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Baby Boomers Ageing Well? Challenges in the Search for Meaning in Later Life

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This article focuses on the process of ageing from a focus on spirituality in the context of meaning for baby boomers. A major question for baby boomers as they approach the later part of the life span is where to find meaning. The strong focus of autonomy, control, and material benefits experienced through life are likely to be challenged in the process of ageing, at least by frailty and conditions such as dementia. This article explores what is known of ageing, spirituality, and life meaning for baby boomers. Constructs of self-transcendence, transformation, and meaning based on a model of spiritual tasks of ageing (MacKinlay, 2006) in the third and fourth age are explored. Related factors in forgiveness and gratitude and barriers to the development of self-transcendence are examined.

KEYWORDS ageing, baby boomers, health, meaning, self-transcendence

INTRODUCTION

What will the experience of ageing be like for baby boomers? Will baby boomers age well? Will aged care facilities, as we know them, disappear? Perhaps these facilities will not disappear but adapt to the electronic instant reality/gratification/information seeking/individuality/healthcare expectations of today’s baby boomers. How will baby boomers cope with frailty?

Many questions emerge as the baby boomer cohort moves relentlessly into the latter phase of the life span. At one level baby boomers have challenged and been central in policy and attitude changes at each stage of

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their lives so far (Hughes & O’Rand, 2004; Jones, 1980). In fact, Frey (2010, p. 28) writes of the ageing of American baby boomers as having “broken the mold in terms of their aspirations, accomplishments, and life-styles.” Many assume this will continue into their later years. This may well be so, at least into the third age of growing older, but will they be able to change the experiences of frailty, and mental illness and especially dementia that collectively or even separately, characterize the fourth age?

Will baby boomers make a difference in their growing older, as they have done across all of their lives up until now? Obviously physical health is important, and baby boomers have had more opportunity to lead healthy lives than most generations before them; better access to healthy food, better access to education, and better public health measures have all been influential in their life journeys.

At the same time, the very lifestyle benefits that they have enjoyed may also lead to health problems. The rising proportion of older people who are either overweight or obese, the rising numbers of older people who have diabetes, and of course the potential for complications that go with these diseases may mar the experience of ageing for increasing numbers.

Discrimination through ageism seems to affect each cohort of older people; there is no reason to assume that baby boomers will experience anything different. Robert Butler coined the word ageism back in the 1960s, and writing a guest editorial in 2009, he noted the continuing strength of this discrimination. The factors in the experience of growing older are complex. So it is not just about physical health that I want to speak, but mental and spiritual health. These are equally important in the later years of the life span. From 1999 to 2008, the number of deaths due to dementia and Alzheimer’s disease has increased by 138% (Australian Bureau of Statistics, 2010). Mental health disorders, in which dementia is included, have been identified as a National Health Priority Area in Australia. In 2008, “dementia accounted for 89% of deaths due to Mental Health Disorders” (Australian Bureau of Statistics, 2010, p. 9). Dementia is an issue for older people, but on the other hand, let’s be clear; about 75% of people 85 and older do NOT have dementia. It is also worth considering that it is just possible that greater concentration on healthy lifestyle by many baby boomers might actually reduce risk factors associated with dementia.

Depression is also an issue for those growing older. Associated with this is the higher rate of suicide among men over the age of 85 (O’Connell, Chin, Cunningham, & Lawlor, 2004), and yet, depression is not part of the ageing process. It is not known what baby boomer rates of depression will be when they are older. Little research has been done into projecting health and other needs of this cohort as they grow older, most of the research has been retrospective and little of it empirical (Quine & Carter, 2006). However, the Prime Minister’s Science, Engineering and Innovation Council (Australia) (PMSEIC, 2003) reported the rate of chronic disease begins to rise sharply
from age 45–55 onwards and that up to age 75, the main causes of ill health are mental health (mostly depression) and musculoskeletal disorders (mostly arthritis) with coronary heart disease, diabetes, and cancer. After the age of 65 years they found rising levels of neurodegenerative disorders and vision and hearing problems (PMSEIC, 2003, p. 14).

