

# Abstracts

---

## Religion and Ageing

Mannes Tidmarsh

W. Paul Jones, 'Ageing as a spiritualizing process'. *Journal of Ageing and Religion*, 1 (1984), 3-16.

Jones begins with the observation that 'in many cultures the ageing process is seen as *the* informing pilgrimage producing spirituality and wisdom'. He maintains that, in the US, this view has been lost through a tendency to hide, cosmetically and spatially, the ageing process. He believes that gerontological studies (uncited) indicate that, for the ageing, religion has increasing importance though expressed as 'inner religion' rather than in formal practice. Such studies have, for the most part, concentrated on the more affluent and active elderly but he proposes to look at residents of nursing homes in Kansas City, who are among the less privileged, for evidence of a 'new' spirituality. He uses 11 categories in his analysis.

The first source of spiritual insight in old age he sees as lying in *anamnesis* - the recollection and retelling of the past. In reinterpreting these stories the old person progressively uncovers the meaning of the saga of which they form a part. In the *sacramentalising* process he sees the old person using the showing of possessions, perhaps few and trivial in themselves but irreplaceable, as symbols that evoke the power of particular meanings. *Enfleshment* refers to the often heightened awareness of the body, because of pain and feebleness, that old people may experience and which can lead to a greater appreciation of transient physical and sensory experiences. This in turn, says Jones, can become the basis for a 'fleshly mysticism'.

Awareness of the closeness of death can bring about a heightened perception of the value of the immediate which Jones calls *contingency*. This may lead to a view of life's events as gifts to be relished or to desolation at the thought that each experience may be the last of its kind. *Reversal* refers to the dilemma of the old person faced with an awareness of past defeats and failures and a limited future in which to remedy them. The choice appears to be between lapsing into complacent inactivity or forgetting and ignoring past failures.

Jones' *doing-being* category refers to the old person's need to re-evaluate the self as a consequence of being forced out of the wider society whose values tend to be instrumental and referential. In his discussion of the *confident as paradigm* he sees the loss of peers in old age as leading either to the abandonment of close relationships as involving the prospect of further loss or the search for a confidant which often leads to a new closeness to God, who is ever-present. The next two categories, *the whimsical* and *the dialogical* refer, respectively, to the ability of old people to engage in constructive play and fantasy and to hold real inner conversations which may be a form of prayer.

*Epiclesis*, the invitation to the Spirit to come, seems, in this paper, to refer to the old person's need to meet a 'whole' God, not one of 'simple minded sentimentality'. The Psalms may be important to the elderly because they present a God who matches the potential deepening of spirituality that comes with age. The last category, *resignation of trust*, refers to the ability of some old people to accept their sense of existential dependence with a sense of peace and without a fatalistic giving-up in the face of it. Jones concludes by suggesting that his paper offers evidence for Gutman's comment that 'the aged are not innately 'religious' but that they develop potentials which are best sponsored – translated into executive capacities – in a religious atmosphere'.

#### COMMENT

Whilst this is a welcome paper in so far as it raises issues too infrequently addressed by gerontologists and theologians it is basically disappointing. Having at the outset remarked that the paper is 'a modest effort at theologising within certain observed dimensions within nursing homes' the author tells us nothing of the nature of the observations nor of the subjects. He does not explain how the categories used were constructed or derived; the term 'spiritual' is left undefined and there is an implicit equation of spirituality with Christian spirituality.

The categories Jones uses appear over-elaborate and there is overlap between some of them (e.g. 'contingency' and 'doing-being'). Some, such as 'whimsical' and 'dialogical' need more explanation if their spiritual significance is to be fully appreciated. Even with these serious limitations in mind, however, Jones' paper is to be welcomed because it offers a fresh perspective on some aspects of potential development in old age and, for those with pastoral responsibilities, it may offer some useful practical insights.

George W. Paterson, 'The pastoral care of persons in pain', *Journal of Ageing and Religion*, 1 (1984), 17–29.

The purpose of Paterson's paper is to review current medical and psychological approaches to the treatment of pain in order to see how clergy can provide more effective spiritual support for those who suffer pain. After discussing definitions of pain and distinguishing its acute, chronic and terminal forms the author goes on to examine each in turn.

Acute pain often generates great anxiety and realistic reassurance is necessary: accurate information about cause, treatment and prognosis is important. Acute pain patients are often relieved by talking about their pain, being listened to helps reduce a sense of isolation. Ability to verbalise depends on both personality and ethnic factors: for instance, introverts often have lower pain tolerance than extroverts but are less able to talk about it. Acute pain may be psychogenic in origin and here the pastor may have an important role in helping the sufferer seek relevant help.

Chronic pain differs from acute not only in duration but in complexity. Many investigators see it as a form of learned behaviour which goes beyond the simple response of the nervous system to injury or disease. Chronic pain may be reinforced by a number of social and emotional factors and the pastor may help in the exploration of the sufferer's background, especially where elements of guilt, unworthiness or parental rejection are involved. In this section Paterson has an excellent concise account of pain relief methods and their direct and side effects. In addition to surgical and drug treatments he discusses an operant conditioning approach and mentions, though without elaboration, electrical stimulation, biofeedback, hypnosis, relaxation and meditation.

Though clergy may be involved in offering pastoral help to people in any kind of pain their role often comes to the fore in cases of terminal pain and the majority of sufferers from this form are likely to be elderly. Whereas he argues against encouraging chronic pain sufferers to talk about their pain except under certain conditions and in close co-operation with other members of the caring team (on the grounds that it may have the double effect of focusing their attention on their pain and encouraging a manipulative approach) he stresses the importance of allowing terminal patients to talk about their pain and its meaning, or lack of meaning, to them. Relatives are usually ill-equipped both emotionally and intellectually for this task and medical staff may have neither the time nor the skill, but the chance to talk may be very important in

enabling the patient to fend off both hopelessness and depression. These patients need great emotional support but it must not be the sort that evades the reality of death. Not all talk will be of pain and death, of course, and it is important that the pastor should follow the patient's conversational lead and not try to force the issue.

In the last section of this paper the author distinguishes four ways in which a religious believer may view pain – as Retributive, Redemptive, Eschatological or Absurd – and he briefly examines the theological status of each view. The stance an individual takes will depend upon personal and background factors and it is not part of the pastor's job to try to force the acceptance of one view to the exclusion of others. Not everyone in pain will have to struggle with its religious significance, of course: some will be too occupied with survival and others will seem intuitively to know its meaning for them. Paterson ends by citing, but barely commenting on, Schilling's nine attempts to understand pain from the perspective of Christian systematic theology.

#### COMMENT

This valuable paper is modest in the sense of not seeking to overstate its case but seeing it in the wider context of a team approach to the management of pain using methods that are, or can be, complementary. That it is based solidly in Christian theology is not, of course, a criticism in itself – it is, after all, addressed to clergy – but it may be seen as a weakness that it appears to assume that all those whom the clergy encounter, even in a pastoral role, will be Christian believers. Certainly Paterson does not see it as any part of the pastor's role to use pain as a lever to belief but it might have been useful to have pointed out ways in which clergy might, if called upon, help non-believing sufferers. Another possible omission is that of any consideration of the pastor's need to face her/his own attitudes to personal pain and death: helping others to face terminal pain, with its stress on the need for honesty, can only be safely founded on an exploration of one's own attitudes. But, in spite of these possible shortcomings this paper, directed primarily at clergy, could usefully be read by anyone who regularly has contact with people in pain and who must, therefore, be at times faced with 'Why me?' or 'What is the point?' questions.

Christian Council on Ageing,  
Northamptonshire