among other boomer bloggers, Margaret Manning (2017) writes that boomers are out of touch with nature, reporting that most people sixty and over spend 90% of their time indoors. She suggests that boomers get outdoors more, use their senses, learn from nature and tap into its tranquility.

Maller et al. (2006) found that in stressful environments, under which they include nursing homes, “seeing nature is important to people and is an effective means of relieving stress and improving well-being” (p. 47). In Eisenhandler’s (2016) words,

The physical environment that surrounds us influences our understanding of aging and daily life both sacred and profane... creative, self-initiated activity such as gardening offers people a real way to glimpse the ineffable beliefs and ideas they hold close... Gardening is expressive of the individual at the same time that its presence offers evidence of the eternal... Gardening has moments of prayer, transcendence, and a recognition of immanence. (p. 170)

Kearney and Winterbottom (2006), in their study of how nearby nature is related to psychological well-being and quality of life of residents in long-term care, learned that residents place a high value on access to green spaces and derive a number of benefits from these spaces, yet they spend relatively little time in these settings. Barriers to greater use of outdoor spaces included physical limitations, lack of staff assistance, and design issues. Design recommendations include easy access, ample and diverse vegetation, outdoor areas conducive to passive interactions such as sitting and viewing nature or wildlife, and providing protection from inclement weather. They also advised optimizing window views, and taking advantage of nearby

green spaces. Gawande (2014) also talks about the powerfully life-giving effects of integrating plants and animals, and the opportunity to care for them, into long-term care, referencing the experiences and innovations of Eden Alternative homes (Thomas, 1996), among others.

It seems this connection to nature is coming about now that boomers have time to slow down and be more contemplative. They are noticing beauty and growth and taking time to appreciate it. As Kearney and Winterbottom (2006) attest, “It is not uncommon for those facing illness or death to seek natural places that offer settings for contemplative focus and restoration, helping them re-establish a powerful form of engagement with the ‘living’ world” (p. 25).

Access to nature meets a spiritual need that often goes unrecognized. Sophie said, “I feel closer to God sitting under a tree than I do in a church.” When Mary imagined moving into long-term care she said, “It will be sad. Because I will be trapped. I think I will feel like I’m in jail,” but she continued, “unless I can have some trees outside a window, and a balcony or patio where I can go outside.”

Finally, a sense of freedom, to explore within their home, and opportunity to get out into the community, provides the fourth type of space that is a spiritual resource to boomers. Edmund especially wants to stay in touch with the world, and anticipates needing help with transportation to get to concerts, theatre, movies or to visit friends and family.

Few people want to live in long-term care. The familiar refrain “I want to go home!” heard especially from those with dementia, reminds us that residents often feel they do not belong where they find themselves. This is a spiritual issue. How awful to feel displaced at such a time of vulnerability. Though in old age we may be spiritually longing for a home beyond this

world, it is incumbent on spiritual care providers to help residents experience belonging and “fit” in the context in which they currently live.

Belonging is powerful experience of security. Previous research among first wave boomers of Mennonite faith found “belonging” and “trust” to be their primary spiritual needs and the satisfaction of “belonging” and “trust” to be their primary resources (Kuepfer, 2016). This speaks to the centrality of secure relationship as a spiritual resource in long-term care. While participants in the previous study were firmly rooted in their communities and their faith identity, some of the participants in this study have struggled to find their fit. Both Edmund and Mary experienced a time of searching for the right place and right people for them. Mary still wonders where she belongs, and Sophie spoke of feeling very alone, even in a church community. The security of belonging may be a spiritual resource that is elusive for some boomers. In residential care someone needs to pay attention to how belonging is, or is not, being experienced. While for some the challenges of age will disrupt their security, it is hoped that compassionate care in their later years will convey welcome acceptance and belonging and may even resolve the persistent restlessness of those who have struggled to find their place in this world. Long-term care homes that are intentional about being places where residents come to live fully in their later years are more likely to be experienced as places of belonging than are long-term care homes that function under a predominantly medical model.

Spaciousness. In addition to physical space, the spaciousness of time was noted as a spiritual resource available to boomers as they grow older. This spaciousness is a shift in perspective that is significant to baby boomers’ spirituality as they age. Boomers have always been busy, even in retirement, so the spaciousness that comes with allowing oneself to slow into the experience of old age is a new experience. Chittester (2008) writes about how time ages

things, time deepens things and time ripens things. In her words, “The old... have long ago exhausted the wanting and the going and the striving. They are immersed in being. Being alive, being healthy, being present to the moment” (p. 120). Singh (2014) attests that “We are all capable of carving out greater depth, more spaciousness... Deepening our appreciation, we increase our presence and our ease” (p. 26).

Sometimes this slowing and attention to time is prompted by a health crisis. For Rick it was his mother’s recent surgery. Others, like Charles and Iris are tired, having poured so much energy into community involvement throughout their lives and are looking for more quiet time, more time away from structure.

As the physical space of nature invites contemplation, so too this temporal spaciousness invites boomers to breathe more deeply and consider the deeper things of life. Iris reflects, “I think hopefully we’re moving to a quieter, more relaxing space, and do the things we would like to do ... It would be nice to have more space to be reflective.”

More aware that time has limits, they are often grasped by gratitude and reminded to cherish the time that is now. In the words of Kathleen Dowling Singh (2014), “Entering our later decades calls us to look more deeply and more truthfully than we perhaps ever have at what we are doing with these lives of ours” (p. 13). “I want every day to count for something,” says Charles. Several, including Eric, Rick and Mary talked about time spent with their grandchildren as precious. Louis is making up for lost time, when his children were teenagers and he was too busy, by writing letters and working at building relationship.

Rather than filling days with busywork or entertainment to make time go by, the boomers in this study would like to enter the slow lane, to be intentional about the use of their time and

energy, and take the opportunity to be more contemplative. Having recently completed big projects that have kept him busy, Edmund was looking forward to more time for hobbies and friends. Julie was enjoying solitude.

In long-term care residents have lots of time. Days can feel long. These boomers said they want their days to count for something. How can long-term care environments ensure opportunity for meaningful use of time? What is the “work” each of these boomers is called to in old age? How can they be enabled to do it? What creative pursuits might hold potential? What, of interest, will give them reason to get up in the morning? For each individual in this study, and for each individual entering long-term care, the answers to these questions will be unique and different. Louis, who had been living in long-term care for 10 months when interviewed, has been finding his way. One thing that has become meaningful for him is writing. Louis uses Facebook to communicate his thoughts and is also working on writing a book. He gets out in the community, and plans to play piano and perform a choreographed musical number with a staff member at the upcoming talent show. These are only a few examples of how Louis is making meaningful use of his time. The change in his physical health and abilities has not discouraged him from pursuing his interests and staff where he lives have supported his efforts with enthusiasm and flexibility. Referring to his freedom to explore and do things he jokes, “They give me enough rope that I can hang myself.” This support and attention to what is a meaningful use of time for individual residents will be increasingly important as boomers enter long-term care and may confront existential questions about the meaning of their lives. In this context, McFadden’s (2015) words bear repeating: “As people grow older, they frequently experience threats to the meanings constructed over a lifetime. Vulnerability, limitation and loss can shake the foundations of meaning in a person’s life and produce considerable suffering” (p. 478).

Making meaning, through meaningful use of time, is therefore an important aspect of spiritual care. How boomers choose to use their time that remains is significant, and it is important that that choice be supported.

Some boomers, by the time they move to long-term care, will not be looking for a highly active life. Some who participated in this study expressed that already there is no urgent “bucket list” but only gratitude and a sense of completion. Spiritual care in long-term care will also be about giving boomers the permission they may need to focus on “being” rather than “doing,” to cherish the time that is now, and to support their desire to seek calm, peace, and contentment through mindfulness and gratitude. Again, existential questions are relevant, as is MacKinlay’s (2006) reminder that, “all meaning in life is provisional, until old age, when we begin to see the final, ‘ultimate’ meaning and purpose of our life” (p. 70). Singh (2014) writes about the “cycle of solitude and engagement” (p. 92). Caregivers in long-term care will need to be attentive to both types of spiritual need related to the use of time: the desire to be involved in meaningful activity, helpful and connected to others and the desire to have time to oneself, in quiet contentment and contemplation.

Summary. In the context of boomers’ openness to life, learning, experience and differences, there is likely to be a continuing shift in the underlying assumption of spiritual care toward that of respectful curiosity and support. While, in passing, this cohort might think spirituality is not that important to them, when given opportunity to reflect and talk about it, they realize that it is actually deeply significant and an active underlying dimension of their lives. As they encounter the vulnerability that comes with age, it is hoped that they will find an increased level of comfort to talk about their own spirituality, the resources that have sustained and will sustain them, and what they may call their faith (beliefs and experience) or peace. It is likely that

the spiritual resources of boomers will continue to grow and change as they remain open to the learning and development that has defined them, as a cohort and as individuals.

In long-term care the spiritual resources of baby boomers can be supported by individual relationships where listening and honouring the self is paramount. Rituals, both traditional and creative, can provide opportunity for sacred moments and transitions to be acknowledged and honoured. Group programming can bring people together for worship, discussion, or to enable continued connection with children, animals, and nature. Homes can be designed and managed so that residents have privacy, as well as access to gathering space and sacred space, and opportunities to participate in the larger community. Staff can be conscious of what is meaningful to individual residents and facilitate intentional use of their time, including time and space for quiet.

As long-term care undergoes continued culture change toward more holistic care, it is likely to follow that the role of spiritual care will expand beyond programmatic concerns like worship services and hymn sings. At its best, spiritual care will be understood to undergird all care. While the whole organization can take responsibility for general spiritual care, well-trained and highly skilled spiritual care specialists are needed to paying attention to and address spiritual needs and to support spiritual resources.

Gordon, Grant and Stryker (2003) in their work on creative long-term care administration advocate for increased spiritual care, argue that there is a cost benefit. They believed, already fifteen years ago, that “as the population ages there will be growing demand for more complementary, spiritual and culturally-appropriate care” (p. 333). That time is now upon us.

The push for change may come from the incoming residents themselves, asking for life review, opportunities for reconciliation, discussion groups, etc. Baby boomers like those interviewed will welcome a culture where spirituality is integrated into everyday life. They will be open about things of a spiritual nature and would welcome a culture where spirituality no longer needs to be either institutionalized, or hidden and seen as embarrassing, but rather is a dimension of life that is acknowledged and explored as it becomes increasingly relevant to daily living. Perhaps this will become known as “spiritually integrated care” or “spiritually integrated supported living.” For what could matter more in our last chapters of life than meaning, memory and mystery, lived out through connection to self, others, nature and the divine? This spirituality, which can be both personal and communal, will find expression in relationship, rituals, traditions, practices, stories, creativity, beliefs and values. It will sustain vitality, mediate acceptance and enable elders to cope with crisis, transition and circumstance. May these first-wave boomers experience the availability of a wealth of spiritual resources, both internal and external, to address their deep human need for such spiritual values as *love, hope, peace, and joy*, as they age.

