

Existential Questions of the Elderly

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ABSTRACT

Objective: To prove the actual understanding of aging by younger and older people. For this purpose two surveys have been conducted.

Results: Old age poses important existential challenges, namely coming to terms with the transitory character of life, coping with the approach of death and parting, enduring illness and suffering, being confronted with the question of the meaning of life and ultimate religious questions, and, finally, managing problems of loneliness, anxiety and depression.

Conclusion: The life of the elderly requires an enhanced ability to respond to the fundamental questions of existence, because this loom ever larger during old age and contribute considerably to its inherent problems. The paper concludes with some remarks on an appropriate existential attitude to be adopted by the doctor in discussions with the elderly patients.

KEY WORDS

INVESTIGATIONS CONCERNING THE TERM "OLD AGE" AND ABOUT THE EXPERIENCE OF OLD AGE

In a non-randomized survey, $n = 173$ persons were asked about their spontaneous associations with the term "old age". According to this survey, old age evokes both positive and negative associations. Table 1 shows the most frequent spontaneous reactions.

Old age therefore evokes positive associations such as having a lot of time to spare, tranquility, wisdom, maturing and experience, independence and special relationships, for instance between grandparents and the grand-children. On the other hand, old age is also associated with specific problems which are described as illness, death, loneliness, neediness and worries about money.

Consequently old age is perceived as a process going hand in hand with the parting from the world. Its presumed values are a kind of spiritualization and deepening of the view of life.

In another survey of $N = 34$ pensioners (average age: 70.3 years), the experience of old age was associated primarily with forgetfulness, decreased interest and reduced physical and mental performance. In addition, being old was strongly associated with social factors: retirement from the working world, increasing distance to the young, reduced understanding, loneliness, illness as the main topic of conversation. The inner world is described as reminis-

ing the past and coping with illness as well as neglecting the outer appearance.

DEALING WITH MORTALITY

One of the big tasks of man is to pass death. In old age, the awareness of this task naturally increases, and the elderly devote more attention to this particular question: either creatively by analyzing and examining the possibilities of taking due account of this fact in what remains of life, or stagnatingly by suppressing the possibility of dying or by erasing it from memory. Knowing that the remaining time becomes shorter and shorter, coping with what is left of life can become a burden or appear to be senseless. This can create the feeling that everything is in vain and useless, that nothing is worth the effort any more because everything is transitory and will be claimed by death.

You can ask yourself: "How would I live, what would it be like for me if I had only three months left to live? What would I (still) do".

This question makes it possible to grasp the existential meaning of advancing age. Without confronting oneself with these topics it is difficult to establish an unbiased and workable relationship with the elderly. Being aware of finiteness means to accept and perceive a feature of being human which increasingly shapes and leaves its mark on old age.

When dealing with the elderly professionally or private-

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Table 1. The most frequent spontaneous reactions

n=376; f=265, m=111	a	f	m	<60a	<60f	<60m	60a	60f	60m
retirement	39	24	15	37	24	13	2	0	2
illness	32	24	8	28	22	6	4	2	2
wisdom	30	22	8	28	20	8	2	2	0
death	28	17	11	27	17	10	1	0	1
tranquility	27	20	7	25	19	6	2	1	1
loneliness	23	19	4	21	17	4	2	2	0
health	21	14	7	16	11	5	5	3	2
maturity	19	13	6	18	13	5	1	0	1
grandchildren	17	11	6	17	11	6	0	0	0
travels	16	12	4	13	10	3	3	2	1
free time	15	10	5	13	8	5	2	2	0
neediness	12	9	3	8	5	3	4	4	0
frailty	12	9	3	12	9	3	0	0	0
experience	10	9	1	9	8	1	1	1	0
worries about money	9	6	3	8	6	2	1	0	1
balance	9	7	2	8	6	2	1	1	0
others	57	39	18	51	35	16	6	4	2

a = all persons, f = female, m = male < 60 = age less than 60 years, >_ 60 = age 60 years or more

ly, this reality should not just be there implicitly, but it needs to be talked about explicitly. Evading these topics or banishing them to the realm of taboos will only increase the inner isolation and intimidation of the elderly.

