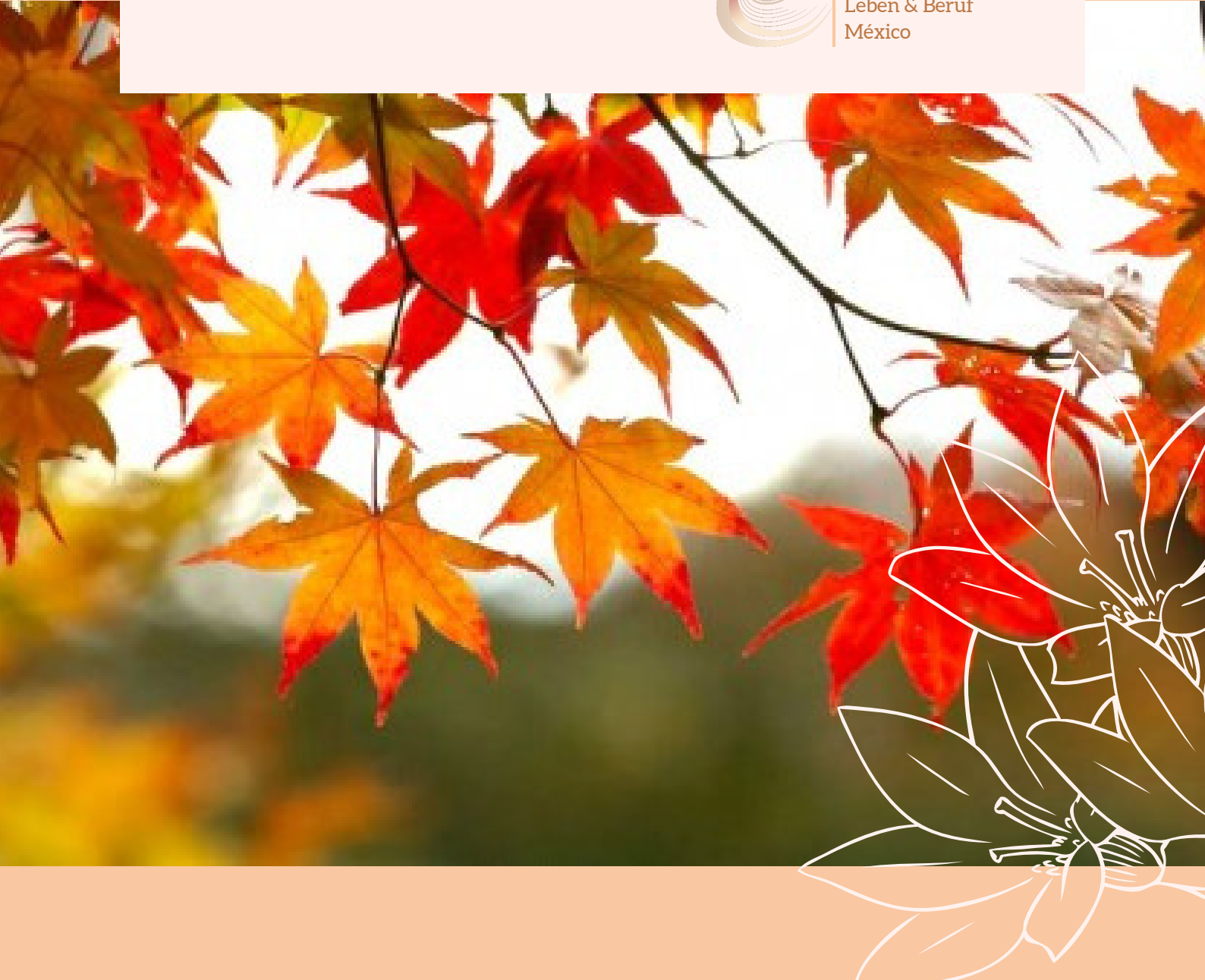


Old age from an existential-analytical perspective



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OLD AGE FROM AN EXISTENTIAL-ANALYTICAL PERSPECTIVE'

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Summary.-Aging confronts humans with specific existential issues. They frequently cause suffering in old age. Not dealing with or insufficiently dealing with these existential themes may result in crisis, psychological disorders, and illness. By integrating existential themes of aging into the understanding of one's own life, the process of aging contributes to personal maturity.

