

Caring for the Soul

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As every life stage, old age is a time of challenge and chance, of gain and of loss. At its highest point, however, at death, it is much more than a stage, but the summary of a life lived; and hence in each case, it is a deeply existential event in which we, as members of the helping professions, are students as much as our patients are the teachers.

Keywords:

Care – Old age – Helping professions.

Each stage of the human lifespan is beset with chances, promises, opportunities, and, of course, dangers. At each stage members of the helping professions see people flourishing, and others who are failing, and yet others who are nearly failing but with the help of friends or helping professionals succeed in maturing and growing beyond their former difficulties. In brief, each stage of life holds the chance of growth as much as it holds the risk of resignation and decline. Arguably, the main task of the helping professional is to offer help at each stage; yet in order to being able to do so, it is of utmost importance to know not only where the potential perils of each life stage are, but to also know where its promises and chances lie (Erikson and Erikson, 1998). Seen from this angle, a fuller picture of the human lifespan emerges — one in which loss and gain, past and future, are seen as mutual aspects of the process of becoming — a process which begins in childhood and leads to old age and, finally, death. This, however, stands in some contrast to how old age is often portrayed as a time of mere loss and decline.

And yet, only in recent years, researchers have begun to view old age not only from the perspective of decline, but also from the viewpoint of the aging person's abilities, needs, and spiritual quest (Ong, Bergeman, Bisconti and Wallace, 2006). For example, much of our understanding of the cognitive abilities is currently changes. What used to be a model of age-related decline increasingly gives place to a model of change or even increasing adaptive ability and selectiv-

ity. For example, it now appears as if many of the older «textbook» studies on the cognitive decline of the elderly may have underestimated the true extent to which the elderly retain or improve on cognitive function (Hess, 2005). Recent empirical studies suggest that even those cognitive functions which are almost universally held to be subject to age-related decline may, in the end, not necessarily declining, but merely changing according to motivational factors (Ranzijn, 2002). In a study conducted by Castel (2005), younger and older adults had to remember different numbers information, i.e. grocery prices that are either realistic or unrealistic. The result showed there were no age differences for realistic market value prices. However the age differences were apparent for arbitrarily overpriced and under-priced items. Similarly, older subjects' story memory is consistently found to be worse than that of younger subjects; and yet, this finding is reversed once it is put into a realistically relevant context, i.e. when older subjects are told that they need to learn and retell a story not to an anonymous experimenter, but to a child (such as the grand-child). Under these circumstances, age differences in memory are reversed and older subjects show not only better memory than younger subjects, but also tell better, more coherent, and more interesting stories than younger subjects (blindly rated by trained linguists) (Adams, Smith, Pasupathi and Vitolo, 2002).

Additionally, large group studies at the University of Michigan and National Academy of Science (USA) have shown that relative to young and middle-aged people, older people make more use of higher-order reasoning schemes in social conflict situations that emphasize the need for multiple perspectives, allow for compromise, and recognize the limits of knowledge. These findings were validated by a group of professional counselors and wisdom researchers.

Interesting stories

The interesting finding here is that complex social reasoning improves with age despite a decline in fluid intelligence and other traditional cognitive measures. The researchers of these research studies conclude that «the results suggest that it might be advisable to assign older individuals to key social roles involving legal decisions, counseling, and intergroup negotiations» (Grossmann, Varnum, Kitayama and Nisbett, 2010).

The fact that such optimistic findings were surprising both to the researchers themselves as much as to the scientific community may well imply that professionals so far have systematically underestimated the abilities, value of experience, reasoning, and personal wisdom of older and «frail» people — perhaps by unwittingly disregarding the context in which each person may strive and flourish, or, alternatively, experience demoralization, disengagement, and decline if these abilities aren't utilized and acknowledged. So far, then, one conclusion which may guide our further discussion is that the once almost consensual aging-as-mereloss model is not only incomplete, but might be outright wrong (at least as far as healthy aging is concerned) (Ranzijn, 2002).

