The Person Within: Exploring Spiritually Sensitive Practice in Community Aged Care

by

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SUMMARY

This study explores spiritually sensitive practice within Community Aged Care and promotes the use as an enriching mode of interaction. Spiritual sensitive practice has come to the fore in a variety of settings such as hospitals, institutional settings, and palliative care, but integration within Community Aged Care is rather an uncommon phenomenon. This research advocates for spiritual sensitive practice to be included in such a setting as it encourages a compassionate person orientated approach.

The thirty people who participated in this study were drawn from the community, all aged between eighty and ninety six years of age, cognitively functioning, independently living within their own homes, but receiving some level of support via a Commonwealth Home Support Programme within South Australia. The types of care provided was predominately of a practical nature, for example personal care, shopping, and cleaning. However, this programme also offers allied health and as a social worker working in Community Aged Care my aim was to consider the potential use of spiritually sensitive practice. This study's central premise was then to develop a structured interview schedule which was implemented to assist elderly people explore the 'person within'. Existential questions were asked as well as questions on belief to facilitate discussants thoughts in sharing their inner selves whilst simultaneously nurturing self-actualization.

This study demonstrated the insight and value of elderly people's responses through engaging in spiritual sensitive practice. It revealed how relevant this form of practice is for elderly people, and how discussants appreciated an approach that acknowledged their worth, an intervention that had meaning for them, facilitated connection, and how social work could contribute to this process. It is therefore recommended that social workers embrace spiritually sensitive practice to assist transform practice.

DECLARATION

I certify that this study does not incorporate without acknowledgement any material previous submitted for a degree or diploma in any university: and that to the best of my knowledge and belief it does not contain any material previously published or written by another person except where due reference is made in the text.

Winsome J Dunn.

30th April 2021

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CHAPTER ONE

INTRODUCTION

CONVERSATIONS, CONNECTION AND SELF-REALIZATION

> I am beginning to understand that life is not so much a search for answers, as it is a search for clearings. Clearings are the required stopping places in our lives when our lives get to be too much. A clearing is a place of shelter, peace, rest, safety, quiet, and healing. It is a place where you can get your bearings, regroup, inspect the damage, fill out the estimate and make the repairs. It is a place where mid-course corrections are made where you can change course, even start over. A clearing is a place where you can see what you could not see and hear what you could not hear (Yaconelli, 1995, p.10).

Thirty rich, thoughtful and unique life stories and reflections form the heart of this study. They show just how vividly life is lived by elderly people over the age of eighty, their views on ageing and their journeys.

Hill and Donaldson (2012) stress that few studies focus on how community practitioners integrate spirituality into their work. This research aims to contribute to this small but significant field of research by studying what matters in life to elderly people in the final phase of life who still live in their own homes. The study focuses on naming important influences throughout the person's life; facilitating contemplation of the present, while inviting the participant to reflect on what they understand the future may hold.

The purpose of this study is twofold: firstly, to develop and promote a spiritually sensitive approach to enhance the care of elderly people living independently within the community and, secondly, to inspire social workers to explore the role of religion and spirituality within their practice. This approach acknowledges the spiritual dimensions of life, encouraging elderly people to consider meaning within their present lives, and to consider life as a transitory state. The study will encourage elderly people to verbalize their thoughts for the future. The enquiry method aims to recognize and respect their inner presence and integrity while encouraging a significant

dialogue. This links to the study's conclusions which identify an embodied hope which is not extinguished or relinquished, enabling reflection on ultimate life meaning.

The researcher, an experienced social worker in aged care, built on her practice skills to foster a compassionate presence to honour the elderly people's accounts of their lives and their wisdom; providing a salient space to explore the meaning of their life. These conversations were transformative. With that privilege came responsibility to honour what was shared. Opening up understandings of spirituality from the elderly person's perspective raises questions or 'ponderings' which may be considered at this time in life, for example: 'Where do I go from here?' 'What next?' and, 'So what is important for me at this stage in life?'

This research draws on extensive literature and analysis to document and confront the 'unmaking' of the personhood of elderly people, positing instead that the final phase of life is an opportunity for elderly people to be encouraged to pass on 'legacies from within'. This study starts at the hypothesis (formed through years of observed social work practice) that many people at this stage of the life course want to explore questions of ultimate meaning, but that these conversations seldom find a place in conversations with social workers and other professionals.

This study then draws on conversations with thirty elderly people with full mental capacity, aged between eighty and ninety six years of age, living on their own or with their partners, and in one case with an adult child in the metropolitan community of Adelaide, South Australia. All discussants were receiving a level of support from the service provider Domiciliary Care South Australia to assist them to continue living within the community. The word *discussant* is used to encapsulate a person of worth.

Each conversation with the discussant aimed to stimulate an environment which nurtured what Yaconnelli (1995) has so eloquently described as clearings, enabling elderly people to share their inner selves. This has nothing to do with resignation, but instead achievements are celebrated, hopes discussed, thoughts articulated, and disappointments shared.

Innovative forms of intervention are needed to address the range of issues elderly people face. Old people remind us of what we may become, and over the years I have watched my own parents age. On a personal level, my mother was the catalyst that sparked my interest in how society treats the very old, especially if they are described as a frail elderly person. The intrinsic capacity of elderly people with frailty is worth exploring, highlighting the dualistic framework that posits the separation of mind and body. Frailty is conceptualized as originating in the social domain, as co-existing with resilience and positive attributes, and located on a continuum with health and illness (Pickard et al, 2018).

Conversations with my mother prior to her quite sudden death led me to explore the special needs and views of elderly people who wanted to maintain individual identity rather than adopting an all-encompassing frailty identity (Warmoth et al, 2015). Cesari (2018) stresses that older persons' lived experience, using a theoretically informed description focusing on a first-person perspective, challenges the conceptualization of health and illness. A disjunction between clinical views and patient experiences of frailty has been found (Pickard et al, 2019). Clinical representation of frailty and the positive aspects of frail embodiment and resilience have been overlooked, argue Nicholson et al (2012).

Over the last fifteen years, I have worked with elderly people in the community and aimed to provide an environment where people can explore meaning from within. The purpose of this thesis is to promote the use of narrative and externalized conversations which focus on life stories and meaning as a way of enriching assessment and practice.

Chapter two explores *Narratives of Ageing* through the dominant sociological and biomedical cultural discourses, and their influence on the perception of ageing in modern 'Western' society. The sense of self as socially constructed is discussed in this chapter. Mixed with rethinking and re-imagining the social position of the old-old are new hopes for ageing differently, for not having to become old on other people's terms. A shift in conceptualization of health and illness in old age is advocated by Pickard et al (2019) that emphasises elderly people's lived experiences using a theoretically informed description focused on a first-person perspective.

The biomedical focus on the Ageing Body is deconstructed, theorizing embodiment in ways to provide elderly people with the means to question assumptions about what becoming and being old may look and feel like. This move aims to restore value to ageing by exploring the potential to embrace intrinsic capacity rather than solely emphasizing the decline of bodily function.

Elderly people who are labelled 'frail' have been defined almost universally by those caring for them. The repercussions of ageism and the potential vulnerability of elderly people being assigned a deficit accumulation focus are further explored. A strengths based approach is instead advocated, moving away from a disease-centered approach. The narrative approach is embraced to foster coherence, meaning, and growth of redemptive self.

This chapter concludes with exploring the importance of fostering the presence of elderly people, not just for the social capital of society, but for each individual with an identity that is valued and supported through the life course. Tulle and Krekula (2013, p.8) state, "the carnality of growing older has to be attended to and often this engenders the re-negotiation of identity. For our bodies, as the dynamic receptacles of our existence, are tied up with a deeper sense of self." Quality intervention and care is built upon by enabling elderly people to discuss their thoughts through conversations that matter. This means engaging with life, maintaining vitality, and enabling self-realization to be embraced. Integrating experiences and connectedness in the search for meaning provided the potential to explore, encourage, and legitimize spiritual dimensions within practice.

Chapter three is entitled *Ageing Well: The Value of Spirituality* and examines the spiritual dimension and the importance of utilizing spirituality with elderly people. A range of eminent theorists will be highlighted to demonstrate that an attachment to the world and beyond adds significance to present life by encouraging as well as identifying the voice of each elderly discussant. Spirituality, too, is a narrative process, related to making meaning. Robert Atkinson (1995, p.13) states, "everything we encounter as adults that gives us a new and deeper meaning in life is spiritual". Spirituality and narrative are presented as symbiotic as they are not simply stories, but structures for meaning (Polkinghorne, 1988). The chapter continues the theme of the intrinsic value of ageing and it links to self-realization, as proposed by Lacuelle (2018).

The chapter moves to Adaptation and the social-existential dimensions of ageing as crucial to fostering engagement and embracing life. Lacuelle (2018) reports that older people talk about adapting to and indeed thriving in the 'ordinary' conditions of ageing, involving 'diminished everyday competence'. Further, Lacuelle (2018) stresses that self-realization may act as a counter narrative about later life, providing a viable alternative to the cultural master narratives about ageing.

Chapter four is entitled *Narrative Inquiry and Hermeneutics: Making Sense Through Our Stories*. Integral to this chapter is a description of the methods of the research utilizing the narrative approach to gather data. This thriving in the ordinary condition of ageing is demonstrated through thematic analysis by applying an interpretivist /hermeneutical approach to reveal a consistent message of enduring connections, significant relationships, and the exploration of spiritual meaningfulness.

Chapter Five: *Narratives of Becoming* reports the findings and evaluates the outcomes of the research. Thematic analysis is a central component of this chapter. Kivinick (1991, p.57) states,

> it is only when we learn to care about every old person as a human being with a
> unique set of strengths and values to rely on, and a unique life to live, that we can
> begin to provide real care, and what we support can begin to be real life.

Lived self and exploring lived experience in sharing self-realization are central to the findings from participants in this research. "People do not aspire to be clients, they aspire to be people," states Kivinick (1991, p.57). This quote by Kivinick has particular relevance to frail elderly people. A major goal for the research participants, it was articulated, was to still remain visible within society, and to continue to be heard. As the chapter title indicates, elderly people want to engage and hold a meaningful presence.

Chapter Six: *Transforming Practice* discusses how practice can be transformed and what is being offered to elderly people. A range of therapies and approaches are outlined to illustrate the scope of different interventions. Social Work Practice theories are critically assessed for practice relevance, and spiritual care in health care settings and community practice are discussed.

Meaning centred practice is advocated, highlighting that there is no substitute to talking to people face to face. The relational aspect is central to meaningful practice through active and compassionate listening. Hegarty (2007) terms this creating and holding a 'safe nurturing space' through 'deep listening'. The narrative approach encourages 'deep listening' and is an integral component of transforming practice into meaningful engagement. The research in this thesis adopted the narrative approach and aimed to incorporate spiritually centred social work practice. Such meaning centred practice reduces the dread towards the fourth age and the 'othering' of frail elderly people through humanizing practice.

Chapter Seven: *Energizing Social Work by incorporating Spirituality into Practice* reviews the historical link of religious influence upon social work, and how spirituality has impacted upon social work and affected practice. Integrating faith and/or spirituality into social work practice has gone full circle from previously hesitantly raising the subject to it now being a topic which is fundamental in preserving and enriching life at the current moment.

Chapter Eight: *Treasuring the Present to Shape the Future* documents a series of recommendations on the use of spirituality in social work in a community setting. A framework has been developed via this research to enable social work practitioners to utilize practice which does not stifle the inner self from being expressed. This study's findings deepen the empirical understanding of spirituality and the social work profession. The implications of the innumerable webs of meaning are woven by the experience of meaning for each participant. This finally culminates in an experience that is a tribute of the legacies expressed from the person within.

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CHAPTER TWO

EXPLORING NARRATIVES OF AGEING

> So I am in the hospital getting my hip repaired. Hospitals are body-oriented. It is the body shop. To most of the hospital staff I am the old guy in Room 322 with a broken hip. That is who I am in their minds. They are the nurses and doctors, they're the professionals and they must know, right? (Dass, 2011, p.246).

The first chapter introduced the research, advocating the use of spiritually sensitive practice with elderly people residing in the community. This chapter examines ageing in societies typically identified as 'Western' in order to foreground research that values elderly people in their entirety. The identity of an elderly person goes beyond a calendar age and/or centering on physical functioning to explore what lies within each elderly person. In essence, it is appreciating elderly people as they make meaning in their lives. The focus of this study will be upon a cohort of elderly people aged between eighty and ninety six years of age living in their own homes within the community. Approximately ninety percent of older Australians live in private households (AIHW, 2015).

Analysis of demographic changes in Australia reflects an increased life expectancy where females are expected to live to the age of 84.4 years, and males 80.3 years (ABS, 2019). The number of Australian residents aged eighty five years and over has increased to 515,700 (ABS, 2019a). However, the focus of this chapter goes beyond numbers to policies and practices affecting aged community care within Australia since 2011. This time frame was chosen as the momentum of change has been substantial since the Productivity Commission report in 2011 which heralded a number of recommendations addressed by the Australian Government.

Implementation of these revolutionary reforms commenced on the 28th June 2013 when the Australian Government passed laws to enable a reform package to take effect called "Living Longer Living Better". On the Department of Health's website (www.health.gov.au), it is quoted that, "The Living Longer Living Better aged care reform package provides $3.7 billion over five years. It represents the commencement of a ten year reform program to create a flexible and

seamless system that provides older Australians with more choice, control, and easier access to a full range of services, where they want it and when they need it. The reforms give priority to providing more support and care in the home, better access to residential care, more support for those with dementia and strengthening the aged care workforce" (Department of Health, 2013). These policies aim to transform Aged Care.

Before discussing policies pertaining to Community Aged Care, the prevailing biomedical and sociological discourses and their effect upon elderly people's sense of self will be examined. Narratives and counter-narratives of ageing will be outlined, setting a context and emphasizing the complex interplay affecting the conceptualization of ageing. A focal point in this chapter addresses elderly people who have been assigned the title 'frail', and the detrimental implications of a deficit accumulation narrative which often subscribes to stereotypes solely centering on the physical, and systematically eroding the identity of the elderly person. In contrast, facilitating spiritual narratives as a form of intervention may establish and/or confirm feelings of worth, thus sustaining the process of 'ageing well'. Kendig et al.'s (2014) research supports the significant value older people place on 'ageing well', a phrase which encapsulates independence in daily living, the ability to continue residing in their own home, enduring psychological well-being, and maintaining good health.

The significance of Australia's ageing population, especially of those categorized in the subgroups of over eighty years of age described by Burnside et al (1979) as the 'old-old' (80 - 89 years of age) and 'very old-old (90 +) age range needs to be recognized as having relevance to what social workers provide in the form of service delivery within the community. My research focused on the old-old (80-89 years) and very old- old (90+) fostering going beyond existence to discussants exalting a meaningful presence and acknowledging their sense of self.

 Conversations which connect with the essence of being, and presence in the moment, proposes Puchalski (2006), are central to spiritual care. This involves a compassionate partnership where self-realization is fostered through engaging conversations**.** Baars (2012) advocates that narratives continue to play a dual integral role expressing human experiences as well as increasingly exploring the interrelation between systematic worlds and life worlds.

The perception of ageing is initially best addressed through a multi-perspective approach taking systematic account of many layers of life. Bronfenbrenner's ecological system theory (1979) provides a useful structure for opening up the depth of understanding about ageing incorporating the elderly person's views of themselves. This nested system model commences at the chronosystem level with a focus on history and changes over time. Next, the macro level focuses on ideologies and cultural values, followed by the exosystem which covers government policies, legislation, etc. The meso-system introduces the world of health and human services, the point at which an individual who requires assistance with the tasks of daily living seeks formal supports. The micro-system is their immediate community. Finally focus is on the individual.

Narratives interweave throughout these layers and without understanding the disparaging narratives which interplay and permeate through the various levels of the system alternative enriching narratives of ageing may be sabotaged.

Re-conceptualizing the Narrative of Ageing

O'Loughlin et al (2019) propose that an arbitrary entry point of old age is usually linked with retirement. Different ages have been symbolized to reflect different life stages. Historically, one of the first researchers who specified and designated ageing into two groups was Bernice Neugarten. Her research began in the 1940's, leading Neugarten (1974) to introduce the terms 'young-old' and 'old-old.' This was further expanded by Burnside et al (1979) who distinguished different subgroups of elderly people by defining the young-old between the ages of 60-69 years, the middle-old of 70-79 years, the old-old of 80-89 years and the very old-old as 90+ years. These definitions of ageing focused on the chronological stages and challenged the perception of elderly people as a homogeneous group by emphasizing diversity throughout the ageing process. However, defining old age in merely chronological terms actually negates an understanding of the wider dimension of ageing within a societal context.

Laslett (1989) further distinguished ageing and proposed four stages building upon Neugarten's (1974) work. These stages in the adult life course denote disparate paradigms, and the third and fourth age reframed how ageing could be understood (Gilleard & Higgs, 2013). The third age encompasses a cultural field which highlights the values of self-sufficiency, choice, pleasure and

expressiveness (Gilleard & Higgs, 2009). Stereotypes of old age as a period of degeneration and dependency were challenged in this stage. In comparison, the fourth age was depicted as "a feared state 'of becoming' an ascribed community of otherness, set apart from everyday experiences and practices of later life" (Gilleard & Higgs 2013, p. 368). The fourth age, Lacuelle (2018) stresses, may become foreboding as elderly people are not regarded anymore as autonomous moral agents with the capacity to shape their lives, but are exclusively self-identified by their physical impairments. Mackinlay (2017) reiterated that this form of classification is based on function rather than chronological age.

The third and fourth age, Tanner (2016) stresses, needs to go beyond the conceptions of a social cultural construct that underemphasizes lived experience. "Rather than assuming the disempowerment and marginalization of those in the fourth age, we need to look for the presence of agency, rather than dwell only on its absence" (Tanner, 2016, p.164).

The Narrative of Longevity

When does the awareness of the journey into old age begin? Certain ages, for example seventy years of age (three score years and ten), tend to have symbolic significance. This biblical reference alluded to a person's life span. However, the lifespan keeps being extended especially throughout the 20th and 21st centuries.

The delaying of the ageing process is propagated through medical and pharmaceutical advancements resulting in community attitudes perceiving ageing as a disease rather than a stage of life. The physical becomes the predominant focus and extension of life the overall goal. The benefits of an extended lifespan are advocated but the recognition of the final years and acknowledging the final phase of life may be met with trepidation. The precarious nature of the narrative of decline may totally shroud the image of self.

The Narrative of Decline

The over-whelming focus of the narrative of decline centres on the degeneration of the ageing body. Anderson (2019) stresses that as a result the defining narrative is problematic and in turn pathologises this stage of life. This pervading dominant cultural narrative segregates elderly people and the body becomes the predominant focus. Furthermore, Anderson (2019, p.158) stresses that, "the body is central to the process of identity construction." The implications of accepting the narrative of decline may eventuate in a person's concept of self-fragmenting.

 In Western society, the ageing process is still dominated by the narrative of decline (Gullette, 1997), a narrative, "that portrays a tragedy of accumulating deficits, diminished reserves, and deteriorating attractiveness and strength: nothing more than denouncement," states Randall and McKim (2008, p4).

The visibility of an ageing body is a stark reminder of the inevitable and Tulle (2008) stresses that there has been the management and movement of ageing bodies out of the public sphere including the visual media. This has damaging implications of legitimizing and questioning the presence of the ageing body. Tulle (2008, p.3) emphasizes, "Older bodies are subjected to forms of professional control and surveillance, whether at home or in institutions, justified and legitimated by their declining properties."

The timelessness of ageing has reached a new phenomenon where the boundaries of ageing keep being protracted. The invariability and recognition of ageing, especially the 'old-old,' has significance as agelessness cannot be denied endlessly.

The Narrative of Agelessness

"Age I do abhor thee, Youth I do adore thee" (William Shakespeare: The Passionate Pilgrim 1599, XII, p129). This quote signifies a foreboding perspective of the ageing process, and highlights an historical value placed upon youth. Society has come to accept that the ageing process is a challenge due to being surrounded by counter messages within western culture which propagate the retention of physical youth. The message of eternal youth with the hope of being forever young is a fallacy. Not acknowledging ageing can be done through various ways. Indeed, the concealment of ageing is rife within current Western society. Age defiance is a staggeringly lucrative industry. A new culture of body perfectionism has been promoted with anti-ageing being the desired outcome. Facial appearance (Ellison, 2014; Clarke, 2011) and hair (Furman, 1997; Ward and Holland, 2011) are bodily aspects which have become a focus in camouflaging the appearance of the ageing process.

The deferment of ageing means that seventy is like the 'new sixty.' The person's actual age is not acknowledged but is masked and depicted as a younger identity. People adopt the pretense of becoming ageless (Andrews, 1999**)**. However, Andrews (1999) argues that the concept of being 'ageless' is itself a form of ageism, denying the old of one of their most well-deserved resources: their age. Instead age is not acknowledged as an achievement but shrouded in secrecy. Andrews (2017) maintains that erasing years is a product of a society that promotes age as something to be conquered.

Denial and avoidance are dominant psychological traits especially in a society eager to promote the fantasy that no one has to grow old. However, the media, and the fashion/ cosmetic/ health industries all wish to portray that the ageing process can be forestalled. Fading beauty to some is more than confrontational. It is a visible reminder of the ageing process. The visual realm of aspiration and desire has in turn supported the new culture of body perfectionism (Twigg and Martin, 2014). A contrary view is expressed by Gass (2004, p.136) who states that, "time imprints character in the wrinkles and folds of age worn flesh. There is another kind of beauty, the kind that grows rather than fades." This view may be accepted but not always approved of and is actively resisted by many.

Social Constructionism

The demographics of an ageing population have subsequently resulted in alarmist comments to be made which can be argued are a byproduct of ageism. Martin et al (2009) outline that emotive language is frequently used by the media depicting ageing as a crisis. The terms 'tidal wave' and 'tsunami' have been used to describe the rapidly ageing population within Western society. These colloquial terms negate the ageing process and are a form of social constructionism.

Stephens and Breheny (2018, p.21) state that, "societies construct identities for people according to their life stage with certain rights and responsibilities and expectations for particular behaviours." The 'old-old' are a subgroup which have been assigned labels which negate and mask their individualism. Thus social constructionism needs to be understood in this context.

Gergen (2011) makes the case for viewing the concept of old age as socially constructed. Ageing is not simply a biological process, but something that is given particular meaning depending upon its social and historical context. The word 'old' is used commonly as a pejorative term. The assumption that elderly people are in some way separate from those who are not yet old is explained by social constructionism. Fredvang and Biggs (2012) argue that the aged and the non-aged are depicted within society as two distinct categories of human beings. A dichotomy is formed. In this way, older persons are constructed as social 'others'. Such descriptions further alienate the cohort of elderly people.

The perception that ageing affects a person's sense of wellbeing is evident. Edgar (1991) outlines two sides to ageing. The first side is the socially imposed notion of 'the aged' which may play a pervasive role. The other side is the internal perspective, which rests heavily upon the health, and a continued sense of an elderly person being in control of his/her life. That sense of control develops out of an elderly person's experience, and the positive or negative feedback they receive from others. One's sense of self is socially constructed, so feelings about growing older are linked closely to external attitudes. Negative images that consign elderly people to becoming invisible are all too common.

Lacuelle (2018) further highlights the cultural positioning of ageing which bestows ageing as problematic. Consequently, lived experience is minimalized culminating in elderly people being depicted as a set of problems which health-care professionals need to address. This pervasive conceptualization of ageing being problematized may result in elderly people striving to maintain their identity as a person whilst encountering attitudes which contribute to their loss of control and autonomy (Luborsky, 1994). O'Loughlin, Browning and Kendig (2017) conclude that a deficit focused attitude displayed by some health professions may dominate in serving to reinforce a problem focused approach.

The Narrative of Successful Ageing

The focus on physical deterioration, social isolation, and the negative effects of ageing have been counterbalanced by the theory of Successful Ageing (Rowe & Kahn, 1987). Successful ageing has been defined as, "avoidance of disease and disability, the maintenance of high physical and cognitive functions and sustained engagement in social and productive activities" (Rowe & Kahn 1997, p.439).

Ageing is defined as successful if a person is able to function at a level that one would expect when reaching a certain age. Failure to achieve this desired goal leaves a person in abeyance, meaning that successful ageing is confined to Laslett's (1989) third stage in ageing, and when a person reaches the fourth stage its relevance may be questioned. Critics such as Bowling and Dieppe (2005) argue that successful ageing fails to address that disease free old age is unrealistic for most elderly people. By age seventy five, older adults will have two to three chronic illnesses (Duru et al, 2010; Lach, 2010). Further, Minkler (2003) stresses that the biomedical definition of successful ageing aims to avoid illness as all encompassing. Frailty and disability are not discussed. Instead the norms of middle age are propagated as something to emulate. The primary focus is upon health rather than lived experience.