Many have already written much about baby boomers, this most-studied and most-challenging cohort of people in Western societies over a number of decades, yet little has been studied of the baby boomer spiritual journey into ageing. In this article, I focus on the spiritual journey of later life. What might this look like for baby boomers? The crucial question for me about ageing, and I suspect, for many baby boomers, is where will the baby boomers find meaning?

Other questions arise from this major one; for instance, in the very materialistic view of life, with an enormous emphasis on outward appearances and financial independence and autonomy, if frailty is to occur, or mental health issues predominate, where will meaning be found? So many people, when asked, will say they want to live a long life—as long as they are healthy.

But what of meaning in later life? A male academic, about to retire, spoke to me of what he planned for the future; he saw his early years of retirement in a very positive light, but then, he said, “You know, once I get to the stage where I can’t do the things I want to, I see no reason to go on living.” He was contemplating what is sometimes called rational suicide. A term connected with rational suicide, that I have seen in the media in the UK recently is “dwindling away” and it seems there is a fear of this; this was certainly so for the man contemplating future suicide. Obviously dwindling is about frailty. I return to this later in the article.

The unique journey of baby boomers until now could be seen as equipping them with the best of all they need to age well. But will they age well? Indeed, I would ask, are baby boomers, like many in other generations before them denying physical decline, decrement, dying, and death itself?

WILL BABY BOOMERS AGE SUCCESSFULLY?

Here I refer to Rowe and Kahn’s (1997) model of successful ageing to be disease free and continuing to live healthy and independent lives. Will the fear of not being able to live out their days successfully lead to a rapid increase in suicide and the call for assisted suicide among ageing baby boomers?

I note one case recorded by Cristina Odone in The Telegraph in the UK in April 2011. In this article she asked, “Why end it all just as we enter a golden age?” It is worth briefly outlining the example she gave of Nan Maitland, 84, who as she was getting ready for her final exit from life asked “could someone file her nail, as there was an uncomfortable rough edge?”
She had said goodbye to her children (before leaving the UK for Switzerland) at a gourmet dinner the evening before and now it was time to go. The journalist noted that she and many like her do not have any cruel neurological disorder or limb-wasting disease, do not find life impossible after their beloved spouse’s death. No, like Mrs Maitland, the new breed of suicides are active and healthy but reluctant to live through “the prolonged dwindling” of those last 10 or 15 years. (Odone, 2011)

Is this what awaits us in the fourth age of life, that is, in the time of increasing frailty and increasing dependence on others? Fear of future ageing and loss of control and dying have not yet been conquered by any modern generation, or possibly any generation of Westerners. These will also be fears for the ageing baby boomers. These human fears, often hard to talk about, can sometimes be better expressed in poetry. It seems that the poet Yeats was not afraid to face death, in fact he is said by Schuchard (2010, p. 5) to have spent the last 35 years of his life contemplating death, “in preparation for a single ecstatic moment when his final union with death occurred . . . .”

And from the fortieth winter by that thought
Test every work of intellect or faith, and everything that your hands have wrought,
And call those works extravagance of breath
That are not suited for such men as come
Proud, open-eyed and laughing to the tomb. (Yeats, 1966, VP 500-01)

We might think this a little extreme to say the least, and especially in current Western societies that value living for the moment, surrounded by medical technology and the many comforts of our materialistic societies. I submit that those older people who do best in the face of increasing frailty do so because of their ability to transcend their present circumstances and find peace and joy, even in the face of seeming disaster and loss, disease, and disability. The ability to transcend life difficulties is based on having a sense of hope and meaning or even purpose in life. Hope, meaning, purpose, at the deepest level, are spiritual in nature.

Yet another factor to be considered in later life is the need for relationship; this is one of the most important aspects of being human. At all ages we need love and depth of relationship; this is no less so in later life. Intimacy, that is, being known deeply at the core of my being by another, whether another human and/or God runs deeply in human need. Sexuality is part of this and deep relationship is about intimacy, whether it is physical or emotional, and at deepest, this is spiritual. Issues of intimacy and relationship as people grow older are complex (this is not to say that they are not
complex at other points along the life journey). Marshall (2011, p. 391) notes that in sociology although “both ‘aging’ and ‘sexuality’ are now understood as socially constructed and regulated across a range of institutions and contexts, there remains a fairly limited body of literature that brings these insights together.” Far less has been studied of the relationship of ageing, intimacy, spirituality, and sexuality. What is known pertains first to attitudes and beliefs about sexuality in later life. Many older people remain sexually active into their eighties or later. Active sexuality depends on the availability of partner, continuing physical and mental health, and societal attitudes. Still further, sexual performance may be adversely affected by various medications.