Chapter 6 - Conclusion

What are the spiritual resources of first-wave baby boomers as they envision their later years? As the role of organized religion changes, how do we as a society provide spiritual care in long-term care? In this study, I found that first-wave baby boomers are spiritually sustained to a certain and variable extent by traditional spiritual resources, such as church (community and services), scripture, prayer, music and spiritual leadership. Throughout their lives, these resources have evolved as they have learned, grown, and experienced life. All participants expressed an openness to learning and to diversity, which is also a spiritual resource that sustains them. Most would call themselves persons of faith, which is rooted in both beliefs and spiritual experience. Overarching themes of “self,” “someone” and “space” revealed spiritual resources to counter prominent fears of aging which included loss of independence and control (because of frailty and/or dementia), loneliness and loss of privacy. Beginning with an intentionally broad definition of spiritual resources as “that which has sustained a person throughout life and will sustain them into the future”, the results of this study led to a more refined understanding of spiritual resources as “anything, internal or external to a person, which is available to address deep human need for such spiritual values as *love, hope, peace, and joy.*” It is understood that spiritual resources have sustaining value in one’s life, providing sources of meaning and purpose, experiences of connectedness, opportunities for expression, and tools for coping. Spiritual resources inspire vitality and equip those in late life to engage questions of meaning, in the context of both memory and mystery, and to have resilience in adversity. Narrative inquiry was a suitable approach to this research that evoked rich storytelling and reflection.

Comparison with past research on spirituality and aging showed that spiritual needs and spiritual tasks of aging are basic to humanity regardless of cohort. These baby boomers differed,

however, from previous cohorts in terms of their evolving relationship to traditional spiritual resources, their self-reliance, and their openness to differences and to continual learning. Their circumstances related to anticipated spiritual support also differ as society has been changing: church communities are less stable and secure, and families are smaller, busier, and more geographically dispersed. The participants in this study were eager to talk about spirituality and aging, and men, especially, were surprisingly open and willing to share.

This research suggests to the field of residential care what will be needed as boomers encounter frailty and what will be appropriate and meaningful for them in terms of spiritual care in long-term care. Findings have implications for enhanced spiritual competency within the long-term care sector. Currently the Ontario Long-term Care Homes Act (2007) requires the provision of, “worship services, resources and non-denominational spiritual counselling on a regular basis for every resident who desires them, depending on the availability of these services within the community” (Regulation 79/10, section 85). MacKinlay & Burns (2017) advocate for spiritual care being a non-negotiable beneficial provision for all in aged care, rather than something considered optional. With publication of the government funded *National Guidelines for Spiritual Care in Aged Care* (Meaningful Ageing Australia, 2016), the profile of spiritual care in Australia is rising. Something similar could inform and encourage more robust spiritual care in long-term care in Canada.

It is important that long-term care facilities do their very best to enable living that is spiritually whole, offering openness to listen and honour who residents are and have been throughout life, taking time to care, to pay attention, to connect and pass time together. Baby boomers will be looking to be stimulated and inspired by thought-provoking people and ideas, and will want opportunity to interact, to question, to discuss. Life in long-term care would be

enhanced if everyone (residents, care partners, family, and friends) felt free to be vulnerable and to be open about what sustains them.

It may be more difficult to provide a “one size fits all” spiritual program in a long-term care facility than was assumed in the past. But while awareness of increasing diversity challenges our assumptions that “one size fits all” programming is appropriate, boomers openness to experience and to learning from others may open up possibilities that would suit many. It will be interesting and a privilege to work in spiritual care in the years ahead, as boomers confront ageism and reinvent aging by engaging the experience and finding its potential.

Administrators and policy makers are encouraged to work toward a spiritually integrated culture in long-term care where:

- Spirituality would be more comfortable for all, not an area of tension or trepidation but of respect and wonder, sacredness and honour
- There would be openness to the gifts of spiritual traditions that both comfort and inspire, including rituals to welcome and say goodbye, celebrations, and opportunities for gratitude, forgiveness and connection
- People would be known and acknowledged
- Emotion would be understood, and comfort would be readily available for all types of suffering
- Music of all kinds would inspire and evoke spirituality, and enjoyment of it could be expressed and embodied in movement/dance and/or music-making

- There would be opportunity for life review, discussion, and reflection on meaning and legacy, in groups or individually
- Creativity would be welcomed and resources for artistic expression available
- Laughter and humour would emerge naturally
- It would be comfortable to wonder about life beyond this life, to learn from traditions, to imagine and to prepare for dying

In long-term care, residents should be able to expect that their spiritual needs will be met and the spiritual tasks of aging facilitated. Aging and dying can be a struggle. There is often physical suffering, which medical and nursing care works to ease, but spiritual suffering is just as important to address. Spiritual suffering or distress happens when one is experiencing spiritual need and does not have the spiritual resources to address that need. When spiritual needs are not met it is difficult to go on living, and it can be difficult to let go into death. A person's spiritual resources on which they have relied throughout their life course may come up short when confronted with the difficult realities of late life. When a person who has always been self-reliant becomes dependant, they may experience doubt, anger, and inadequacy of the spiritual resources that had sustained them earlier. That is when those providing spiritual care and support need to be attentive: to distress, to longings, to disappointments and fears. New resources, such as the prayers of lament and trust described by Julie, may emerge and be discovered in time of need, perhaps with the help of a spiritual care provider.

Spiritual resources may not always look like what traditional spiritual care providers expect. In this study, I postulate that all persons have a spiritual dimension that is innate to being human, and that even those attitudes perceived to undermine spirituality, like intellectual resistance to faith, may serve to address spiritual need for those who have chosen them, and thus

be experienced as a spiritual resource. Even despair as to meaning in life, for example, may not be distressing, but may rather be an expression of acceptance that leads to peace. These people may not appreciate the language of “spiritual resources” but may not be in any spiritual distress.

Those, however, for whom the difficulties of old age came as a surprise and disappointment may be more vulnerable to spiritual distress. Their need for spiritual resources beyond self-reliance may have been unexplored before they became dependent, and suddenly their stores of that which addressed their needs for love, hope, peace and joy were at risk. Anger, cynicism, depression and disengagement signal need for compassionate understanding that in time might seed potential new resources, both internal and external. People of faith whose expectations of life, and of God, were unfulfilled may also experience spiritual distress and need patient accompaniment to assess their previous understandings and seek dependable resources.

It is incumbent on care providers to be just as attentive to spiritual need as to physical need. What meets these needs – spiritual resources – are unique to the individual, and so spiritual care must take care to avoid being presumptuous or prescriptive. Instead, a spiritual caregiver must listen and respond with compassion, seeking to tap into the elder’s own lifetime, and emerging, spiritual resources that may require the attentive presence of another to discover.

As they near the end of life, some people will prefer to maintain privacy and independence of spirit, but for many, especially as they become increasingly vulnerable, it will be important to be accompanied. This company may be a vital resource for addressing spiritual need for love, hope, peace, and even joy, in vulnerability. It is plausible then to ask, “who will be responsible for providing this attention to spiritual need?” Who will have the knowledge, awareness, and skills? Who will have the spiritual depth and resilience? The long-term care

system, and individual facilities, will need to grapple with these questions in order to provide optimal care for their residents.

According to this research, I argue that it would be optimal for each home to have a spiritual care specialist with the skills to navigate the specialized tasks of spiritual care and to train everyone to provide general spiritual care. A spiritual care provider/specialist for first wave boomers living in long-term care will need to have strong skills in listening and relationship building, especially in the context of dementia. (S)he will have knowledge and understanding of various faith traditions and openness to learn from individuals about their own. As spiritual need and psychotherapeutic need merge and blend for boomers, ideally spiritual care providers would have the psychotherapeutic skill and discernment to walk carefully and respectfully with residents into the areas of life where they seek reconciliation.

These specialists in spiritual care for long-term care will need to be educated, trained and apprenticed. Currently some of the skills needed can be learned through CASC (Canadian Association for Spiritual Care); some through training in gerontology, some in spiritually integrated psychotherapy, some in spiritual direction, and some in training for religious leadership. An ideal program for long-term care spiritual care specialists would draw from all of these disciplines.

The results of this study suggest that appropriate spiritual care in long-term care for baby boomers such as those in this study will require:

- continuing support of traditional spiritual resources but also expansion of what is offered, responding to openness and desire to learn, grow and discover.

- equipping younger generations and clinicians across disciplines to understand and support spirituality and spiritual need.
- gathering and producing appropriate resources to engage the spirituality of residents and their support persons, including staff.
- honouring the beliefs and cherishing the faith experiences of boomers, providing invitation to share and explore meaning.
- respecting the primacy of “self” as a spiritual resource, encouraging continued spiritual development, values, virtues and attitudes that support identity, purpose and meaning.
- acknowledging and accommodating for the challenge to “self” posed by frailty and dementia.
- encouraging and facilitating relationship, and experiences of connection, to counter isolation and loneliness, providing a listening ear.
- providing space that can be experienced as sanctuary, assurance of belonging and access to nature.
- slowing down and savouring the time that we have, as we support older adults in their living and their dying.

The spiritual realm is a complex aspect of being human. There is danger that our long-term care systems will dismiss the spiritual for lack of comfort and confidence, and lack of ability to measure and control it. That dismissal would diminish the potential richness of the final chapters of life for those who will live in long-term care and all those who love and care for them. Instead, the spiritual should be embraced, acknowledging the sorrow and beauty of life, and the significance of connections, questions, mystery, the sacred, spiritual practices (ancient and new), and intentional rituals to give meaning. In moments of both wonder and lament,

throughout the aging journey, the depth of what it means to be human can be shared and honoured.

Limitations of the Study and Future Direction

Limitations. This study focused on those born between 1946 and 1955 who self-identified as “first-wave baby boomers,” meaning they were either born in Canada or shared the “baby boomer” experience, as described in the literature review. All of the study participants spent their childhood in Ontario where they attended Christian churches. There will be others in long-term care, born in those same years, who have had different life experience, many having emigrated from other parts of the world and/or having different ethnic/religious backgrounds than the sample used for this study. There is need to research the spiritual needs and resources of a greater diversity of people in order to provide spiritual care that is appropriate for all.

It is difficult to generalize conclusions about spiritual needs and resources for baby boomers as they age, so more research will be needed of various populations.

Increasingly, it seems that different spiritual care will be needed for the many different circumstances of aging. Those who are well and aging independently are likely to experience different spiritual needs than those who are experiencing more diminishment. In long-term care there are differences between those who are there because of physical changes and those who have cognitive changes. Then there is the realm of spirituality and spiritual care focused on the process of dying that is different from spiritual care that focuses on living.

Baby boomers, as well, are in diverse circumstances in all areas of their lives: occupationally, physically, socially, spiritually, emotionally, financially, and relationally. Consequently, it is difficult to generalize about needs, tasks, or resources for the baby boom

cohort. It is, however, appropriate to identify trends and anticipate probable circumstances, likely need, and potential resources. This research provides some information regarding this diversity but more research is needed for greater understanding.

Participants in this study were asked to envision their later years, but do not have any way of knowing how life will actually play out. What will actually change as the years go by? What health challenges will they face? Will dementia affect them? How will they cope? Will their spiritual resources change? A longitudinal study would be interesting and valuable to follow their experience and to compare and contrast their spiritual needs and resources with what they had envisioned as the years unfold.

Future direction. Research, then, could expand to embrace the diversity of urban communities. It could also narrow to explore more particularly the resources of boomers in rural areas. Boomers born in the later years of the baby boom have had different experience of religion and spirituality than did the first wave. Their resources will require separate study.