A detrimental preoccupation with successful ageing detracts from the final phase of living and Gott and Ingleton (2011, p.14) stress, "It deflects attention, and research plus service development deflecting away from older people's end of life experiences; there is no place for older people who are dying except, perhaps, cautionary tales of 'failure'".

The tenets of successful ageing also deny the realities of sickness and death, which bring with them the need for dependence and interdependence. 'Successful ageing' predominantly targets the 'young-old,' and, until recently, the 'oldest-old' have trailed behind in the quantity of research studies undertaken about care.

The 'oldest-old' are an age group that must be 'seen and heard' and attributed as a demographic which needs to be acknowledged with special needs. The most vulnerable sub-group of elderly people is the 'oldest-old,' with a cohort within this group named 'the frail aged'. An image of this group is not complementarily portrayed in an archaic and outmoded system of structures plus a social understanding which propagates a tier system of ageing.

The omission of structural, and cultural explanations and how this influences the perception of successful ageing is ignored and the focus is entirely on the individual's circumstances (Kendig et al, 2016). Katz and Calastani (2014, p.29) state that successful ageing, "fails to acknowledge social relations of power, environments, determinants of health, and the bio-politics of health inequalities".

Cultural and Political Narratives

Negative terminology, for example describing elderly people as a burden and unproductive, may influence perceptions of policy makers, service providers, and the general community. This marks a pessimistic perspective which confines people in the final stage of life.

 This worldwide phenomenon may result in age discrimination and competition between interest groups for resources. Those who subscribe to a market driven economy combined with the perceived lack of productivity of elderly people may further lead to tension between different sectors of the community. Forty years ago, Kalish (1979) stressed that there was a need to move beyond the artificial framed evidence debate about young and old competing for resources. This phenomenon is still present and is driven by prejudiced views fanned by the social constructions of ageing. Hudson and Gonyea (2012) explain that perceptions of elderly people have altered

from 'dependents' in the twentieth century to 'contenders' in the twenty first century, more and more in competition with younger people for limited resources.

There are two main hypotheses that have been developed to predict the impact of increased life expectancy on health care costs. A Global Burden of Disease (2012) study for the 1990 - 2010 period found that, in high income countries, the gain in years of extra life lived as a result of decreases in mortality has been largely offset by years of life lived with disability. The quality versus quantity of life is prevalent and, depending upon which stance that is taken, will consequently influence public policy.

Productivity is a central component where utilitarianism is valued, and elderly people are encouraged to prove they are still fit, active, and able to contribute to society. When elderly people are no longer able to meet the criterion of fit plus active, and can no longer achieve the measure of utilitarianism where only 'useful is good,' how are they perceived? Edgar (1991) suggests that the meaning of productivity must be redefined to include more than employment.

However, there comes a time when ageing needs to be recognized. Extending life, it can be argued, does have its costs, especially when a person reaches an age where their health declines and loss of independence and autonomy are the outcome. People value health because good health allows them to participate in society. The philosophical emphasis that underlines good health is the emphasis on self-sufficiency and the ability to maintain individual choice of life style. The majority of elderly people are fully aware when their health declines that serious consequences may arise, for example becoming isolated, shunned or encouraged to join age segregated communities. This marks enormous change and confronts the elderly person to face dependency versus independency. The type and amount of care comes to the forefront and guides future planning.

A 'throw away' ethos is rampant within society, and it can be argued that disparaging attitudes are shown to people who show 'wear and tear'. Richard Margolis (1990, p.112) suggests that we have given "into a heavy fatalism that recalls Seneca's dismissal of old age as 'an incurable disease'".

Navigating the terrain of ageing is not an easy process where viewpoints are skewed. Relegated at worst to a secondary status, research and attitudes pertaining to ageing should not solely centre on a 'problem oriented' focus. Myths and stereotypes need to be deconstructed, for example, the 'Golden years' and 'the best is yet to come'. Is this a camouflage for what really takes place?

However, forty years on from Kalish (1979), observations of elderly people's usefulness are still being questioned. This exacerbates an already sensitive situation resulting in ageing becoming stratified, with the 'frail aged' and the 'oldest-old,' it is argued, ranked as the last in the pecking order. Their usefulness is perceived as past, and the fear of social marginalization is evident. Society's focus upon the prevalence of chronic diseases and associated disabilities being the highest amongst the oldest age group results in many elderly people becoming concerned about what they may endure in this phase of ageing.

Rubinstein, Kilbridge and Nagy (1992, p.10) state that, "there is a habit of seeing a population of 'frail elders', locked within their homes, as rather passive prisoners of their illnesses". This quote describes the state of seclusion from wider society due to being confined within the home environment.

Passively versus actively growing old becomes the norm where deficits become the focus. This is particularly evident in the frail aged. The term frailty, which is so often linked with the final phase of ageing, must not submerge the professional's perspective of the distinctiveness of the individual.

Frailty

Certainly, frailty must not be ignored but the word must not become a sentence of impoverishment. Frailty increases incrementally and, with advancing age and with the shift in demographics, frailty will increase. It is something that most people who live to an advanced age will probably face. Roberts et al (2008) estimate that 3-7% of the population aged between sixty five to seventy five years of age are frail, twenty percent of people over age eighty are frail, and one third in their nineties are frail. But what does this word mean?

Appropriate and timely care plus intervention is warranted once frailty has been diagnosed. Opposing the reinforcing of feelings and experiences which renders a person as only perceived as frail without recognition of other characteristics is crucial. Otherwise the diagnosis may become restrictive, compromising a person's plans, aspirations, and goals.

Frailty may symbolize higher vulnerability for adverse health outcomes. Certainly, the definition must not be dismissed but, it is argued, must be balanced. The British Geriatric Society (Turner & Clegg, 2004) advocates a comprehensive geriatric assessment which measures medical, psychological, and functional capabilities.

The concept of frailty is also described as a clinical syndrome with a series of multiple coexisting conditions, such as weakness, immobility, and poor tolerance to physiological or psychological stressors (Espinoza & Watson, 2005).

Frailty limits the scope of activities and the diagnosis may tragically become the person's destiny. Consequently, the whole person is not perceived in their entire context. Impaired functioning may limit the scope of the person, and preclude him/her from participating, with fear becoming an inclusive factor. Frailty is a socially produced phenomenon.

Gormally (1998, p.2) proposes that, "this pervasively negative sense of the frailty and dependence which overtake the elderly is the broader cultural context for a radical tendency in contemporary philosophy which would deny value to the lives of those elderly who have lost control of their lives in the sense of having lost the capacity for self-determination. This denial of value is equivalent to a denial of dignity. For, to possess human dignity is to possess a value which

commands respect in the sense of commanding acknowledgement of the human rights which belong to a person. Frailty does not equal feebleness or failure."

Frailty is on a continuum and is multidimensional. A frailty label may serve as a key to a gateway of decline and an end state. The outcomes are detrimental. "Frailty is a characteristic of the human condition… of people of all ages. We are each of us in need of certain supports," states Saul (1997). Hubbard (2014) proposes that frailty is the new cloak for ageism. A comprehensive assessment needs to be undertaken to carefully avoid using the term frailty indiscriminately.

Not all elderly people assigned this term accepted it willingly and resistance to the term is documented through various studies. Grenier's (2006) study reports that elderly people recognize physical symptoms of frailty but discriminate between 'being frail' and 'feeling frail'. Being frail was perceived as an enforced functional classification, whilst 'feeling frail' reflected the emotional consequence of physical impairment, disability or a traumatic event.

A paradigm shift, Pickard (2019) advocates, is required when attributing frailty as value based and challenging the 'social imaginary' of frailty with the lived experiences of elderly people. Gilleard and Higgs (2010, p.123) describe 'social imaginary as "a place that is stripped of the social and cultural capital that is most valued". Lived experience needs to be examined, and a recent Australian study by Archibald et al (2020) found the perception of frailty varied considerably amongst elderly people. This study acknowledged three main schemas: (a) the old and frail: a static state near the end of life, (b) frailty at any age: a disability model, (c) frailty as a loss of independence, control, actions and identity. The dominant paradigm of frailty, Tomkov (2020) argues, is presented as a truth discourse, and instead should not be blindly accepted without examining the context and recognizing the diversity of frail elderly people.

Another term which describes a complex and challenging issue is 'geriatric failure to thrive' (GFTT). Different professions have varying interpretations on why elderly people decline, but recognise it as multifactorial. Elizabeth Mackinley (2002) argues that failure to thrive is discussed as one area of concern for frail older people, noting that this may stem from a lack of nourishment of the soul. Thus Mackinley (2002) deviates from the physical focus of frailty to the emotional and psychological impact.

This condition is worth noting and Verdery (1996) estimates that in the 1980's and 1990's, GFTT affected 25% to 35% of community dwelling older adults, 25 - 40% of nursing home residents, and more than 50% of all veterans hospitalized in acute care institutions.

These figures are relevant and should not be overlooked. However, the concepts of frailty, and failure to thrive must not mask the lived experience or lose sight of the elderly person's perspective. If this happens, practice may be skewed, clouding the real issues which matter to the elderly person at this point in time. Kirby et al (2004) propose that these negative effects are moderated by spirituality. This is a resource which can be drawn upon.

In a review by Levers et al (2006) of the literature on frailty in older people, in which the multidimensional nature of frailty was acknowledged, only one study was found that included spirituality in a theoretical framework, and none considered it in a research framework. The authors of the review noted that, while the three most common factors contributing to frailty were physical activity, ageing and disease, confusion exists about the relationship between frailty and other identified factors. Considering that only one study included spirituality at all, this is an area for further study.

Regrettably attitudes of 'they are just old, so there is nothing we can do' prevail and stifle accurate diagnosis, comprehensive assessment, and creative management. When people reach Richardson et al (2011) argue that health-care professionals need to be conscious of possible adverse outcomes due to the constructs of frailty. The emphasis of bio-medicalization and dominant narratives of decline and decay permeate and influence the perceptions of frailty which in turn affects not only the perception of the body, but the person themselves. Tulle and Krekula (2013, p.8) stress, "Older bodies present particular challenges. The carnality of growing older has to be attended to and often this engenders the re-negotiation of identity. For our bodies as the dynamic receptacles of our existence are tied up with our deepest sense of self".

Reviewing the literature, Pickard (2019) highlights two predominant approaches defining frailty; the phenotype model (Fried, 2001) and the Frailty Index (Rockwood & Mitnitski, 2011). Both approaches focus on the symptoms and signs of frailty upon the individual body.

Fried's (2001) model proposed a framework stressing that, if a person has three or more of the following five characteristics, he/she would be considered as frail. These are unintentional weight loss (ten pounds or more in a year), exhaustion, and weakness (as measured by grip strength), slow walking speed, and low level of physical activity. The 'phenotype for frailty' was a screening tool developed by Fried (2001) to identify whether the individual is robust, pre-frail, or frail.

Rockwood et al. (2002) developed a frailty index comprising seventy items ranging from objective disease burden, use of drugs, and self-esteem to lifestyle factors. Deficit accumulation is analyzed and risk is calculated according to where the person tested is positioned on this grid.

The prominence on measuring tools relating to the frailty index may also undermine the importance of clinical judgment, meaning that non-contractual, evidence-based opportunities (e.g. nutritional education, exercise promotion), as well as appropriate linkage to social support, may be missed (NHS UK, 2017).

The question remains on how best to measure not only frailty, but also its antecedents, and its correlations (Watson, 2008). Instead, functionality becomes the central focus where the professional, it can be argued, may become obsessed with functional limitation scales which are generally used to evaluate the degree of disability in older adults. Buta et al (2016) appraised frailty literature and found more than sixty endorsed instruments for assessing frailty.

The scales that assess Activity of Daily Living (ADL's) or instrumental activities of daily living are often used to evaluate functional limitations. According to Palmer (1990), five percent of adults sixty five years of age require assistance with ADL's versus thirty three percent of those aged eighty five and older, reflecting a functional decline.

The entire assessment, it should be cautioned, may become skewed. Certainly positives are acknowledged, but critical scrutiny is required within professional practice to not lose sight of the person behind the label which is being assigned. Otherwise the fixation for testing is not a means to an end, it is argued, but an end in itself. There is a wide range of available assessments, but on their own, they do not enhance quality of life.

Unfortunately, a detached view may be formed where frail elderly people are seen as an accumulation of deficits. Andrews, Mitnitski and Rockwood (2008) depict this in their description, "frail elderly people can be viewed as complex systems on the brink of failure."

Fillit and Butler (2009) suggest that the potential harmful impact of older people who begin to engage in a decline narrative may ultimately trigger a frailty identity crisis. However, this assumes that a frailty identity was not considered as the anticipated outcome of experiencing symptoms related to a frailty diagnosis. Rather, Warmoth et al (2016, p.1496) suggested, "identification as a frail person followed when a person (a) embodied the assumed characteristics and behaviours of the identity, such as advanced age, physical limitations and disengagement, (b) willingly assumed that label, or (c) assumed a label imposed by others."

There are a plethora of definitions and labeling a person as frail may be damaging. Tomkow (2020, p.696) states, "there is no universally accepted definition of what frailty actually is and concern about how the concept is being applied is growing". The concept of frailty is poorly understood and unavoidably discounts the elderly person from being an individual who still has strengths to a person who suffers symptoms of this condition which embodies and confronts their identity so that they are finally known and described as 'frail'. This term at its worst becomes all encompassing.

Ageism within Practice: A Reality or a Myth?

Tragically ageism within practice needs to be guarded against. The concept of ageism was formulated by Butler in 1969. Ageism is "a systematic stereotyping of and discrimination against people because they are old, just as racism and sexism accomplish this with skin colour and gender" (Butler, 1989, p. 243). Ageism within practice may restrict professionals' perspectives as, at a certain age, age may become a compelling factor which engulfs identity. The numerical figure dictates outcomes and care.

Ageism is the notion that people cease to be the same people or become people of a distinct and inferior kind, by virtue of having lived to a specified number. Morgan and Kunkel (2015) stress that at the centre of any type of 'ism' is the formation of the 'other'. Stereotypes are formed

grouping people together as having the same traits. This process of "othering," Morgan and Kunkel (2015) propose, may be detrimental for elderly people in limiting opportunities to socially participate and engage in informal interaction. This type of judgment propagates generalizations and at worse may influence elderly people to internalize negative stereotypes about their own ageing. The Australian Association of Social Work position paper, *Ageing in Australia* (2013, p.8) stresses, "Ageism is not always intentional or direct: however its impact on older people can be profound". Ageist attitudes permeate through micro-, meso- and macro-levels of society (Iversen, Larsen & Solem, 2000).

Health care is not exempt from ageist attitudes and this has been explored through the narrative of burden and its influence on service delivery to elderly people. Williams' (1997) 'fair innings' argument discusses intergenerational equity. The pivotal focus Williams (1997) proposes is that every person is entitled to access health care which offers them the chance to live a 'normal' span of years, and people who live beyond this 'normal span' are 'living on borrowed time'. Emphasis on length of life is central to the 'fair innings' argument.

The consequences of both rationing and prejudice are that younger people take priority over older people in the health system. This means that a dualism is created. Grimley (1997) states that age is frequently discussed as a criterion for rationing. It is defended on the grounds that older people have had their 'fair innings'. A gradient is drawn with society's attitudes tending to affect health care. Hazra et al (2018) stress that efficiency concerns in the context of cost effectiveness may potentially influence resource allocation.

Ageist assumptions within health care, Hazra et al (2018) propose, need to be confronted and instead replaced with a value-based perspective which seeks elderly people's views on what forms of interventions they desire. Otherwise, without defying ageist attitudes, clinical practice may focus on value-laden judgments on what constitutes the needs of elderly people.

Pervasive beliefs in turn influence the care given and Roy et al (2013) draw criticism of services which have a narrow focus of older people's needs concentrating on managing physical decline and deterioration. Attitudes affect the type of care provided, for example, spatially changing the environment, providing modifications and visible devices all influence the elderly person's

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experiences. The implications of altering surroundings and what this means for the person should also be explored and is encapsulated in the quote below:

> Somebody came whilst I was in hospital and asked me what I had at home and so they bundled me up into an ambulance and took me home to see what I could do and what I couldn't do… They put rails in the bathroom and in my bedroom beside my bed so that I could pull myself up. And they supplied me with boxes to put my chair up a bit higher…I got terribly depressed. I'm sorry I just… I can't cry. I have no tears. And sometimes I wanted …I felt if only I could have a damn good howl I'd feel better, but I can't (Barrett, 2005).

In the Hippocratic Oath, one rule is, 'do no harm', which is translated from the Latin 'primum non nocere'. However, it is argued that we need to go beyond doing no harm to doing something which is worthwhile. Puchalski (2006, p.8) who is a doctor, highlights the sixteenth century adage, "to cure sometimes, to relieve often, and to comfort always". The presence of the other in the interaction is paramount. A transformative approach is needed from a preventative or reactive focus to an emphasis on supporting the everyday capacity of the individual (Pickard et al, 2019).

Integral to the social work role is to raise the consciousness of ageist attitudes which infringe on human rights. This is not a new phenomenon and Androff (2018, p.180) states, "social workers are integral to protecting and promoting human rights".

Maintaining Elderly People's Humanity Through A Rights Based Approach

The ultimate cost of reaching old age should not be the loss of human rights. A *Missing Voices Report* (WHO, 2002) encapsulated the need to claim human rights and the rights of humanity of elderly people. While older people historically have been neglected by human rights law, their rights are becoming a part of the public agenda.

Through adopting the Rights Based Approach, social workers have been able to advocate that policies need to meet rights rather than just addressing needs (Androff, 2018). "This means moving beyond the needs-based approach which often provides the basis for social work involvement with older adults to a rights-based approach that focuses on policies that secure their mandated well-being"(Androff, 2018, p.104).

The Rights Based Approach provides a means of challenging the negative images of older people that can be dismissive. "The recognition of specific rights of a group is important, not simply in itself, but because it raises the profile of those issues, becomes a basis for action in different contexts and empowers advocates as members of that group to act," states Fredvang and Biggs (2012, p7).

Human rights are universal and are documented in various international instruments produced under the United Nations, the Universal Declaration and Bill of Rights being the most influential and important (UN, 2011). The first comprehensive statement of human rights was produced in 1948 by the United Nations General Assembly.

Article I sets out the core idea of human rights: "All human beings are born free and equal in dignity and rights". The Declaration is endorsed by the major social work organizations, the National Association of Social Workers, NASW (2003), and the International Federation of Social Workers, IFSW, Ethics in Social Work (2004).

Among the core human rights treaties, the Convention on the Rights of Persons with Disabilities offers perhaps the most useful protection for older persons (Global Action on Aging, 2009). The convention is special in that it does not define 'disability' from a deficit perspective, and it marks

a shift from a traditional 'medical' model of disability to a Rights-Based Approach, proposes Kanter (2009).

There is a growing global push which was led by the United Nations for a binding international Convention on the Human Rights of Older People to protect the rights of elderly people (Global Action on Aging, 2009). Discussions are still occurring, and in 2014, the open ended working group was established by the United Nations General Assembly, trying to seek agreement on a new international instrument specifically dedicated to the promotion and protection of the rights and dignity of older persons. A consensus has not yet been reached. However, in Australia, the Age Rights Approach (Kendig, 2017) has been persuasive in acknowledging the status of elderly people.

A Rights Based Approach is imperative in practice in elevating and maintaining the status of elderly people. There needs to be a human rights focus on respect and dignity for all human beings, without discrimination. Kendig (2018, p.166) advocated for, "A Rights-Based Approach underpinning all domains of life, building and protecting respect and dignity and rejecting ageism in its myriad forms".

The Rights Based Approach offers a way of challenging adverse images of elderly people that may be discouraging and, worse, incapacitating (Androff, 2018). Life transitions within the ageing process and changing health status may detrimentally impact on the human rights of the elderly person. "Dependency makes elderly people vulnerable", argues Cox and Pardasani (2017, p.98). Further, Androff (2018) proposes categorizing elderly people and assigning status on their capacity to function independently contributing to discrimination and marginalization which erode essential human rights related to dignity, freedom, health, security and participation.

The central component of the Rights Based Approach is that, regardless of age, people are treated equally whilst understanding that everyone is an individual. This fundamental factor is embodied in influencing Aged Care policy. A paradigm shift in the development of Aged Care programs and policy was proposed by the Australian Association of Social Workers' position paper, 'Ageing in Australia' (2013). Such changes necessitate relinquishing viewing older

Australians as fundamentally a cost burden to perceiving elderly people as citizens who have the equal rights as everyone else and as people who are still able to contribute.

The Rights Based Approach advocates for social workers to actively contribute to cultural and structural changes at both meso and macro levels through providing ethical insight that is sensitive to human rights. Distinguishing between the needs based approach and the Rights Based Approach is crucial in measuring achievement in maintaining elderly people's humanity through Human rights.

Androff (2018) distinguishes between Rights Based and needs based analysis in that the need based approach assesses achievement by the fulfilment of a specific goal, while the Rights Based Approach measures success in relation to the realization of human rights with the acknowledgment that individuals and groups are entitled to hold rights, and that service providers are obliged to meet them (Gabel, 2016).

Integral to the Rights Based Approach are Australian Government policy initiatives introducing Aged Care Quality Standards and the Charter of Aged Care Rights. Both policies have taken effect from the 1st July 2019. The Aged Age Care Quality Standards comprise eight individual standards. Organizations providing Commonwealth Aged Care services need to comply with these standards and are assessed on their performance to achieve these standards. The Charter of Aged Care Rights is given to all elderly people prior to receiving community and residential care (Australian Government Aged Care Quality and Safety Commission, 2018). These have been included in Appendix II and highlight the Government's stance that elderly people have rights that need to be safeguarded when services are being provided. These Rights are designed to empower elderly people and to enable service providers to work closely with one another on an equal footing.

The Australian Government Aged Care Quality and Safety Commission in 2018 produced a comprehensive, rights based policy framework that explains how older Australians can participate in all aspects of community life and how those who need support can be assessed to meet their goals and aspirations. Prior to this commission, state governments of Australia addressed issues pertaining to rights of elderly people, and one example introduced by the South Australian Government is the Charter of the Rights and Freedoms of Older People (2015 - 2021)

which comprises twelve rights. The eleventh right is, "older people have the right to exercise freedom of thought, conscience, spirituality and religion" (Strategies to safeguard the Rights of Older South Australians Action Plan 2015-2021, p.25). This right has particular relevance in that elderly people need to be given the opportunity to share their thoughts on spirituality /religion.

The importance of spiritual care is now reflected within government policies, particularly in regard to the care of elderly people (Harrington, 2014). In Australia, the Aged Care Standards and Accreditation Agency has recognised the importance of spiritual care for older people through its standard 3.8 Culture and Spiritual Life. This highlights that individual interests, customs, beliefs and cultural and ethical backgrounds should be valued and fostered (2013, p.2). Reforming Aged Care policies has been instrumental in recognizing and promoting the diversity of human rights.

Reconstructing Aged Care

A multi-perspectival approach invites a focus on policy, especially related to aged care. Major policy initiatives have been implemented over the last ten years by successive Australian Government's to redefine Aged Care. The Living Longer Living Better Report (2012) recommended significant National Aged Care Reform to the Australian Government. Recommendations from this report were endorsed and reform entered a new phase in 2013 to meet the challenges of the changing demographic landscape, and to address the current limitations of the aged care system. These changes have impacted aged community care and residential care in Australia.

On the 1st July 2013, 'community care' changed its name to 'home care'. The change of name is pertinent as home support was moving towards being provided mainly by home care packages. The whole thrust of government policy is to decrease or at least postpone "forced moves from independent living to residential care," states Hugo (2014, p14). Home Care packages have been marketed as a desirable care option and are validated within the community as a new form of service delivery. The growth of home care has significantly increased by 142% between 2009 and 2019 (AIWS, 2019).

What is being offered within Community Aged Care?

In 2018-2019, the Commonwealth Home Support program (CHSP) provided 840,000 people support service at an entry level (AIHW, 2018-2019). The aim of this program is to support continued independence within the community by assisting elderly people with their care needs. CHSP and Home Care packages were introduced in 2015 and targeted people over the age of sixty five. The discussants in this study were all receiving the Commonwealth Home Support Programme which provides services up to five hours per week. A number of discussants were awaiting a Home Care Package as their needs warranted more hours of care, but had been placed on a wait list until a package became available.

Home Care Packages of care are provided from level one to level four depending upon the person's need and are assessed by an Aged Care Assessment Team (ACAT) assessor. Care that can be accessed is based on the incremental level which an assessor rates an elderly person's eligibility for a home care package. A comprehensive assessment of an individual's care needs, eligibility for services, recommendations for particular types of support needed, and the level of aged care programmes to be assigned is made by an ACAT assessor who can also recommend a CHSP package in the interim (Khadka et al, 2019).

