

Reviews/Critiques/Reseñas

AGEING: CHALLENGES AND OPPORTUNITIES

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In this text Professor A. M. Ghadirian, noted academician and psychiatrist, offers unique new perspectives on the processes of human aging. Integrating gerontology, anthropology, Eastern cultures, and psychiatry, he interprets Bahá'í teachings for the practical use of elderly individuals, their families, and health professionals. Spiritual knowledge enlarges our perceptions of old age as a developmental stage and also enhances our abilities to cope and to heal.

The genius of this book is that it can be read by all professionals and lay people alike and that new perspectives are integrated regardless of one's point of departure. True integration is achieved in the sense that it is unclear if the emphasis is on the scientist and social reformer to learn more about spirituality in its uses as a therapeutic tool and as a developmental part of the elder's life or if it is to teach the gerontological application of spirituality and spiritual guidance. This innovative thinking will certainly enhance the field of gerontology. Whether or not it will add a dimension to the thinking of spiritual leaders and the development of human spirituality will have to be left to others to interpret.

The early sections of the book are devoted to demography of aging societies and orient the reader to societal changes. The author suggests that the elderly could constitute a potential burden if dependent. He highlights the contrasting notion that independent elderly constitute an untapped *resource*. Universal changes in both developing and developed countries include the trends of lower birth rates, smaller families, and more women coming into the work force. These trends, leading to fewer and fewer children available to look after the aged, are not specifically highlighted but would be relevant here. Further, one might prefer standard means (data) to signify the burden of dependencies. For example, the World Health Organization (WHO) and the World Bank describe the burden of dependent populations as the ratio of the population who are dependent—including young individuals pre-workforce *plus* the retired elderly population to the overall population, which includes the workforce. Further, the data displayed is strictly American. Nevertheless, the point is made.

In a prelude to a later discussion of spiritual matters where it is explained that the notion of clock or time is overcome by spirituality, the author explores the notion of time and "clock" as inherent to biological processes, such as aging and development. Such a model allows psychological and spiritual development to continue during very late stages of life even when physical development is in an involutionary stage. Note that the author considers all mental and cognitive processes to be in the physical domain and takes us beyond these biological constraints when he leads us towards a spiritual interpretation of aging. One small criticism of this section on the psychological clock would perhaps be this

notion of detachment as a normal part of the retirement process. This notion was originally raised by Cornell University researchers in the early 1970s in their twenty-year study of retirement. At that time, for the first time there was a significant proportion of the American workforce coming into retirement, and it was fashionable to speak of "disengagement." Later, it was discovered that this was the case only because there was no recognized role for large numbers of retired individuals. Now, this notion of detachment is out of fashion in gerontological circles. Further, it does not fit with a developmental model of aging, more consistent with the author's overall perspective on aging. Nevertheless, this notion of detachment again prepares us for a spiritual reinterpretation of aging as a detachment from bodily constraints, later in the book.

In "Challenges of Old Age" Dr. Ghadirian points out that aging and old age are traditionally viewed with respect by Eastern cultures. This reviewer suggests that some previous reports have shown that these biases sometimes lead to negative results. For example, it has been demonstrated in Taiwan that reverence of frail elderly people significantly interferes with identification of cognitive impairment and with diagnosing dementia. While the ability to treat dementia effectively remains an underdeveloped field, it is generally thought to be beneficial to make a diagnosis, if only to stabilize the condition, prepare for the future, and render the environment safe. The author is nevertheless very convincing because of his overall perspective and ability to integrate his spiritual knowledge with his gerontological and scientific perspective. He specifically addresses dementia, depression, and substance abuse as manifestations of illness and decline in the elderly. He also mentions various themes of loss, such as retirement, loneliness, sexual decline, and fear of death, and highlights marital problems as inadequately recognized in elderly couples. The most exciting part of this section is probably the reinterpretation of the ego structure—Id, Ego, and Superego—in light of spiritual responses to old age. Ghadirian goes further in suggesting that we should refine our notions of psychological responses to old age as previously defined by Butler, for example, denial, regression, idealization, selective memory, exclusion of stimuli, replacement and compensatory behavior.

The section on creativity and aging is enlightening. One would like perhaps to see a bit more about the influence of aging on individual creativity, and of the influence of creativity on aging and one's perspective on aging. Further, one might ask how spiritual development influences aging and creativity. The valuing of the elderly person and the notion that they must be permitted to develop a feeling of usefulness is uncontested. Certainly, creativity can continue into very old age even where physical infirmities are marked, and some individuals only bloom in very old age. The author notes this; however, he offers Winston Churchill as an example. The tendency to cite outstanding individuals of history who have been creative into very old age, in my

experience, is not always helpful to older individuals.