Discussion of the implications of research findings has focused on long-term care, while many boomers will never be in long-term care. What will be the spiritual needs and resources of those living in other contexts? How can communities, with or without the support of the institutional church, seek to support spiritual resources and meet needs?

While many studies of spirituality an aging have focused on women, this study included men and showed that baby boomer men are receptive to studies of their spirituality. More research in the area of men's spirituality as they age is warranted.

As time goes on it will be important to do research with actual programming and staffing. What do baby boomers in long-term care actually like/not like? Specific research could be done

around boomers and music, or other art forms. What music, what art, and what inspirational writing engages their spirituality in helpful ways? How might discussion groups, movie viewings or book clubs be structured and implemented in long-term care so as to be spiritually satisfying for boomers? What would it look like to program for meaning and purpose rather than for entertainment?

Prayer practices among boomers would make an interesting study. What do they believe about prayer? What connection is being made? What is their image of God? What are they doing when they pray? What can they learn from one another as peers? What support would they desire in frailty? The scant academic interest in prayer has focused on the two controversial topics of removal of prayer from schools and prayer related to health and healing, neither of which investigates the experience of boomers like those in this study. Research is needed on the meaning and practice of prayer among boomers and how it can be supported as a spiritual resource in long-term care.

Attention will need to be paid to the experience of grieving for boomers as they age, as an important aspect of the spirituality of aging is living with loss. Boomers who have lived a charmed life may feel the losses that accompany aging more acutely than did previous generations. What spiritual needs will boomers have in grief? Likewise, funerals and memorial ritual for boomers would be interesting and important to explore as practices change and boomers make choices. What do boomers say they want to close their final chapter of living? What do they, or their loved ones, need? This study revealed that as the role of church in society declines, there will be questions about how to plan for and provide what boomers want and need, and questions about the expectations on the role of spiritual care providers in long-term care in this regard.

Further research into the spiritual implications of “space” would inform new residential care construction. This study began to elicit what matters to boomers and what is conducive to spiritual wholeness as long-term care homes try to build for holistic care.

Finally, more thought and research should be invested in spiritual care providers. What skills do they need, what should they be called, and what is their role in long-term care into the future? Training for all workers in long-term care to provide general spiritual care, and to learn how to recognize spiritual need and provide referral to spiritual care specialists, could be piloted in Canada as it has been in Australia. Likewise, guidelines for spiritual care in long-term care could be produced in Canada, as in Australia. This study revealed the anticipated need for “someone” with counselling skills to be available to provide a listening ear as boomers engage in life review and work on acceptance and reconciliation as well as grief. Research into the requisite skills for spiritual care specialists in long-term care would be useful.

Personal and Theological Reflection

Throughout time, humanity has anchored itself in some form of religious or spiritual practice. For the past few centuries, in Canadian society, that anchor has been in European-rooted Christianity. Boomers have begun to pull up that anchor. In the midst of all the changes currently happening in the church and the world, the feeling of being somewhat “lost at sea,” spiritually, threatens.

Life experience this year has connected to my “spirituality and aging boomers” dissertation. In August, I officiated at the funeral of my dear aunt, born just five years before the boomers. She embodied characteristics both of the boomers and the generation that preceded them. She was organist for her little country church for 50 years. Though she was not one to talk

about Christian faith, she never missed a Sunday. Music was her traditional source and expression of spirituality. She also loved capturing the beauty of nature through photography. Then there were the “fortune tellers” she liked to visit, another source of spiritual experience. She relied on alternative health care resources until the end, when she was glad for hospital care she could trust. In the absence of a minister in her shrinking church, family looked to one another to ensure her funeral was meaningful.

A few days earlier my parents and I were at the funeral service for my mom’s cousin, a first-wave boomer, who had a long journey with cancer. She did not have a minister; her church having closed. However, she knew she was dying and had time to arrange through her own resources for a meaningful “Celebration of Life,” complete with gratitude to her family, off-colour jokes and country music. Two deaths in a short time served as a stark reminder that life ends. Two rooms full of aging boomers faced mortality.

The next Sunday my husband and I attended the closing of his childhood church, a place and a community that was there throughout our lives that we never imagined being gone. This church was started when the first boomers were babies. It closed because they are not there anymore. Some will miss it. Some will not.

The spiritual resources of first-wave boomers are multi-dimensional and in flux. While traditional resources such as church, scripture, prayer, music and spiritual leadership are familiar, their value, and availability, has shifted. They mean different things to different people. They are no longer an anchor to which boomers’ spirituality and our spiritual care practices in long-term care can be tethered. As the baby boom cohort ages, they are finding meaning, purpose and transcendence in a greater variety of ways than did earlier cohorts. They have been and are open

to exploration and learning and are not threatened by differences. They have a strong sense of “self,” that began in childhood and has developed through many stages of life to arrive at this new stage of older adulthood. They have navigated relationship throughout life, strongly valuing connection to others, but avoiding assumptions about caregiving roles. They care about the space they occupy, their home and their time, wanting peace, freedom and a sense of belonging.

These boomers know that old age is replete with unknowns and they fear the loss of what matters most to them: loss of self, loss of loved ones, loss of independence. Their spiritual resources address their deep human need for love, hope, peace and joy in the midst of all of this. They have internal resources (like determination, attitude, faith) and external resources (like people, nature, home). Though the structures around the spirituality of their youth have shifted, they are not bereft. They have a strong sense of what matters most to them and what sustains them through adversity.

One of the hymns we currently sing in long-term care worship services is “Will your anchor hold,” a hymn that was in most hymnbooks, including the United Church of Canada *Hymnary* (United Church of Canada, 1930), used in the churches where baby boomers attended Sunday School. The words of the first verse and chorus are as follows:

Will your anchor hold in the storms of life, when the clouds unfold their wings of strife?

When the strong tides lift, and the cables strain, will your anchor drift or firm remain?

We have an anchor that keeps the soul steadfast and sure while the billows roll,

Fastened to the Rock, which cannot move, grounded firm and deep in the Saviour’s love.

(#501)

Another hymn, found in the *Hymn Book* (Anglican Church of Canada, & United Church of Canada, 1971), published when these boomers were young adults, is perhaps a better metaphorical description of their spiritual experience:

I feel the winds of God today; today my sail I lift,
 Though heavy, oft with drenching spray, and torn with many a rift;
 If hope but light the water's crest, and Christ my bark will use,
 I'll seek the seas at His behest, and brave another cruise. (#282)

Rather than an anchor, this hymn speaks of a sail. And while “*We* have an anchor” in the first hymn, the second hymn writer says, “today *my* sail I lift.”

If boomers' personal narratives (i.e., their lives) are like boats, I would imagine them as sailboats on a lake, and their spirituality as more like a sail than an anchor. Their spirituality has been about freedom to explore and discover and experience. It has been about individual choice and personal agency. Earlier generations have sung “*We* have an anchor” as an expression of the security they felt as the storms of life, or the challenges of age, became real. Moreover, they were on the boat together, navigating life as “*we*” rather than “*I*.” For the boomers, old age will be different. Storms are an entirely different experience if you are using a sail than if you are using an anchor. And life feels different as an “*I*” than it does as a “*we*.”

But sailboats have another essential part not named in either of these hymns: the keel. The keel on a small sailboat is the flat blade that extends down into the water from the bottom of the boat. As the sailor floats out from shore, the keel is lowered to keep the boat from blowing sideways in the wind and to keep it upright. This seems an apt image for the spiritual resources of the boomers with whom I had conversation. While they prefer not to be anchored but free to navigate the waters of life, and the winds of the spirit, on their own terms, their spiritual

resources are vital as they endeavour to get where they are going and to stay balanced and stable. Whatever the water and weather may be doing, the keel helps the boat to stay upright and increases the likelihood that the sailor will enjoy the ride. Continuing the metaphor, spiritual caregivers can help boomers to lower their keel so they will have the capacity to sail through the weather conditions of old age.

It is likely that boomers will miss some aspects of having an anchor. I think again of death, as one example, and the traditional rituals that help us through it. As boomers near the end of life they may find themselves “at loose ends.” They may decide not to have a funeral because there is no one obvious or meaningful to officiate and no church community to attend. This is a significant and sudden change from their parents’ generation. Is that really what they want? How a story ends is important. Maybe our society will need more spiritual care providers who are not connected to any church but are like counsellors/life coaches/spiritual directors/palliative care support, and will officiate at death rituals. Currently many funeral homes offer to provide an officiant, usually unknown to the deceased and their family. How much more meaningful it could be to have an intentional relationship with someone who would then take responsibility for “writing the conclusion” to the story of one’s life by leading the service or ritual desired, and for supporting one’s family through the transition of loss. Boomers who become more thoughtful about their mortality and want to prepare for death may be glad to arrange for such persons to provide what they want/need. Other examples of new ways to meet spiritual need using the resources boomers have at hand will continue to evolve and deserve our attention and support.

It will be different to sail freely while using a keel than to have one’s boat securely anchored. But it will be good. It will be good for boomers, as they set sail into the unknown that is ahead, desiring to keep moving in the right direction, to be balanced and at peace, while open

to the breath of life. It will be good for spiritual care providers, as we learn to accompany boomers on their journey, acknowledging the spiritual resources that sustain them. And it will be good for long-term care communities, as they welcome boomers in all their diversity to live out the completion of their lives together.

What would be worrisome would be if the sailboats of our elders would have neither an anchor nor a keel, leaving them at the mercy of weather that can be formidable to navigate. Or perhaps they have a keel, they have deep spiritual resources, but need support to lower that keel, (as sailors do with retractable keels on smaller boats), to figure out how to use it in their present circumstances. That is the role of a competent spiritual care provider in long-term care. As people of faith, we believe that we are created by God, and so our lives are intentional and good. We are given one another, made for interdependence. We are called to treat one another with respect, dignity, and compassion, and can trust one another to care. Though boomers are used to being independent, they also highly value relationship. As they grow older they need not be alone. It has been a sacred experience hearing the stories of study participants who opened their lives to me. I thank them for welcoming me aboard.

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Appendix A: REB Approval



February 09, 2017

Dear Jane Kuepfer

REB # 5219

Project, "Narratives of baby boomers envisioning late life spiritual resources"

REB Clearance Issued: February 09, 2017

REB Expiry / End Date: January 12, 2018

The Research Ethics Board of Wilfrid Laurier University has reviewed the above proposal and determined that the proposal is ethically sound. If the research plan and methods should change in a way that may bring into question the project's adherence to acceptable ethical norms, please submit a "Request for Ethics Clearance of a Revision or Modification" form for approval before the changes are put into place. This form can also be used to extend protocols past their expiry date, except in cases where the project is more than two years old. Those projects require a new REB application.

Please note that you are responsible for obtaining any further approvals that might be required to complete your project.

Laurier REB approval will automatically expire when one's employment ends at Laurier.

If any participants in your research project have a negative experience (either physical, psychological or emotional) you are required to submit an "Adverse Events Form" within 24 hours of the event.