However, to access an ACAT, an elderly person needs to navigate the maze of Aged Care through 'My Aged Care,' a gateway to information and a referral system. Accessing 'My Aged Care' may be done through a Call Centre and/or website. The question that needs to be asked is: Does this website foster creativity about positive ageing interventions? Computer awareness is assumed in order to access this website, and there is a massive array of information which may be perceived by some as overpowering.

The overall aim of facilitating an ACAT enables future planning to be undertaken with the elderly person by the Aged Care Assessment Team assessor whose prime aim is assessment to determine level of care and whether care can be maintained within the home or whether institutional care is the required outcome. The assessment assesses a person's psychological, social and medical needs. Limitations are identified in ten specific areas which include social support, self-care,

domestic assistance, transport, movement, moving or health care tasks, home maintenance, and meal preparation.

Until the assessment is commenced, many elderly people have tried to live by the principles of 'successful ageing' which has been propagated throughout society as a guiding force to effectively cope with the ageing process. Once an ACAT is done, the level of care becomes the focus and successful ageing is replaced with another perspective, which is that care is required.

Elderly people, after these assessments, are describing themselves from what I have observed in practice as level one to level four depending upon how they were rated. This clearly demonstrates that a rating is now totally consuming their perception of their identity. The conversation between the assessor and the elderly person is controlled. The elderly person learns the philosophy and rationale of home care and the terms of accepting care. "The person being assessed becomes aware of the particular needs categories, begins to see his or her situation as falling within these and leads them to construct a 'category -based identity'", state Barret, Hale and Gauld, (2012). This is tragic where deficiencies are highlighted to assist reaching the criteria that is required to obtain care. Unfortunately, the disease discourse may cause people to overestimate their deficits and underestimate what are arguably far more important aspects of being human, such as the ability to listen, to care, and to empathize (to name a few). The rating becomes the all-encompassing focus as the assessor rates people depending upon their perceived needs of care, which influences the entitlement of hours as well as financial support, which are connected with a home care package.

The assessment is comprehensive and the assessed person's life is laid bare before the assessor. Hockey and James (2003, p. 5) stress that, "new rules, roles and obligations" are internalized by the elderly person. However, examining the assessment is imperative as Monterio et al (2016, p.203) state, "What may be considered a thorough assessment must be understood as a limited snapshot in time".

 Further, the outcome of the assessment will guide the direction of care the elderly person receives. Focusing on deficits subscribes to the cultural discourse of elderly people becoming 'needy'. Aronson (2002, p.60) explained that, "older people are treated as bundles of expertly

defined needs to be accorded priority in some standard process of resource rationing". This needs based framework aligns with what Jolanki (2009) describes as dualistic notions of agency in old age. Elderly people are either assigned as needy or self-sufficient.

Turner (1969, p.93) claims that in a rite of transition, elderly people become 'invisible' as compared with the people they used to be. Instead they are known as care recipients for formal home care. A status is prescribed detaching the person's identity.

From what I have observed in practice once a programme is recommended or a certain level of home care package rating is given, the elderly person is placed on a wait list before being offered services. Once an approval has been received, service providers contact the elderly person for further assessment before services commence or the elderly person is encouraged to contact providers of their choice. The spectrum of choice given can be perplexing. Without support an elderly person may be left pondering on how to connect with services that will best address their needs. Social workers in Community Aged Care play a pivotal role in navigating a system to access services best suited to a client's needs.

Functionality is important but the physical needs becoming the prime focus needs to be guarded against. Choices need to go beyond ramps and rails to assess the whole person's needs. The physical should not precede importance otherwise the decline focus becomes paramount.

Certainly remaining in the home becomes a goal, and if not carefully explored an end in itself. Formal and informal support enables a person to have continuity and security of the home environment, but the experience can also result in discontinuity and disruption. Government policies and practices are intent on maintaining elderly people at home. An implicit notion within the policy of' 'Ageing in Place' is that it leads to elderly people sustaining autonomy, independence, and social inclusion. However, research contradicts this stance. Janlov, Hallberg and Petersson (2006, p.34) observe that, "asking for help seems to be a turning point, the start of a new major phase in life marked by an awareness that 'life is nearing its end'", this point of change being captured by one of their research participants in the comment, "The countdown has begun".

Counteracting the minimal involvement of elderly people in choosing a home care provider, the government introduced the model of Consumer Directed Care from the 1st July 2015.

"Consumer Directed Care is both a philosophy and an orientation to service delivery and planning of care" (Australian Department of Government and Health, 2018). This initiative aims to foster elderly people's autonomy, flexibility, and choice in selecting a service provider(s) and controlling the type of home care they request. This model has the potential to reverse the power imbalances between the elderly recipient and the provider of care. The type of care provided is designed to deliver services to better match elderly people's needs. Gill et al (2018) stress non-physical and non-traditional services within this model may be offered supporting a person-centred approach. Regular reviews are endorsed by active service managers who engage with frontline workers, so as to empower clients to self-determine their service needs.

Promoting Counter-narratives

At this point, counter-narratives need to be addressed to offer an alternative to the cultural narratives of ageing. A counter narrative is defined as, "a story that resists an oppressive identity and attempts to replace it with one that commands respect" (Lindemann Nelson, 2001, p.6). Furthermore, Lacuelle (2018) stressed that counter-narratives needed to go beyond respect to providing opportunities for people to engage in nurturing relationships which encourage self-realization. Subsequently, Lacuelle (2018) proposed that self-realization becomes a resource to counter the destructive effects of an existing dominant discourse of decline and age defying narratives. Instead, the 'narrative of becoming,' a term developed by Lacuelle (2018), fosters opportunities for human growth and flourishing which need not diminish in the final stages of ageing.

Rowles and Chaudhury (2005) found that initiating a presence where elderly people are acknowledged as contributors renews a sense of competence and control. Terms are not dictated and not blindly accepted but a reconstructionist perspective is considered in finding creative ways to connect to elderly people. Rather than solely focusing on the problems, innovative responses need to be given to elderly people with complex needs. The word need rather than

dependency, it is proposed, should take precedence in the ageing process. We all have needs. However, dependency is a construct which needs exploring. There is nothing to be shameful for being dependent.

Certainly, analyzing concepts such as what successful ageing may mean to elderly people is empowering and provides an alternative counter narrative. Tuominen and Pirhonen (2019, p112) state, "when older people were able to offer their own perceptions of successful aging, it turned out that it was not a matter of objectively measured physical functions but of successful adaptation to physical limitations". Positive connotations were used by elderly people to assist, compensate, and draw upon inner resources to sustain individual agency. This expression enabled a reconstruction of perception of self. Greiner and Phillipson (2014) advocate that agency is exercised in different ways and is not absent in the fourth age. These findings contradicted Gilleard and Higgs (2013) research that the fourth age comprised of 'social imaginery' where agency was negated.

Further, the World Health Organization (WHO) in 2015 endorsed a new paradigm emphasizing intrinsic capacity as a proactive approach in exploring what a person values and their capabilities. This positive paradigm draws upon the inner resources of a person. Belloni and Cessari (2019, p.3) explain that, "the WHO model's aim is to increase Intrinsic capacity and /or reduce the environmental barriers in order to allow older persons to (1) do what they have reason to value, and (2) make them again active and functional in society where they live."

This proactive paradigm identified capital not as a monetary value, but capital of synergy of strengths recognizing the potential of human agency potentially coming to the fore.

Human Agency

Central to intrinsic capacity is acknowledging human agency. Parsell et al (2017, p243) state, "agency instead recognizes an individual's capacity for evaluation, projection, reason, self - determination and action." Identifying the potential development of agency throughout people's life span negates the argument by Gilleard and Higgs (2010) that the fourth age symbolizes a 'lack

of agency'. Human agency is integral in creating a sense of self, and as Parsell et al (2017, p.238) stress, "human agency is core to social work".

The process of growing old can be a positive experience thus indicating possibilities for continued growth proposes (Parsell, 2017). The process of identity construction and exploring meaning making establishes elderly people as dynamic agents who have the capacity to construct a sense of self. As Carpenter-Aeby and Aeby (2009) suggest people's identities are evolving scripts which change throughout life's experiences. Recognizing that everyone has the potential to display human agency is significant. Houston (2010) advocates social workers need to challenge circumstances or beliefs that ascribe certain groups of people as passive. Instead engaging with elderly people and giving them the opportunity to voice their opinions empowers human agency. Diversity and complexity of people's lives become evident, and through enabling people to become liberated, social work shares insight into the potential of people to share their agency " to make their own history" (Reisch and Jani, 2012, p.1145).

It is this fit between person and environment which positions social work in emancipating elderly people from a prescribed status of marginalization. Yeung and Breheny (2015) advocate that the notion that elderly people are primarily perceived as dependent recipients of care needs to be confronted. Instead, narratives that focus on the ageing process where chronic illness does not mask elderly person's experiences of later life are being endorsed. Stephens et al (2015) and Meijering et al (2019) have utilized the capability approach to demonstrate what actually elderly people value in their everyday experience of ageing and linking this theoretical approach to social justice in turn advocating for social change. Insights into capability enrich the potential for elderly people to continue to construct a sense of agency throughout their lifetime. The Capability Approach is a major counter-narrative to the dominant discourses of ageism and decline. Further it equates human rights with human capabilities. Such an approach will be utilized in my research to determine the functional capabilities and what discussants chose as important capabilities to enhance their well-being.

The Capability Approach

The Capability Approach was introduced by Sen in 1998. Central to the approach is what elderly people value and this is examined through the connection between contextual and individual factors. Sen (1998) emphasizes the interaction between context and individual agency in which individuals function (Meijering et al, 2019). This integrated perspective includes environmental, psycho-social and physical changes within the ageing process (Yeung & Breheny, 2016). The capability approach upholds well-being in relation to functioning.

Nussbaum (2011, p.20) elaborated upon Sen's work stressing, "capabilities are not just abilities residing inside a person, but also freedom or opportunities created by a combination of personal abilities and the political, social and economic environment." The Capability Approach's major goal is to enable people to function in a variety of certain areas of central importance.

The Capability Approach's theoretical paradigm as discussed by Nussbaum, asks what are people actually able to do and be? This is a significant question, regardless of age, but has particular relevance for elderly people. Nussbaum's major goal was to encourage flourishing in human life. Nussbaum (2011, p.16) highlights that "the capability approach is not only a theoretical framework, but actually a way of life".

Social work can contribute to the relevance of agency and choice in elderly people's lives by creating insight into everyday experience of ageing. Robeyns (2005, p.94) highlighted the capability approach as focusing on "what people are effectively able to do and be: that is, on their capabilities".

Social Workers in Community Aged Care

McInnis-Dittrich (2009) states the future roles of social workers in the field of ageing are limited only by practitioner's imagination and initiative. Knowledge of the ageing process is essential for the social worker to bring clarity to challenge the effects of ageism. Instead, the role should include promoting cultural change and championing the case for elderly people to develop coping strategies wherever possible. Schachter-Shalomi (2011) describes the final stage of life as 'the December years'. Giving the opportunity to reflect on meaning is paramount at this time in life.

Further, acknowledging sense of identity and appreciating elderly people's lived experience encourages a continuum where alternative images of old age are constructed. Thus, the social worker would assist redefining age as an accomplishment. "Time and again old people say they experience the ageing process as a continuation of being themselves, their lives are ongoing. But this is not 'agelessness'. People see value in the years they have lived, without them they have no history, they have no genuine self" (Andrews, 1999, p.316).

Lane and Pritzker (2018) stress that social workers have often debated whether their role is agents of social control or agents of social change. When elderly people become frail, is the focus to tailor social work to a set of responses, for example, referring people for Aged Care Assessments, downsizing, or providing a certain response that fits the agency's goals? Alternatively do social workers reflect a person-centred approach irrespective of age?

Social Workers are engaged in a pivotal role in assessment and case management involving simultaneously gatekeeping limited resources, and at the same time advocating on behalf of vulnerable adults. In Britain, access to services came to be linked to service criteria based on managerial definitions of risk. Much front-line social work was transformed from a process of human interaction to a linear sequence of calculations about potential negative consequences and only intervening to prevent harm (Davis et al, 1997). Risk management became the encompassing focus and intervention was driven by this ideology. Nay (2002, p.33) states that, "overzealous risk management may protect a physical body from bruising but it may also damage irreparably the already vulnerable human soul".

Consequently, focusing on risk management may disempower front line practitioners to minimize intervention and adopt this ideology. Basing eligibility criteria on dependency and risk reduces the assessment process and is counter-productive to the essential tenets of human rights. Clark and Spafford (2002), who also maintain that calculating eligibility in terms of functional and financial dependency, reinforced by the tendency amongst professionals to pathologise a person's needs, is an approach which interferes with the individual's rights to respect for his /her personhood. Denigration of older age or portraying later life as eventually a time of dependency and decay may result in services being skewed to a framework which curtails maximizing human potential. Townsend (1981, p.12) refers to elderly people stating, "their voices have become very thin while much is said about them and too little by them."

In today's economically rational world, adoption of market mechanisms is at the forefront of practice. Practical arrangements, or 'the doing,' are an acceptable part of social work practice. For example, advance care planning is an area which social work addresses, entailing making decisions about treatment in end of life care and funeral planning. However, restricting social work practice merely to 'the doing' negates the spectrum of practice which could be embarked upon with elderly people. Instead of enabling elderly people to embrace the final stage of life, the scope of service is compromised.

Acknowledging grief and enabling people time to openly express themselves by giving extra support is imperative. It sounds intuitive, but it is not always endorsed by organizations which are time strapped and where resources are limited. Social Workers, it is argued, need to confront organizations' expectations of the type of work that should be performed.

WHO (2015) advocate liberating practice by endorsing a strengths-based approach. Strength-based Social Work practice is widely utilized. Baars (2012) proposes that resilience and inspiring views of ageing which embody an alternative interpretation promote intrinsic capacity. Nicholson et al (2017, p.350) argue that elderly people's resilience needs to be acknowledged: "Health and well-being is defined by what they can, as much as what they cannot do". A more balanced perspective is adopted where the body is perceived as integral to the formation of the person. "Authenticity/sincerity requires us, therefore, to acknowledge our ageing body as constitutive of

ourself, rather than an alienating condition we have been forced to adopt" (Lennon and Wilde, 2019, p.49).

McInnis-Dittrich (2009, p343) states that, "the dominant philosophy in gerontological social work and in much of the ageing service network is the importance of facilitating 'ageing in place'. This approach emphasizes that older adults function best and have the best mental health when they age in a place they feel is best for them. However, adequate resources need to be given to support this principle".

Working with elderly people in the community, it is advocated, needs to go beyond 'ageing in place'. Exploration of meaning and purpose is crucial for the practitioner to contemplate encapsulating a multi-perspectival approach. Age is not perceived in isolation. Instead, Hulko et al (2017) advocate older people are actors in their own lives contextualizing their experiences.

Services provided within the home may build upon the principles of integrated care by addressing people's needs throughout the life course. Carvalho et al (2019, p.188) explains that, "this type of care is person-centred, which means that it is grounded in the perspective that older people are more than vessels of their disorders or health conditions. Instead, they are viewed as individuals with unique experiences, needs and preferences." Doyle (2018) suggests that care providers should aim to enable elderly people to achieve their potential and this should not be restricted to only providing functional care.

In summary then, this chapter has documented the major narratives of ageing, implications upon policy pertaining to Community Aged Care, and how lived experience needs to be recognized as a contributing factor in maintaining and enriching elderly people's self-identities. Chapter three will now address how practitioners may contribute to the value of elderly people's lives by inviting elderly people to examine meaning and purpose at this stage in life.

CHAPTER THREE

AGEING WELL: THE VALUE OF SPIRITUALITY

> Humans are by nature meaning makers and core meaning is a spiritual concept.
> Finding meaning becomes more important in later life, and especially in the final
> career of life (Mackinlay, 2012, p.42).

The previous chapter highlighted significant cultural master narratives and how they may affect elderly people. This chapter examines the value of utilizing spirituality with elderly people and how exploring meaning adds to the inherent worth of ageing well. Through integrating spirituality in conversations with elderly people, self-realization is nurtured, and a redefinition of self is reclaimed. This challenges and counters the socially embedded, dominant, age defying and decline narratives with a reframed discourse (Lacuelle, 2018).

This chapter explores valorizing life as a significant component of professional intervention. The concept of Social Role Valorization was formulated by Wolfensberger (1983) emphasizing support and creating socially valued roles. Osburn (2006) proposes that Social Role Valorization is especially important to two particular classes of people in society: those who are at potential risk of becoming devalued, and those who are already societally undervalued. He recommends that implementing Social Role Valorization may be undertaken by adopting two general approaches: firstly, enrichment of people's societal image in the perception of others and, secondly, heightening of their competencies in the wider sense of the term. The concept of Social Role Valorization has particular relevance to the vulnerable sub-group of elderly people, the frail elderly. According worth and value to elderly people enhances the opportunity to age well and enables frail elderly people to acknowledge their sense of individuality. Furthermore, Wolfensberger et al (1996) highlight a sense of belonging which is integral to being valued and accorded a status of significance.

This chapter presents a conceptual framework for understanding ageing and mapping several existing theories that contribute to service design and delivery. It gives coherence to service interaction with elderly people, especially the vulnerable, frail elderly. Rather than stifling practice, a liberating approach is encouraged to facilitate an inward journey where

transformational change may be undertaken. New possibilities may exist with the encouragement of a montage of conversations on topics which matter, and centering upon spirituality. The intrinsic value of the person is recognised and celebrated.

Ram Dass (2011, p. 249) states:

> When we meet someone we ask, How do you do? What do you do? Is what you do the same as who you are? Every one of our roles is just a thought-form. We confuse our souls with our roles. You don't see me as a soul, you see me as a body, and you see me as Ram Dass, a role. What does it matter whether I am a cellist, or a pilot or a teacher? When you strip away the roles this outer form is just the body. Who I am is just here. Instead of 'How do you do?' How about, 'How do you be?' Our inner being is beyond form.

Intrinsic Value of Ageing and its link to self-realization

The opportunity to recognize the intrinsic value of ageing and the reciprocity of ageing has been documented by Butler and Kiikuni (1993, p.30), who state, "old age should not be seen in isolation. We must view it as part of the whole life cycle. Today's elders were yesterday's children, today's children are tomorrow's elders. We must not forget the unity and continuity of all life on earth". Ageing is perceived as a cycle where new growth can be achieved. Butler and Kiikuni (1993, p.6) emphasize that old age can be a time of beginnings as well as a time of endings.

Janhesen et al (2019) stress that the experiences of ageing encourage the decisive questions about the meaning in life and purpose. Significant questions such as what brings meaning to life are often pondered about or asked. Further, Janhesen et al (2019) propose that these types of questions are not solely confined to old age, but are considered through the life-course and, lived experience may contribute to greater self-realization. "Age", Chittister (2008, p.69) states, "is the antidote to personal destruction, the call to spiritual growth, because age finally brings us to the

point where there is nowhere else to go but inside for the things that really count". Exploration from within assists with the quest of finding meaning.

Meaning Making

Meaning making is a central concept which will be explored and has particular significance to this research study. Existential thought throughout the ageing process raises questions, such as, Where did I come from? Why am I here? Where am I going? and What lies beyond death?

Theorists who have developed meaning making approaches aim to derive meaning in the here and now to assist in focusing on the future. Notwithstanding the increased empirical and theoretical attention, Martela and Steger (2016, p.532) argue that, "the field suffers from definition ambiguity and simplifies approaches that neglect the complexity and conceptual range of meaning in life as a construct".

Two theorists' perspectives have been chosen to explore the meaning in life. Firstly, Viktor Frankl's (1984) concept of meaning in life and secondly Peter Derkx's (2011, 2013, & 2015) experience of meaning in life and its relevance to elderly people. Viktor Frankl (1984) envisioned that a person's purpose was to discover his/her meaning in life. This search was a crucial aspect of a person's being.

Frankl's experiences of being interned in a concentration camp in World War II served as a crucial foundation for his theory of meaning. As a psychiatrist, this experience challenged Frankl with the entirety of life and the explorations of behaviour and accountability of actions, and how people could still hold faith in a future. He proposed that life had meaning in all circumstances.

Wolborn (2014, p.285) states that, "Frankl's life and writings have served as an important bridge between psychology and religion". His contributions to spirituality and health care have been inspirational in encouraging people to find their personal beliefs. Due to a higher consciousness, Frankl (1978, p.290) suggested, "people are consistently searching for meaning", or what he calls a 'will to meaning'. Frankl (1963, p.157) stressed, "I believe the meaning of our existence is not invented by ourselves, but rather detected".

Frankl (1967) proposed that there is a spiritual unconscious facet within each person which he named the noological dimension integrating a transcendental element. This enabled people to have the ability to transcend, and Frankl (1963, p.207) described "a human being as a self-transcending being". Furthermore, Von Devivere (2018, p.33), who was influenced by Frankl's writings explains, "We all have within us the spiritual need to seek self-transcendence, in search for engagements beyond ourselves and for leaving a legacy, connecting with others, reaching beyond the self toward causes to serve people to love, for serving a higher purpose for the greater good."

Frankl's psychotherapy theory was named logotherapy and its central premise was upon free will, and the will to find meaning. Frankl (1965, p.270) described logotherapy as a 'medical ministry'. Logotherapy entails more than just discovering meaning as spiritual issues were also able to be freely discussed. 'Logos' is a Greek word which denotes not only meaning but spirit (Wolborn, 2014).

According to Frankl (1984), there are two levels of meaning. The first is the present meaning and the second is ultimate meaning. Frankl advocated that it was more productive to address the specific meaning of the moment of the situation, rather than talking about meaning of life in general, because ultimate meaning exists in the supra-human dimension which is 'hidden' from us. He cautions against discussing ultimate meanings in therapy unless the client is openly religious.

Logotheraphy is a person-centred psychotherapy. It is a combination of psychology and philosophy which helps people search for meaning and values. It is founded upon the belief that striving to find meaning in one's life is the main, most powerful motivating and driving force within the human experience. Frankl's (1984) approach is based on three philosophical and psychological concepts:

Freedom of will;

Will to meaning;

Meaning in life.

In this sense, self-transcendence is actively encouraged. The process of finding meaning and fulfillment in a person's life comes via transcending through previous limitations or seeking freedom of the will, then striving towards a worthwhile goal which gives meaning and, finally, encountering other human beings that enable the person to find meaning and fulfillment in their life.

This spiritual dimension contains an entity, which Frankl explored and which encompasses the human being, involving the:

1. Body (soma)

2. Mind (psyche)

3. Spirit (noetic core)

There are three main components that are at the heart of Frankl's philosophy. Firstly, each person has a healthy core. Von Devivere (2018) explains that the spiritual core of a person is perceived as a possible foundation of well-being and strength. An awareness of a person's inner resources enables the person to draw upon these strengths which are found in the internal or noetic core. Secondly, life offers a person purpose and meaning; it does not owe a person a sense of accomplishment or contentment. Thirdly, each person is understood to be a genuine and distinctive being.

Subsequently, Logotherapy guides people to substitute their perceptions in order to understand situations differently and to accept and embrace what is beyond their control. Neglect of people's existential concerns disables them as much from living life to its fullest as it restricts them from withstanding the trials of life.

In this sense, Logotheraphy may offer elderly people a philosophy where it is not only thought of as an agenda for future living, but as a hermeneutic for 'living in the moment'. This approach, rather than focusing entirely upon hope, focuses upon memories, times past, which bring a moment of reflective happiness now. The existential character of the remembered happy event constitutes the possibility for a treasure trove of episodic happiness, vignettes which bring comfort to elderly people facing a limited future. One of the greatest challenges for the

Logotherapist is to recognize and own the unavoidable reality of the brevity of life left to the elderly person.

Logotherapy is derived from the noetic dimension. What Frankl means by 'spirituality' is a fundamental component of human nature which is a person's capacity for a sense of awe, wonder, and mystery, even reverence, in one's assessment of the meaning, value, and purpose of one's own personal life. The term human spirit is not used in the religious sense. As spiritual persons, humans are not just reacting organisms, but autonomous beings capable of actively shaping their lives. Frankl emphasized the 'meaningfulness' of their lives as already lived (Frankl, 1954). Whether a person is an agnostic, or an atheist, logotherapists argue that the dynamics of spirituality can equally and meaningfully function within a person's life bringing value and purpose.

Critics of logotheraphy such as Reitinger (2015) state its religious influence is overwhelming. However, the major aim of logotherapy is to achieve a fulfilled existence. Religious beliefs can be used to find ultimate meaning and the mission of logotherapy, Frankl proposed, "was to re-mind the patient of his unconscious religiousness, that is to say, to let it enter his conscious mind again" (Frankl, 1975, p67).

However, Frankl (1988a, p.143) states, "logotherapy does not cross the boundary between psychotherapy and religion. But it leaves the door to religion open, and it leaves it to the patient whether or not to pass through the door. It is the patient who has to decide whether he interprets responsibleness in terms of being responsible to humanity, society, conscience, or God. It is up to him to decide to what, to whom, and for what he is responsible".