Sexuality is of importance in later life, and it may become an even more complex issue for older people when they are no longer able to live independently and need to be cared for in residential care. It is then that others too often impose their attitudes and beliefs about sexual expression and behaviour on those in care. This relates to the formation of new relationships and to what kind of relationships are appropriate. Often older people in care are suddenly assumed, because they are in care, to need to have choices made on their behalf, often without consultation, and have controls placed on their lives.

This is a fear often expressed by gays, bisexuals, lesbians, and transsexuals (GBLT). Adult children are often offended by elderly parental relationship choices and not infrequently issues arise over perceived threatened loss of inheritance. Will these issues be the same for baby boomers? Perhaps sexuality is an area where attitudes of this cohort of older people may drive changes. The matters of sexuality become extremely complex in cases of dementia.

We have not really even begun to work with these issues as yet. Questions remain as to the relationship between sexuality and spirituality and there is certainly a crossover between intimacy and spirituality and sexuality and intimacy, and indeed a relationship between both spirituality and sexuality. Throughout the history of humanity these have been complex questions that we as humans find difficult to grapple with. I do not claim to have any answers; only to say that we need to recognize and respect the needs for intimacy and sexuality among older people, just as we do at any other point of the life span. And, of course relationship is closely associated with meaning.

Reflection on a theology of ageing and a theological understanding of spirituality and sexuality in older people remain important and sensitive areas for study. While I have introduced the topic of sexuality and ageing in this article, as I see it is important, in the remainder of this article I develop matters related to frailty, transcendence, and transformation.
THE FOURTH AGE AND BABY BOOMERS

The fourth age is defined as the time of frailty, when the older person cannot live without care services; frailty and dependence are certainly feared by many.

We all seem to be happy living in the third age, that is, being older but able to live independently, in an extension of mid life. Just so long as we remain healthy, it is okay to grow older.

But Is This All There Is?

Is life only acceptable for healthy and financially independent older people? There seems to be a growing number of people who are truly frightened of becoming dependent and of losing control, through physical or mental decline. I suspect this trend will accelerate, as baby boomers grow older.

I suggest there is more to life than good physical health and adequate finances. I suggest life can still be worthwhile even in the absence of good health and wealth. I note that it is not so much the medical diagnosis that is important, but the person’s perception of the meaning of their condition and therefore, how they respond to the condition, and thus this perception will influence their health.

I go back to the question that began my journey of discovery into the experience of ageing. This was to ask: Why is it that some older people, in spite of disabilities and chronic disease, find peace and joy, while others seem to be in a state of despair? It is certainly not a new question, but it is one that keeps coming. If we can make a difference in the lives of those who are in despair, then that would make an enormous difference to the well-being and hope of those people—and their families. In fact, we first need to consider societal attitudes towards ageing. Positive attitudes towards growing older really need to begin in childhood, not in later life, although it is never too late to begin to take on positive attitudes—just probably harder.

In the model of spiritual tasks and process of ageing that I developed more than a decade ago, one of the main tasks, identified from the older peoples’ stories, based on the continuum of self-sufficiency to vulnerability, was the move towards self-transcendence. It is this concept that I wish to explore now.

Two of the tasks in Figure 1 are more closely associated with well-being and health in later life: meaning and self-transcendence.

Finding meaning in even traumatic situations has been shown to provide strength for the person in the situation. Frankl (1984) wrote of the importance of the will to meaning that would see people survive the most horrific of life circumstances. Homan and Boyatzis (2010) studied the relationship between three dimensions of religiosity (measured on extrinsic/intrinsic orientation, sanctification of the body, closeness of
A number of authors have written of the process of self-transcendence that seems to occur in many older adults. Moody (1995) has described the process of becoming more frail in later life as entering a natural monastery, where the person becomes more introspective and contemplative.