You must complete the online "Annual/Final Progress Report on Human Research Projects" form annually and upon completion of the project. ROMEO will automatically keep track of these annual reports for you. When you have a report due within 30 days (and/or an overdue report) it will be listed under the "My Reminders" quick link on your ROMEO home screen; the number in brackets next to "My Reminders" will tell you how many reports need to be submitted. Protocols with overdue annual reports will be marked as expired. Further the REB has been requested to notify Research Finance when an REB protocol, tied to a funding account has been marked as expired. In such cases Research Finance will immediately freeze the release of your funding.

All the best for the successful completion of your project.

(Useful links: [ROMEO Login Screen](#) ; [ROMEO Quick Reference Guide](#) ; [REB webpage](#))

Yours sincerely,

A handwritten signature in black ink that reads "Robert Basso".

Robert Basso, PhD
Chair, University Research Ethics Board
Wilfrid Laurier University



January 05, 2018

Dear Jane,

REB # 5219
Project, "Narratives of baby boomers envisioning late life spiritual resources"
REB Clearance Issued: February 09, 2017
Expiry / End Date: April 30, 2018

I have reviewed the changes (Extend end date until April 30, 2018) to the above proposal and determined that they are ethically sound.

If the research plan and methods should change in a way that may bring into question the project's adherence to acceptable ethical norms, please contact me as soon as possible and before the changes are put in place.

(This letter has been issued on behalf of Dr. R. Basso, by Courtney Lunt, Research Compliance Officer.)

(Useful links: [ROMEO Login Screen](#) ; [REB Students Webpage](#); [REB Connect Webpage](#))

Yours sincerely,



Robert Basso, PhD
Chair, University Research Ethics Board
Wilfrid Laurier University



April 04, 2018

Dear Jane,

REB # 5219

Project, "Narratives of baby boomers envisioning late life spiritual resources"

REB Clearance Issued: February 09, 2017

Expiry / End Date: August 31, 2018

I have reviewed the changes (Extend end date until August 31, 2018) to the above proposal and determined that they are ethically sound.

If the research plan and methods should change in a way that may bring into question the project's adherence to acceptable ethical norms, please contact me as soon as possible and before the changes are put in place.

(This letter has been issued on behalf of Dr. R. Basso, by Courtney Lunt, Research Compliance Officer.)

(Useful links: [ROMEO Login Screen](#) ; [REB Students Webpage](#); [REB Connect Webpage](#))

Yours sincerely,



Robert Basso, PhD
Chair, University Research Ethics Board
Wilfrid Laurier University

Appendix B:

WILFRID LAURIER UNIVERSITY
INFORMED CONSENT STATEMENT

Narratives of baby boomers envisioning late life spiritual resources

Researcher: Jane A. Kuepfer, MDiv, RP

Faculty Advisor: Dr. Kristine Lund, PhD, RP - klund@wlu.ca or [519-884-0710 x2246](tel:519-884-0710)

You are invited to participate in a research study.

The aim of this narrative inquiry is to explore spiritual resources in the life stories of first wave baby boomers as they envision their later years. First wave baby boomers were born between 1946 and 1955 and are now in their 60s and early 70s. Spiritual resources are defined as that which has sustained a person throughout their life and will sustain them in the future.

The following research question will be explored:

As first wave baby boomers envision late life, what are the spiritual resources that will sustain them, now and into the future?

Participants, both male and female, will have been born between 1946 and 1955 and be residents of southern Ontario. It is expected that most participants, because of their age, will have recent experience of their parents' later years.

INFORMATION FOR PARTICIPANTS

You will be asked to participate in a one to two hour private face-to-face conversation, in a pace of your choice, in which you will be asked to envision what growing old will be like for you, and about what you consider to be your spiritual resources.

The conversation will be audio-recorded and transcribed. You will then be asked to review the transcript and invited to clarify and/or add to it, in further conversation with the researcher, by telephone and email, sometime in the month following the conversation.

RISKS

It is understood that the subject material of our conversation may evoke emotion. You may be

assured that your experience is honoured and all of your thoughts and feelings deeply respected. If you would appreciate talking with a counsellor, a referral to a counsellor of your choice will be made.

BENEFITS

It is my hope that the opportunity to reflect upon and talk about the anticipation of your own aging will help you to prepare for the future. What we talk about becomes familiar to us, and less intimidating. Further, it is hoped that this research will inform spiritual care providers, therapists and counsellors, policy makers, and funders of spiritual care in our society, of the needs of baby boomers in the years to come, and what appropriate provision for these needs might look like.

CONFIDENTIALITY

As a participant, your confidentiality and anonymity will be ensured. The names of those participating in this research will not be shared. Your personal information will be kept separately from the conversation data, which will be labelled only with a code name. Only the researcher, Jane Kuepfer, and her advisor, will have access to the data, which will be kept on a password protected computer. When the project is finished, all data, with identifying information removed, will be saved to a thumb drive, which will be kept in a locked box in the researcher's home. Transcripts will be retained indefinitely, with all identifying information removed.

Research results may be published or distributed within the university and beyond. As a research participant, you will be among the first to see these results. You will be contacted by the researcher by email to approve any direct quotations that will be used. Quotations used in any write-ups or presentations will be attributed to a pseudonym, with all identifying information removed.

CONTACT

If you have questions at any time about the study or the procedures, you may contact the researcher, Jane A. Kuepfer, at kuep1260@mylaurier.ca or her faculty advisor (contact information above). This project has been reviewed and approved by the University Research Ethics Board (REB FILE #5129). If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Dr. Robert Basso, Chair, University Research Ethics Board, Wilfrid Laurier University, (519) 884-0710, extension 4994 or rbasso@wlu.ca

PARTICIPATION

Your participation in this study is voluntary; you may decline to participate without penalty. If

you decide to participate, you may withdraw from the study at any time without penalty and without loss of benefits to which you are otherwise entitled. If you withdraw from the study, every attempt will be made to remove your data from the study, and have it destroyed. You have the right to omit any question(s)/procedure(s) you choose.

FEEDBACK AND PUBLICATION

You will be contacted by email as the research process progresses and invited to contribute your thoughts and feedback. The results of this research may be published as a doctoral dissertation, and may be disseminated through books, journal articles, and/or presentations.

CONSENT

I have read and understand the above information. I have received a copy of this form. I agree to participate in this study.

I agree to the audio recording of my conversations with the researcher _____ (initial).

I agree to the use of quotes, understanding that I will be given a pseudonym _____ (initial).

Participant's signature _____ Date _____

Investigator's signature _____ Date _____



Does the following describe you?

**I am a “first wave baby boomer”
(born 1946-1955)**

I sometimes think about what it will be like to grow old, and/or have recently accompanied my parent(s) through the realities of old age.

I would be willing to participate in a one to two hour private face-to-face conversation, in a place of my choice, in which I am asked to share thoughts and feelings about my own eventual aging, and to reflect on my spiritual needs and resources

I would be available to review notes from this conversation and add further reflections in collaboration with the researcher, using telephone and email, sometime in the month following the conversation.

**Invitation to Participate
in Research:**

I’d like to listen to your life story, how you envision that story will unfold into the future, and what will be important and meaningful for you in your later years.

NEEDED: 10-15 participants, both women and men, urban and rural, religious and non-religious

If you are interested in participating in this research and/or would like more information, please contact me (Jane Kuepfer) at kuep1260@mylaurier.ca.

Thank you!

REB # 5129

I am a spiritual care provider in long-term care, a PhD candidate at Wilfrid Laurier University, and a researcher in the field of spirituality and aging for the Schlegel-UW Research Institute for Aging. I am seeking volunteers for a study on spiritual resources in the life stories of first wave baby boomers envisioning their later years.



Appendix D:

Demographic information

Participant Identification Code:

Year of birth :

Religious affiliation – current :

- past?:

Current religious/spiritual practices:

Parents – still living?

- year of death?

Siblings? (and roles of responsibility re: parents?)

Anticipated caregivers/SDM for self?

Marital status?

Children and ages; grandchildren? Proximity of family?

Rural/urban?

Occupation? Retired or still active?

Highest level of education attained?

Appendix E: Participant Narratives

BOBBY

Bobby met me at the door of his new home, having moved two months prior back to his home town, closer to where his children have all settled with their young families. He was getting around well, using a cane, as he healed from hip surgery.

Bobby was born in 1947, a “miracle baby” for his parents who had thought they wouldn’t be able to have children. He grew up surrounded by multiple generations of family, with grandparents and a great-grandma sharing the same home when he was young, and a household of cousins next door. His parents were both born while their families were farming but in time life moved to the city and to work in factories. Though his parents originated in different denominations, they agreed on a family church which has always been a regular part of life. Bobby was athletic and played more organized sports than was traditional in his church community. He says he hated school but loves learning things he’s interested in. After finishing high school he apprenticed in a trade.

Bobby has had several different jobs in his life and has enjoyed every one of them. He is always looking for a challenge and willing to make change. He learned much from owning his own business, and working for a para-church organization. Money has never been a primary motivator for him. Now, as a project consultant, he says he is “getting more and more retired all the time.” He enjoys tinkering and has no trouble keeping busy, and “hasn’t even started volunteering yet.”

Bobby is sociable and loves to have fun. He values being part of community, especially his church community, which along with family, he considers one of the cornerstones of his security or “life insurance.”

Besides some arthritis, hearing has been his biggest health concern. Through a time of surgery and subsequent recovery he experienced the value of a supportive, praying network of friends and family.

Bobby’s faith has grown and strengthened over the years while becoming more flexible and curious. He loves to discuss and is not afraid of the differing perspectives of others eroding his faith. Inclusivity and acceptance are important to him. He acknowledges there are things he doesn’t know or have answers for and is not bothered by mystery. His anchor is in his faith perspective and he trusts in God and in an everlasting future.

Bobby’s eyes were opened early in life to the realities of later life through his own grandparents, and later his parents. He is grateful for their openness with him and the comfort he had with them. He has also been inspired by the many older people he has had the privilege of knowing

and serving through his work. Their generosity, honesty and vulnerability has enlarged his perspective.

Bobby adamantly believes that a positive attitude is an asset that serves not only those who are aging themselves but all those around them, and leads to a better care environment for all. He is aware that the limitations of aging could affect him anytime, and chooses not to worry but rather live in the moment.

His spiritual resources include friends within the church -- people who have a similar faith and provide support for one another. He has experienced the power of faith, scripture and prayer, and also believes that both a generous and a positive mindset are important. One of his current projects involves some driving and he appreciates the quiet time he has while driving to reflect and pray. And of course close connections with family are highly valuable. All these things are spiritual resources on which he will draw as he needs them.

In his experience with others in long-term care Bobby has seen how important it is to be known well, and for one's spirituality to be supported. He wonders if funding for spiritual care in long-term care will be available into the future and sees spiritual care as something that is the responsibility of one's broader community of family and friends and church, not just the caregivers in the facility.

CHARLES

Charles' dad gave him a "good deal" on the home farm when he finished agricultural college and they moved to the farm next door. The house where we met was the same house in which he grew up. It has changed some, with an addition added when his children were young, and is now filled with all the things that 46 years of marriage and busy life brings. On the side door is stuck the magnetic sign from his truck that advertised the major agricultural community event over which he presided not long ago. The fireplace mantel displayed a collection of 70th birthday cards from a recent celebration. There were crackers, cheese and grapes to eat – as he takes care to look after his body's needs as a diabetic. Our conversation had taken a while to organize as, after our first contact, he spent some time in hospital.