Another aspect of Frankl's work which has particular relevance to people regardless of age is Frankl's concept of time utilizing 'meaning potentials' and 'meaning opportunities'. In Frankl's (1951, 1966) perspective, the current moment of time is the period where present meaning potentials and meaning opportunities are offered in life. The future includes meaning potentials that are obtainable, the present is the time to actualize such meaning potential and the past includes those meaning potentials which have been actuated. Within Frankl's conception of meaning, the future is ever present.

Frankl's existential ideology was chosen and summarized as discovering that meaning is central to many elderly people whilst they come to terms with the ageing process, and their search for meaning.

In the context of ageing, Derkx (2011, 2013, 2015) developed a theory about meaning in life which comprised seven components of meaning and these included purpose, moral- worth, self-worth, control, coherence, excitement and connectedness. His theory related to elderly people's experience and incorporated both passive and active modes of being, for example, finding meaning in life, experiencing life as meaningful, and giving meaning to one's life. Derkx theory adopted four needs from Baumeister's (1991) work on achieving meaning and these were purpose, moral-worth, self-worth and perceived control. However, Derkx added a further three components to his theory on meaning and these are coherence, excitement and connectedness. Each component is not mutually exclusive and can overlap with other components. Further, Derkx (2013) concurs with Baumeister that the number of components is "somewhat arbitrary and irrelevant. What matters is the total conceptual space that they cover. The important thing … is the totality, not the number of distinctions within it" (Baumeister, 1991, p.32).

Derkx (2015) utilized narratives of elderly people in his analysis of elderly persons' meanings in life. Acknowledging McAdams (2009, 2011) stance that meanings are integrated through life narratives, Derkx (2013, 2015) stressed that the adoption of the narrative approach with elderly people was paramount in understanding the range of meanings. In Derkx et al's (2020) research findings, narratives were analyzed using the seven distinguishing components of meaning proposed by this theory. These components were also applied to the research findings analysis in my study and demonstrate particular applicability.

Derkx et al (2020) emphasize that the principle of purpose is usually future directed, but with elderly persons, their recalling the past supported the re-experiencing of purpose in terms of their immediate future. The need of moral-worth also linked to the past with the ideology that had been imparted to care for others intertwined with self-worth.

The need for (perceived) control, Derkx et al (2020) argue, is still required but is challenged through the ageing process by the loss of independence, and autonomy. Sustaining a sense of self and prolonging continuity with the past enables a sense of control. Even in trying situations, elderly people, Tanner (2010) proposes exercise agency through their actions aimed at nourishing a sense of self. Derkx et al's (2020) components of purpose are interwoven as coherence links with the understanding of control. The component of excitement within purpose mirrors both positive and negative emotions which contribute meaning in life.

Connectedness and meaning in life go beyond the social dimension of meaning in life. Derkx (2013) describes connectedness as connecting with the earth, the natural environment and a wider reality such as God and/ or religion.

Derkx's theory compliments the life course perspective through the temporal dimensions of specific meaning components in the past producing meaning in the present. The concept of time is not limited to a particular stage in life but instead traverses throughout a lifetime. Contrasting theories perceive time within a person's life in specific stages and several significant temporal theories will now be discussed.

Bounded in Time

Theories of ageing are often confined to stages and need to be examined in this context. A number of theories may be grouped as temporal, subjugating an elderly person in a time-based or historical reference point. These temporal theories also are linked with stages of development and are perceived to follow a chronological order. These theories will be discussed as they have and continue to influence practitioners' and elderly persons' perspectives of the ageing process. These theories need to be critiqued as they restrict understandings of ageing to stages which follow a sequential and linear pattern. Further, certain behaviours are linked with these stages, in turn potentially influencing perceptions of elderly people.

Consistent with the research focus, each theory is examined for its understanding of meaning in life at that stage in life. The Disengagement Theory (Cummings and Henry, 1961) relies on a pathological focus. This theory will then be contrasted with the Activity Theory (Havinghurst and

Albrecht, 1963), Life Development Theory (Erikson, 1950, 1963, 1982, 1986, 1997), and Gerotranscendence (Tornstam, 1989, 1994, 2011).

Disengagement Theory and its comparison with the Activity Theory

Cummings and Henry (1961) proposed that elderly people disengaged and withdrew from previous societal roles. This process of disengagement was argued to be 'functional,' serving both society and the individual. Disengagement Theory has been widely critiqued and more contemporary studies provide evidence that elderly people continue active participation in all aspects of living well into old age. In later life, disengagement is the preferred style for some, whereas continued activity remains attractive for others.

Activity Theory presents a counterpoint to the Disengagement Theory. Havinghurst and Albrecht (1953) support the maintenance of regular actions, roles (informal and formal), and solitary as well as social pursuits for a satisfactory old age. Activity Theory recognizes that most people in old age continue with the roles and life activities established earlier because they continue to have the same needs and values.

Schaie et al (2016) stresses that Activity Theory postulates that any decrease in social interaction is best explained by poor health or disability rather than by some functional need of society to 'disengage' older people from their previous roles. The tasks identified in the Activity Theory seem to merely accommodate to losses rather than the growth or development of a particular psychosocial ability. Activity for activity's sake is a danger of this theory being implemented rather than exploring the types of activities offered or interventions undertaken. Meaningful activity to the participant is crucial, and an individualized approach is required regardless of age.

Life Development Theory

The sequential stages of life were summarized in the Life Development Theory, an influential psychological theory, proposed by Erik Erikson (1982) which comprised eight stages. Each stage follows consecutively and within each stage a person faces a crisis bringing change and growth. Anticipating and planning for the future, Erikson (1982, p.63) proposes, represents a kind of psychological preparation for the years of life that are expected yet to come. Each development stage is related to a virtue. Erickson's epigenetic theory of the stages of human life is completed in old age which was achieved in the eighth stage.

This final stage symbolizes the struggle between ego integrity versus despair and the aim of elderly people in this stage was procuring the virtue of wisdom. Erik Erikson et al. (1986, p.51) state that, "in old age, a human being must not only confront nonbeing, but also face the final maturation of what we may call an 'existential identity'". Therefore, ultimate integration is essential to old age's consolidation of a lifelong sense of oneself.

He claims there are two essential qualities of vital involvement and these are actuality and mutuality. Erikson (1986) argues that life is too short to not have meaning. Further, Erikson (1986), in the process of pseudo-integration of people, constructs a satisfactory overall view of a person's life cycle by denying those elements people find to be unacceptable. Selective choice is made to accommodate and recall meaningful life events by negating memories that solely focus on despair. The past is utilized in understanding that it cannot be changed. Additionally, Erikson (1986, p.71) states that, "another component of the reviewing and accepting of life already lived has to do with the inalterability of the past." This poses a significant challenge for people reviewing their lives by being able to come to terms with their lives and creating acceptance. Erik Erikson described achieving ego-integrity as "the acceptance of one's one and only life cycle as something that had to be" (1950, p.218) and later as "a sense of coherence and wholeness". Restoring wholeness through the crucial rites of the passage of old age was perceived as imperative, and Erikson's final eighth phase symbolizes this struggle.

Consequently, life review and repair take on a new meaning. Butler created the term 'Life review', which he described as "a progressive return to consciousness of memories and unresolved past conflicts for re-evaluation and resolution. It is a normal, developmental task of the later years that occurs with the awareness of finitude and helps individuals face their own mortality" (Butler, 2010b, p.41).

A recognition of going beyond the ego-integrity versus despair stage was developed by Erikson's wife who proposed a new stage of identity development and growth pertaining to people aged in their eighties and nineties. The Life Development Theory was expanded upon by Joan Erikson (1997), after her husband's death in 1994, by documenting a new chapter in their book, titled 'The Life Cycle Completed', formulating a ninth stage called gerotranscendence.

All eight developmental stages, Joan Erikson (1997) proposed, needed to be revisited in the ninth stage to complete any unresolved challenges. The negative aspect of each stage came to the forefront and required vital involvement of elderly people to resolve these challenges. Overcoming the negative elements of each stage fostered the development of inner strength, courage and wisdom. Joan Erikson outlined that continued identity development may occur in the last stage of life through gerotranscendence. A heightened awareness of describing a transcendent spiritual perspective in old age, mainly occurring when a person reached very old age was stressed. The developmental theories of Erik and Joan Erikson characterize old age in spiritual terms using transcendence and wisdom. Transcendence is a key term and links with existence, spirituality and the search for meaning which many elderly people wish to actively explore.

Even though Joan Erikson has integrated components of the theory of gerotranscendence developed by Tornstam (1989), there is a distinguishing difference between the two theories. Erikson advocates that gerotranscendence occurs through working through life challenges. In comparison, Tornstam (1989) argues that gerotranscendence is a natural last phase in life.

Gerotranscendence

Lars Tornstam (1994) was influenced by Erikson's writings on transcendence, expanding upon psychospiritual development and enlarged consciousness. He proposes that human ageing is characterized by a general process towards gerotranscendence. Tornstam developed the theory of Gerotranscendence (1989) asserting that development into old age may lead gradually to a stage with its own precise quality of life. He refuted the tendency "to erroneously project midlife values, activity patterns and expectations as successful aging" (Tornstam, 2005, p.3).

Gerotranscendence theory proposes that elderly people's perceptions and approach to defining reality changes as they age. In ageing, the shift is made from the middle aged person's definition of reality, based on a materialistic and rational vision, to the ageing person's more cosmic and transcendent vision. This is normally followed by an increase in life satisfaction.

Gerotranscendence is defined as qualitatively different from both Erikson's (1982) 'ego-integrity' and Cumming and Henry's (1961) 'disengagement,' since it implies a shift in meta-perspective. Tornstam (1994) built upon the concept of disengagement as an integral part of his theory of gerotranscendence. Disengagement is still a central feature proposing that elderly people turn inward and disengage from society preferring their own company.

Tornstam revisited the perception of solitude, and its impact upon the well-being of elderly people. Gerotranscendence, explained Tornstam (2005, p.3), encompasses reduced time for superficial relationships and additional time expended in meditation, what he describes as 'positive solitude', causing major changes in how elderly people interact. Jewell (2014) argues that a decrease in social interaction may not be desired but is instead forced on many elderly people due to their circumstances, for example being excluded socially due to ageism, restricted mobility, declining health, and loss of significant other(s). Further, Jewell (2014) stresses these significant factors need to be examined when appraising Tornstam's claim concerning elderly people favoring a predisposition to solitude. Subsequently, Jewell (2014) contends that insufficient attention has been given to the contribution of personality type, for example, introverts may appreciate solitude, thus social integration will fluctuate from individual to individual and personality traits need to be considered. The engagement of solitude is also

disputed by Lay et al (2018) who state that the degree of solitude-seeking behavior depends on individual character traits, culture and social status.

Eisenhandler (2003) proposes that Tornstam's Gerotranscendence theory is extremely similar to the Disengagement theory and masquerades as a new theory. However, Tornstam (2011) emphasized that not everyone who has developed in the direction of gerotranscendence necessarily shows all the signs. Nevertheless, this was a key focus of this theory.

Other theorists, such as Atchley (2009), share strong collaborative evidence on three key features of Tornstam's gerotranscendence; (a) feeling a greater connection to the universe, a cosmic consciousness, (b) finding greater satisfaction in one's inner life, and (c) having less fear of death.

Components of the Gerotranscendence theory will be examined in this research study and discussants were asked their opinions on several statements relating to Tornstam's theory. The reason why these statements were included was to seek discussant perspectives and to examine Tornstam's theories through elderly people's lived experience.

 Tornstam (2011, p.168) reported that his participants commented, "Life was often described as a positive development involving increased life satisfaction in the context of a developmental pattern, typically including a redefinition of the self and relations to other people, as well as a new way of understanding existential questions."

The concept of gerotranscendence offers a theoretical context for recognizing spirituality in elderly people and for supporting it as a possible way of facilitating positive self-actualization (Kruse, 2012). Consequently, this affirms the potential for spiritual growth and enables non-religious and religious elderly people to experience the dimensions of gerotranscendence.

Consideration as to how existential questions are answered by elderly people, and their concept of the spiritual dimension, will now be explored.

The Spiritual Dimension

Mackinlay (2017) proposes that ageing may be seen as a 'spiritual journey' through search for meaning. This study examines elderly people over the age of eighty, their perceptions of spirituality and their views on meaning of life. Shaw et al (2016) suggest that spirituality continues to develop in old age, and the opportunity to spend more time on spirituality was conveyed as an advantage of being old. Religion and spirituality were synonymous to elderly people.

The scope of spirituality encompasses and accommodates a range of ideas which are diverse and often debated. Fisher (2011, p.17) stresses, "At our core, or Coeur, we humans are spiritual beings". This belief embodies spirituality as intrinsically innate.

The term spirituality has many meanings, and there is a proliferation of definitions. Hodge (2008) describes spirituality as a "nebulous term". Janhesen et al (2019) stress that the word spirituality is not used consistently. Rather than choosing one definition taking precedence over another in this thesis, two definitions were chosen emphasizing spirituality as multidimensional and the prominence of the relational component within these definitions. Lepherd (2019) advocates that an important function of spirituality is that it is relational. The two definitions chosen complement one another and focus upon the intertwined relational component of spirituality.

These two definitions are outlined, highlighting the search for meaning as an integral component of spirituality as well as forming connections / relationships. According to the first definition:

"Spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred" (Puchalski, Vitillo, Hull & Reller, 2014, p.643).

The second definition of spirituality comes from Mackinlay:

"Spirituality is that which lies at the core of each person's being, an essential dimension which brings meaning to life. It is constituted not only by religious practices but, understood more broadly, as relationship with god, however God or ultimate meaning is perceived by the person, and in relationship with other people" (Mackinlay, 2001).

Angell, Dennis, and Dumain (1998) recommend that spirituality's primary function is to draw strength in times of personal crisis and act as a buffer by fostering resilience. From a review of seventy three articles on spirituality, published between 1991 and 2000, Chiu et al. (2004) identified a number of themes, including existential reality, transcendence, connectedness, and power/ force/energy. Most of the researchers from this review defined spirituality existentially, incorporating both individual experience and meaning in life. In relation to transcendence, the researchers believed that spirituality transcends the context of reality and exists through and beyond time and place. The essence of transcendence was considered to be liberation from suffering and opening up to life and death. In relation to the theme of connectedness, authors conceptualized spirituality as relationships with self, others, nature, and a higher being. Love, harmony, and wholeness are important elements of these relationships. In relation to the theme of power/force/ energy, researchers included creative energy, motivation, guidance, and striving for inspiration in their definition of spirituality.

Religion and Spirituality

This study focuses on social work and its perception of religion and spirituality within practice. The pursuit to legitimize the place of religion and spirituality within the social work profession is gathering momentum (Crisp, 2017). However, as Crisp (2010) highlights, there has been a preference in accepting spirituality over religion within the social work profession. Carrington (2013) found social workers have developed a paradigmatic chasm where spirituality is acknowledged and religion is distanced. "By not re-examining personal biases social work may overlook the importance of religion and thus forgo the opportunity to connect in a deep and meaningful way with the people they are serving" (Wiebe, 2014, p343).

This socially constructed divide between spirituality and religion is fraught with the ideology that secularism in Western societies is all consuming and eventually religion will become obsolete. Such a myopic stance is detrimental and dismissive. Hodge (2015) stresses that spirituality and religion are distinctive terms, but there is an overlap. Further, Dinham and Shaw (2018) argue that religion and beliefs are not uniform and instead propose they are in flux.

Luckmann (2003, p.276) states, "I am convinced that religion is not a passing phase in the evolution of mankind but a universal aspect of the *condition humana*. Appearing under different socio-structural conditions in various historical forms, it remains a constituent element of human life, bonding the individual human being, most particularly its experiences of transcendence, to a collective view of the good life".

Both religion and spirituality are multidimensional concepts that make reference to a higher power. The terms include a range of meanings, and so there is a great deal of difficulty associated with defining these notions in an adequate manner (Traphagan, 2005). Spirituality without affiliation to a religion, for example, incorporating spiritual issues and becoming more people centred, is widely practiced within Western secular societies. Hodge (2018) describes the separation of religion from spirituality as a dichotomy enabling people to self-identify as just spiritual.

Sperry (2016) raises that the escalating numbers of people in general population studies describing themselves as spiritual but not religious is significant. There is a recognition of the value of spirituality with a non-religious identity and this subcategory of spirituality is termed secular spirituality. Sperry (2016, p.221) declares that, "secular spirituality involves a search for meaning outside of religious institutions and contexts, and highly values one's relationship with self, others, nature, life's meaning, and transcendence or sense of the ultimate".

There is a fine line between spirituality and religious spirituality. Hodge (2000a) defines spirituality as an existential relationship with God (or perceived transcendence) that fosters a sense of meaning, purpose, and mission in life. In turn, this relationship produces beneficial change, such as an increased sense of other-centred love, which has a noticeable effect on an individual's relationship to self, others and God.

Conversely, religion flows from spirituality, expressing the existential spiritual relationship in particular forms, rituals, beliefs and practices that have been developed in community with other individuals who share similar phenomenological experiences of transcendence (Hodge 2000a). Durkheim (1965, p.621) stated that, "religious custom, for instance, instructs us on how to commemorate birth, celebrate marriage, and mourn death in personal and collective ways that

are experientially and spiritually based." Indeed, both spirituality and religion may be perceived as interwoven. Mackinlay (2017) advocates that spirituality can be sustained through religious practice. According to Bouma (2011, p.14), for example, "I say religion without spirituality is dead as a doormat. And spirituality without religion, well you cannot do something more than three times without it becoming organized anyway, and so you are not going to have much spirituality that you can detect, that is not already well on its way to becoming a religion."

Hodge (2005) cites Pargament (1997), who observes that New Age groups and other alternative expressions of spirituality inevitably take on the forms of religion. In short, religion is essentially the organized communal expression of individual spirituality.

Interest in religion, Tacey (2010) proposes, has become personal rather than collective, existential rather than devotional, experiential rather than instructional, and passionate rather than moralistic. It is concerned with encountering God in this life, rather than preparing to meet him in the next, which is the more traditional approach. The present and the here and now is the focus.

Spirituality is more inclusive and universal than religiosity. Tanyi (2002, cited in Molzahn, 2007) suggests spirituality encompasses meaning in life as well as faith and is considered relevant regardless of whether or not a person is involved with any organized religion.

In a review of studies carried out in the United States of America, Idler (2006) found the association between ageing and religious participation may be best described as non-linear. Religious participation tends to be most intense in early adulthood and later life. Declines in participation occur in later life due to health issues before death. But subjective religiosity does not diminish. Sulmasy (2002) indicates there are a number of dimensions to religiosity, for example church attendance, prayer, reading sacred texts, and following religious beliefs and values. For elderly people who are part of the pre-war generation, their expression of spirituality is often encompassed in some form of religious affiliation, even though they may be limited in the dimensions of religiosity in which they are able to participate. Physical issues and declining health may preclude elderly people from joining in religious ceremonies and instead religiosity is celebrated privately.

Spiritual Assessment in Health Care

Identifying spiritual need and appropriately responding is an integral part of quality assessment within social work intervention. Spirituality is usually understood from within one of three models of health: biomedical, bio-psychosocial or social (Rumbold, 2007, p.2).

The biomedical model identifies spirituality as private and as a one-dimensional form of intervention which is practiced by only enquiring about religious affiliation. Pulchaski (2000) proposes that spiritual assessment within this context becomes rather simplistic or limited.

This current thesis advocates incorporating spirituality into the bio-psychosocial model. Thus, the biopsychosocial-spiritual approach, developed by Sulmasy (2002), is advocated as it focuses on a person centred perspective. A central premise to the biopsychosocial-spiritual approach is that everyone has a spiritual history.

This model has been adapted by researchers from a wide array of professional backgrounds exploring spirituality, and /or religiosity (Saad, De Medeiros & Mosini, 2017). However, Sulmasy (2002) cautions against the use of assessments and proposes that misinterpretation may occur without examining fully what is being measured and what it means to the person who is being asked.

A range of questionnaires and interview schedules have been developed to seek information on an array of spiritual and religious topics. Lepherd et al (2019) raise the issue that the use of 'assessment' in relation to spirituality should be more fully explored as assessment can imply evaluation and 'marking', concepts that cannot be applied realistically to a phenomenon such as spirituality.

However, the type of questions asked needs to be relevant to the receiver rather than all-encompassing and thus negating the interaction between the two parties. Rumbold (2007) advocates that spiritual care needs to consider the process of facilitating a person's spirituality and not imposing expert assessments which may be perceived as intrusive. In its place, Rumbold (2007) recommends spiritual assessments should utilize the process of understanding a person's thoughts in exploring what gives meaning and continuity to a person's life.

"Implicit spiritual assessment", as proposed by Pargament (2009), aims to reveal the spiritual dimensions of people's lives. This type of assessment, "implicitly involves listening for implied spiritual content in client's descriptions, asking client's questions that hint at the possibility of spiritual experiences and attending to clients' emotions" (Pargament & Krumrei, 2009, p112).

Adopting tools, scales or assessments whilst undertaking spiritual practice, Gysels and Higginson (2004) emphasize, needs to be carefully considered as there is a body of opinion which opposes the 'medicalising' of spiritual needs through an over-emphasis on assessment through standardized scales. Consequently, assessment being undertaken purely for assessment's sake may result in stifling and compartmentalizing practice. Assessment may become routine and use a reductionist approach rather than a person-centred approach as being the dominant focus. Rumbold (2007, p.362) states, "the issue is not the need for new or better tools so much as the need for proper conceptualization of the process".

 This conceptualization of process is vital to avoid spirituality becoming a commodity or compartmentalized into a routine. The term therapy has proliferated through a range of mediums and beliefs, so that whatever a person identifies with or undertakes has become a 'therapy'. These include activities and interests that have been assigned and labelled as a therapy, for example horticultural therapy, pet therapy, and music therapy. Labelling spirituality as a therapy can be detrimental and may restrict practice.

According to Norberg (2019), integrating spirituality and providing space for conversations to take place is essential to facilitate the process. Developing this kind of space has two components: location and allocating time to develop a relationship which supports a spiritually sensitive discussion. Norberg (2019, p.129) advocates that, "a pre-requisite for being able to talk about beliefs and doubts was a trusting relationship with somebody who really wants to listen, since talking about spirituality is considered a sensitive topic".

Noting how the physical location may facilitate or restrict a discussion on spirituality is pertinent and observing visual cues may be easier in a community or home setting. Not having the visual cues does not need to hinder spiritual interaction, but it may be advantageous to the practitioner. Nevertheless the relationship is the key in fostering spiritual interactions.

Puchalski and Romer (2000) advocate gathering a spiritual history and this form of assessment has been propagated within the health system. Numerous acronyms have been developed for clinicians who are inexperienced at taking a spiritual history. The purpose of these acronyms is to help clinicians remember what questions to ask about spirituality. Pulchaski (2000), a medical practitioner, proposed four questions to enhance spiritual interaction and these are as follows: What gives life meaning? Why is this thing happening to me? How will I survive this loss? What will happen to me when my life ends?

An acronym that Pulchaski (2000) uses is FICA:

F - **Faith** or Beliefs

I - **Importance** and influence

C - Spiritual **community** of support

A - How does the patient wish these **addressed**

The benefits of including such questions is described by Pulchaski (2000, p.130) in a medical setting by stating, "when you get involved in a discussion with a patient about his or her spirituality, you enter the domain of what gives that person meaning and purpose". This type of intervention should not solely be confined to a hospital or institutional setting.

Nurturing Spirituality

"Spiritual care is care that addresses the needs of people in their search for meaning in life: it helps them to make sense of their lives, and includes emotional care" (Mackinlay, 2012, p.17). In spiritual care, one seeks to enter the world of another. When services to older adults are understood through the lenses of 'meaning and purpose' and 'connectedness,' the spiritual journey of ageing becomes pivotal and integrated in practice. This enables spirituality to be taken out of the domain of the ambiguous into the realm of practice and programmes (California Lutheran Homes, 2012). The California Lutheran Homes' mantra is "Ageing is a spiritual journey". This is an important philosophy normalizing and integrating spirituality into ageing and the passage of time.

Mackinlay and Trevitt (2006) emphasise that spiritual care should not be seen as an 'optional extra' for older people, but a spiritual quest which does not culminate with the onset of frailty. The crux of spiritual care is not following a teaching or creed, but the fundamental capacity to enter the world of another and respond with feeling. Spiritual care occurs in a compassionate relationship. It responds to people's search for meaning, self-worth, and the need to express a connection with others, nature, and /or God.