Tornstam (1999/2000, 2011) coined the term gerotranscendence to explain the process of moving from doing to being that occurs with frailty. He sees a natural progression to self-transcendence as the person experiences reduced energy levels and becomes less active. It is interesting that Tornstam developed his theory in the context of a secular society, and a gerontological perspective in Sweden; he did not attribute the changes that he described to spiritual changes, nor to a theological perspective, but to a psychological and social perspective.

His theory is now well accepted within the gerontological community, although it does not seem to be readily accepted as an alternative to current...
aged care policy and protocols. These continue to affirm activity theory in ageing as the main underlying theory that drives policy and practices in residential age care, at least, within Australia. However, it is not too difficult to move Tornstam’s theory to a theological and spiritual perspective on transcendence. To incorporate this theory into policy would provide a corrective to the more narrow focus of current aged care practice, and allow for catering more to individual needs and personalities.

Transcendence is a term that baby boomers outside of church circles may well find easy to grasp, even though they might fight the changes from activity to being. An important factor to recognize about baby boomer ageing is that many of this cohort of older people will not have a language of religion or spirituality drawn from a church background. Therefore, language needs to be used that will connect with this cohort of older people and be relevant to their needs in ageing. An in-house vocabulary of church talk will mean little. Those who provide pastoral care and spiritual care must learn to express themselves in common understandable language. This does not mean giving up their faith, but thinking carefully about how to express their faith in words that can be understood by people who have no experience of faith or religion. Still, in the twenty-first century, spiritual care is too often seen only as religious care, not in the broader context of spiritual care; that is a real need of people who do not have a religious faith. This fits with the often heard expression of “I’m spiritual but not religious.”

Transcendence is being able to move beyond the self to reach out to others. Transcendence may be seen as a social construct, but it can be taken further to reach to the very depths of what it means to be human. Certain characteristics are seen in people who have attained a degree of self-transcendence. These are first of all, love, shown in a sense of peace, joy, gratitude, patience, kindness, goodness, faithfulness, gentleness, and self-control—attributes written of by Paul (Gal. 5:22, New Revised Standard Version; I have added “gratitude” here and although it is not found at Gal. 5:22, it is referred to by Paul elsewhere at Col. 3:16). For Paul, these virtues, or fruits of the spirit, were witnessed among those who were “in Christ” (Phil. 4). In my model, I have described the process of self-transcendence as dying to self. Again, this is Paul “speak”; Viktor Frankl (1984) would call this self-forgetting.

It is only as one self-forgets, as one dies to self that self-transcendence or transformation can occur (see Figure 2). While the person remains focused on self, there is no room to open one’s eyes to a wider view of life; one’s own pain and suffering can become all consuming and insurmountable.

It is only as we become able to die to self that a whole new vision of life becomes possible. In this process, fear is overcome and new life, including the ability to flourish, becomes possible. It is then that life can be had in abundance. It is then that the myth of the goal of autonomy and
self-sufficiency can be seen for the false goals that they are. Tornstam (2011) has written of this as being arrested growth into maturity.

**Barriers to self-transcendence and transformation** are self-centredness, unforgiveness, resentment, envy, anger, hate, pride, arrogance, and spiritual blindness. All these can prevent people from moving into self-transcendence or transformation. The literature often equates baby boomers with being materialistic and somewhat self-centred. In fact, in a review of the literature on ageing of baby boomers, Quine and Carter (2006, p. 4) found baby boomers “... may be more ethnically heterogeneous, more selfish, socially polarized, demanding and belligerent, and less accepting, trusting and conforming than their parents’ generation. They may prioritize being in control, freedom of expression and individuality, and may remain economically conservative.” Life experience itself may change this for many baby boomers. It will be interesting to see how this works out in the years ahead.

**SPIRITUAL TRANSCENDENCE AND SANCTIFICATION**

I am not advocating a how-to-do-it “map” to spiritual transcendence, nor am I calling for ticking boxes to show that anyone has “earned” their place on a standard of sanctification. But an important question is how does self-transcendence occur? Gratitude is one possible way, another is humour, while a third and important one is forgiveness.