Charles was raised on the farm with one sibling, who now lives at a distance. He took piano lessons, has maintained an interest in music and feels blessed to have had parents who wanted their children to have opportunities. The small community he calls home, with its church, has always been the core of his life, though he has ventured out in various ways.

After highschool he finished college, considered his options, but chose to work in agriculture, then sales, while also farming his land. Politics has also been of interest, and his leadership has been sought out and valued by the agricultural, political, church, and local communities.

Family life has formed Charles and required much of him. The toughest part of his life he describes as the loss of their firstborn child, who died soon after birth. He still thinks of him every day. Their other children were born in quick succession. Their journey with one led to a diagnosis of autism and a lifetime of seeking to understand and support his reality. Years with children at home were very busy, as each member of the family pursued their interests and they worked at being out in the community so as not to become isolated. The teen years required patience and strength and were at times frightening as their autistic child grew large and sometimes violent. Determined to find a creative solution he bought a small local business to give him a place to belong and work every day. Just last year they found supportive housing for their son, now in his 40s, and have become "empty nesters."

In his retirement Charles has done a little travelling and is gradually letting go of responsibilities. He has had some big ones recently, including managing the closing of the church he attended all his life.

Though he describes himself as more spiritual than tied to any one religion he recognizes that church is "part of his DNA." Being at church brings Charles peace, he especially appreciates music and fellowship, and is sustained by the "golden rule." He believes in six days of work and one day off, and respects the commitment of faith groups he sees as having more structure and expectations of their members.

Charles values being involved in the world and having opportunity to connect with people – the famous and the not-so-famous are all the same to him – they’re all people – and they’re all interesting. Charles loves to learn and believes that education is important throughout life. He is interested in life, open-minded, and inspired by creativity and innovation. Without grandchildren of his own he befriends young people in his community and sees hope for the future through them.

Charles lives as part of a network of supportive relationship. He offers support to others in formal and informal ways, through political involvement, community events, charity fundraising, and sponsoring, and he is grateful for the support of others in his life. He was the primary support for his parents when they moved into retirement and long-term care twenty years ago.

Gratitude undergirds Charles’ daily life. In retrospect he describes life so far as “very good.” He has chosen to never worry about money and to be content. He has no “bucket list” but wants to make every day count. In retirement he hopes for more freedom and quiet time in life. He strives to maintain balance, to be calm and avoid unnecessary conflict.

He is a realist who leans toward optimism and is convinced that there is always hope.

In his later years he might move closer to health care and transportation, as he wouldn’t want to be confined to the farm without mobility. If he was to be in long-term care some day, Charles would like to stay connected, to go to a church in the community if possible, and to have someone read to him from newspapers if he could no longer read himself.

Since his recent health scare he has been diligent about ensuring his affairs are in order, but is in no hurry for life to be over. He is deeply connected to his wife and can’t imagine either of them staying warm alone. With emotion he told me of his first night in the hospital when he is sure he almost died. That night he felt he was at home, trying to get through the double doors but they wouldn’t budge, and he heard a voice say clearly “It’s not time yet Dad, go back.” He is not afraid to die, assured that there is something after, but it’s not time yet.

EDMUND

Edmund began by showing me the massive volume of family history he had spent the last year and a half compiling. We met in the sunny porch of the home he and his wife built on a quiet, forested country property, when their children were still at home. They are both retired now, and their children live at a distance.

Edmund began life in 1951 as a firstborn child, followed by sisters, in a fundamentalist Christian family. His father worked as a tool and die maker and was committed to all aspects of church life, which kept him away from his family, save for dinnertime when they would take turns reading a chapter of the Bible daily, with no discussion, and he would scold for mistakes. Edmund's mother was the mediator between father and children and took a lot of criticism herself, and mockery if she would venture to have an opinion.

Edmund has always loved to learn. He developed a distain for their pastor of 25 years who abused his position as the only person in the community with more than a high school education. Geology was Edmund's first interest in university, and he found professors willing to entertain his questions about the age of the earth with openness and patience rather than contempt.

His theology stretched through voracious reading (including process and liberation theology), exposure to more liberal churches, Intervarsity Christian Fellowship, and the Association for the Advancement of Christian Scholarship.

After graduating he and his wife were pleased to find positions in the Christian school system and invested themselves in integrating faith and life in community. They found the community welcoming and hospitable and a great support when their house collapsed and they needed to rebuild. Some people of like mind joined them in attempts at church renewal. But they never quite belonged. Throughout their 14 years in this context they challenged the system, first insisting on his wife's right to keep teaching while pregnant, then trying to design Bible class curriculum that dealt with peace issues and environmental concerns, and getting embroiled in the "civil war" of a pastoral search process in the midst of battles over women in office. Eventually realizing there were fundamental differences between that church and their own understandings, they decided to make a clean break and move away. They considered Nepal, and the far north, but ultimately found work in the area where they now live.

Finding a faith community that fit was a long, complicated process. The local congregation of the progressive denomination with which they had hoped to affiliate was conservative and unwelcoming. Driving for over an hour to connect with people of like faith was impractical and soon their growing children refused to cooperate. One evening at a political party meeting Edmund noticed a faith group publication he subscribed to on the coffee table of the home where they were meeting. This started a conversation that led to the two families beginning a weekly connection that has continued a quarter century, meeting in homes, and welcoming others. This

group continues to be the core of Edmund's spiritual resourcing, as a place where he can discuss what he is reading, and where friends are supportive.

Edmund also belongs to two book clubs, one local and one in the city, which he looks forward to as opportunity to engage with others about things he cares about.

He ascribes to the Quaker core belief that God is in every human being. He believes in caring for the environment, living simply, democracy, and the power of love. He thinks of God as a loving force that's working for the good of the human race and the planet in general.

Edmund's mother died almost two decades ago, leaving their family without their mediator. In the few additional years his father lived he "mellowed" and wrote letters of apology to each of his children. Edmund took the opportunity to reconcile with his father and they had some good times working on projects together.

In retirement Edmund has grown in appreciation for the meaning of outings and community connection as we grow older, and has provided transportation. He regularly visits a centenarian neighbour on his farm, thoroughly enjoying the stories that no one else takes time to hear.

Edmund would love to stay right where he is for the rest of life, but recognizes that his wife highly values daily contact with friends, and that mobility issues may someday make it impossible to stay in the country.

In his later years he would value contact with children, animals and nature. He wants to get out as much as possible and stay connected with the community. Music, theatre and movies will continue to be important stimulation for his active mind, and if he is ever not able to read, he will need opportunity to listen to podcasts or have others read books and magazines for him.

Having someone to talk to, someone who values his stories, will make life meaningful. He noted that many people have things to sort through in later life and should have access to competent counsellors who can help them to find peace and reconciliation.

His relationship with his wife is a primary spiritual resource. He cherishes that and acknowledges the loneliness he would feel without her. He also sees the difficulty of families being spread far afield, and questions whether they will be available or interested when he is in need of support.

ERIC

Eric arrived home mid-afternoon, wearing his work clothes with his business name embroidered on his shirt. He was generous with his time to be in conversation before heading out to fix fencing around his pasture. We met in the farmhouse where he has lived since birth, once shared with his parents and siblings, then his wife and children, and now recently renovated to be accessible for his grandchild who uses a wheelchair. Eric has benefited from this addition himself, having had knee surgery last winter, and appreciates their new main floor bathroom. There wasn't a bathroom in the house at all until he was 16 – he has memories of the family going to the lake to swim in the summer – that was their bath for the week! They didn't have much, but they ate meals together, had chores to do, and he looked up to his older brother and oldest sister.

Eric was born in 1946, and went to school in the rural schoolhouse down the road, then to high school in town, “detesting” it and often in trouble, until grade 10 when it was decided he was needed on the farm. Teen years were enriched by 4H, where he learned to strive to better himself in competition with peers, and Junior Farmers, a group of good friends, adventure, opportunity and fun. Alcohol was part of rural youth culture and his brother saw it becoming a problem for Eric and bet him he couldn't quit. Eric credits him for saving him from being an alcoholic and losing all he was about to gain.

In 1969 Eric married and took over the home farm. Soon after, children arrived and responsibility grew. In years of high interest rates, farming got difficult to manage financially and he and his wife worked hard for no reward until they were forced to decide to leave farming behind. Eric got a job, in time realized he was benefiting his boss more than the job was benefiting him, and, with the support of a friend, managed to start his own business based on trust and good service. His son joined him and together they built a respected and thriving business. This time of struggle and uncertainty was hard, depression tempting him toward suicide at times. But thoughts of his family kept him alive and striving to make things better.

Eric had a strong relationship with his mother, which seeded his spiritual resources. She made sure he and his siblings went to church and Sunday School and chose a new church for the family when their rural church closed. Times when they felt betrayed, hurt, or abandoned by his father bonded mother and son even tighter. Eric values family, love and loyalty, above all else, and is deeply bothered by discord rooted in lack of moral character, or even worse, in judgement based on religion. Two of his children married Roman Catholics, which doesn't bother him. He feels the world would be a better place if everyone would put their religious books aside and just follow the Ten Commandments. He hasn't been to a church service for a while.

Eric has a strong work ethic and learned determination from a young age. His mother taught him never to complain “if your foot was sore a little bit, grin and bear it, it's a long way from your

heart”, and he vowed never to pout, in response to his father’s periods of self-isolation. It drives him crazy to see young people lazing around and not bettering themselves.

It has been a struggle to cope through painful times. Eric has appreciated the quiet support of friends but, as a sincere and sensitive man, he finds coping through humour leaves pain unresolved and relationships shallow. His humility, warmth and integrity shone through as he expressed his trust in the research process - “I don’t care how much people know about me anymore. It’s about trust.” He has been tempted at times to ask “Why me?” but instead asked “Why not me?.”

Eric has been to counselling a few times but was offended when it seemed the counsellor was blaming others for his problems, when Eric wanted to take responsibility himself. He is grateful to his doctor for prescribing medication that continues to help keep his nerves in balance.

He contends that the best things in life don’t cost any money and are worth more than money can buy – friends, and especially grandchildren. He is grateful for the support his business has received from neighbours and friends and continues to go to the shop to help out – his son calls him the PR man – and is involved in organizing significant community activities.

In long-term care Eric would want to be acknowledged, called by name, joked with. He longs for his sincerity to be accepted, and simply to be known as a good man. “Everybody likes to hear their name,” he said, “It’s stupid, but it isn’t.” In a nursing home he would not want to be treated any differently than a Catholic, a Jew, or anybody, believing that we are “all in the same boat.” He figures there has to be “a big plan” even if he has trouble figuring it out. For Eric, spirituality is not about religion – it’s about love and integrity.

He finds himself wondering about death, taking comfort currently in the unknown, but somewhat concerned that the troubles of life might continue in the afterlife. Regardless, his main concern is that he not be a burden on his family.

When they built the accessible addition on their farmhouse the walnut tree that had stood for generations between the house and the road had to come down. The wood from that tree has been sawn into boards and is drying. Eric’s plan is to use it to build his casket. He hasn’t told many people, but knows it would be right for him.