Connectedness, feeling emotionally involved with others, is an inherent human quality and a commanding reason for creating and maintaining relationships with other people. Without connectedness, people experience social isolation, deficits in belonging and lack of meaning in life (Townsend & McWhirter, 2005). Older adults who receive help with daily activities or who have functional limitations are also vulnerable to being socially isolated (Hellstrom, Persson & Hallberg, 2004). They often seek connection and search for spirituality.

Spiritual care seeks to discern the complex threads that join people together. Spirituality seems most prominent in the life of older adults when they face life changing events that directly influence role and identity transitions, such as moving to institutionalized housing, the loss of a loved one, health limitations, and /or facing one's own mortality (Black, 2006). Further, Doka (1993) stresses that people at the end of their lives face three spiritual tasks: to find meaning in their lives, to die appropriately, and to find hope which extends beyond the grave.

Gormally (1998, p.1) stresses that, in our Christian past, old age was seen as an integral part of a spiritual journey which gave meaning to the whole of one's life. The goal of this journey was known to be union with God in the beatific vision. The characteristic condition of old age, with its frailties and dependency, could be an occasion for spiritual transformation and transcendence, for acknowledging the fundamental condition of the human condition, our dependence on God and love and mercy. However, secularist culture offers no sense of what might redeem this fate.

Spiritual care is not just about religious beliefs and practices or about imposing beliefs and values. Knowing boundaries and not confusing explicit and implicit religion is imperative in practice. As a result of finding meaning, the older adult may experience spiritual growth and improved well-being and life satisfaction (Fry, 2000). Spiritual care inherently involves an interpersonal dimension (Greasley, Chiu, & Gartland, 2001).

Affirmation seeks to assist elderly people find meaning in their current circumstances in which they find themselves by being sensitively and compassionately present, enabling them to access and utilize their own inner capacities and resources. This is particularly crucial in community aged care. Mackinlay (2017) highlights that, through engaging in a spiritual journey, a person's energy level may be replenished, and the importance of spiritual narratives comes into play.

Nevertheless, it is also true that the spiritual dimension needs to be examined in a setting of compassion.

Compassion

Taylor and Walker (2013) stress that compassion is essential for all who value encompassing spirituality within practice. A significant question that Ward et al (2018) asked was, what does compassion actually mean in practice? Stickle (2015) proposes that compassion is a fundamental value in social work, it is integral in guiding practice and is based on the profession's humanitarian roots. Three qualities that have been highlighted by Canda, Furman and Canda (2020, p.69) in fostering compassionate presence are empathic caring connection, clear non-judgmental awareness, and skillfully helping responses.

Providing compassion is a central element in fostering empowerment and encouraging thought on how professionals interact and even question. Berwick (2016, p.1329) demonstrates this by examining and altering the phrasing of questions, for example from, "What is the matter with you?" to "What matters to you?" Simply reflecting and changing our wording may shape interaction, relationships, and foster enriching conversation rather than constraining responses.

Compassion in the health care field has influenced an approach named compassionate care. "Compassionate care is an important and frequently overlooked component of patient-centred care. It addresses the emotional and psychosocial aspects of the patient experience and the patient's need for human connections and relationships. At its core, it means recognizing the concerns, distress, and suffering of patients and their families and taking action to relieve them. It is based on active listening, empathy, strong communication and interpersonal skills, knowledge of the patient as a whole person, including his or her life context and perspective, and ability to work together to relieve distress" (The Schwartz Centre for Compassionate Healthcare, 2015).

Compassionate care is based on relationships and, as Rumbold (2012, p109) states, "compassion speaks more of our shared humanity". Compassion is an essential value in spiritual care (Taylor & Walker, 2012). Further, Puchalski and Langford (2008) stress that compassion is inherently a spiritual practice focusing on the needs of others. Puchalski (2014) suggests that promoting a compassionate presence enables people to explore what sustains them. Research demonstrates that people want their spiritual needs considered as part of their overall health care (Best et al, 2014).

Faith in Australia

Gall and Grant (2005) stress that faith, religion and spirituality are three separate concepts, but are interrelated. Spirituality and religion have already been discussed and faith will now be addressed. Faith is defined by Fowler (1986, p.26) as, "the process of constitutive knowing underlying a person's composition and maintenance of a comprehensive frame or frames of meaning generated from the person's attachments or commitments to centres of subordinate

value which have power to unify his/her experiences of the world, thereby endowing the relationships, contexts, and patterns of everyday life, past and future with significance**.**"

In Australia, faith, religion and spirituality are central tenets within the current older, pre-war generation. Successive generations will vary in perceptions and attitudes of religious experiences (Hugo, 2014).

Table: 3.1 Generational comparison of religious identification:

Religion	Pre-War Generation	Baby Boomers
	Born in 1927 -1936	1946 -1965
Identify as Christian	80%	66%

Table 3.1 was generated from information gathered from the 2016 Census (ABS, 2017). From this Table, and according to Hugo (2014), the pre-war generation has a strong identity and linkage to Christian faith. This is the generation involved in this study.

In the 2016 census, 30.1% of the Australian population identified as having 'no religion'. Christianity still ranks as the most common religion (52%), followed by Islam (2.6%) and Buddhism (2.4%). Australia has increasingly become a more religiously diverse country, and Hinduism has had significant growth. The census data does reflect that the pre-war generation is more likely than the baby boomers to indicate that they follow the Christian religion (Australian Bureau of Statistics 2017). However, the varying choices do not shed light on the quality and quantity of religious interaction.

Chapter Three has outlined a number of theories of ageing and spirituality and illustrated the interwoven nature of ageing and the link to explore spirituality. The following chapter will present the strengths of the narrative approach. Allowing clients to share their stories builds an alliance that is ethical, respectful and informative (Monk, Winslade, Crocket & Epson, 1997). By embracing a narrative approach, the client becomes an active collaborator in sharing his or her life story: they become the lead character, writer, storyteller, and reader, states Miller (2011).

The focus is on strengths and successes which encourage further exploration This further empowers the client's story to emerge by providing a meaningful picture to form and shake off the shackles of preconceived notions of what it means to be a frail elderly person.

CHAPTER FOUR

NARRATIVE INQUIRY AND HERMENEUTICS:

MAKING SENSE THROUGH OUR STORIES

> Story is a tool for making us whole: stories gather up the part of us and put them together in a way that gives our lives greater meaning than they had before we told our story. Story is a tool for self-discovery, stories tell us new things about ourselves that we wouldn't have been as aware of without having told the story (Atkinson, 1995, p3).

This chapter outlines the methodology of an empirical study of personal narratives utilizing the narrative inquiry. Encouraging people to tell their story provides an opportunity to share something of their inner self as well as maintaining/ restoring identity. Mackinlay (2017, p.75) proposes "we are all 'meaning makers', we see life and its meaning through our life experiences and, most importantly through story". This qualitative approach investigates not what is, but the meaning people make of circumstances and events. It captures memory, emotion, imagination, and personal insights (Speedy, 2000). Indeed, narrative inquiry offers the potential to respect the complexity of life, enabling participants to contemplate life and experiences on their own terms. "Narrative inquiry …is one way of trying to make sense of life as lived," state Clandinin and Connelly (2000, p.20).

This study challenges two dominant discourses within the health system. The first dominant discourse solely focuses on deterioration and loss through reductionist stories about elderly people which uses a language based on pathology. This may be effective in treatment, but can exclude the person's hopes, dreams, fears, and concerns. Within this medical model, mere symptoms, biomarkers, and pathologies serve as the main identifiers of people. As Clarke (2001, p.195) states, "the scientific technocratic voice of medicine drowns out the life-world voice of the patient". This focus upon frailty and loss of connection to people and the world, including meaninglessness in the person's current life, comes to the fore. This subversive discourse is

misleading and potentially damaging to elderly people who turn to the service system for support.

The second dominant discourse that may be destabilizing to elderly people is that ageing is problematic and should be managed at all costs. This may result in plans being made by health professionals with little or no consultation with the elderly person. These seditious discourses need to be addressed instead by building an alliance between social worker and the elderly person through a narrative approach.

Introducing Narrative as Methodology

Integrating the narrative approach may contribute to humanizing health care and contest these dominant discourses. An alternative paradigm may be embraced where "older people are authentic experts of their lives and how life is told" (Wright-St Clair, 2014, p.132).

 When older clients participate in externalizing conversations, they have the opportunity to challenge the thin descriptions of diagnosis and labelling, and explore alternative and preferred descriptions of themselves, argues Grimm (2003). By incorporating the narrative approach, an elderly person may flourish in an environment which provides them with the opportunity to facilitate a voice. "Whether talking about the full life story or personal narrative of a single event, nonetheless people typically engage in a process of autobiographical reasoning, wherein they seek to derive general semantic meaning from particular /episodic experiences in life" (Habermas & Bluck, 2000). A hermeneutical analysis of guided biographical reflections was developed in the interviews and adopted in this study.

 Story was central to relating experiences. However, the story should not be perceived as an end product, but rather as a constantly evolving, on-going process. Strong-Wilson (2004) notes that a narrative is not simply experience transformed into words on a page. Rather, stories are set in a context where, according to Fulford (1999), they demand ethical understanding. There is no such thing as just a story. A story is always charged with meaning, otherwise it is not a story, merely a sequence of events. Fulford's (1999) notion of 'ethical understanding' suggests that

stories are always composed and interpreted with attention to values and ideology. Narrative inquiry enables participants to have the opportunity to re-contextualize these events.

It is of prime importance that narrative inquiry has to take into account contextual, ethical, non-reductionist, and developmental, restorative, and embodied principles.

Sullivan (1995) emphasizes that a life is a puzzle to be decoded, but the solution to that puzzle is not the desired goal. Instead it is the understanding of the depths of the puzzle so that its mystery may be revealed. The mystery of what will be said is ever present in narrative inquiry.

Interpretations of the stories commentate the mystery. Of course, the difficulty with all efforts of interpretation is that interpretation is inevitably about standing in the spaces between the experience of mystery and the effort to reveal the mystery. *'Interpret'* comes from the Latin word, *interpretari*, meaning an agent between two parties, a broker, a negotiator, and an interpreter. The study used narrative inquiry to incorporate all three roles in facilitating participants to share their inner self by expanding, examining, transforming, and eventually transcending the stories by which they live.

Narrative inquiry embeds the narrative approach as integral to the branch of 'narrative gerontology,' which Randall (2014) describes as enriching understanding of how people change subjectively over time: of how this change influences people's sense of identity as a consequence of the continual weaving and reweaving within themselves of memory, emotion, and meaning.

Narrative is defined by McAdams (2009, p.10) as, "a life story that is an internalized and evolving narrative of the self that incorporates the reconstructed past, perceived present, and anticipated future in order to provide a life with a sense of unity and purpose".

Narrative Identity

The construction of self in old age enables the elderly person to be the expert on his /her own narrative (Drizin, 2010). This empowers each participant to become the author of his/her story where alternative endings of growth may be realized. Rather than subscribing to an insular perspective focusing on the deterioration and losses of old age, the narrative approach has the potential to cultivate hope.

Historically, the first narrative theories of personality emerged in the late 1970's. Tomkins (1979) proposed a script theory of personality that "conceived of the developing individual as akin to a playwright who organizes emotional life in terms of salient scenes and recurrent scripts" (McAdams, 2008, p.243).

McAdams (2008) referred to Tomkins work in 1985 when he formulated a life story model of identity, contending that people living in modern societies begin, in late adolescence, to construe their lives as evolving stories. An integration of the recreated past and the anticipated future is undertaken in order to provide life with some semblance of unity and purpose. Reflection is encouraged to form a narrative identity which refers to an "individual's internalized, evolving, and integrated story of the self" (Mc Adams, 2008, p.242).

"The stories we construct to make sense of our lives are fundamentally about our struggle to reconcile who we imagine we were, are, and might be in our heads and bodies with who we were, are, and might be in the social context of family, community, the workplace, ethnicity, religion, gender, social class, and culture at large. The self comes to terms with society through narrative identity" (McAdams, 2008, p.242).

The discussant's story is integral and a valuable link in forming a working relationship between interviewer and participant. Discovering the meaning that spirituality has for elders, as it is told by the individuals living that experience, is evidenced through the stories of elders (Manning, 2012). Narrative reconstruction is a way to understand how people make sense of their humanness, their lives through the power of story. Stories are essentially narratives with soul.

Following the analysis of what is being offered in practice and the relevance of spirituality in practice, spiritual identity needs to be explored.

Spiritual Identity

Spiritual identity is dependent on a narrative and it provides meaning. McAdams (2008) explains that spiritual identity is the mythical story that a person creates which helps explain his/ her behaviours, experiences and relationships.

"If then, spiritual identity is storied, it seems imperative we should listen carefully to people regarding the stories they tell of their experiences and with particular attention to the spiritual meaning found in the stories themselves. And if the spiritual identity stories have evolved within particular cultural and faith traditions, then we need to be aware of how the language of those stories contain symbols with meaning derived from those traditions" (Reimer & Dueck, 2012, p.264).

Spiritual development is a life long journey that is not linear. In fact, the path is marked by twists, turns and recursive efforts. It is only with age that one can look back and understand the points of growth, the patience, courage and endurance allowed one to finally reach new ground (Nelson-Becker & Gilbert, 2014). Exploration from within enables re-envisioning narratives that may lead to personal growth, transformation, and self-actualization.

Phenomenology

Another qualitative design method that influenced this study was phenomenology. Phenomenology originates from psychology and philosophy and focuses on the lived experience of individuals. Teherani et al (2015) documented that the goal of phenomenology is to describe the meaning of lived experiences both in terms of how it is experienced and what is experienced.

Discussants were encouraged to personally investigate lived experiences by exploring and appraising meanings. By investigating an experience as it is personally lived, new meanings and appreciations can be developed to inform, recreate, and /or discover how a discussant understood that experience. Narratives may be utilized to assist the focus on lived experience.

Polit and Beck (2017) stress that phenomenology uses criteria sampling in which discussants meet predefined criteria. This was pertinent to my research as discussants needed to be receiving the Commonwealth Home Support Programme, aged eighty years of age or over, residing in the community, cognitively intact, and experiencing a level of physical frailty.

Hermeneutic Approach

Hermeneutics is a foundational paradigm which focuses on conveying and interpreting meaning to the lived experience of people's lives. A leading figure documenting the hermeneutic approach was Martin Heidegger whose interpretive framework has particular relevance in documenting the process of being to becoming (D'Souza, 2018). Such an approach adds depth and complements narrative inquiry.

Kafle's understanding of Heidegger is that he was fascinated in human beings as actors in the world and so stresses the importance of the relationship between an individual and his/her world. Kafle (2011, p.186) summarized hermeneutics as, "an attempt to unveil the world as experienced by the subject through their life world stories". The term 'lifeworld' denoted the sentience that individuals' realities are influenced by the world in which they live (Lopez & Willis, 2004).

A comprehensive interview schedule was formulated which guided my interviews, and existential themes were integrated throughout the structured interview. The aim of the interview schedule was to explore meaningful practice by elevating the narrative as a central component in discovering the inner presence of each discussant.

Preparation

There are several components of the research which will be addressed to understand it in its entirety. A methodical approach was adopted and extensive planning was needed preceding the research being undertaken.

Ethics approval was sought from two committees before I embarked upon the research. Firstly, an application to Flinders University Social and Behavioural Research Ethics Committee, and then to the Department of Families and Communities, South Australia, Research Ethics Committee were made and approved. Consultation from the inception of the research was made with senior management of Domiciliary Care South Australia who consented to be involved in the study.

Following receiving the ethics approval, I attended four team meetings at Domiciliary Care SA to explain the purpose of the research. The teams chosen were based in the Adelaide suburbs of Playford, Oakden, Burnside, and Parkholme. These teams were located in different geographical sites in the Adelaide metropolitan area of South Australia. I did not include the team with which I had previously worked to avoid any conflict of interest. Several service co-ordinators agreed to refer to their case loads for the purpose of canvasing whether potential discussants would like to be involved in my study.

Recruitment

The following criteria were used to invite potential discussants for the research: elderly people over the age of eighty, without the diagnosis of dementia, and residing in the community.

The Service Coordinators phoned or spoke directly to prospective discussants about the research. If interest was expressed regarding possible involvement, an invitation, letter of introduction, information sheet outlining the research and response sheet with a pre-paid envelope was given to each prospective discussant. (Refer to Appendix III.)

Each discussant contacted was requested to indicate if they were interested and to complete the response sheet which gave his /her telephone number for the purpose of further discussing details of the interview. If discussants could not complete their own response sheet due to visual difficulties or were unable to write due to arthritis, the service coordinator would complete it on their behalf.

Service coordinators would then inform the prospective discussants that I would be making contact within a week of receiving their response. Thus, the telephone call to the possible discussant would not come unexpectedly, and he/she would have time to reflect or prepare questions.

The purpose of this phone call was to discuss the research, clarify issues, respond to queries, and arrange interview times. Forty Domiciliary Care clients were approached by Domiciliary Care SA staff and thirty discussants responded in the affirmative to be involved in this research. Each discussant was then sent a letter confirming the date and time I was visiting.

Two of the thirty discussants requested a support person to be present while interviewing. However, when undertaking the research, three discussants had a support person present, two had their respective spouses, and the other discussant had her daughter present, who invited herself to the interview. In the follow up interview, this discussant confided that she did not wish to offend her daughter by asking her not to be present. Her daughter had invited herself to the interview when her mother showed the written material sent prior to the interview.

Thirty discussants residing in the community were interviewed with an age range from eighty years through to ninety eight years of age. Twenty two women and eight men were involved in this research. Twenty nine discussants were interviewed in their own home, and one in respite care who planned to return home after the respite period had finished.

All discussants were receiving support to varying degrees from Domiciliary Care SA to remain living in their own home. Types of assistance included social support, shopping assistance, cleaning, and personal care, for example, showering.

Designing the Interview schedule

The interview format was designed to enable discussants to explore issues in depth and provide immediate feedback. Discussants were invited to engage in a purposeful conversation.

It was considered salient to provide the opportunity for discussants to evaluate the experience. This feedback was crucial to gauge whether this form of intervention was worthwhile to participants.

Nineteen questions were asked and are listed in Appendix III (page 253). These questions addressed the following four major themes:

1. Significant meaning in your life;

2. Thoughts about yourself now, in the past, and how you wish to be remembered;

3. Contemplation about your beliefs at this stage of life;

4. Evaluation.

The nineteen questions were divided into four sections and were asked in sequential order. Prior to the interview commencing, discussants were alerted that they could get up at any time to move and were not restricted to sitting for the entire period of the interview. This practical suggestion enabled people to not feel uncomfortable in one position and gave them back the autonomy to take control in pacing the interview rather than the interviewer monopolizing the process.

The interview schedule questions were clustered under the following headings

1. Reflections on meaning in life - Questions 1-4;

2. Reflections on self - Questions 5-9;

3. Reflections on beliefs -Questions 10-18;

Questions 13-18-contained statements on the Gerotranscendence theory (Tornstam, 1989), and sought discussants' reflections regarding these statements.

4. Evaluation of the interview - Question 19.

The question format utilized 'what' questions rather than 'why' questions. Eurich (2017) proposes that 'Why 'questions trap us in our past; 'what' questions help us create a better future. It was anticipated that the interview design would enable discussants to analyze their life and foster self-awareness.

Four sheets were prepared with the questions typed in large font. At the beginning of each section, I handed each discussant a sheet with the questions written. The purpose of giving this sheet was to assist discussants who had hearing difficulties and provided discussants with extra time to read the question before giving a response. After the respective section was completed, I asked for the sheet to be returned which signaled the end of this section. Discussants could then get up, have a break, for example, prepare a drink, go to the toilet, or move position, at this point of the interview. I then introduced the next section of the interview and gave a corresponding sheet with the questions written down for reference.

Sampling

Prior to commencing the research, a sampling plan was formulated to guide the researcher in her proposed data collection and analysis. Moser and Korstjen (2017) suggested it is imperative to specify a sample size. The prime aim is to gather enough rich qualitative data, and the number of participants will be determined on the scope of the research. At twenty five interviews, I felt I had gained enough rich data, but undertook a further five interviews to confirm that data saturation had been achieved. Moser and Korstjen (2017, p.11)) describe data saturation as "the collection of qualitative data to the point where a sense of closure is attained because new data yield redundant information".

The Process of the Interview

Interviews with the thirty discussants were held between April to August 2012 in their place of residence. Prior to the interview commencing, I asked each discussant to read or I read the consent form for participation in the research by interview. Discussants were then asked to sign this form. Once this was completed, I asked each discussant whether they wished to choose to work through the interview schedule in one session or whether they would like to respond to a certain number of questions related to a particular theme. Depending upon their preference and level of wellbeing, another interview could be held at an additional time to conclude the schedule.

All thirty discussants chose to undertake the interview in one session. The session duration ranged from half an hour to three hours. I chose to offer morning or afternoon interviews in order to provide choice. Morning interviews commenced at 10.30 a.m. and afternoon interviews at 1.00 p.m. Ample time was provided and the researcher emphasized that the discussants' time was valuable.

Discussants' names were not recorded to maintain confidentiality. Instead pseudonyms were used to distinguish participants involved in the study. The setting can definitely have an impact upon discussants, and interviews were conducted in their homes. Minimal distractions were experienced from sources that were beyond the control of the interviewer and interviewee, such

as the telephone ringing, and collectors calling. The primary focus was on discussants' feedback and thoughts.

Three support persons were present at the initial interview, and two had to be reminded by myself that I was eager to hear the discussant's contributions rather than their thoughts and feelings regarding the questions. These support persons were respectful to my request, and then sat quietly next to the person.

Permission was sought from each discussant to tape record the interviews and then the recordings were transcribed. A copy of the transcript was then mailed to each participant for him/her to read before the interviewer subsequently visited again to enquire whether he/she would like to make any alterations. Thirty follow up interviews were held between May and September 2012. Five discussants asked me to read the transcript as they had difficulty reading due to visual problems. The transcript was typed in large font to assist discussants to read their copies.

Input is essential to enable discussants to take ownership of the content of the interview. The values of the social work profession regarding the inherent worth of the individual and their self-determination was implemented, fostering discussants' ultimate control for what they wished or did not wish to contribute. Following reading the transcript, some discussants wished to expand, alter or omit sections of the transcript. This was respected and the transcript was accordingly altered.

Setting the scene

On arrival, I briefly reiterated that I had nineteen questions that I would be asking, and they were divided into four thematic areas. I reminded discussants of these areas and referred to the literature previously received.

I explained that I would be verbally asking questions in a chronological order, and they could refer to the sheet I gave for each section which had the question typed. The purpose of giving written questions was to provide people who may have hearing difficulties with a visual prompt.

Table 4.1 - Profile of the Discussants

Name	Age	Marital Status	Upbringing	Beliefs
Anne	86	Widowed	Christian	Maintains faith
Anita	87	Married	Christian	Searching in faith
Arthur	94	Widowed	Christian	Searching / uncertain
Bernice	91	Widowed	Christian	Maintains Faith
Beryl	86	Widowed	Christian	Maintains Faith
Betty	80	Widowed	Christian	Active in faith
Daphne	85	Divorced	Christian	Tries to believe/uncertain
Dilys	85	Widowed	Christian	Faith has changed
Doris	88	Married	Christian	Active in faith
Dorothy	84	Married	Christian	Active in Faith
Edna	93	Widowed	Christian	Searching in faith
Eric	96	Married	Christian	Active in faith
Grace	91	Widowed	Christian	Wants to believe in the afterlife
Iris	80	Widowed	Christian	Believes in the afterlife
Ivy	98	Widowed	Christian	Spiritual
Joan	80	Single	Christian	A healer and believes in reincarnation
John	82	Married	Christian	Inner faith does not attend church
June	84	Married	Christian	Not religious believes in freewill
Kenneth	86	Widowed	Christian	Maintains faith
Lawrie	86	Widowed	Christian	Active in faith
Lois	80	Divorced	Christian	Uncertain
Lesley	91	Widowed	Christian	Maintains faith
May	83	Widowed	Christian	Non-believer
Marjorie	81	Married	Christian	Active in faith
Marj	83	Widowed	Christian	Maintains faith
Muriel	92	Widowed	Christian	Active in faith
Ted	85	Widowed	Christian	Active in faith
Trevor	82	Married	Christian	Dislikes church structure
Tony	80	Married	Christian	Active in faith
Mrs K	86	Married	Christian	Belief in God/uncertain of an Afterlife

A profile of each discussant

I have chosen to include the transcribed responses of question six here which provide the profile of each discussant to facilitate their active presence, and to vividly introduce each discussant. Each profile reflects the 'golden thread' of the 'unfolding tapestry' of the person's life, which were terms that were used by Fowler (1987) and which complement the vividness of elderly people's reflections summarizing their own identities.

Who am I?

Anne

"I am old. My brain functions. I am not good at names and that has not changed. I still learn a lot every day. Every evening I look back at my day. What have I learnt today? The list is surprisingly long. I think the day I give up learning I am ready to go to the incinerator. I will go there one day."