To encounter an aging or old person and provide adequate help and emotional support calls for knowledge of the existential reality of old age beyond medical and nursing care. To deal personally with this reality in one's own experience as well as knowing about the specific burdens and problems of aging are prerequisite for entering the world of the old person and offering meaningful support. Otherwise, there is the great danger that any therapy or counseling would become frustrating for both parties: the patient would feel misunderstood, left alone, and pushed aside in his hopeless situation, while the physician would be burdened by the patient's issues, the patient's lack of compliance, and the impossibility of getting through to the patient.

A medical expert is a physician only by the capacity for providing human support as well as physical care for the patient through understanding and empathic guidance.

What is Meant by "Old Age"?

Considering existential aspects (those aspects on which humans can fail existentially), I would pinpoint the chief characteristic of old age as a multidimensional loss of competence. It is understood as an irreversible, progressive process not caused by disease. What makes it subjectively and intersubjectively difficult is that this loss is accompanied by an increasing need for help which can lead to subsequent helplessness. The loss of relationship with the outer world is existentially important in the process of aging, along with a stronger dependence on the inner world.

The progressive loss of abilities and strength in old age concerns several dimensions of human existence: somatic, psychological, and social (human interaction). The somatic area is well known. There is, for instance, the loss of the efficiency of senses-indeed, loss of the senses altogether and their phys

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iological interaction as well. Dehydration, sclerosis, and depositing are most common. Psychologically, the decrease in vitality, of intensity of drives, and of cognitive capacities must be considered. In the social area, there is a decrease in ability to make contact, flexibility in social interaction, and an increasing intolerance of frustration, resulting in growing loneliness. This loneliness, however, is not only a function of individual loss of competency, but also the result of social attitudes toward the old person who is often not considered productive or of importance in societal functions. In families and societies, the old person is often pushed to the periphery of the family by other family members, current professional challenges, recreation, and vacation opportunities. The old person has long lost the social prestige he had in traditional agricultural societies, where "senators" were even entrusted with a leading role in political control.

The process of aging can start in different dimensions at varied times and proceed at various speeds in each. The mutual interlacing of the dimensions can lead to complicated disproportions, e.g., reduced vital energy coupled with retained physical functions and social abilities as found in the depression or fully preserved social competency and vitality along with reduced physical strength, causing a person to suffer from his frailty.

Maturing should be distinguished from aging. Although organic, psychological and social processes of maturing are, like aging, subject to time, in contrast to these they are characterized by a gain in competence. According to our understanding the experience of aging sets in after the "bloom," figuratively speaking, as in the fading and withering of a plant.

Aging as Existential Challenge

It is the task of the person, as well as of the integrating "I," to deal with every part of himself that is aging and has to do with the self. A person deals with the meaning of these processes mentally, which means emotionally and cognitively. He is bound to do so because he is not passively subjected to the processes of aging, as in the case of an animal, but has to experience aging within his own horizon of understanding. He needs to understand the world differently in old age through the age-transformed way of "being-in-the-world" (5). This requires a new comprehension of the context in which he stands and which alone enables him to understand himself again. This understanding serves as the basis for new attitudes and for how much involvement in or withdrawal from the real world.

In old age man experiences fundamental paradigms of existence in a new and different way; some of them are accentuated. They were all present in former periods of his life. If they were repressed or overlooked, these issues take on unremitting traits: they threaten, thereby generating fear and possibly psychotic episodes; they burden and potentially lead into depression; or they oppress, potentially resulting in hysteria or paranoia.