PARTING AND TRANSITORINESS

Life does not just come to man, sometimes it comes as a task (Frankl 1982, 68 ff.) - a task in two ways: a task to shape life and overcome problems as well as a task to constantly leave things behind and say good-bye. Man has to say good-bye to a lot of things in the course of life, but never more than in old age: the loss of physical performance and strength, the loss of psychological and mental flexibility, the loss of social and professional rank, financial means, friends and relatives. A good exercise to feel one's way into this existential reality, which is dramatically increased in old age, is to ask yourself: "What can I leave behind without stopping to be myself?" (car, apartment, profession..., friends, partners..., health, drive..., memories, attitudes, relationship to myself...). To live with an awareness of transitoriness creates a feeling of being prepared to let go the insignificant and not having to let go the essential ingredients of human existence. This attitude opens the view for the substantial content of one's own life which won't perish in transitoriness.

The term transitoriness in the existential meaning applies to opportunities: they do vanish. But the opportunities which were taken and lived are realized "forever" and are an integral part of life. Nothing has the power to make the things that have happened undone. "To have been is also a kind of being - perhaps even the safest kind." (Frankl 1982, 47)

This view which perceives not only the "barren fields of transitoriness" but also the "full barns of the past" (Frankl 1982, 95) is something the elderly need to be taught from time to time, and it can save the elderly from withdrawing

into depression. For if you are prepared get involved in life, if you are prepared to accept transitoriness and if you are prepared to say farewell, then you will also be capable of creating the space where the future can happen.

SUFFERING FROM THE SENSELESSNESS OF BEING OLD

Life points to the future. Weakness, frailty, ailing and illness and finally the neediness of the elderly all indicate that the force of life is broken. The meaning of life seems to be fulfilled - what is left is but waiting for death.

The physiological decline is an experience of loss. As such it is a burden on the psyche. It makes life of the elderly poorer, arduous and without hope for a change for the better. Losses and hopelessness make life appear pointless.

This feeling of pointlessness in old age is even increased if the workaholic of the past feels useless, or if he feels he that he is even a burden on his fellow men. So what is this life good for? How can you be at ease if you interfere with the life of other people, or if you are even a hindrance?

This side of human existence and of the problems inherent to it can be easily understood if you ask yourself: "Would I want to live if I had nothing to do? - Would I want to live if I needed care? - Is there anything that I am interested in or that is so precious to me that I would want to carry on living?"

The finding of a personal answer to this limit experience is without doubt one of the biggest challenges of human life. This experience unveils the most intimate and deepest relationship between man and his life. From the belief that man has not given life to himself and that, albeit a gift to man, it follows its own laws it may be considered and felt to be inherently good. As such it is untouchable and ultimately a mystery. However, if life itself is not held

in such esteem, if it is seen as something pragmatical - functional, then it slowly loses its last value in old age, it becomes senseless and finally turns into an absurd torture. But this extreme situation can also open man's mind to discover a deeper layer. In old age, man might discover bit by bit that the search for one's own personal attitude to life and the reaching of a comprehensive understanding of human life which includes coming to terms with religion could be the ultimate meaning of life.

THE ISOLATION OF THE ELDERLY

Perhaps the biggest problem of old age is the isolation of the elderly who, having left the working process, suddenly find that the contacts with the busy world wane, that partners and friends die, that sometime or other they will be alone and find no-one to talk to or no-one they would even be interested in talking to. It can sometimes feel like solitary confinement. Forced to silence without anything to say because you are not asked any more leads to a dissolution of important relationships in life. Being a person flattens and gives way to a loose type of vegetating unless the individual is strong and practiced enough to exercise and maintain mental activity (reading, art, letters, religion etc.). The basic openness to be impressed and to enter in exchange with the world, in particular with the people about you, are a part of the very nature of man.

Thus old age powerfully pushes man back into himself. It requires the unconditional being a person who has always had to fend for himself with the distinctiveness and uniqueness of his own ego. No man can permanently get his identity from somebody else without losing himself. It is as if old age demanded this step towards the ripening of autonomy and self-reason of the person from the individual. It is all about the question one might never have found the time to ask oneself: "How well can I be with myself? Can I maintain a good conversation with myself?"