FAITH

Faith met me at the door of the farmhouse where she has lived with her husband for almost 46 years, and welcomed me to sit on their couch, strewn with comfy pillows and surrounded by books and other evidence of all their many activities.

Born in 1947, she reminisced about a childhood of freedom, opportunity, and responsibility, working on her family farm with her siblings. Though her father was not a church-goer, her mother had a grounded faith from early years and had played the organ at church in her youth. Knowing the importance of faith and taking her family to church, their mother ensured they all went weekly, and as a teenager Faith taught Sunday School. After grade 13 she completed teachers college and then taught for several years. Before getting married, to a young man from her high school class, she travelled for a summer in Europe with a friend.

Faith and her husband settled on his family farm and eagerly anticipated becoming parents. Life took a sudden turn when their firstborn lived only one day. Hospital protocol being what it was in the early 70s, Faith had only brief contact with him following his birth before being rushed away. It was difficult and a great loss. They had a family service where she could say good bye, and they carried on with the support of friends and family, taking a holiday to Hawaii to try to “change our thoughts.”

Faith wonders if that first big challenge they faced together helped prepare them for what was to come. Their second child was born one year later, then their third followed the next year. When their toddler wasn't speaking they took him for hearing tests and eventually learned his differences were because of autism, at that point a rare and unusual diagnosis. Their local school and community learned along with them and their son has had good support.

Determined to keep life as normal as possible for their family, they intentionally made room for each of their interests, driving their daughter to lessons, taking turns going to meetings, and involving their son in community life. Faith belonged to church groups and the Women's Institute. She took on jobs she could do with children in tow, supported her husband's work and ideas, which “often made work” for her, was president of a sports club, and at one point managed a political campaign.

The teen years intensified family life. Faith and her daughter took self-defence classes to ensure their safety as their son and brother went through a stage when his self expression became violent at times. Faith vowed, though, to never be afraid of her son. Her daughter's car accident and sports-related concussions also caused more than a little concern.

Being the sibling who stayed closest to her parents, Faith took primary care of their needs as they aged on the farm, and after her mom's death at 75, her dad lived for a short time in a retirement home. She remembers the night he died, feeling a breeze, just before getting the phone call that he was gone, and having a similar feeling of “knowing” when her mom had died.

Two recent changes have been significant. The closing of the church Faith has been involved in since marriage has meant the loss of community connections, but also an opportunity to explore other churches. Her son's move from the family home to supportive housing has meant changes to her daily life, more freedom for her, and opportunity for him to grow. She continues to advocate for him and to look after his finances and paperwork.

Throughout these changes Faith has dealt with hearing loss, has had unsuccessful surgery and now uses hearing aids.

While visiting churches Faith has realized she values music and likes a balance of old and new. Social time is important. And she wants to be encouraged to think about what is happening in the world, to learn, to be current. She likes the children's stories, whether or not there are children present. She wants the minister or speaker to be real, to connect with people's interests, to share from their own experience.

She is grateful that her life has intersected with the developmentally challenged population, who she respects as knowledgeable and humorous. She appreciates what she learns from them and hopes that she has in some ways made life better for them, as well as normalizing the presence of differences in the community by involving their son in community life.

Her most recent challenge has been with her husband's health, and the frightening experience of seeing him in their home when, in body, he was in hospital. She told him to "go back there" and he is still with us.

That experience confirmed for her that there is "something else." She has faith and hope, fuelled by numerous experiences of "feeling someone close to me," a "warmness around me" and "someone always supporting me."

Faith is hoping that in the time ahead she will have more space in life to do things she wants to do, and more quiet space, without the need to be endlessly busy.

In long-term care she would want to be encouraged to participate in activities. She has little experience of spiritual care, as her contact with ministers has been related to church activities, not spirituality. Though her grandfather might have talked about "Bible issues," her parents and her own generation did not. This talk was only heard in church services.

Having attended a graveside service the morning of our conversation she remarked on the young female minister's choice of scripture – a verse that was unexpected to her and refreshing. She wondered if in later years there will be more space to think about these things in a deeper way. She also mentioned walking in nature as something special she has intended to do.

Faith expressed that she has no regrets or sorrow when she thinks about her life. She sees people who are angry because they feel cheated, but doesn't have those feelings herself. Instead she

looks around and sees the challenges others face, accepts her own, and acknowledges that she has lots to be thankful for.

FLORENCE

I first glimpsed Florence sitting on her front steps as I searched the well-established subdivision for her address. She welcomed me with iced tea (and comments about sensitive teeth) and I noticed the child's art work on her wall – a gift from her first great-granddaughter. This home, purchased almost 42 years ago as a “starter” home she says is likely to be their “finisher,” as her husband will only leave “feet first.”

Born in 1949, Florence has lived most of her life in this city, spending two years in Toronto as a child while her father completed some training. She is the eldest of several siblings, close in age, and remembers a happy childhood until her father started drinking excessively when she was a young teen. She attended Catholic schools and was an active participant in their parish, along with her mother and siblings. Their father had converted to Catholicism to get married, but wasn't interested in practicing.

Classrooms were full throughout Florence's childhood and adolescence, and she had lots of friends, who eventually coupled off and got married, as she did at age 20. By then her parents' marriage was dissolving and soon after Florence's wedding her mother asked for a division of estate, as divorce was not an option for her. Her mother was left with the mortgaged farm on the edge of the city, and her father with his business, which he soon lost, moving back out west where he had come from, and taking all their savings.

But Florence's mother was always supportive and provided a stable home for her family, even welcoming Florence, her husband and two small children (with one on the way) to move back in for a while when looking for a house in the city.

Florence had finished high school and a short course that got her work as a nursing assistant, which she enjoyed until her children required her presence at home. After twenty years of homemaking she returned to work in long-term care. Recently retired, after 19 years of service, she is reflective about the influence this experience has had on her understanding of aging and of spirituality.

Despite living through the age of “hippies,” Florence was not a rebellious teen but rather held close to her church's teachings and strove to be faithful. When she started questioning, in her 30s, she was careful to hold her inner stirrings inside so as not to hurt her mom. It was a time of longing for “something more” when her children were young that led her to involvement in a charismatic prayer group that ultimately stretched her faith, and opened up her theology.

She now describes herself as a liberal Catholic, and disagrees with some of the church's teaching. But she has no desire to leave the church, as have so many of her peers. She values her Catholic practice and faith, doesn't know where she would go, and believes one needs to “fight from within.”

One of her siblings remains strict Catholic, and another Pentecostal. She delights in their reactions to her choosing to join a Pride march in support of inclusivity and acceptance. Florence loves to connect with people and learn from sharing with others. She is also open about her experience with depression and her regular use of a small amount of medication to maintain equilibrium.

In her retirement Florence is enjoying connecting with old friends and making new ones. She is making herself available to help friends who are getting older, realizing her skills and knowledge are valuable. Her children are grown and most grandchildren are becoming young adults, so they are on their own, save for a couple of little ones she tries to visit as much as possible. Her husband likes to “do his own thing,” is still working, and drops in to the cathedral downtown rather than participating in parish life with Florence. Consequently she also is free to do her own thing, taking off to visit people, and recently going to Ottawa with a friend for Canada Day celebrations. At home she attends mass every Sunday, as well as a few times mid-week, goes to confession, prays the Rosary, does daily spiritual readings, and has been part of a Bible Study group.

Being Godmother to two of her grandchildren, she has tried to expose them to church culture, but acknowledges that, though raised in the church, none of her children now “darkens the door.” She sees this as their choice, and is a choice made by many of her childhood friends as well. She now has good friends who would say their spirituality is found in nature, others who attend Protestant churches, and some who are Roman Catholic like herself. She enjoys this diversity and welcomes conversation.

No longer imagining God as “sitting on a chair overseeing us as a bunch of ants,” she knows God as three persons – Father, Son and Holy Spirit – to whom she goes for different things. As she grows older she finds God is getting more complicated, and that’s a good thing. Faith, for Florence, is assurance of something “bigger than me,” of God, and of something ahead. The importance of treating others as she would want to be treated, is her core belief.

Having recently moved her mother into long-term care, Florence knows first-hand all the feelings that go with growing older. She sees her devout mother struggling now with anger toward God, struggling to understand why He hasn’t “called her home.” Florence doesn’t want to burden her children and has come to understand long-term care as “purgatory on earth” that she will endure when the time comes. In the meantime, she hopes to make decisions and lifestyle changes of her own accord when they are necessary, though as long as her husband is living they’re likely to stay right where they are.

IRIS

Driving into Iris' farm lane I was greeted by words on her mailbox "Smile – it keeps the wrinkles away." Her smiling face met me at the door and she was quick to apologize for her freshly washed hair and the state of her house. Likely she had spent the morning busy with grandchildren or volunteering at the school or working outdoors. She had spent time thinking about the questions I had sent and pulled out a sheet of notes to read from, somewhat nervous at the prospect of being recorded.

Iris is the middle of several children, born in 1949 into a close rural Christian family that was part of a small but active church in their village. Her dad died young, in his sixties, and her mom lived with dementia for over a decade before dying in long-term care in her nineties. Both were people of faith.

Married at 19, Iris had three children and suffered a miscarriage between the second and third. Those were busy years with a household to look after, children's activities and farm work to be done. When her oldest began his second university degree she went back to school too, staying with him in the city during the week while completing training herself.

Since marriage she has belonged to a church in town, where her children attended Sunday School and were confirmed. She now attends as often as she can, mostly in the winter months, taking a break for other volunteer and family commitments in the summer and fall.

When the children were small she started visiting a psychic medium, and took each of them along at one point. She speaks of this medium, who is no longer living, and others she has visited or watches on television as a great spiritual resource which validates her faith, and provides comfort and connection with her loved ones who have died. Feathers that appear in random places are a sign to her that her father is with her.

Iris learned from her parents that "what will be will be," that the way life plays out is God's plan, and it is up to us to stay calm, to not get overwhelmed by the circumstances of life, but to "let go and let God" (a saying she credits to the psychic medium).

Prayer is how Iris lives out this belief, taking all of her concerns to God, anytime, anywhere, and trusting that God will carry her through and calm her when life is stressful. In her work she has listened to hundreds of funeral services from all the faith perspectives represented in her small town. Throughout her life, Iris says, her beliefs have strengthened, and not changed.

Music is also a spiritual resource for Iris. She finds listening to music helps calm her, and the words to some hymns, like "What a friend we have in Jesus" are increasingly meaningful. In midlife she grieved the loss of her singing voice for some time and is now careful not to overuse it.

Iris felt a calling to work as a funeral director, specifically in preparing bodies for their families to see, when she was a child, visiting the funeral home for two young friends who died in an accident. In her work she is conscious of the sacredness of creation, of the privilege she is afforded, and of God's presence with her. This work is deeply meaningful and she intends to continue in it for the foreseeable future.

Life is very, very challenging at times, with health issues and high needs among family members expected to extend and increase into the future. Nevertheless, family and love are what sustains Iris. She is deeply committed to supporting those she loves and trusts that she too will be supported as she needs it. Iris acknowledges that it will be difficult to lose independence as she gets older and to accept change graciously. She hopes to have sincere and caring listeners in her life who will remind her to pray and remind her that she is loved, and she hopes she won't be subjected to unkind caregivers.

For now, she is trying to be a teacher of faith in her family with her grandchildren.