Anita

"I do not really know. I have never sat down and reflected about myself that often. I am just an ordinary person trying to get through life the same as everybody. I think I try to do the best I can throughout life. There were lots of things I could have done, but did not everyone feel like this sometimes? But on the whole, I think I have done a reasonable sort of job. I think I am quite happy with myself and with what I have done. Looking into the future only one person knows that".

Arthur

"An easy going fellow who has not lost his memory, but sometimes gets confused. I have these visitors but when they have gone I get lonely".

Bernice

"That is hard. I do not know really. When I was nursing I was offered a senior position. However, I did not feel I was capable enough to take that position. I never sort of had enough confidence in myself to do things that I should have grabbed really with both hands.

I felt that my confidence was lacking. I do not know why. I was good at school. I considered myself as a good nurse. Physically I could manage the work. Sometimes I questioned my theoretical ability.

I think I am quite well respected by people. I feel I am by my family. I do not want to put a label on myself because that would be difficult. I have tried to be a good mother, good partner, and a good person in the area. I did not do much to help other people because I had a large family".

Beryl

"Just me. I do crochet, watch television, and videos. I am quiet and do not mix with the other people in the units apart from saying 'hello'".

Betty

"I would describe myself as a person sitting in a room with other people and listening to other people talk".

Daphne

"I am Daphne. I live in a unit by myself. I am one of twelve, and we met for birthdays all through our lives. If we meet up with the remaining sisters we might go to the plaza or something. I am not much good at walking as I easily pass out".

Dilys

"I hope I am a loving person. I love to be with other people. I do get a bit insular if I am on my own too long. I hope that I have given my children a love of life and to know what is good. I think they are all good people. I am glad of that.

Who is Dilys? She has lots of faults. I still love myself (laughs) with all my faults. I know and feel sometimes I am a bit of a butterfly.

I resolve to try and have more depth. I do think seriously about things and feel quite passionately about the underdog. I am a Socialist. I horrified my friends years and years ago when I first had

the vote. They took me to vote and I voted Liberal those days. This was in the United Kingdom. They could not believe that I would vote for that party.

I feel passionate. I am a passionate person. My children try to keep me on the straight and narrow. 'Oh mum that is not like you!' They pull me up sharply you know if they think I have strayed!

But no we generally think similarly. I am always open to other people's point of view. I do not have hard and fast views. I sometimes see too much of the other person's point of view.

Other things, I am passionate about food and music. I love music and would not be without music. It is probably part of my Welsh heritage to love music."

Doris

"A lady who talks too much. Well I don't like hurting people and yet I have a quick temper. That is me. I do not like hurting people. I would not do anything nasty but I do not like people going at me without replying. Eric would swallow it and would say it is a bit late now to reply.

I like to keep happy. I am not really different than too many other people. I am just an ordinary person who has had an ordinary life".

Dorothy

"A struggling soul (laughs) in need of help continuously. I mean by struggling to keep priorities right in one's mind".

Edna

"I would describe her as a good resident of the Lutheran retirement village. I do not do anything out of order. I am reserved, and have always been since I was very young. I am shy, and wish I was not reserved. However that is how I am.

I get along with most people around here. I like to avoid arguing with people".

(Edna is ninety three years of age, a widower, describes herself as a practicing Roman Catholic.)

Eric

"He is a retired gentleman who has had a busy and fruitful life without being very prominent, but still a happy life in leading others to know Christ as Saviour. That is how I would like to be known."

Grace

(Smiled, but did not reply to this question.)

Iris

"I am slightly bossy. I was in the girl guides and I was a patrol leader. I used to love to blow that whistle! During the war my mother worked for a short time in munitions. I looked after the house. When I washed the floor, I would not let my brothers and sisters in otherwise they would dirty the floor. I was bossy. I was always in control!"

Ivy

"I have my own ideas on many things, but I do not push them onto people. If we want to meet half way we will, I am not domineering. I remember one lad who was about fifteen saying, 'I do not know if you are naïve or if you are a dark horse.' I thought and you will never know, and that is me.

I am a person who has gone through the good, bad, and the indifferent. I do not sit back and weep. If I can do it I will. I had one lady who used to say to me, 'If Ivy can do it I can do it! That was a good recommendation.

A volunteer from the council who takes me shopping described me as 'wonderful'. I do not think I am wonderful. That is their opinion. Sometimes I think I am sometimes a silly old so and so!

I give plenty of deep advice, the way I see things, but I am not domineering".

Joan

"That is me. Myself. Joan is made up of many, shall we say, little things to make a whole. That is environment, health, ability, and that covers a very wide field, I know. including abilities on varying levels and, I think, knowing. Do not get me wrong, not belief. Knowing is a totally different thing. Okay! That is what makes Joanne!"

John

"Well I would describe myself as hopefully a good husband, and good father, grandfather and great grandfather. A happy soul, and that I enjoy life".

June

"I am a married woman with two adult children who I love. My husband has more than usual to do for me as I am a stroke victim. I am fairly happy. I try to fit in the best I can. I like to hear about other people and how they cope.

Recently I have been in the realm of people dying and therefore I have a different way of looking at life. You do not take it for granted anymore. Life is something you should value. I try to value what I have and not think about what I have lost".

Kenneth

(Laughs.) "That is a good question. Happy go lucky. I like meeting people. I would like to meet someone in life as a companion. Just to go out with, to talk to and watch television together. I feel alone. I do not want to be alone. I do not particularly like being alone. I would like to meet someone and have just a nice companionship".

Lawrie

"Well I would describe myself as useful. Also as a person who has never been trained but can do all sorts of things. I try my hand at anything and everything. Every job that I have ever had I learned on the job.

My mother died when I was three and half. My sister was a year and ten months and my brother was six days old. My father remarried. We had a step mother who brought us up fairly well. I say fairly well, but life was very restricted."

Lois

 "I am what you get".

Lesley

(Lesley laughs and says) "A bit of an old has been I think! Well one does not want to make too many claims. I like to think I am an easy going person. I try to find humour in everything. I try to keep a positive outlook on things, and those are the things that enabled me to go as far as I have now and I hope to go a lot further. I associate with people who are in their mid to late 90's. There is no reason barring an accident that I should not get to that age. I try to get along with other people. I crack jokes and the people I associate with are like minded. We try to be younger than our age!"

May

"I do not know. It probably would not make sense to you. But to me I am a Scouser. I am from Liverpool in England. You are called a Scouser if you are born and bred in Liverpool. I have the accent like the Beatles.

I am just a Scouser in Australia. Although I have lived in Australia for thirty years that is the only way I can describe myself. It would be difficult for you Winsome because you do not know what a Scouser is, but well we are a different breed.

Liverpool is perhaps the toughest city in the United Kingdom. A hard life when I was little. A vast amount of poverty, and there was no counseling or a National Health Service scheme. It was a hard life.

We grew up hard and street smart because you had to survive. Scousers have a particular sense of humour. We see humour in many things. We are a breed apart. I am glad I am a Scouser, but I am glad I live in Australia. That is all I can tell you about myself.

Scouse is a dish. In my day we all had a scouser pan. My mum's was a big black iron one that she cooked on the coal fire. We had a jockey bar that sat over the coals. The cheapest cut of meat was bought and brisked. Onions and potatoes were cut up and added which made it thick. A big pan of scouse was made which could last for a few days, and you could keep adding to the pan.

If you are not a Scouser you cannot make true scouse. People think they can, and they cannot unless you have been born in Liverpool (laughs) that is what they say.

I am talking about the 1930's + 1940's, the days of bare foot children in the snow. There was terrible poverty and hardship. I saw the big liners coming into the docks of Liverpool for example The White Star, and all the little children being led onto those boats. My dad would take me down to watch. Those little children were being sent out to Australia or to Canada or South Africa. They had their names written on cardboard around their necks.

The little ones had very small cases. It upset my dad as they had families. I could not understand it then as I was a child. But I think some of those children made out alright, and others were less fortunate. I have a friend now that lives in Western Australia and she was one of those children. Her mother had too many kids, and Evelyn was sent out when she was twelve. Luckily she became a servant to some people who were good. My friend never went back to Liverpool.

I do not know if you saw a movie called 'The Leaving of Liverpool'. If you can you will see what I am telling you now much suffering and poverty.

I had a nephew who I had not seen for years. He and his wife came out and stayed with me. They went a fortnight ago. He was asking for scouse. A scouser will always ask for scouse.

When I first came to Australia I thought I would get a job. I thought I would get a job in a sewing factory as I had worked in one in the United Kingdom. However I could not get work, and it was not industrial like the United Kingdom.

The savings were going down, and my husband was not well. I saw this job as a cleaner on a board in the employment agency. I thought that would do, but my husband said

 'you will not get the job the age limit is forty'.

I went to the counter with the card, and said to the girl 'can I go after this job please'.

The girl said 'the age limit is forty'.

I replied 'well look if I put a bit of make up on I can work as well as anyone who is forty'.

So I went for the cleaning job in the motor factory. It was only a temporary job because their cleaner was going into hospital. When I arrived for the interview there was a line of Greek and Italian women. My husband was not very confident when he saw the queue.

I went in and had an interview with one of the brothers that owned the company. It was difficult for him at first to understand my accent, but he gave me the job!

On the second day I was working away with the mop as a cleaner when a voice said 'can I hear a Scouse accent?

So I looked up and replied 'yes'.

"So am I, and I am the manager of this place. Do you make scouse?'

'Oh yes'

'Could I have some?'

They will ask for scouse and bread and butter pudding'.

Marjory

"I always believe that God sends opportunities and you do not always know. I sort of was waiting for God to do something. I had a knock at the door and someone asked, 'Would you like to be an Avon representative?'

"I do not know. In many ways I am very shy. Twenty years ago my mother passed away and my daughter who I am very close with went to live in Melbourne. It was a terrific hole in my life although I never told my daughter, and of course my mother was gone.

I never had bought Avon or knew much about it, but thought this is it and I became an Avon representative. I am still an Avon representative!

It has helped me as I see it with so many woman that I visited that they were locked in their homes, and their confidence was lost. It was really very sad. I am thankful that I did not become one of those women. I have enjoyed meeting many people. It has been very worthwhile. Many people may look down their noses at it, but I think the Lord sent me there".

Marj

"I am an ordinary person. I would hope to be looked upon as someone who does nice things for people, and a caring person. I would like to think I am a caring person".

Muriel

"I do not know. I am me. I am talkative that is one thing. It is actually hard to put into words. I like knitting, reading, watching the television just normal everyday things".

Ted

"I am an ordinary bloke. My background has probably helped make me what I am. I was brought up by Methodist parents, and I had a younger brother. We were a very happy family. I had an ordinary public education. I never appreciated school. There are some regrets.

My ambition was to be a farmer, but it never eventuated. My dad's parents had been on the land. Dad said, 'No, I have seen farm laborers, and there is not much future for you'. I could not go on a property as there were two sons. He was rather keen that I should be a bank clerk.

I joined the Bank of South Australia, and then the navy. The navy was a wakeup call! I left the navy after two years, and then went back to the bank. I transferred to Port Lincoln. It was like the other end of the world in those days in 1948. I stayed there for a couple of years and then went to several other branches.

I still felt there was more to life than banking. I had the urge to find out more. Although I was brought up in a church environment I did not have a personal relationship with God. That came to me when I was converted, and I was changed. I came to see myself as not a church person, but as a pretty woeful sort of sinner. I know it is theological language. What I am saying is that I

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woke up to the fact that I had done things that were not honest, not truthful, and not right. I needed to get right for God's sake.

A transforming experience happened in February 1954. This experience switched me from myself to God. It switched me onto God's purpose, and from then on I had to refer things to God. I did not always do it properly. From then on decisions I made and what I was going to do, where I was going to be was referred to God.

In fact I sometimes went ahead of him, and one example was I thought I would go into ministry. I went to the bank and asked to leave stating I wanted to go into the ministry. I attended the Wesley Methodist training college. I was there for six months and started to feel that it was not right. I felt that it was not where God wanted me. But I realize now in hindsight I went ahead of God.

I had to humble myself and go back to the bank, and say I think I had made a mistake. I really feel at this stage I do not know why, but God wants me back at the bank. They took me back. So I worked in the bank until I retired in 1988. I joined the bank in 1943, and I worked for the bank overall for forty five years.

I still had the feeling of ministry even though I had left the training college. I did not cease from what I had been called to do, and that was to be a minister and to preach plus serve people. I kept on and I am still a fully accredited lay Methodist preacher. Whilst I was working at the bank I preached on the weekends. I still preach at nursing homes. I am driven to preach and it is no burden, and in fact it is what I am called to do."

Trevor

"A silly old duck! (laugh). A man who always has done his best. It is funny you ask that question. At the RSL somebody said to me 'what would you like to be remembered as Harry?' I replied a bloke who has always done his best.

They said 'we reckon that is right'.

I said you do not have to agree with me.

No that is good.

I must admit that I am very well respected up there. Call it egoism or what I was their president for seven years until I could do it no more. I gave that away. I had to say I loved doing it, but it made no difference to me just because I was president."

Tony

"That is a bit awkward. How would I describe myself? I feel within myself I could have done a lot better than what I have done. I could have done a lot better for my family than I have. I feel disappointed. I wish I had done that, I keep thinking.

Tony is getting worried at the moment, and becoming short tempered.

My wife is always telling me "I am getting cranky'.

Mrs K

"I do not know that is a hard question. I have done an awful lot with my life. What I would like is to meet another person who has done exactly what I did, and see how this person feels, and what he/she thinks. I have not met anyone, and I doubt I will!

I also have two sons. One lives in Sydney who is fifty five, and he had two children. One granddaughter lives in Adelaide, and she has three children. My other son who is sixty five lives in Adelaide. I was married and partnered, but that part of my life I have blocked out of my mind."

SUMMARY

This chapter has explained why the narrative inquiry methodology was chosen and introduced the discussants of the study. They were thirty elderly individuals who wanted to express their views and valued the opportunity to have their voices heard. Mc Tighe (2018, p.70) suggests that, "spiritual narratives invite us to enter into the way our clients make meaning of some of their greatest, most ultimate concerns."

 The transcripts were returned to the discussants for comment. The idea of reciprocity in the interview is to return their stories as a gift. The role of the researcher indicated a willingness to take time to listen, thus fostering a relationship which received rich responses to the researcher's questions.

Receiving their gift of knowledge and information commemorated the discussants' involvement in the study. Tetley et al (2009) state that written narratives promote a recognition of the role discussants play. The discussants in this research were not passive recipients but embraced the role of contributors. Clandinin and Caine (2012, p.169) stress that, "it is important to understand narrative inquiry as spaces of belonging for both researchers and participants, spaces that are always marked by ethics and attitudes of openness, mutual vulnerability, reciprocity and care." The next chapter will discuss the findings of the study and responses from the discussants will be discussed via thematic analysis.

CHAPTER FIVE

NARRATIVES OF BECOMING

When we plumb the moment, this moment, not back then, not the future, but this moment, we get deeper and deeper and deeper into the universal heart of being. Finally, it blossoms into everything and nothing. It's all in this moment. This moment is always here. Now is eternal (Ram Dass, 2011, p.251).

This chapter promotes social work practice in going beyond perceiving very elderly people as simply existing and encouraging them to actively explore meanings in life. Conversations between Social Workers and elderly people are significant in facilitating open engagement, reflection, and inner exploration as essential elements of dialogue. The journey into self and identifying meaningful aspects of life does not have to be done in solitude but implemented through connection.

Through discussing meanings of life, and by adopting the Biopsychosocial-Spiritual Model developed by Sulmasy (2002), the relational existence between the physical, psychological, social, and spiritual are integrated. No one dimension of the person can be disaggregated from the whole.

Exploration of meanings of life, relationships, and spiritual insights are provided by the narrative approach which cultivates a sense of presence with and for elderly people. An interview format was utilized to encourage an exchange that goes beyond eloquence of the spoken word to elderly people recognizing their intrinsic value and the meanings of relationships. These influences were considered as well as how they affected and impacted upon each discussant's identity.

Recognizing Sense of Self through Externalized Conversations

A deeper sense of self, of 'who I am', is explored through externalized conversations. Opportunities are provided to enable discussants to share ideas, thoughts and feelings of themselves. "The privilege of a lifetime is to become who you really are," stated Carl Jung (2014).

This approach is exemplified by externalized conversations where lived experiences of those being studied are central via the testimonial use of language (Skultans, 2008, p. 239). Incorporated in the findings are quotes from the discussants enabling insights which are poignant and prevailing.

Reiner (2006) concluded that elderly people made sense of their life events in relation to their diverse experiences and identities, rather than as a frail person. This study suggests that frail older people's experiences of transition are neither a single event nor do they neatly fit into a given linear category at any one time, which was also identified by Greiner (2012).

Societal and cultural factors influence assumptions about what becoming and being old may look and feel like. Gilleard and Higgs (2013) state that, "in any approach towards the cultural representation of age and aging, the body figures as an important, even essential point of reference". The physical impact of ageing upon a person's identity is readily considered by discussants in this study and encapsulates how society perceives the body. Negative stereotypes may be encountered where a person's self-perception is challenged. However, the body and what it can and cannot do cannot be ignored as it may significantly impact upon perceptions of self. The decomposing self is a nuance for the possible physical decline, or worse, which is a precursor to the fear of oblivion. Obscurity was raised by discussants when discussing society's perceptions of elderly people. One discussant conveyed an experience which mirrored anonymity:

> "Many people do not treat you the same when you become older. In fact, you are
> often ignored. I went for a meal one day and I was with a younger person. The
> attendant asked the young person what I wanted. The younger person said, 'Ask

him'. I was sort of no significance and that happens frequently in the shops":
Kenneth.

Biological ageing should not be so encompassing that it colours all the experiences of frail elderly people. Physical decline and decrepitude need not be at the forefront of engagement. The 'narrative of decline,' which is proposed by Margaret (1997), needs to be guarded against. Assumptions about what becoming and being old may look and feel like need to go beyond embodiment. These assumptions offer alternative perspectives and more humane ways of envisaging later life and encouraging rather than constraining conversations. Instead, life will not be discounted but recognized and celebrated.

The term 'becoming', proposed by Laceulle (2018) aptly describes self-realization and the developmental process that elderly people utilize throughout their life course. 'Narratives of becoming', the title of this chapter, epitomises how narratives may contribute to discussants articulating and reframing meaning and encouraging an inner resource that may be drawn upon.

This study invites discussants into a more balanced form of communication with four central tenets. First, reconsideration of conventional ways of thinking about frail elderly people and the time they have left is at the heart of the study. Secondly, the dimension of the temporal self is considered, where a person realizes that life is time based, and the finiteness of life is inevitable. Life review and life stories are told by discussants as a means to acknowledge significant events, the present, and indeed life itself.

Thirdly, an emphasis is given to the prospective self where the potential future lies, comparing hopes versus reality. This self may focus upon an after-life or belief system or the state of becoming. It is an exploration of self-discovery.

Fourthly, the testimonial self encapsulates and declares 'who I am'. This is an endorsement of this person's life and the celebration of their presence. Enabling elderly people to explore the different components of self honours the voice from within and is a living tribute to the existence of the person.

A richer choice of narratives through which ageing can be experienced, interpreted, represented and understood is provided. Central to embodiment lies a resistance to gerontological stereotypes. As Gullette (2013) aptly stated, it means 'declining to decline'. Alternative embodiments of age, which are positive, are promulgated. The term embodiment captures the complex and dynamic nature of bodies, as objects and subjects, as the "foundation of the conscious mind, generations of social relations and human knowledge" (Shilling, 2012, p.7), and therefore as social and cultural. It also denotes the dynamic relationship we develop with our bodies: we have bodies but we also are bodies. Finally, embodiment enables us to problematize and explain the relationship between body, matter and identity.

Focusing on the richness rather than centering upon the problems is emphasized in this research. Insights from Tulle and Krekula (2013) explain that bodies become social - not inert shells, merely containing our souls, but endowed with meaning, continuity and perhaps intention. Relationships with our bodies take place over time, in accordance with meanings, values, and norms which are social (Crossley, 2001). Renegotiation of identity, by challenging the dominant discourse of ageing, which focuses on loss and devaluation, is proposed. Instead, the intention is to expand upon the perspective of bodies as only linked to deterioration.

The Value of Narratives with Elderly People

The narrative approach enables affirmation of personal identity and provides the opportunity of rediscovery of a sense of self-worth and dignity. Transformative narratives that open up the possibility of rediscovery can be used with frail elderly people to elicit people's life affirmation and their potential instead of life denial. This chapter promotes discussants' active voices to be heard and contests the idea that elderly people who are frail in a dynamic world should be rendered invisible. Instead, the narrative approach aims to preserve an essential sense of each person's autonomy. It encourages openness as the discussants share their inner selves. The findings revealed in this chapter point to the saliency of telling aspects of the life story in the ongoing search for meaning.

Greenhaigh and Hurwitz (1999) have argued that rich narratives enable practitioners and researchers to understand people more holistically because they provide meaning and content to the person's lived experiences. A commitment to research with people rather than research on or about people (Heron & Reason, 2001) is the hallmark of this study. This ethical perspective accentuates the importance of active participation. Transforming research practice by personally engaging with frail elderly people on topics which matter most in their lives becomes integral. Therefore, researcher participation in the narrative building and exploring processes is a central process to this research.

Implications of Practice

Interfaces of social connectedness formed with the researcher acknowledge the gift of knowledge and information from each discussant. Taking the time to listen grounds a good connection and leads to richer responses to the researcher's questions. The researcher indicated a willingness to acknowledge the reciprocity in the interview, returning the discussants' stories as a gift consistent with the view of Tetley et al (2009) that written narratives prompted further stories as well as pleasure in reading the summary of life events.

"A story can possess an immediacy, as it connects so persuasively with human experience", states Atkinson (1995). This connection joins the listener to the person conveying their story. The presence of the other should not be discounted. Davidson (2008) highlights the notion of being present as a key element in the process. This type of sensitive attention conveyed by the clinician is marked by physical proximity and intentionality.

Active respect is the core of the narrative commitment. This study embeds respect as a central principle. Listening and understanding rather than intruding, as proposed by Orr (2015), are imperative and are incorporated throughout the interviews. This becomes most evident in conversations that encourage the discussants' belief in their own expert stance on various aspects of their lives, especially in relation to meaning making.

Discussants wished to go beyond their living existence by accepting that their life span is limited. The end of life was not just a distinct phase in the life course, but a compelling stage of life where core beliefs that shape the person can be expressed. Utilizing the narrative approach enables elderly people to engage in meaningful conversation which assists them to understand their unique life experiences. Layers of meaning become evident where understanding becomes a mode of being.

Strengths within the present

Analysis of all the narratives that emerged through deep conversations highlights four major themes. These all relate to reflecting on the meaning in life, which is revealed through relationships and these interconnections bring meaning to all of life. The interview schedule was comprised of nineteen questions, refer to Appendix III.

Reflections on Meaning: Questions one to four explored a relationship within one's inner self and its connection to discussants' meaning in life.

Reflections on Self: Questions 5-9 enabled discussants to reflect and articulate their thoughts about the present, the past, and how each of them wished to be remembered.

Reflections on Beliefs: Questions 10-12 entailed examining discussants' beliefs at this stage in life, whether there had been a shift in focus, their relationship with the Divine / Spiritual. As part of this subgroup, Questions 13-18 gauged discussants' views on several statements about Gerotranscendence.

Question 19 supported discussants with the opportunity to provide feedback on the interview process.

Within these four major themes, there emerged patterns of connection, growth, change, loss, and renewal. A micro-, meso-, and macro- perspective is gained through these interactions. The critical gift of presence involving discussants who were actively fully present in the now was evident. It is advocated by the researcher that this is an opportunity to explore four relationship domains to empower elderly people to recognise and discover strengths within the present.

Reflections on Meaning

Meaning in life, Hupkens et al (2018) proposes, is a multidimensional construct. Hence, the interview schedule was designed to seek personal meaning from discussants in relation to their lives. The questions incorporated in the interview schedule aimed to assist each discussant reflect on how and what they found meaningful in life. The personal meaning equates with acknowledging the individual perspective. Reker and Wong (2012) distinguished personal meaning through two levels: global and situational meaning. The findings demonstrated an integration of global meaning through examining existential issues and situational meaning in life where day to day events led discussants to explore their inner selves, influences, and sources of meaning. Brandstater et al (2012, p. 1034) states "meaning in life is a highly individual perception, understanding or belief about one's own life and activities and the value and importance ascribed to them".

What gives your life meaning?

Connections with significant others, including grandchildren, were readily mentioned, as well as families, partners, and friends. Thirteen discussants from the study stressed kinship and personal relationships as crucial for them at this stage in life. Interactions and exchanges with family and friends enhanced meaning in life. Longevity in relationships were commented upon and valued.

"My family is what I live for and that gives me meaning": Marj.