In the section on coping with stress and the meaning of stress, the author explores losses associated with the human experience of aging: diminished roles, sense of security, feelings of self-worth, and physical living spaces. He also explains stress from psychiatric and psychosocial viewpoints. Stress may be seen as the discrepancy between the demands on a person and his or her capacity to respond, or as a time when personal needs are not met over an extended period of time. Burnout, the emotional exhaustion and personal devaluation resulting from stress unrelieved over an extended period of time may be the result. Here the author includes not only the traditional sources of stress identified in psychosocial literature in the domains of physical, emotional, and social needs but also shows that personal spiritual needs must be met in order to prevent spiritual exhaustion, personal devaluation, and burnout in the spiritual domain. Spiritual development relieves stress when we are able to make sense of events and crises, such as the death of a child. Again, the author shows us that gerontology is a field that includes human development over the entire lifetime and that expected developmental milestones can cause stress in and of themselves. He cites an example of a twenty-eight-year-old woman who was distressed when she had not married by a particular point in her relatively young life. We are reminded that these milestones also signify aging and that the meeting of spiritual needs as well as physical, emotional, and social needs are helpful to an individual in overcoming such crises.

There is a controversial notion in the gerontological literature that suggests that people become more religious or spiritually oriented with age. Palmore and others have shown that this is a bias of younger people and reinterprets this to mean that younger people have the need to believe that since older people have sustained so many losses that they necessarily will turn to other domains. Ghadirian shows us that while old age may prepare us and permit us to develop spiritually, the entire lifespan is a continuum over which development (or aging), including spiritual development, can take place.

Towards the end of the book, the author reinterprets gerontology in light of Bahá'í scripture. For example, according to 'Abdu'l-Bahá, "The mind is circumscribed, the soul limitless."¹ Ghadirian shows us how this concept can be applied in a practical way. He starts by stating that the caregiver should reach for the patient's "limitless soul." He goes on to offer various practical well-known approaches in gerontology. For example, the use of visual and verbal cueing, and the use of distraction rather than reality orientation when the latter becomes obviously counterproductive are suggested. We see that spirituality allows the caregiver to assist the elderly person in developing his or her own spirituality in spite of other decline and, further, allows the caregiver to rely on spiritual notions to carry on in his or her role in a practical and effective manner

1. *Bahá'í World Faith*, rev. ed. (Wilmette, Ill.: Bahá'í Publishing Trust, 1956): 337.

with specific strategies. The author shows that the caregiver's spiritual reinterpretation of events for the elderly person may help the elderly accept protective environments such as restraints without medications. The loss of home and the anxiety at having no home are also addressed. These perspectives are integrated with some of the newly developing therapies for the elderly such as music therapy.

The author suggests that the caregiving process provides the spiritual dimension, and he supplies references from the Bahá'í Faith to support these notions. He shows us how to make Bahá'í teachings a practical living reality for victims of Alzheimer's Disease and for their caregivers, and he reinterprets the gerontology literature in terms of spiritual growth. The spiritual value of caregiving for the caregiver is not a new notion. It is not uncommon for gerontologists to hear from caregivers that they get as much or more out of the caring for the person as does the individual. However, the idea that this is an impetus for spiritual growth for both the patient and the caregiver has never been so well articulated.

The author suggests that Alzheimer's Disease is the loss of the acquired knowledge of this world and is in a way a preparation for the world of divine reality. The spiritual value of an illness and of suffering is a notion common to the Christian and particularly the Catholic world, but the author goes farther in speaking of the valley of knowledge as the last plane of limitation for the individual.

The timelessness of Alzheimer's Disease is compared to the timelessness of spiritual development. The Alzheimer's Disease victim lives with no past and no future, and that in some ways can free the patient from physical constraint and allow him or her to develop spiritually. It is important to remember here that all aspects of mental and cognitive function are, for the author, part of the biological and physical constraint and are not a bridge to the spiritual domain. Certainly, this will strike a chord with individuals for whom the Bible is the principal reference for spiritual guidance. However, even in the most practical Protestantism the conception that *all* cognitive skill and ability to integrate cognitive knowledge about spirituality as separate from spiritual experience, is rare or does not appear.

This is an enjoyable, readable text, which introduces spiritual notions to gerontologists and gerontology to the spiritually oriented. It is available to the lay public and useful to professionals. Many compelling ideas are introduced. We look to Dr. Ghadirian and his collaborators for further work in integrating the spiritual with daily themes of aging.