She hopes that in the near future life will slow down and become less demanding, but given as that is not likely, her aim is to keep it in perspective, "know that you are loved and know that you can continue to love and help others, and the other is trivial; really it is."

Iris laughs a lot. After our time together I noticed that Iris had printed and left for me some jokes about old people and church. When life is hard Iris rises above it with a smile and carries on.

JULIE

Julie saw a poster at her church and also in the long-term care home where her father lives and her mother recently died. We met in my home. She came prepared, with a file folder, and had spent time with the questions, but didn't open the folder. She spoke freely, with some emotion, grief just barely under the surface, and present experience of learning the truths of which she spoke.

Julie was born in 1955 and grew up on a farm, the oldest of her siblings. She attended a private faith-based high school, where she made good friends. She was also very involved with her local church and regional church youth organization, and was baptised in grade ten. During that time the pastor who was leading her instruction class left the church after something significant happened that led to tumult. She learned through how the church handled that situation that the church should be and was a safe place to ask important questions, even when the adults are not able to give good answers. This solidified her commitment to be part of the church and she continues to be actively involved in that same congregation.

After high school she worked for a year in a home for the aged (as it was called at the time), then went to college, but quit her program half way through to take a job that she wanted. She moved to the city and was part of a small Bible study group of young adults, with whom she learned to discuss and disagree about theological issues. They experienced meaningful prayer times together and this helped play a significant role in Julie's spiritual formation. She later found a job at the university and felt God's guidance and peace in the process of looking for work both at this point and later in life.

Julie got married at 28 to someone who had grown up in the same church. She struggled with the decision to become a mother, unsure she was up to the task, but decided to trust and find her own way. Five years into marriage they welcomed a daughter and Julie chose to stay home with her until she was in school. She then found meaningful part time work as a church administrator, first at one church, then another, from which she just recently retired.

About five years ago, Julie's mother was diagnosed with dementia. Her father is also experiencing some cognitive change. They moved first into a retirement home, then into long-term care and recently her mother died. These years of walking with her parents through change and loss have been uncomfortable, frustrating and transformative for Julie. As someone who likes her "ducks in a row" she was forced to learn to live with disruption and the unknown on a daily basis.

She found herself sad and angry, lamenting the effects of dementia on her mom, her dad, and herself and her siblings. She learned to send this lament, this anger, to God, who she was told "could handle it." In time her "head knowledge" and "head faith" moved to her heart and she started to relax, to be more content, to realize that "life is okay if my ducks aren't all in a row

sometimes. God will be with me.” When life became increasingly unpredictable, her trust in God increased. “I’ve just learned a lot about what it means to trust and somehow have peace even when I feel very unsettled because of circumstances that are beyond my control.”

During this time she felt support through her church and a dementia support group. And she prayed more than ever to find strength. Through this experience with her mom Julie has been reminded of the rich network of family, friends and community of which she is a part. Thinking into the future she is saddened to imagine others who may die before her, but now knows more deeply that God will give her strength to deal with whatever comes.

Among her spiritual resources Julie would name contemplative prayer, including lament, solitude, walking, one-on-one conversations, reading and listening to music. She also treats her time at the gym as a spiritual discipline.

Church is a community of meaning where Julie experiences belonging, commitment and purposeful contribution. She sees her faith growing and changing over the years as a result of experiences, maturity, and reflection. Though she values what was modelled by her parents and grandparents she recognizes that experiencing and claiming her own faith is essential.

Though she identifies as an introvert who needs space from people she also highly values the people in her life and desires to trust and graciously accept whatever care she may someday need.

Julie has learned from others that your approach to life affects how you experience it. She hopes to face loss and aging gracefully, knowing that she has found her greatest peace when she could say “okay, in my heart this is not what I really want – I wouldn’t choose this – but it’s okay.”

LOUIS

Louis met me at the long-term care facility where he lives, in a meeting room, as he shares his space with a roommate. He ambled off the elevator in the morning with concerted effort, his Parkinson's medication not yet fully effective, and positioned himself and his walker for our conversation. Chewing gum helped keep his voice lubricated, and his medications were on hand when his cell phone reminders would chime.

Louis has lived here for most of a year now, having moved from northern Canada. He was born in the United States in 1950, a firstborn, and the third generation namesake of a father and grandfather who were pastors. His early years were spent in a country parish, his public school years in a small city, then high school elsewhere, as the family moved to different parishes. As a skinny, bright boy with dark glasses he excelled at school but didn't fit in with his peers, though he played sports to find a place to belong. Music was important in his family. Louis achieved his grade 9 conservatory level piano, and his brother has a doctorate in music and teaches advanced piano.

After high school Louis found freedom from the constraints of a pastor's household, trying "anything and everything" there was to try in the late 60s and early 70s "within moderation." He completed a Bachelors, then a Masters, and started a PhD, but with a downturn in that industry decided to pursue another direction instead. It was at that time, when he was turning 25, that his dad died. The funeral was on Louis' birthday. His dad was to have married Louis and his fiancée that summer. Louis graduated with his new degree when his wife finished her undergrad, and they moved to the Maritimes for her to continue her education. As he followed his wife from the East to the West for her work he struggled to find meaningful work himself and learned that jobs can disappear at the mercy of economics. He had a private practice for 25 years, and he and his wife raised children who are now young adults.

Louis described a time that was "not a pretty part of my story." He had a history of gambling, and has declared bankruptcy twice. In his mid-50s, when he was beginning to experience the symptoms of Parkinson's disease, a medication was prescribed that was later found to contribute to compulsive gambling and other addictions. His wife was not happy and they separated. When the children graduated from high school the family scattered across the country. Louis' wife got a new job up north so he "tagged along" and found work there, but there was conflict and he found himself out of work, unwelcome at home, and with Parkinson's disease worsening. House-sitting was a solution for a while, and he got a walker. But then at Easter of 2016 when he was trying to get things done and get to Ontario for his mother's funeral he found his body couldn't do it and he ended up in hospital. When he was well enough again he came to Ontario, stayed with his sister a little while, then moved into long-term care.

Louis' relationship with and respect for his father are at the root of the faith that continues to form the solid core of who Louis is. No matter what happens, he has found, when all is torn

down, that core is still there. Louis believes God forgives and takes his sins “as far as the east is from the west,” and he is free. During the low times in life he learned to let go and rely on God. He has been assured of salvation by grace not works, and serves God out of appreciation not fear. He doesn't feel it necessary to have absolute scriptural answers for everything beyond this core of teachings he learned from his father which despite further scrutiny by him have stood the test of time.

Though Louis has faced thoughts of suicide, the love and faith in him has always settled the despair and he has decided if he's not going to die then he is going to live fully.

Athletics have been a spiritual resource that connects Louis with other people. He loves getting out for walks, bike rides, and takes transit to go to movies, Bridge Club, or whatever he wants. He values his freedom highly, accepting losses (like driving) only when there is good reason. Technology, both his cell phone and Facebook, is a wonderful tool that allows him to keep connected with family, friends, and staff where he lives.

Louis is interested in learning and doing. He is currently preparing a musical theatre number for a talent show with a PSW, and writing a novel he intends to be a trilogy. Sleepless hours at night give him time to think and plan. He is teaching some of the staff to read music. Many genres of music interest Louis, but he finds tiresome music he has heard for too long (unless it has been awhile – then it can be good to hear it again).

Family love gives meaning to Louis' life and he works intentionally to mend and build relationship with his wife and children. He cares about his children's wellbeing more than his own and hopes to see them find their way in life. He appreciates his sister's including him in Sunday dinners but hopes that she will not need to look after him, like she did for their mother.

Louis is glad of the security of being in long-term care, knowing his pensions cover the costs. His is not one to look back but to move forward in life. He appreciates the efforts of a local congregation to connect with him, bringing an Easter lily and communion. He enjoys conversation with that pastor as he has with others in the past.

Next week Louis has an interview about deep brain stimulation and is considering the benefits it could have for him. He is willing to take risks to live as well as he can and fears becoming physically limited to the extent that he will be at “others beck and call.” But he doesn't complain. He is a “glass half full” kind of person and has been inspired by those he perceives as having greater challenges than himself.

MARY

Mary met me at the door of her immaculate home in an “Adult Lifestyle Community.” We sat together by the window looking out over her backyard toward a nature trail and farmer’s fields beyond. She had felt somewhat intimidated by the scope of the conversation to come, but had responded to the invitation as a welcome opportunity to think about questions of spirituality and aging for herself.

Mary, born in 1948, has been retired for several years now after a career as a teacher. She and her husband have been married for almost 50 years and their lives are entwined with those of their only daughter and granddaughter who live in the nearby city.

After growing up in a small town community Mary moved away to teachers college, then got married, started teaching in the city and went back to school part time to complete her BA. When their daughter was born she stayed home for seven or eight years then got back into teaching. It was around that time that her parents both died, then her husband’s parents. A few years later her husband dealt with a significant health problem. It was a busy, stressful time.

Mary grew up participating fully in her church congregation, didn’t go much during her young adult years, then found a church in the city when her daughter was born. They enjoyed this congregation and were highly involved but changed churches when there were problems and never found the same sense of community. Their daughter chose not to be confirmed in her teens, struggling with questions about her dad’s health.

When their daughter started university they began a period of moving around. First they moved from the “wonderful middle class neighbourhood” they had called home for 28 years to a high-maintenance property in the country, then to a condo in a highrise, neither of which were a good fit. Finally, they built the house they now live in, in the country but manageable. They had also had a trailer, then a boat and condo for vacations, then bought a cottage in the north when their daughter got married, imagining family time and shared responsibility. When that marriage ended, so ended the “fairy tale” of cottage life and they sold it, freeing themselves for a simpler life.

It has been years now since Mary has been to church. She “pulled out” because she felt hypocritical “participating and pretending” as there was so much she doesn’t agree with and doesn’t believe. She looks to her daughter who says “Mom you don’t have to go to church to be a good person,” but she also feels that something is missing. She’s hoping to find that elusive “connection,” and to find her “fit.” She appreciated the support of the church community through stressful times of illness and grief, and wonders where she would find that support now. At the same time she is reluctant to visit churches as once you visit it becomes “complicated” – there is pressure to return or to explain why you don’t.

Mary describes her current spiritual resources as “not religious-based.” She finds sustenance in nature, in peace and quiet, in the order, space and privacy of “home.” She finds music calming and values practices such as body scans and intentional gratitude. People are important in several ways. Friends offer companionship and support, family provide deep and faithful connectedness, though family members are often more needy than herself. Mary finds joy and much interest, as well as purpose and responsibility, in being involved in her granddaughter’s life. Mary identifies her husband as her primary spiritual resource saying, “it’s not just the love, but comfort, security, understanding.” Mary taps into her spiritual resources to refuel when life circumstances are exhausting her.

Mary is no stranger to challenge and loss in life. Her father had physical and mental health issues when she was a child; she lost both parents when in her 30s, suffered the disappointment of divorce with her daughter, and continues to navigate significant health concerns with her husband. She has learned that, like the struggling parents of some of her former students, “you can only do the best you can.” Mary has let go of some dreams that didn’t come true. She speaks of them as “fairy tales,” and interestingly uses the same words to speak of the Bible she grew up with. She describes herself as “a realist” and expects that some aspects of aging will be difficult.