Unfortunately, underestimating the abilities of a whole generation comes at high psychological costs at any stage of the life span: no person deserves it that its

talents and strengths remain unacknowledged. And yet, when it comes to an overly negatively biased of old age, the costs are especially high not only for the elderly themselves, but also for the younger and the middle-aged. For if the idea of our individual future on the life span spectrum is that with age, only decline and demise comes closer with each passing year, a deeply rooted anxiety and pessimism is only to be expected, and with it, a subtle or not so subtle attempt to distance oneself both from one's own aging process and from the aged (Greene, 1984; Allan and Johnson, 2008; Burke, Martens and Faucher, 2010). From the viewpoint of social psychology, both predictions converge with everyday and empirical observations both on a societal and on an individual level; the widely used term «anti-aging» is quite revealing in this regard, as is the widespread conscious or unconscious death anxiety and repression among younger people — to which I shall turn next.

And yet to die: on coping with death

Next to the perhaps widely prevalent underestimation of individual abilities and resources in old age, there is yet another aspect which our research group has been focusing on. It concerns not so much the question of what the elderly still can or can do even better than younger subjects, but rather looks at what the elderly need and want, and which existential issues they are confronted with. For one, the old person is moving towards death, and with death, faces a startling existential challenge: What will and what shall remain of me? Was my life meaningful? Could my death be meaningful?

It may be said that also in this regard, elderly people are harbingers and teachers of yet another kind of wisdom, only in this case, their wisdom is not as much self-generated as it is generated by the fact that for them, death is no longer a theoretical issue but a very tangible reality. At the same time, there is strong empirical evidence suggesting that of all age groups, the elderly display significantly less conscious and unconscious death anxiety and repress thoughts about their mortality to a much lesser degree than younger subjects across the whole life span (Gesser, Wong and Reker, 1987; Russac, Gatliff, Reece and Spottswood, 2007).

To put these findings into a broader context, it is useful to move from a purely psychological framework towards a more existential one — one that looks not so much at the social or psychological function of a person, but at those aspects of a person where each individual is unique and irreplaceable until his or her very end. In brief, this framework, developed, among others, by the existential psychiatrist and neurologist Viktor E. Frankl (2009) and the existential psychologist Rudolf Allers (2010), suggests that each function is replaceable — indeed a function is a function precisely because different people or objects can take that function up (Batthyany, 2009). On the other hand, individual personhood — our experiences, our decisions, our deeds, our relationship to others is existential insofar as nobody can replace us here, and neither can anyone undo the marks we left in our lives. Nobody can take this away from us; in fact, it is by death that the work is completed; and once it is completed, it is safe in the past.

In this context, Frankl speaks of the «optimism of the past», which regards the past as our personal *trace* in its most genuine and concrete form (Frankl, 2009). Because we spend our entire lives as on that borderline we call the present, we have — strange as it may sound — eternity behind us and the «not-yet-actualized» and the «never-to-be-actualized» before us — at least until death. This means, the only sure thing that can really be called our own, the only reality that remains inseparably linked with our lives is what «has been».

Take as an example a woman who has spent five years happily married to her partner. No power on earth can take these five years away, for they have been actualized, they have been «brought in as a successful harvest», as Viktor E. Frankl would put it. Whether or not the woman has 50 more years, 30 more years, 10 more years, or just one more year of happy married life left is a question which, because of the uncertainty of the future, remains unanswered. It is a question caught in a net of countless possibilities, none of which *are* real, not yet real, and none of which, with the exception of a small quantity, will ever become reality (Lukas, 1985).

This view points out the fact that nothing can take away the valuable things which we have done and which are irretrievably anchored in our past. Every task we have fulfilled, every happy experience, every suffering we have courageously borne, every guilt we have redeemed in a mature manner, all of these things have become part of the eternity of the past, the essence of our being, the quality of our life, our identity. None of this can be taken away from us, even long after we have returned to dust.

Valuable things

The realities of the past, therefore, can never be transitory because they are rooted in the past, and in this state of «being past» they possess a form of «being» which is beyond the clutches of the hands of time.