The aging **and old** person experiences some paradigms of existence with special urgency:

(a) The losses cause him to clearly see the limits of the opportunities of human existence. They may stifle him. If he is unable to accept the constant limitations and cannot arrange his life within those limits, he will experience aging as pressure and find himself alone and empty. He will try to escape through distractions and all sorts of avoiding activities. This development causes those unable to adjust to the boundaries of human existence to employ hysterical patterns of reaction [see anthropological foundations of hysterical experience (8)].

(b) The knowledge of mortality and the experiencing of the deaths of peers as well as his own illnesses may lead the old person to an awareness of the greater proximity to death. The transitory nature of life will become especially evident. Whoever cannot adjust to this will experience aging as a never-ending deprivation and loss of all his values, as well as himself as loser and failure: aging will draw him into a depressive world (10, 13).

(c) The subjective loss of competence on the one hand, and the experience of the inevitability of the process of aging on the other hand, point to an area of life that is out of reach. The failure to integrate this experience of powerlessness with no control over life-changing processes of living leads to fear (1, 2).

Faced with the limitations of one's possibilities and of life span and the changed conditions of life, the existential question of meaning arises (7, 9, 11): For what do I still live? For what do I endure all this? For what have I lived? Was what I lived for good?". The possibility of giving meaning to one's life, where the future is still of interest, may prevent the emergence of psychosis of aging in many cases," said H. Hoff (6). These "retrospective life-questions" and "survey questions" lead to a last question of meaning,

The ontological, or philosophical and religious question of meaning, "What meaning does this life have, this death, this suffering? Is there something that transcends this life?" (4, 43ff, 218ff, 231ff). Once again, the old person confronts this question. It is essential to find a personal answer to it. For purely psychological reasons, it does not matter whether it leads to faith in God or to atheism. Without a personal answer (position), a seed of unrest will remain, that is sometimes not detected and understood immediately. [About the importance of religious maturing in old age: see the survey by Utsch and Fisseni (12)].

In this way, old age forces an individual to face an array of existentially important questions. Failure, denial, or insufficiency in dealing with these questions results in psychological disorders and diseases inherently related to specific topics (3). Integration and personal response to existential issues, however, encourage further maturing of the personality.

Aging as Personal Challenge

Aging can succeed and lead to a final personal maturity. This will depend on a balanced amount of interest, involvement, and participation in the world according to outer necessities, and a retirement from it according to competence and strength. The success of this step will depend on retirement being more than the resignation of having to give up or having work or social functions in the passage of generations torn out of one's hands. Successful retirement means an active letting go as a resolute and thereby voluntary farewell. Whoever can do this active letting go is "ripe" enough for old age. Yet, this is exactly where aging becomes a problem for many: one grows old without the necessary maturity.

How can a person let go of the love and security of habits, stepping into the unfamiliarity of the unknown with the perspective of loss? Man needs a good reason, some gain greater than the loss, to come to a voluntary decision. What could this value be in old age? In a time of superficiality, of an external and achievement-orientation, the value of depth and of the inner world has been lost. It is not taught and is rarely modeled. One is told that success is achieved by optimal adaptation to the environment ("fitness"). Success, the leading paradigm of our time, is directed toward superficiality and not directed by what one wants internally or for that in which he personally wants to engage. Let us consider, for instance, how much alienation and adaptation a career at one of our universities demands. It is especially difficult to let go of one's profession with a feeling of not having done what one would have liked to do. Such a feeling of shortcoming ("Should that have been all?") is incompatible with a spontaneous and willing release. Here, a phase of grieving reflection or, where this cannot be accomplished, of reactive depression will be unavoidable.

Yet, even in a case in which someone is so happy with his profession that he cannot let go of it, the ability to release it is necessary. Through the next generation, through age limitations or illness, some point will be reached when the steps towards retirement begin. This person too needs a new value to give him a reason for his decision. The one who experiences fulfillment in his profession is better prepared for the step toward retirement. Whoever has done what he wanted, whoever has lived for what he wanted to live for, can let go and say farewell more easily than one who secretly is still waiting.