Old age is the time of maturity, but also the time of settling accounts. Life shows its relentless face if it hasn't been lived in the essential areas. Then the necessity of being on one's own in old age turns into the distress of loneliness and desertedness.

The experience of insecurity as a result of a lack of support by others at a time when one's own strengths are dwindling and one's helplessness is increasing is something that generates *fear*. If man is unclear and undecided in old age, not knowing what life will come to once it ends, then this religious uncertainty will be an additional factor to increase the feeling of insecurity.

If life as such is not considered to be worth living then the losses and isolation will cause human existence to drop into a void and into worthlessness. This experience is accompanied by *depressive feelings* unless it can be molded into new shapes by active grief. The relationship to a comprehensive "you", a self you can always talk to internally, can break the despair of isolation.

Life is never without pain. It demands development where it encounters problems. One of the tasks of human existence is to get in the clear with oneself and to deepen one's relationship with oneself, to create a personal - mental autonomy. Old age claims this achievement and asks for the final reference of human existence in view of the experience of loneliness, helplessness and losses.

NOTES FOR PRACTICAL WORK

Dealing with the elderly as a doctor is a source of many frustrating experiences: time, result of the therapy, hopelessness, irreversibility of somatic, psychic and social facts, finally the foreseeable loss of a patient because of his death. The practice of a doctor in dealing with the elderly requires a specific attitude. It is not about the strengthening of somatic and psychic processes, but about the facilitating of a humane involution. The doctor is confronted with the increasing weakness of his patient, with increasing decline and stiffening. An existential attitude towards life and therefore towards the patient can be conducive to face these problems. Subdivided into individual topics, this is what this paper was about. If the doctor wants to make progress in this attitude, he is helped above all by the patients, always providing that he meets them with an open mind and with an open heart. The questions listed in the foregoing can contribute to give a precise shape to his own attitude.

Basically, no man ages according to a standard. The regular is a condition within which the process occurs. But the interesting aspect is the individual, the unique in the aging of any man. The aims of existential help with aging are to further these unique features, to make them possible and to strengthen them. Many incompletenesses of individual existence are revealed which sometimes find their expression in the "pathological". But it is important to find the human being behind it.

Man ages the way he has lived. It requires respect to be able to see that the elderly individual is limited by what he has lived in life, that he is no different to the way he was, that everything that was only appears in more clearcut shapes in old age. But it is man who shows himself in it within his means and abilities. To be able to see and accept this requires that we find our own personal answers to the basic questions of being human. Only then can we give the elderly the tips that this paper is all about, only then can we talk to them without falling silent, and only then can we accompany them, stand them and guide them, make them develop their last personal touch, even though it might seem incomprehensible in the daily bustle.

Aging is an important, decisive part of life, it is life on its finishing straight. Only in old age and seen from the end is life's holistic character revealed to us. To be offered such access to life frequently is a privilege of many doctors. To face life from the side of its fulfillment ever and ever again and to be the companion strongly focusses the attention on the value of lived existence and the remaining possibilities. Thus our profession leads to an understanding which can make an important contribution to our own fulfilled existence.

REFERENCES

- Beauvoir S.
1993 *Das Alter (Old Age)*. Hamburg: Rowohlt
- Csef H.
1986 *Bedeutung und Gestalt des Todes in seelischen Krankheiten (The Importance and Character of Death in Psychological Illnesses)*. in: *Biomed 10*, 4-21
- Feil N.
1992 *Validation. Ein neuer Weg zum Verstandnis alter Menschen*

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- (Validation: A New Way to Understand the Elderly. Vienna: Old Age & Culture)
- Frankl V.
1982 Ärztliche Seelsorge (Spiritual Welfare in the Doctor's Practice). Vienna: Deuticke
- Frankl V.
1984 Der leidende Mensch. Anthropologische Grundlagen der Psychotherapie (Suffering Man. Anthropological Basics of Psychotherapy). Bern: Huber
- Längle A
1984 Sinnvoll leben (To Live Full of Meaning). St Pölten: Niederösterreichisches Pressehaus.
- Petrowitsch N.
1964 Probleme der Psychotherapie alter Menschen (Problems of Psychotherapy of the Elderly). Basle: Karger
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