"Mainly my family and my good wife. We have been married fifty odd years.
I am content with my family, and that gives me meaning": Tony.

The emphasis on human relationships illustrates Derkx's (2013) perspective that a need for connectedness is required to give life meaning. This was evident from discussants' responses and went beyond other people to a connection to something greater than oneself.

"Family and the Lord": Eric.

This connection need not be with the transcendent but may be a connection with nature. Wonder in nature, and its splendor linked with Derkx's (2013) dimension of excitement and its influence on meaning in life. Discussants acknowledged what made life worthwhile and how they currently found enjoyment.

Celebration of Life

> "Life is good. I wish I did not have to get sick or ill. I make every day as enjoyable as I can, and I make every post a winning post.
>
> Don't do any harm and hopefully people will not harm you. I think the meaning of life is just enjoyment and pleasure. Enjoy what you have, and this does not necessary mean lots of friends or rich things. Enjoyment is to see the sun come up or see the sun set. I am very interested in nature. If I drive somewhere even through the desert I can still see beauty. That wraps it up I reckon!": Kenneth.

Not being able to pursue activities was raised as a substantial challenge for the following discussant. The rejoicing in life had not diminished but had altered to an exulting enjoyment of what could be achieved.

> "My meaning at the moment is to continue with the attitude that I love life. If I had my way I would still be dancing, singing, and carrying on with life. Now I just have to cope day by day with life which is not easy. To suddenly come to a standstill is very difficult, and for me to sit around is not funny. So for a meaning in life I enjoy what I can. I went to a 90th birthday yesterday and had a ball watching people dance.
>
> I wish I could get up, but I have to learn as people tell me to accept the fact that I cannot do it anymore. It is very difficult believe me. I always helped other people especially the elderly. I am now elderly!": Trevor.

Preserving meaning in life even when functional decline was evident was created through reminiscence and adapting to negative aspects by embracing coping strategies which enabled Trevor to maintain a sense of purpose in his meaning in life. Derkx et al (2020) suggested that perceived control relates to the need of elderly people considering that to a certain degree they can control their lives. In Trevor's case, this meant to "enjoy what I can". Finding positive meaning in negative events is the central theme that runs through McAdams' (2008, p.256) conception of redemptive self and it would appear that this is Trevor's experience as well.

Caring for others

A re-occurring theme of thinking of others and showing care was defined below. Relationships which symbolized giving rather than receiving were stressed as adding meaning to life. This was reflected irrespective of age and this sense of caring fostered purpose in life.

> "The word care describes my life meaning. Care means looking after, taking care, and being careful. I do not mean being careful for yourself like tripping over or anything. It means being careful to other creatures besides yourself. So the whole thing winds up as caring. So you take care of two legged, four legged, six legged, eight legged, wing, scales, and fur creatures. Did I get them all? I think I did!

> I have had this philosophy from a tiny child. You always see and care for others, and unfortunately it never says anything about caring for yourself. That is the one thing that I think our family missed out caring for self. So you wear yourself out which makes it difficult to care for other things, but the whole philosophy is captured in the word caring.

> Helpfulness is another meaning. It means going out of your way to help others. When you see someone needs help. You do not wait to hear someone say can you give me a helping hand? You take note. You see that a helping hand is needed. You just do, and then walk away. That is what life is about. The meaning of life is to help. There is always someone to assist. Poor sod is standing there asking what

do I do? It is up to you to help. If you can take pain away it is so easy to alleviate.

I hope this makes sense to you": Joan.

A guiding life value for Joan was care which enabled inner fulfillment and related to meaning in life of connectedness and moral-worth (Derkx et al, 2020). An essential component of moral-worth is caring for others which epitomized Joan's actions and way of living.

The extract below specifically denoted the discussant's concern for others and how the impact of recently having a stroke affected her life. A selfless attitude was displayed reflecting her care for others mixed with the emotion of coping with loss as well as attempting to regain a sense of equilibrium and independence.

"I believe it is up to the person who is unwell to think of others. This is a serious business as people who are unwell have to be careful not to ruin the lives of the people who look after us. We have to look after ourselves as much as we can. I am going to cry": June.

Several components of Derkx et al (2020) dimensions of meaning in life were displayed in June's response referring to an external goal of displaying unselfishness to her carers, and moral-worth encapsulating values that justified her own behavior in taking initiative in trying to achieve and maintain some autonomy. Derkx et al (2020) highlighted that adverse events especially in the ageing process may lead to a deterioration in coherence, one of his seven proposed dimensions of meaning in life. Certainly, June's stroke has disrupted her sense of coherence within her meaning in life. However, by striving to do as much as possible she is a competent agent whose actions and choices are of significance. The emotions displayed in the interviews illustrated elderly people's depth of their inner being.

The setting or place where meaning was found mirrored the diversity of the discussants and the heterogeneity of the ageing population.

Where do you find meaning in life?

Meanings were sought and derived by discussants who expressed that they predominantly found meaning through personal relationships, inner self, church, and nature.

> "I think I derive meaning in human relationships. My family is of vital importance to me as are my friends": Anne.

> "There are many meanings. I find meaning in life through friendships. I always say presentation is the name of the game. Meet a person and smile.

> Nature, especially seasons changing also gives meaning.

> Children give meaning. Oh yes I love children. I was a teacher for twenty odd years. Look into their eyes and you always see something. I think you could bring many things into the meaning of life. But these are the main things": Ivy.

A life cycle with a renewal focus was evident in the comment below.

> "It goes around family really, and I mean my life joined with my partner's life, and then you take your children, and you have another group again. A nucleus is formed. You have your life, and you do the best you can, and it goes around in a circle. Comes back again you are still the same person, but you have done a lot in that circle": Anita.

Inner exploration was stressed by the following discussant to illustrate where he found meaning in life.

> "Probably from within myself": Kenneth.

The Role of the Church

Koenig (2015) reports that religious organizations are the second most common source of support for elderly people after family support. Companionship and developing a social network outside the family were readily cited. Discussants emphasized strong links within the church community, and a connection that was integral to where they found meaning in life. Friendships were not just confined to Sunday attendance, as indicated by the following discussant's comment:

> "Going to church as I have my friends around me. I talk to them if I need help. I can always ring up one of them and this gives me satisfaction. That is my meaning in life": Beryl.

All discussants had been brought up to attend church in their childhood and had a solid background of the Christian teachings. Reference to parental influence and their religious beliefs was made by discussants and how this had impacted upon where they found meaning. MacKay (2016) stresses that in Western countries, regular church goers tend to be older than the average age of the population, mainly female and generally from families where there has been a tradition of church presence.

> "We have been members of a church forever. My mother in particular was a strong Christian. I was brought up in the church. It has always been part of my life. My church family is very precious ": Marj.

> "One thing I find very meaningful is our fellowship group. I have been to church a lot in my life because my mother taught me to go to church": Doris.

Active involvement in a church community may play an instrumental role in fostering relationships that substitute connection with others especially when family members had died or were interstate. It has been well established that involvement in a church community can provide access to a network of people who may provide emotional support when there is a void. This is illustrated by a quote from Lesley who found meaning again in a new environment when he returned to a church community after his wife had died.

> "When my late wife was here she was unfortunately a very sick person and I was her carer. I had hardly any time to do anything else apart from care. When she passed I found out that life was very empty.
>
> I had been a supporter of the Salvation Army for many years. Then one day I thought I will go and see what these people are all about and since then I have found another family": Lesley.

Meaning was also found through enthusiastically embracing a relationship with God. This was actively expressed throughout this discussant's life providing a meaningful purpose and direction.

> "Well, personally, I find meaning in life everywhere. To me, I have a personal relationship with God, and to me he is with me all the time. I think in knowing him that means life has a purpose no matter how mundane it may seem. It adds a dimension to ordinary life that I did not always have. It is a dimension which pervades everything because, if it does not, it is not worth having, as far as I am concerned. It has to invade my actions. It has to invade my thoughts, words, and acts. I try to do everything that is meaningful, and helpful. I am not painting myself as perfect. Do not think that for a moment! If it does not influence my daily living or if it does not influence how I behave, for instance if I am not honest or truthful, then it is not worth much to me": Ted.

Nature

Several discussants reflected upon aesthetic experiences as moments of transcendence and, consequently, of feeling a serene ambience within the natural environment. This led to a relevance and a sanctification in terms of a spiritual connection to the natural world.

> "I go out in the garden and I am amazed at its beauty. I am a nature lover and keen botanist. I can look at a flower and study its detail. I think of the designer who designed that flower. I love the scent of Bonica and the smell makes me think of God who created that flower ": Eric.

The interconnectedness of nature and transcendence was highlighted by Thurfjell et al (2019) as a relocation of transcendence amidst diverse societal settings such as the church and nature. Transcendence was not confined to a religious setting and several discussants stressed feeling existential experiences entwined with nature.

> "I like to admire the beauty of nature and feel a special presence when outdoors": Kenneth.

All discussants lived in their own homes and accessed their gardens as a place to observe and experience the changing seasons, interact with flora and fauna, and just be present. A place to retreat to as a sanctuary connecting themselves with the outside world. All eight men in this study commented upon their gardens as a special place of refuge where they could remember what they had planted and how they cared for their gardens when they were more physically able. The garden continued to be a constant link to their sense of identity. Home was not just a building but a place of attachment. As Rowles (1993, p.66) states, "Our ability to develop a sense of physical, social, and autobiographical insideness (rootedness, meaning, association)…. may as we grow older, become increasingly significant in preserving a sense of identity and continuity amidst a changing world".

What lies in the Core of your being?

Unselfishness, self-sacrifice, humanity, and selflessness were key concepts in contributing to the discussants' perceptions of what lies in the centre of themselves. Character traits were commented upon and altruism was prevalent amongst respondents.

> "You often ask yourself that question, and you come back with an answer. I think trying to be the best kind of person I can. Apart from that, I do not think that there is any other great meaning to life except trying to do the best I can. I would hate to leave thinking I had not done the things I wanted to do. That is being selfish. I also do not want to just evolve around myself, but think, Can I help other people, can I make other people's lives better?": Anita.

Relationships with significant others was constantly noted as contributing to how discussants perceived their inner being and their existing circumstances.

> "My core in life is trying to keep Eric (husband) going. I try to keep myself feeling positive. My core in life is to keep life going from day to day and that is all we can do in life": Doris.

> "Being a good friend to other people": June.

> "Family and the kids": Trevor.

Faith and belief were frequently cited as being central to a person's being. A deeper conceptualization of embodiment is mentioned by Swinton, who explains that, "Human embodiment is thus seen to be deeply spiritual in shape and function. Our bodies are the focus of God's creative activity and the place where God meets and sustains us" (Swinton, 2012, p.171). This was illustrated by these responses to what lies at the core of one's being:

"My soul which is God given, and my body which is a shell": Anne.

"My faith in God": Dorothy.

Discussants who were actively religious cited their relationship with God as personal experience which permeated their inner being. They understood God as a father figure in the true sense of the word with whom they could engage in conversation and seek advice. The relationship described by the discussant below denotes significant respect and that God is accessible and no longer remote.

"The search to find God as my creator and father that is the centre of my being. I think I have found that actually, I am quite sure I have. When I pray today, I do not pray to someone who does not exist. I pray to someone who I believe is my father. I can ask him the same questions as I would have asked my father.

It is quite natural for me to go and say to my father this is my situation, and what do I do? That is where my dependence comes from today and what does God want me to do?": Eric.

"Well I think what is coming into my life more than anything now is my faith in God": Lesley.

What is significant for you at this stage in life?

The appreciation of life and engagement was frequently remarked upon by discussants who emphasized resilience as a coping mechanism whilst facing deteriorating health. Central to a person's inner being was their health. Ageing was not denied or concealed. Health was highlighted as extremely important by thirteen discussants at this stage in life. Wellbeing was acknowledged as a goal, but discussants recognized the reality of slowing down but still persevering, managing and coping with what one has been given.

As stated earlier, finding positive meaning in negative events is a central theme that runs through McAdams' (2006, p.256) conception of redemptive self. The physical decline of health was not perceived as insurmountable. Instead, the challenge was to continue striving to participate and engage in activities.

> "I am going back to health. Our health is significant, keeping ourselves going each day. It is a very hard lesson to try and keep yourself going. I just want to keep a daily routine. When I see Eric (husband) so sick, yet he will go into the garden. I think how can he do it? So I think I have to be like that and we have to keep going. If we stop truly and say, 'Oh blow this, we have had enough', we will be gone. You cannot live your life that way": Doris.

Stephens et al (2015) highlight that elderly people utilized resilience as a way of coping with physical decline. Recognition of physical disabilities was made by discussants who were undeterred and unwavering in demonstrating their capabilities to continue with activities they valued.

> "At this stage with the body (sighs) breaking down makes things a little harder to do what you want to do. A little harder to carry out what you know you should be doing. The physical body stops you. This is very aggravating and frustrating. But in the long run it does not stop you from doing what needs to be done. It is aggravating": Joan.

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"I think the ability to perhaps maintain some quality of life. I understand that my life has declined to some extent because of my abilities to do things. I have to accept that there are things I like to do but I am unable and be grateful of having a good quality of life. I look around and say I am mentally reasonably alert. My memory is not too bad but my health could be a lot better. However, I am still here and I need to make every day count": Dilys.

The above account demonstrates Dilys resolute attitude to appreciate life.

The majority of discussants relied on meaningful hobbies as their health precluded them from actively and regularly going out and making the commitment of volunteer work. Leisure pursuits were still actively engaged in and undertaken, even when a physical disability impaired functionality. Discussants displayed a 'can do attitude'. This striving to achieve was integral to continue with activities. Making choices in day to day living enabled these older people to continue to engage with life, providing a counterpoint to the idea that visibility of agency decreases, as older people enter the fourth age (Higgs & Ree-Jones, 2009).

"Well, for me, I know it is important to keep going as much as I can on my own. I definitely do not want to be a burden on my family, especially my daughter. I want to stay in my little house, keep going as long as I can, and be happy. As long as I have my television, keyboard, computer, and potter around the garden that is all I want": May.

Stephens et al (2015) stress that elderly people's enjoyment is linked with maintaining continuity through activities that they had always done.

"It is good to be alive. I enjoy being alive. I have crosswords, and do jigsaw puzzles until I drop! I read and do some gardening. That is the extent of my activities": Marj.

"I like crosswords, and I knit. I do all sorts of things. I struggle, I am slow, but I get there": Lois.

Reflections on Self

What do you believe is important for you in the future?

Appreciation of one's home

Autonomy linked with the perspective of maintaining independence with one's home was readily discussed. Preserving identity was closely connected to remaining and valuing one's own home. Dahlin-Ivanoff, Haak, Fange and Iwarssoon (2012) raise the importance of home, which means having the freedom to come and go as one wishes, being able to do things in one's own way, and how to do things. Independence was a central component of self and the next vignette emphasizes the self determination of the discussant making her own choices in life, and the salience of living in her own home.

> "At my age, I want peace, and no one breathing down my neck saying, 'Would you be better in a smaller house?' Don't you mention that to me (laughs), oh, no, no, no!
>
> The way they say it as if it is good for me. But they are not sitting here where I am. They do not know what I want": Ivy.

Home was experienced as the place the older adult could not imagine living without, but also as the place one might be forced to leave. The discussants' thoughts vacillated between the well-known present and all its comforts and the unknown future with all its questions and fears, including the underlying threat of losing one's home. Maintaining independence was the desired objective.

> "To still be able to communicate and have enough strength to do some things I enjoy. To stay in my home. My doctor says, 'Don't you think it is time to go into a retirement village?' I look at him in horror. I would rather die washing up at the sink": Dilys.

Residential care or alternative accommodation was not considered an option of choice, and the goal was to remain at home until death. Whether this is a realistic goal is another question, but discussants strongly expressed the desire to continue living in their own home as a favourable outcome.

"To be able to live in my own home until I pass over into the next world": Betty.

Adamant comments indicating an aversion to even considering residential care were commonly expressed throughout the interviews.

"The most important thing I think is I would like to live a few more years yet. I think if the time came when I became very ill, I would not want to live. I never want to go into a nursing home. I still want to enjoy life, but I do not want to ever go into a nursing home. That is not living!": Kenneth.

Only one discussant out of the thirty discussants interviewed acknowledged that residential care was probably imminent.

"I suppose before very long I will be moving from here and going into residential care. I am going for three weeks respite very soon. I went to respite last year and enjoyed my time in the hostel.": Edna.

The narratives in this study confirmed Mackenzie et al's (2015) findings in which he fittingly described elderly people's opposition to relocation, preferring to remain in their own homes. The findings in my study highlight how the home held significant emotional connection, linking continuity by bridging the past, present, and future into one. Haak et al (2007) stress that home is perhaps the only remaining environment where elderly people perceive they still have control over their lives. The loss of control, autonomy and independence was raised by discussants as potentially impending and consequently concerns were raised on how they would be able to cope with loss.

Concern for Losing Close Relationships

Fear of being parted from loved ones and precariousness of how this type of loss could impact upon their lives was raised by two discussants. Their reliance and anxiousness of their close relationships ending was evident and resulted in discussants stressing trepidation of losing significant others.

> "My friends do not die before me": Anne.

The uncertainty of how their significant other would manage if they died and how they would function when their partner dies was outlined below by a discussant who had been married to her partner for sixty nine years.

> "If anything happens to Eric I have to carry on and do the best I can in life. I do not bear thinking about anything happening to me. That is my biggest worry in life. In the future, Eric could leave me tomorrow, his health is up and down. I ask myself the question, 'What am I going to do?'
>
> So I have to think about the services that can assist me to survive. What is important in my life is to try to see a future if I do not have Eric. I do not let Eric know what I am thinking about, but I have to think about it as he is sicker than me": Doris.

Health

Discussants raised the issue that life is transitory and therefore fleeting and momentary. The future for the majority was taken one day at a time, and deteriorating health would impact upon their perceptions of how the future would unfold. However, discussants displayed a stoic attitude to do their best despite their health issues.

> "Staying healthy is important. I am happy with what I do, but I will not be pushed or hurried": Lois.

"To do the best I can as I am gradually becoming disabled": Bernie.

"Well I think some days I get up and I have aches and pains. How best am I going to cope with the pain? Will I end up in a Nursing Home?": Beryl.

"I do not believe I have much of a future. I am ninety four years of age. Some days I am good, and some days I do not feel good. That is old age, you have to take whatever comes! : Arthur.

Life was valued and discussants expressed wanting to continue living for the foreseeable future.

"To live as long as I can. I want to live happily and not get any worse in health than I am now. My grand-daughter said if I want to see her have children I have to live to one hundred and two! (Laughs). So that is what I am going for! Well that is what she said, and I would like to see her children!": John.

Who is (name of discussant)?

(Responses to this question were provided in Chapter 4.)

A central focus of this research was to encourage discussants to share their inner selves, and respond to questions that were thought provoking.

Contemplation - Where do your reflections take you?

Discussants differentiated between the terms 'contemplation' and 'thinking'. Many cited other activities preferred over contemplation, and they valued the vividness of life. This was demonstrated by Bernice's dynamic interest in the here and now rather than reflection.

> "I really do not spend much time on reflection. Most of my spare time is taken up with reading. The library brings me a bag of books once a month. My youngest son will get me extra books from his local library. Many people give me books as they know I enjoy reading.
>
> I like the Crows (SA football team). I watch the football in winter and the cricket in summer": Bernice.

Contemplation was a secondary activity to the here and now. Current activities took precedence and avoiding idleness was stressed as something to avoid.

> "My whole outlook I think on things. You know how people want this for the house and that for the house. I say I have all I need. I do not twiddle my thumbs. I will be reading a book, watching television, crocheting a blanket or doing something. I like to do jigsaws on the computer. I vary my life or I am out! I find something to do": Lawrie.

Engaging with philosophical issues was pertinent so as not to be passive or isolated from the outside world. Two discussants were especially interested in world events and political issues. This meant demonstrating interest in the present and not disengaging from social issues.

"I think deep from within. The mysteries of life are always something I think about from time to time. In my life-time, there has been so many wonderful things and awful things. I contemplate that we still have come a long way. However, at the heart of everything, we still have the old problems of hatred and war. We have not really solved the worst problems of poverty and inequality of life": Dilys

"I think: Why do people kill each other? Why do people hurt animals?

I think bloody politicians who give themselves pay rises when we have people out on the streets or losing their homes. They do not know what they are doing": Lois.

For the other discussants, however, contemplation was a major part of their life and incorporated a more personal perspective. Reminiscence and life review were central to some discussants' reflections.

"My reflections take me back to Latvia where I was born, prior to the war, and after the war": Mrs K.

"My contemplations take me to my past life, to my family who have passed on, things I have done in my life up to now. I reflect often on a daily basis": Betty.

How do you wish to be remembered?

Discovering the life purpose of the narrator and what he/she assigns to lived experiences was the central component to what each discussant shared on how he /she wished to be remembered. Just as each person is unique, so too is the way they wish to be remembered. The sense of fullness of life was encapsulated by identifying a range of personality traits in response to the question. These included honesty, fairness, kindness, recognizing the inner good within a person, and humour. Discussants described their living eulogy:

> "As honest. Everyone will tell you I am outspoken, and it is true": Anne.

> "Kindly, I hope (laughs). Well, all of us are only remembered by what we have done, how we have treated other people, our faithfulness to any situation, and our wisdom": Dorothy.

> (Laughs) "As a bad tempered lady! I hope they remember me for the good things I have done, not the bad. What little I have done, I think I have done alright. I could say I did not do this, and I did not do that. However, you can only do what you have inside of you": Anita.

> (Laughs) "That is hard. A bit of a rat bag! Not really, I would like to be remembered that I did no one intentionally any harm. I just like people to say he was a good bloke. I have a sense of humour. He was not a bad bloke. I have no exceptional things to be remembered by, just a run-of-the- mill person": Kenneth.

> "I have thought about how I would like to be remembered. I would like to be remembered as a man who was fair and honest. They are two things I would like to be remembered for and, perhaps more importantly, as a God fearing man. That gives the right perspective to people. I do not want them to think I was pretty good not at all. That is exactly the same for me. It is God's grace which has seen me

through. I do not want to take any credit for myself. Others may say, 'You did so and so' But God was behind everything": Ted.

What legacy would you like to leave?

Schnall (2003, p.10) states that, "death is not as frightening to me as it used to be because I've learned that each of us has the power to create a legacy that will live on and enrich the lives of others long after we die". The gift of memories transferred from one generation to another, enduring faith, altruism, and being remembered as a role model were some of the responses which discussants shared in creating a legacy.

"Memories comprising of happy and sad times. Wonderful relationships with my grown up grand-children. Even with the gap of years, it does not seem to matter. We love each other's company.

Memories of my mother and grandmother. Those legacies that were left to me have been a wonderful background. I hope that I will leave some of that to my family and children. The legacy of life, and the tree of life that goes on from one generation to another": Dilys.

"My most important legacy that I want to leave is the legacy of my faith for other people to see that it is worthwhile. It has lasted me through sixty years next year that I first became a Christian. My legacy is to leave a legacy of faith": Ted.

"That is a hard one. Do not carry any hate with you. My goal in life has always tried to help people. Help people who are in need as much as I can. I cannot materialistically provide assistance, but I can be there and listen, hopefully pass on some advice": Marj.

"The way I live, I try to do my best. I pray at night. I do not do anything special":
Beryl.

"To lead by example, to be remembered and to have pleasant memories": Muriel.

Reflections on Beliefs, Spirituality and Relationship with the Divine

(Questions 10-13)

What Spiritual insight or gift would you like to offer others?

"As important as it is to tell our stories", Hampl says (1999, p.33), "therefore, it is equally important to listen to what our stories tell us".

Discussants wanted to share an assurance that their faith was transparent to others, and their beliefs of being steadfast and committed were evident. Hope was articulated that significant others would hold or gain faith within their lives similar to what they had experienced. Conviction and yearning by discussants was expressed by the desire that their children would follow their belief and engage more within the Christian faith.

"It is difficult as one cannot hand on faith. I have on occasions assisted people in
dire straits. I think I can reinforce their faith through my own faith": Lesley.

"I am quite sure there is a spiritual person looking over us. Otherwise there would
be no point in us living. I feel there is a God. Not having done science at school
unlike my children who question. They think science is the answer to everything":
Bernice.

"We go to mass every Sunday. The kids stopped going. I would like to see them get a little more involved. They are not atheists or anything as they still believe. I would like them to get a little more religion in their lives. Their lives seem to be all go, go, go. How much money am I making here? I am not making enough money. Am I going to lose my house? They are all on that train. I would like them to become more religious to realize that there is some help from me, Jill (wife), and also the religious part. I am talking about Christianity": Tony.

Global peace, the futility of war, acceptance of differences was also mentioned by discussants in what they would like to offer others. The futility of war, irony of fighting, and eventually becoming friends with the enemy were described in the following monograph.