**GRATITUDE AND TRANSCENDENCE**

Gratitude, along with love, are central components of the Christian and Jewish life. In other words, matters of the heart lie at the centre of human attitudes towards God. Emmons and Kneezel (2005) found in a
predominantly Christian sample of people with neuromuscular disease, that gratefulness was related to both conventional religious practices and to spiritual self-transcendence. They also found that the degree to which participants strove towards sanctification through the process of intentionally endeavouring to grow closer to God, had outcomes of gratitude.

Gratitude is understood as Christian and Jewish virtues. But can we do gratitude? Can we make others grateful? Gratitude is a gift; for those of faith, it is grace by which we may come to see the blessings of the gracious God towards us and those we love. Virtues are ways of being, characteristic of a person over time.

Can People Learn Gratitude?

We may know some people who seem always to be complaining and always finding fault with others. Can these people learn gratitude? At an important level, it is necessary to ask whether gratitude is actually received by grace. Can we will to be thankful? It is an attitude or virtue, not something that we can simply do, without having our hearts engaged in the process. A Christian theological perspective sees this process of grace and human gratitude as God initiated; God loves us first and we respond to God’s overwhelming and abundant love. Love also underlies the Jewish attitude to pastoral care (Kestenbaum, 2001, p. 9). However, this process can also be understood as a secular process through human “reciprocal exchange” (Emmons & Kneezel, 2005, p. 141). Yes, as a spiritual task of ageing, the development of self-transcendence or sanctification does involve an active engagement in the process. It begins as a dying to self, an emptying of self, and then the next step to become engaged in an active process of growing into Christ (MacKinlay, 2006, p. 168).

It is apparent that several factors are involved, and at least some are related to breaking down the barriers that might block transcendence, thus the move towards other-centredness is vital and is achieved through a letting go of those things that prevent forgiveness. As well, letting go of resentment, envy, anger, hate, pride, arrogance, and spiritual blindness is a vital factor as a prerequisite for self-transcendence (see Figure 3).

FORGIVENESS

I place greater emphasis on forgiveness than on resentment, envy, anger, hate, pride, arrogance, and spiritual blindness, as I contend that it is not possible to forgive or indeed to sense being forgiven and still harbor these emotions. It is only through forgiveness that these emotions can be overcome.
Many older people, and especially those coming to the end of their lives, seem more likely to recognize the need for forgiveness. In a small group of older people (this group of older people was living independently in the community) doing scriptural reminiscence, participants identified forgiveness as a topic to which we needed to give more attention. We took that seriously and have modified our program accordingly. Recent research in this area has focused on forgiveness of others and religion (Krause, 2001), feeling forgiven by God (McConnell & Dixon, 2012), and self-forgiveness (Krause, 2010). This is a complex area and both forgiving others and oneself can be a real struggle, which seems to become more important for numbers of older people. Lack of forgiveness can block spiritual transformation. These tasks will be important for the baby boomers, as for all generations that have gone before them.

CONCLUSION

In this article, I tried to look at some of the issues of growing older that might be relevant for baby boomers in their ageing. Will it be the same or different? Where do I think they may make a difference, as they have at all other times across the life span? I have made some suggestions and raised a number of questions. The areas where I have most questions are really about frailty and end-of-life issues.

I think it is fair to say that everyone wants to die a painless and quick death and in that respect, baby boomers will be no different. Woody Allen (1975) is quoted as saying: “Death doesn’t really worry me that much; I’m not frightened about it . . . I just don’t want to be there when it happens.”

So the reality of making that last journey will be for baby boomers, as for other generations before them, one which may come suddenly and
unexpectedly, or one in which they may grow gradually more frail over the
months or years, and reach that stage of the fourth age of life. Will there be
calls for assisted suicide to prevent this? It is hard to say, however; it is far
more likely to occur if people can see no meaning in the time of frailty.

For those who do take the slow track, through frailty, it would be good
to take this journey without fear and surrounded by loved ones. There are
many things to learn about the process of ageing and how we might best
approach this, and the big choices are either to join the anti-ageing lobby
or to embrace our ageing. These are choices, but I suspect that sometimes
we do not consciously make these choices, and that is where fear tends to
donate.

I suggest that if it is worth living, then it is worth living to the full; it is
worth exploring and embracing the struggles and the joys of engaging with
the spiritual tasks of ageing and, in particular, the search for life meaning
and the process of self-transcendence in the later phase of life.

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