When we discuss such ideas with our dying patients they often raise the question whether the events of their lifetime have not become irrelevant when the time comes that nobody knows anything about them anymore. «What difference does it make», they ask, «whether or not I have lived a good life or whether I suffered courageously when nobody remembers me after my death?». Yes, everything is forgotten, at least in this world nothing earthly can be kept in remembrance forever. But what is past still remains as it was, its «no longer being known» cannot wipe it out. Viktor E. Frankl wrote: «Thinking of something cannot make it happen; by the same token, no longer thinking of something cannot destroy it». And so it remains, and whether it makes any difference what is the level of its quality, is a question that we can only answer through faith. While we professionals might in fact know less about these spiritual issues than our patients, we at least can lend them an open ear and join and support them in their spiritual quest. What we can sense, however, is that our deep longing and our existentially rooted search for meaning indicates *that*, in a way we can scarcely imagine, it *does* matter *what* has remained of each of us in our past.

Gentle dying: a case example

I should like to conclude these considerations with a case history.

A married couple sought my advice in a rather delicate matter. The lady, who wore mourning clothes, told me that her mother had died a few days ago at an old age and after a long sickness. But the problem was not the loss of her mother, which was to be expected, but the question if her father should be told of his wife's death. When I asked how it was possible that he had not heard about it, I received the following explanation: the parents of the lady had been married for many decades and had always loved each other. When the mother became sick, the father all by himself took care of her and refused any help from others. Taking care of his wife became more and more the content of his life, his personal task. But three weeks before he suddenly suffered a heart attack and had to be brought to the hospital. At present he still was in a critical condition and still was in the Intensive Care facility. It was not certain how much he knew about what was going on, he was unconscious part of the time, but occasionally he seemed to indicate that he was bothered by something. He also often played with his wedding ring. His daughter suspected that he was worried at the thought to be sick when his wife needed him. Of course, he knew that someone would take care of her but in his eyes this was not the same as if he himself took care of his wife as she had become used to. It is true that the separation must have been a severe stress for the old woman who died so soon after his going to the hospital, but — as I said before — he had not been told. The doctors had advised not to tell the sick man the bad news.

Some expressed the fear that the shock would kill him, others argued that one should spare the dying man at least that last pain. The arguments of the physicians were entirely plausible but let's consider the situation of the old man from the point of view of the «tragic triad» and how he might overcome it. His future held little hope. He was bound to die of heart failure, and if a brief respite should be granted to him, he would return to an empty apartment and mourn for his wife. In contrast, what realities contains his past? He had lived a full life and passed it on to his descendants, he had faithfully worked in his job, he had fought through the bad years, enjoyed the good ones, and devoted his last years to the care of his wife. He had actualized a rich human existence on which he could look back with satisfaction and pride. Only one bitter pill was left, one task had not been completed: the care of his wife, in his eyes, had not been brought to conclusion. Here he may feel a failure, unjustified, as we know.

Yet — the worry about the beloved partner may rob the dying man of inner peace, and not let him die peacefully. The daughter sensed it, she knew her father too well not to guess what was happening in his mind. These were my considerations, and that's why I advised her, contrary to the recommendations of the physicians, to let the father gently know that his wife had preceded him and that he need not worry about having left her behind. This, we could hope, would help the old man see that he had also fulfilled his last task, and would be able to close his eyes in peace. I must admit that I had my doubts when I let the couple go from the counseling session. We can never be sure if the meaning we have read into a certain situation is the objective meaning which was

«meant» by the situation, or is subjectively formed by what we, in good faith, consider meaningful. As I mentioned before, meaning can never be completely found, but as long as we keep searching for it, we cannot entirely go wrong.

The son-in-law phoned me after a few weeks and let me know that his father-in-law had received the news of his wife's death very calmly. He had nodded his head several times and whispered: «That's good, now I'll join her». He then had lived longer than the physicians had expected, had slept most of the time and had worn a relaxed expression on his face. When he died, the fingers of his right hand had clasped his wedding ring. The nurse noted down in the protocol that she rarely saw a patient dying as peacefully and calm as this man did. His last words were: «I have fulfilled my task. I am grateful». (Lukas, 1985)

To summarize, as every life stage, old age is a time of challenge and chance, of gain and of loss. At its highest point, however, at death, it is much more than a stage, but the summary of a life lived; and hence in each case, it is a deeply existential event in which we, as members of the helping professions, are students as much as our patients are the teachers.

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Batthyany A. (2014), *Caring for the Soul. Ageing, dying and the quest for meaning*, «Lavoro Sociale», vol. 14, suppl. al n. 4, pp. 35-41, doi: 10.14605/LS07.