As she grows older Mary is aware of her need to slow down and claims the right to choose how she lives her life. She is content with her accomplishments and experiences in life and doesn’t have a “bucket list.” She has witnessed others aging, some who have transitioned well, others who didn’t want to face change, and couples who weren’t “on the same page.” She is inspired by those who have an “I can do it” attitude and, though tempted to live in denial, would prefer to think and talk about age-related issues and make preparations (like funeral pre-planning). Throughout life, Mary has dealt with problems as they came along, coping with circumstances and focusing on the good things. Her greatest desire is for inner peace.

RICK

Rick contacted me after seeing the invitation to participate in research posted at the retirement home where he visits his mother. She and his father had lived with Rick and his wife for several years before her husband died and then, eventually, she moved to a place with more social interaction. Having recently retired, Rick welcomed me in the morning as his wife was leaving for work, to sit by their large picture window overlooking the suburban neighbourhood they have called home since their children were small. He was glad to tell his story and reflect on where he finds meaning as life goes on.

Rick's parents moved with him from Europe to Canada in 1952, just before his first birthday. He never saw his mother's parents again. His father's parents visited when he was 12, but it was difficult to connect with them. This absence of grandparents in his own childhood has increased his appreciation for close relationships between his parents and children, and now himself and his grandchildren. He first visited his homeland in his 50s and has found it very interesting to connect with roots and relatives there.

After a few months of university, Rick started working and never looked back. He worked up north, then in a large city, where he met and married his wife of 43 years. They had 4 children. One daughter was born with significant health issues and died while still a child. Rick reflects, "We were very close to her and we always say that she taught us a great deal about how to be parents." Rick is proud of his children and their accomplishments and appreciates the relationship he has with each of them. Though he doesn't want to rely on them, he trusts them deeply.

Though his grandparents in Europe had rejected religion, his parents were welcomed by a neighbour into their church in Canada and Rick grew up participating regularly, and was baptized at 14. He didn't go to church as a young adult until he and his wife settled in a new city with their first child. While the children were growing up they went every week but now no longer attend, save for keeping their once a month commitment to teach the children's club (which they've been doing for more than 30 years). They maintain connections but have distanced themselves from active participation in the congregation.

Rick loves to read and explore questions of faith that his church wouldn't welcome. Science fiction books and online lectures about the historical Jesus and other theological topics are of interest to him. He welcomes conversation with a rich diversity of acquaintances, from his carpooling co-workers, to old friends from a variety of faith backgrounds, to family members and neighbours. Rick learns much from others, especially those who are "anti-religious" and being open-minded is important to him. While unthreatened by the beliefs of others, Rick himself believes in a Creator and that there is life after death. His spirituality offers both reassurance that there is a reason for his existence and challenge for him to live up to that reason. Rick says, "Jesus and his teaching are important to me and I find it stimulating to ponder his

message and purpose even though I have a hard time subscribing to the exclusivity of the rightness of Christian faith.”

Rick explored a variety of work, recently retiring from a job he loved, which sometimes allowed him to listen to lectures on his ipod. Work gave him purpose, and it was important to him that his work was purposeful. In retirement he is finding purpose in helping neighbours and in relationship with his family, especially his grandchildren. He visits his mother daily and recognizes the precious impermanence of this relationship.

Rick wants to be a resource for others, not taking but giving. He considers giving a responsibility and is generous with his financial resources and his time. Recently he has started donating blood and looks forward to volunteering at the local school. Even if or when he becomes dependent on the care of others he hopes to give by being a friendly, attentive, listener. This adds further purpose to the friendship building he is doing now.

He has experienced difficulty in life, when early in marriage his wife was seriously ill. At that time they were not attending a church, but the people from her work and his were very supportive. When their young daughter died their church family was there for them.

Rick is inspired by his uncle in Europe who is thoughtful about life and has prepared him that someday he may choose to end his life with medical assistance. Rick believes it is important for people to have that choice, but acknowledges it would feel like an impossible decision personally. Rick accompanied his own father, who chose to stop eating and drinking in order to die. He has seen neighbours and relatives making decisions about where and how to live in their later years and is familiar with the realities of aging. He would like to stay in his current home and thinks creatively about what might meet his and his wife's needs in old age.

Rick enjoys all kinds of music. Singing in a community choir gives him great pleasure and allows him to both expand his appreciation of and express his love for music.

He also thrives on being out in nature and staying active (walking to visit his mom, helping neighbours, going canoeing and camping).

In old age he wants to speak openly and honestly, to continue to think and learn from others, to be free to ask questions and not have an answer. He feels a connection and responsibility to his church but does not experience it as his primary spiritual resource.

SOPHIE

Sophie contacted me soon after being asked to hang my poster of invitation at her place of work. She had been thinking about these questions herself and was eager to participate in conversation.

She met me at the entrance to her apartment building and we took a flight of stairs, which she does regularly to stay well. Her apartment was adorned with special things, a comfortable and beautiful nest of fabrics, books, photos and furniture, prepared for hospitality but usually a sanctuary for one.

Sophie eased into the telling of her life story, focusing on experiences that have shaped her, from childhood, through abuse and trauma, a rare experience of support, and a courageous move.

Sophie, born in 1953, was the youngest of three closely spaced children in a chaotic household where Sophie says there was “no soul safety.” Their mom had to work because their dad drank his paycheck away. Their grandparents moved in to help, and they moved five times within English Quebec before moving to Ontario in Sophie’s early teens. There, their dad then left, drunk, and remarried; her sister rebelled, left home and married an abusive man; her grandparents moved out; her brother “slipped away”; and her mother got a job in Montreal “to get away from some guy,” leaving 15 year old Sophie to look after the townhouse, work, go to school, and manage alone, even when she received the middle of the night phone call that her grandma had died.

In her twenties Sophie “looked for love in all the wrong places.” She ended up, in her 30s, marrying a man who, after the wedding, became extraordinarily emotionally abusive, with undiagnosed mental health conditions. She had a miscarriage, then a baby when she was 40. After she finally managed to escape with her toddler, the court gave her husband unsupervised access. On her child’s first visit his father killed both the child and himself in their home. Sophie lost everything – house, home, child, husband – and was left alone, again, to deal with everything and start again from nothing.

Her story prompted a group of women in the area where she was living to come together and look into abuse issues. They invited her to be part of their study and she felt support that she had never experienced before. This was crucial to her healing, and led to the formation of a social service agency in memory of her child that is dedicated to assisting women coming out of domestic abuse, and educating lawyers and judges.

Once the agency was opened, Sophie knew that she needed to distance herself from that traumatic chapter of her life, so she “took a leap of faith” and chose to move a good distance away from it all and begin a new life. This was the first time she made a move because she wanted to, choosing a town and an apartment, and eventually finding a job (though that took a year). Thirteen years later she still likes her job and her mother has “followed her,” and lives in a

seniors facility close by. Sophie is her primary caregiver. She is glad she had the courage to start fresh, but says she still struggles a lot, with traumatic memories, loneliness and spirituality.

Sophie went to church as a child – her mother took the children – stopped going when the family moved to Ontario, returned briefly on her own in her 30s, then again when her child was born. She was active in a church when her child died, and felt the embrace of the community at that time. Sophie tried to go to church again in her current community but found the male language painful, didn't warm to the pastor, and has now lost both interest and belief.

As we talked more Sophie sat cross-legged on her chair and opened up about experiences of spiritual resources and distress.

She knows that faith helped her survive crisis but finds it “hard to sustain” in everyday life. Often feeling dry, drained and tired, spiritually, she says she feels closest to God in nature and appreciates peace and quiet. Beauty and music touch and heal her.

Sophie's home is a sanctuary for her. Since childhood she has been aware of the importance of making her surroundings safe and beautiful. Sophie's surroundings are an important spiritual resource.

She talks about “deep wells of something” that have kept her going, and her experience of inner strength and trust in herself as she has found courage and stamina to get up and out the door every day, without ever using alcohol, drugs or medication. She is intentional about self-care, trying to eat properly, to be present in the moment, to read, listen to music, exercise, rest.

Having moved so often, and having had so much responsibility and so little support in life, Sophie has always felt alone. Even in the hospital nursery, she's been told, she was quarantined for three days with a rash. She has three friends who live at a distance who tell her she can call anytime, but she hesitates to bother them.

Sophie's rare experiences of supportive community came in crisis and, with the difficult life story she carries she doesn't feel like she “fits” anywhere. She is looking for that experience and assurance of belonging.

She misses the “fellowship” aspect of being part of a church, and can imagine herself enjoying small group discussions or retreats (if they were affordable), to explore spirituality. “I need something to help me build up my reserves again.” She has been reading and finding some thoughts that resonate with her own.

Looking to the future, Sophie has some fears about security of home and finances. She wonders what she will do with her time when she retires and how alone she might be. Sophie longs for safe relationship, a “soft place to land,” and for some fun, some joy, before life is over. “It would be delightful to not be on my own”, she says, but finds it difficult to imagine being vulnerable in

relationship. “I find it hard to let people in because I don’t trust that they’re going to care for me.” This was the one time tears came to Sophie’s eyes.

It is rare that Sophie gets to tell her story, so she drank in this safe opportunity to share and to trust.

There was no rush to conclude our conversation and gratitude from both sides for the opportunity to engage.

Appendix F: Demographics Table

	Gender	Born	Religious -childhood	Affiliation -present	Parents living?	Children- living/ deceased/grand	Marital status	Home	Occupation (retired or semi-retired?)	Education
Bobby	M	1947	Mennonite	Mennonite	No	3/0/6	M	Small town	Tradesman, parachurch, CEO (SR)	Trade + short courses
Charles	M	1947	United Ch. of Canada	United	No	2/1/0	M (Faith)	Rural	Farm, insurance, business owner (R)	College + short courses
Edmund	M	1951	Baptist	Quaker	No	4/0/3	M	Rural	Teacher (R)	Teachers college, BA
Eric	M	1946	United	United (inactive)	No	3/1 (mc)/7	M (Iris)	Rural	Farmer, repair business (SR)	Gr. 10
Faith	F	1947	United	United	No	2/1/0	M (Charles)	Rural	Teacher (R), then mother	Teachers college
Florence	F	1949	Roman Catholic	Roman Catholic	Mother in LTC	5/0/12 + 1 great-grand	M	City sub-division	Mother, then Personal support worker (R)	10 month course
Iris	F	1949	United	United	No	3/1 (mc)/7	M (Eric)	Rural	Mother, then Funeral director (SR)	College as adult
Julie	F	1955	Mennonite	Mennonite	Father in LTC	1/0/0	M	Rural	Administration (R), 5 years home to mother	1 yr Bible College
Louis	M	1950	Lutheran	Lutheran	No	2/0/0	Separated	LTC	Chemistry, then law (R)	MSc, Law
Mary	F	1948	United	United 'on sabbatical'	No	1/0/1	M	'lifestyle community'	Teacher (R) and mother	Teachers college, BA
Rick	M	1951	Baptist	Baptist (marginal)	Mother in RH	3/1/6	M	City sub-division	Auto worker (R)	Started university
Sophie	F	1953	Anglican	'reluctant' Anglican	Mother in RH	0/1/0	'ill-fated marriage'	Small city apartment	Librarian	High school