He might be able to let go because of his relationship to his successors, to whom he wants to convey the same chance for development and in whose way he would now stand. This, however, will not be enough for everybody. The most profound personal value of letting go is to continue to discover the inner world while letting go. This might be the greatest gain of old age:

to dwell on oneself. Whoever is able to find himself newly in old age and be with himself has brought final maturity to his life, like the last sweetness given to a fruit by the autumn sun.

Conclusion

Thus, aging becomes a process leading man out of distraction and diversification, wherein he could lose himself, and bringing him back to reflect upon himself and his life. It is a process designed for the concentration of life. Here, man is once again confronted with the basic questions of human existence, with all the hardness and singularity of life, but also with the satisfaction of not being able to lose that which has been lived. More experienced than ever, the old person faces the basic questions of existence, regarding its limits, its transitoriness, its being beyond control-its "what for?"-and the fact that whether life succeeds or fails depends on oneself.

This is how aging and final growing and maturing is possible at a personal, existential level. Here lies a human gain, even when all other dimensions are subject to regressive, involuntary processes of reduction. Successful aging allows a person to mature, as Rilke said, for a death that is his death.

REFERENCES

1. Boss, M (1979) Das Sein zum Tode aus tiefenpsychologischer Sicht. In G. Condrau (Ed.), *Die Psychologie des 20. Jahrhunderts, Bd. XV Transparenz Imagination and Kreativität*. Zurich: Karger. Pp. 454-463.
2. CONDRAU, G. (1984) *Der Mensch and sein Tod. Certa moriendi condicio*. Zurich-Einsiedeln: Benzinger.
3. CSEF, H. (1985) *Begegnung and Auseinandersetzung mit dem Tod in verschiedenen Neuroseformen*. Vortrag am 17.8.1985 auf dem VII. Internationalen Forum für Psychoanalyse in Zurich.
4. FRANKL, V E. (1982) *Arztliche Seelsorge*. Wien: Deuticke.
5. HEIDHÜGGER, M. (1979) *Sent and Zeit*. Tübingen: Niemeyer.
6. HOFF, H. (1959) Zit. nach Kocourek, et al. Ergebnisse der klinischen Anwendung der Logotherapie. In V. E. Frankl with V. E. von Gebsattel & J. H. Schultz (Eds.), *Handbuch der Neurosenlehre and Psychotherapie*. Vol. 111. Pp. 737-764.
7. LANGR, A. (1988) *Sinnvoll leben: Angewandte Existenzanalyse*. St. Polten: NO Pressehaus.
8. MICHHEL, E. (1979) Zur anthropologischen Deutung der Hysterie. In A. Sborowitz & E. Michel (Eds.), *Der leidende Mensch*. Darmstadt: Wissenschaftliche Buchgemeinschaft. Pp. 310-326.
9. PEAKER, G. T, PEACOCK, E. J., & WONG, P T. P (1987) Meaning and purpose in life and well-being: a life-span perspective. *Journal of Gerontology*, 42(1), 44-49.
10. THLLENBACH, H. (1987) *Psychiatric als geistige Medizin*. München: VaW. Pp. 25-41.
11. UTSCA, M. (1992) Sinnfindung im Alter. [Beiträge aus der Psychologie V. E. Frankl]. In A. Niedecfranke (Ed.), *Altern in unserer Zeit*. Heidelberg: Quelle & Meyer. Pp. 69-80.
12. UTSCA, M., & FISSINI, J. (1991) Religiosität. In W. D. Oswald, et al. (Eds.), *Gerontologie: Medizinische, psychologische and sozialwissenschaftliche Grundbegriffe*. Vol. 2. Stuttgart: Kohlhammer. Pp. 480-493.
13. v. GEBSATTEL, V E. (1959) Die depressive Fehlhaltung. In V. E. Frankl, with V. E. von Gebsattel & J. H. Schultz (Eds.), *Handbuch der Neurosenlehre and Psychotherapie*. Bd. II. München: Urban & Schwarzenberg. Pp. 143-156.