"I would like to offer people to try and live in peace. I would like to know the world to be free from wars. You do not win a war. No one wins a war. I have been through a war and so I know that your enemy will end up shaking your hand and they were the people you were fighting. Now we are friends with those people. We trade with their country, and my late wife was a German lady. It was not many years that we were fighting one another. I hope one day there will be peace on earth": Kenneth.

An ecumenical philosophy was espoused as being of prime importance, and that differences should be celebrated, illustrating tolerance of other Christian denominations. Given the cohort of elderly people participating in this research, religious denominations in the past were much more distinct, and demarcations had been present. Religion was highlighted as a private affair.

"I often think of spiritual things. I used to be a Sunday school teacher, and both my parents were Sunday school teachers. I was a Methodist. I used to go to Sunday school by tram from six years of age. This is a hard question. I take religion like I take everything else in my life. What you believe has nothing to do with anyone else. It is private.

One of my carer's who visits me is a Seventh Day Adventist. Her school age daughter wrote down this prayer. My family thought it was lovely.

'My God smiles down on you today and blesses you with his love. From this day forth you are in his care'.

I thought it was gorgeous. I don't care about what denomination or religion a person is. We are all different": Lois.

What are your beliefs?

As indicated in Chapter 3, there are a high proportion of people in the pre-war generation who have had a Christian upbringing, many of whom hold to a belief in God. Table 5.1 outlines the beliefs of discussants in this study.

Table 5.1: Discussants' Beliefs

Names	Belief in a Christian God	Belief in a higher power/spiritual Presence	Belief/Dislikes Church structure	Freewill	Uncertain	Belief in Afterlife Not God	Belief in Jesus Not God
Anita		✓					
Anne	✓						
Arthur	✓						
Bernice	✓						
Beryl	✓						
Betty		✓					
Daphne					✓		
Dilys		✓					
Doris	✓						
Dorothy	✓						
Edna					✓		
Eric	✓						
Grace						✓	
Iris			✓				
Ivy		✓					
Joan	✓						
John			✓				
June				✓			
Mrs K			✓				
Kenneth		✓					
Lawrie	✓						
Lesley	✓						
Marj			✓				
Marjorie	✓						
May							✓
Muriel	✓						
Ted	✓						
Tony	✓						
Trevor	✓						

Belief in a Christian God

Fifteen discussants voiced unwavering belief in a Christian God. Faith conversations with steadfast conviction were readily entered into throughout this study. Monotheism, the belief in one God, and the definite certainty of God's presence in their lives was shared.

"That there is one God end of story": Anne.

"I am a Christian and I believe in the bible. The bible has guided my life": Muriel.

Biblical narratives were quoted to illustrate the integral nature of their relationship with God.

"I believe whether you realize it or not that the Lord is with us all the time. I remember something a long time ago from one of the sermons. There were two men walking, and they came to very rough ground in their lives. In other words, difficult times, it was a symbol. There were two sets of footprints in the sand. Then when they came to rough ground there was only one set of footprints. One man asked the Lord, 'Why did you forsake me when the going became tough?' The Lord answered, 'Why do you ask that question?'

'There was only one set of footprints'. 'Who do you think was carrying you?'": Tony.

"Well in the Apostle's creed it says, God the father, God the son, God the Holy Spirit creator of the world. I do believe that the bible is God's word. I do not believe it is just imagination of people. I think it is inspired, and it inspires. That is my basic beliefs": Ted.

Belief in a Higher Power/ Spiritual Presence

Five discussants expressed a belief in a higher power/ spiritual presence but questioned the concept of a God as such. Spiritual interpretations of life that are multi-layered were raised, including channeling the divine, are illustrated by the following two discussants' comments.

"I am not religious. I do believe, but in a higher power. I let that higher power take care of me and whatever will be will be. I accept whatever comes my way": Betty.

"That is very hard. I cannot say I am agnostic. I know that there is something much bigger and much better. I cannot say that I believe in God as such, but I so believe there is a spiritual presence that I have felt occasionally in my life; I also believe that a person's life is more or less written out for them.

I find it very hard to come to terms with the fact that church and religion makes people better than what they are. I find it very hard to come to the fact that the one person is the whole nucleus. There is something or somebody, but what, I do not know": Anita.

Belief / Dislike of the Church Structure

Five discussants conveyed distain to the structure of the church. The following comments reflected disillusionment with religious dogma and the organization of the church. Corruption within the church and sexual abuse scandals had swayed discussants perceptions about organized religion. However, all five discussants still expressed a continued belief in God.

"I think following the rules can be silly. However, I very much believe in God": Mrs K.

"I taught Sunday school until I was eighteen. Actually, now my thinking about the church has changed. I do not like the church structure. Many churches are materialistic, and the moral behaviour of the Roman Catholic priests with so many children has been terrible. This has really upset me.

My grandmother used to say no matter what religion you are, you are all going to get to the top of the hill, but you all go on different paths. I do not care what denomination a person is, but the church has really disappointed me with their behaviour. The church has no relevance to my life at this stage. I still do believe in God and that I will be reunited with my husband. I believe once a person dies that the soul straight away takes off and leaves the body": Iris.

"Things happen in life. I lost my first husband. I remember saying to the priest, 'Why'? He replied, 'it is God's will'. I said 'that it is not God's will'. I was traumatized by that statement": Marj.

Freewill

One discussant commented upon freewill.

"My religious beliefs are I do not think there is a bloke up there ruling the way I live. I believe our lives are up to us": June.

This discussant used the notion of freewill as compatible with responsible autonomy. Baumeister and Monroe (2014, p.2) highlighted responsible autonomy as "acting on one's own (ie not driven by external forces), choosing, using reasons and personal values, conscious reflection, and knowing and accepting consequences and moral implications."

Uncertainty

Another comment reflected the issue of uncertainty in spiritual awareness.

> "I try to believe. However, I do not really know what I try to believe in": Daphne.

Belief in the Afterlife but not God

One discussant expressed optimism and anticipation that there was an afterlife, even though she did not follow religious beliefs. These reflections are captured in this statement:

> "Well as regard to religion, I think it is everyone's choice whether or not they go to church. I believe there is an afterlife. I hope to see my husband and son, but I do not have any religious beliefs. I watch 'Songs of Praise' every Sunday and I love it because of the atmosphere. I like the singing and the hymns. However, when the priest gives sermons my interest level wanes. I think they only get through to the people who are religious. I love the music and have always liked music": Grace.

Belief in Jesus, the Son of God, not God

One discussant cited her belief in Jesus, but not formal religion.

> "Well I am secular. I do not go to church. I do not want to offend you, Winsome, and it may not be the nicest way to put it, but religion I think is just crowd control. Religion is based on myth and legend. I find certain parables difficult to swallow. For example, Moses talking to the burning bush, and the bush talking back to Moses! The parting of the Red Sea is difficult to believe.
>
> The story of Pharaoh's daughter finding a baby in the bull rushes. I am sorry, but I do not think there is a God that does such things.
>
> It is good for people to have a faith. I did have faith at one time. I do believe that Jesus existed, and that he was a good man. I think the Ten Commandments are

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brilliant, and if people followed them there would be no problems. It would be lovely": May.

Have you experienced any shift in focus regarding religious beliefs?

Table 5.2: Shift in focus regarding religious beliefs

Yes	No
13	17

Thirteen out of thirty discussants nominated a shift in focus regarding religious belief.

"I must admit my faith has changed. I really do not know if there is a God. I believe in Jesus Christ. I believe in what he offered, what he portrayed and his way of life. I have strong beliefs there. Whether there is a God that is another question.

One of the Archbishop's of Canterbury said, 'God is nature and nature is God'. So I see God in nature. God is within us. There is something there within us that is Godly.

The almighty, the Holy Spirit, I feel the Holy Spirit is within us. My faith has changed. I am not quite sure where it is going. It is still there to a degree, but I question more. I question more over the last few years. I think it may be that is part of the journey. We have to question to find out where our faith is, and for it to renew itself or go organic. I do not know where it is leading. However, I know it has been a big part of my life": Dilys.

"I would have been about eighteen years of age when I ceased going to church": John.

The discussants who experienced a shift in focus pertaining to religious beliefs varied in their journeys and recounted diverse reasons why the shift took place. However, there were some common responses relating to the inception of the shift occurring and these predominately happened when entering adulthood and/or coinciding with leaving one's original family, entering relationships with individuals from other denominations and increased exposure to external influences, specific events, and people in their lives. This shift in focus was later continued and maintained throughout the rest of their lives.

Five out of the fifteen discussants who expressed resolute belief in a Christian God had changed from their foundation denomination to another denomination within the Christian Church. These discussants who made such a change are listed below.

Anne – Lutheran - Anglican

Beryl – Methodist - Christadelphian

Dorothy - Anglican - Quaker

Tony – Anglican - Catholic

Mrs K - Lutheran - Anglican

Two discussants shared their experience of changing denominations:

> "When I was younger I was not very religious. I was a Christian, but I converted to become a Roman Catholic and since then I became more religious. As I became sick and older, I think more about religion.
>
> Jill (wife) used to go to Mass and I also went to the service. I also used to fix things at the church and the Monsignor would discuss religious matters. When my daughter was born, I converted to Roman Catholicism: Tony.
>
> "I have always been a believer. I have been to other churches but became a Christadelphian when I was in my middle fifties. We went to a lecture at Victor Harbor and found out more about Christadelphian faith. I was pleased that I became a Christadelphian as I have found the people to be sincere. They exhort

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one another on Sunday mornings. They share the Christian teachings. The company and everything is wonderful": Beryl.

Responses by discussants appear to indicate an opportunity for greater reflection in later years. The following questions clarify this proposition.

Gerotranscendence

Reflections on six statements pertaining to Gerotranscendence (Question 13-18)

These statements enabled discussants to share their perspectives relating to six statements summarizing components of Tornstam's theory on Gerotranscendence.

A Decrease in interest in superficial relationships?

Tornstam (1989) proposed that elderly people as they aged become less interested in entering or maintaining superficial relationships. The discussants in my research identified that they had never been interested in superficial relationships thus not changing their views on this topic regardless of growing old. When the above statement was read, the majority twenty one discussants indicated a decrease but qualified this response with an additional explanation to provide clarity to their reply.

"I have never been one to talk to the next door neighbour over the fence. It never appealed to me": Bernice.

"Strange question, I want people who are real, not full of crap!": Lois.

At this point in their lives, discussants were not willing to enter or engage in artificial relationships. Comments were made regarding valuing their own company and participating in activities which they enjoyed. Throughout their lives, meaningful engagement was raised by the discussants as being a priority. Interactions with others were not always sought, and time alone was valued rather than this being a disengagement from the world. This meant that they were actively absorbed in something which, to them, had significance.

"Yes, I do not want to appear rude, but I am not a lady who can sit down with a cup of tea with twenty four other ladies and yak about nothing! It does not interest me. I would rather be doing something like reading a book. I could not be bothered in idle interaction": Anita.

A Decrease in Self-Centredness

Table: 5.3 Discussants' Perspectives on self-centeredness and whether it Decreases with Age

Yes	No	Never self-centred	Tried to be never self centred
5	5	14	6

Five discussants frankly admitted to being self-centred, egotistical, and focusing on self-interest as a coping mechanism in addressing the challenges of ageing.

"No I have to be self-centred, otherwise I would do the wrong things. I could try to walk up the passage, but I would fall over and cause John (husband) to have to get an ambulance. Self-centred in that I think what I can and cannot do in my life": June.

"I am wondering if I am not becoming more self-centred. It is a case of survival (laughs). You tend to implode on your survival skills. I am wondering too much about my condition and where I am going": Dilys.

"Deep down I suppose most of us think that we are number one. I have to think of my needs now as otherwise I would not manage": Edna.

"Boy, I would like to say yes. Well, perhaps I can say I try daily to be more other person focused. I still have the battle that the old self is there. I am not perfect. To use a biblical expression, the flesh lusts against the spirit. The spirit lusts against the flesh. In other words, there is a real war going on and, I have to be honest, but there is a war going on within me at times. The battle is still there": Ted.

Two thirds of the discussants identified that they had tried not to be self-centred throughout their lives or did not display this character trait.

"After turning to God's word forty five years ago, I have tried to never be self-centred": Dorothy.

The majority of the discussants did not refer to a decrease in self-centredness at an older age, apart from Muriel and Doris who made the following comments:

"Yes, probably, I suppose you think more of others than you do yourself as you are getting as old as I am. Their lives are the centre of my life": Muriel.

"Definitely before getting to this stage in life, self-centeredness was part of my life. I have to put this dress on as I needed to look good. Not anymore, I am what I am and leave it at that without worrying": Doris.

A Decrease in Interest in Material things

Table: 5.4: Reduced relevance of material possessions

Yes	No
16	14

According to gerotranscendence, elderly people significantly decrease their interest in material things. The current study dispels this notion, despite society encouraging elderly people to downsize. Discussants commented on the good things in life and the enjoyment factor of spending money and making acquisitions. They focused on the present and shopping was identified as a positive activity.

"I am very interested in material things as I like to have a comfortable and pleasant home. I like things that are pretty": Grace.

"No, I like shopping": Lois.

"I still like the good things in life. I would like to have even better things, but now, as I said, I like the good things in life. I like us to have what we need to survive": John.

"I have to be honest, I know what they would want me to say, but I still value things. I do not see myself in any way losing that appreciation of material things I have and need. No, I do not think I have a decrease in interest in material things": Ted.

"I like good things. I like spending money. Who does not, really! I like things to be

nice": Trevor.

A distinction needs to be made to purchasing new acquisitions compared to valuing objects which have cherished meaning linked with the self-identity of the discussant. The vignette by Mrs K captured the significance of her life and passion as a professional painter and sculptor. Coleman and Wiles (2018) found that beloved possessions assist in the realization of a self- identity and in this case Mrs K as an artist. Leibing, Guberman and Wiles (2016) also stressed that specific items offered an older person their life story, noting dread in their personal possessions being discarded.

"My paintings and art work are still important to me. My family want me to give

away my belongings. I am trying to resist": Mrs K.

A number of discussants who indicated a reduced interest in material things qualified their response by indicating that they still upheld an interest, but rationalized the choice of a decrease in that they could cope with not having pleasant things. However, their preference was still to have material goods.

"To a certain extent there is a decrease. Yes, although I love my house and like to

buy things for the house. I also like good clothes. I do like nice things! (laughs). If I

did not have nice things I do not think I would fall into a hole": Marjory.

An Increase in Time spent in Meditation

Table: 5.5: Discussants Thoughts on whether levels of meditation was increasing within their life

Agreed	Disagreed	Reflection /Thinking
3	18	9

The majority of discussants disagreed with the statement made by Tornstam (1989) that elderly people increase their time spent in meditation. Indeed, one discussant strongly refuted this by stating:

"I have never spent time in meditation. I am a hands-on person": Lawrie.

Activities of daily living and trying to live independently were raised as time consuming, and therefore, meditation or reflection was minimal, and not a pursuit that was actively pursued.

"I am flat out doing the things I have to do, and I never achieve all I want to do": Anne.

"No, I do not really, as I am still running a home. I do not have a void that I have to go off and contemplate": Anita.

In striving to construct and conserve daily routines, the older people in this study did not conform to the stereotyping associated with frailty (Nicholson, Gordon & Tinkler, 2017). Sustaining daily routines and renegotiating activities and priorities contributed to the maintenance of an older person's identity as an independent person. This finding concurs with research on the exercise of personal agency by frail older people (Greiner, 2007; Hammarstrom & Torres, 2010; Breitholtz, Snellman & Fagerberg, 2013; Warmoth et al, 2016) and on resistance to objectification and stereotyping associated with ageing and frailty (Nicholson et al 2012; Van Campen, 2011).

Alternatively, reflection and thinking was mentioned rather than meditation and these concepts came to the forefront of responses when the above statement was read. June, who recently had a stroke, poignantly summed up her perspective by stating:

> "What is meditation? I think a lot but that is because I cannot read, and I cannot walk. I look out of the window, and it is the same window every day. I have a good reason for thinking": June.

The window enabled June to connect with the outside world, but the parameters of what she could see and access was limited due to the confines of her immobility. Sternberg (2009, p.9) states, "perhaps the most important thing a window does is provide a portal, an escape from the frightening painful reality of disease, or a way of accessing memories of a better time and place".

> "I reflect a significant part of the day. I must be odd. I keep on reflecting and thinking. I would do it all day if I could. I love reading and I am reading books all the time": Ted.

Some respondents identified thinking but not dwelling on thoughts which were negative.

> "Sometimes I think about people and what they are doing. I get out of bed each morning and think there are people who are worse off than myself. I just have to keep going. I cannot sit down, and think I am crook or I may not be here much longer!" Beryl.

An Increased Feeling of Closeness with the Past and/or Future Generations

Table: 5.6: An increased feeling of closeness with past and/or coming generations

Past and Coming	Coming	Past	Neither
12	11	6	1

A combination of feeling close to past and coming generations was reflected from the research findings where discussants raised closeness with future generations. This mirrored Erikson's (1986, p.66) research, which states, "as our subjects near the end of the life cycle, many begin to see their grandchildren as extensions of themselves into the indefinite future." Further to this, Erikson (1986, p.169) used the term "Generational success", which has particular relevance to describe elderly people increasing their own sagacity and achievement by linking themselves with future generations.

"Increase interest in the coming generations. The past has gone": Laurie.

"The young one's": Arthur

"I often ring my people in England. I like to talk to my nieces and nephews about the past. The future I am unsure. I try to get along with everyone. On the phone, my boys say, 'love you dad'. That is the future for me": Trevor.

"I miss the past generations. I miss those who have gone on and who have been our friends. I miss them terribly because we have lost so many. But you cannot live with the dead. But they live in your heart. We now have slowed down and more or less content as long as we have each other": Dorothy.

Eighteen discussants described an increasing feeling with both past and future generations.

"Let me think of the past first. I do think more these days reflecting on the past even when I was a little boy. Why I do not know! I reflect more on the past.

I think about my daughter and grandchildren, bless their hearts. I think about them and wonder how they will go. Things around us are changing, but God is not changing. It is wonderful to have in an ever changing world an unchanging God. I think regarding my kids, the best thing I can do for them is the legacy of trusting an unchanging God. That is one of things that is really keeping me going. It is wonderful to know that he is the same yesterday, today, and forever. No matter what happens in the world. I commit my grandkids and children to him. I say, 'Thank you God', and he will care for them when I cannot. That is of some comfort to me": Ted.

A Redefinition of the Perception of Life and Death and Reduced Fear of Death

Tornstam (2011) proposed through gerotranscendence that elderly people have less fear of death. However, through my research, discussants indicated that they did not believe that their reduction of fear of death became evident to them during the final phase of their lives. Instead, discussants indicated that their lack of fear of death was not due to age and incorporated the philosophy, proposed by Kubler-Ross and Kesser (2005) that birth is not a beginning, and death is not an ending. They are merely points on a continuum.

Table: 5.7: A Reduced Fear of Death

Yes	No
7	23

Past experiences of death influenced perceptions of how currently death was viewed.

"I have no fear, and this is not because of my age. I have seen so much death in the war. Obviously, everyone does not want to die in a horrible way. I recently had a big accident in a car. I never broke a bone. So there is someone up there looking after me.

No I have no fear of death. If I died on the spot I would be happy. I do not want to die, but when the time comes I have no fear": Kenneth.

Table: 5.8: Fear of the Process of Death

No Fear of Death	Fear of how one will die
27	3

Conviction in faith dissipated fear of death, but how a person was to die was raised and was at the forefront of discussants' comments.

"I have no fear of death. I trust that when I die I will go and be with God. I believe that utterly besides that I do not think anyone fears death, but maybe how you die. I would like to say I would not like to die some deaths as I have seen some of my friends have died": Eric.

Mortality and Immortality

The uncontrollability of death, which is part of the life force, was actively discussed. Life leading to eternity was a concept which discussants articulated as important. Life experiences shaped how death was perceived.

> "Actually, I think life is all about death because we sort of live to die, and there is a space in between. We are sort of travelling towards it all the time. People do not always think about it, but that is how it is, I believe.
>
> I had my little boy in my arms when he died. It was like going from one room to the next. There is nothing so profound about death, and if you see other people die it is not terrifying. It is awful still, but Christians view things differently.
>
> I think death is like going into another room. If you go into heaven, there will be beauty, for example a beautiful garden. The Lord will be there and there will be no pain. My mother and son will be there, and I am very thankful I have faith": Marjory.

Loss and renewal were interwoven through the continued link to their lost loved one. Death did not become separate from life but an integral part of life. Consequently, death is not perceived as the end of the relationship between the living and the departed. This was a common theme amongst discussants who were widowed. The continued connection and hope that they would be reunited after death with their loved one was frequently stressed.

> "I live for my grand-children. I get a lot of fun out of my grandchildren. They are lovely. I miss my husband so I would not mind dying. I still believe that I can join him. I would miss the children and grandchildren, but I would love to see my husband again. So, I am quite happy to go anytime": Iris.

"Well because of the teachings in the bible I do not fear death. It would not bother me. I feel that I am just marking time till I meet Kenneth (late husband). Our teachings give you peace of mind. That is the biggest healing you get from being spirit filled": Lawrie.

The experience of bodily decline and deteriorating health led discussants to contemplate the end of their lives, as they openly discussed death and considered mortality. The inevitability of death was explored but the majority of discussants were not ready to die. Instead, they focused upon maintaining life on their terms for as long as possible, striving to go beyond existence to actively being present.

Discussants wished to go beyond their living existence by acknowledging that their life span was limited. The end of life was not just a distinct phase in the life course, but a compelling stage of life where core beliefs that shape the person can be expressed. Utilizing the narrative approach enables elderly people to engage in meaningful conversation which assists them to understand their unique life experiences. Layers of meaning became evident where understanding becomes a mode of being.

"It is very hard to imagine being dead and not being here. It is hard to feel that your life is coming to the end. You still feel so much part of the world and yet you know that it cannot last forever": Dilys.

Evaluation

Discussants expressed interest, and gratitude in participating in the research:

> "It is very thought provoking. You have asked a number of good questions. I think it makes you think about life more, and I have found it very interesting": Anita.

> "I have appreciated the opportunity to think about what you asked": Edna.

> "Interesting, and it has made me think about all sort of things": Joan.

> "Some of the questions were quite challenging. It made me think which is a good thing!": John.

> "Quite interesting and enjoyable. What you are dealing with is a field I do not venture into very often": Lesley

> "I thank you very much for the pertinence of the questions. You are not avoiding things that people so often want to avoid. I do not know why we do?": Ted

A selection of the discussants' comments were recorded throughout this Findings Chapter. The aim was to provide an opportunity for the discussants to express their opinions, thoughts and beliefs. Deeply embedded within this chapter is the intention of the researcher to impart to the discussants the value of their life journeys. As Thompson (2016, p.345) aptly describes, "helping someone to continue to reciprocate in whatever way they are able to, can provide a boost to their sense of self-worth, helping them to maintain a valued place in the world they inhabit."

The next Chapter examines how social work practice can be transformed by implementing a spiritually sensitive approach.

CHAPTER SIX

TRANSFORMING PRACTICE

> We discover in the process of telling our life stories that we are more sacred beings
> than we are human beings. A life story is really the story of the soul living in a
> material world. The most important stories which talk about ourselves are those
> that express the timeless within us (Atkinson, 1995, p.4).

The title of this chapter, 'Transforming Practice,' utilizes the word 'transform' as central to the idea of reaffirming the value of spirituality. Acknowledging spirituality as a significant factor in elderly people's lives is imperative to enable the exploration of meaning in life. Utilizing the concept of spirituality with elderly people encapsulates the human search for personal meaning and mutually fulfilling relationships between people and the natural environment, and between religious people and God. Thompson (2010) takes this point further when he observes that, "spirituality is fundamentally about 'meaning making' and suggests that this concept has a strong link to social work because of the profession's commitment to helping people develop more empowering meanings, understandings or narratives".

The opportunity to flourish in a supportive environment is an outcome which transforms the type of interactions provided. Understanding the importance of spirituality for the lives of older adults is an essential part of developing a humanistic understanding of ageing (Manning, 2013). The notion of spiritual care as 'being' rather than 'doing', of 'companioning' and 'accompanying' on a spiritual journey is an approach practised amongst health professionals, propose Holloway et al (2011, p37). Care of the spirit is juxtaposed with the problem solving model of care. This is a diametrically different approach which centres on humanizing care. This type of practice entails being truly present and open to possibilities, respecting the person, and integrating the universality of a spiritual dimension in human experience.

Within Community Aged Care, the home environment may take on a special focus where spiritually sensitive practice may be facilitated to build a connection and acknowledge the life people have lived. Douek (2015, p.116) states, "as people grow older, the need to feel that they

can explore and connect to their core being becomes stronger. That need for spiritual and emotional connection may develop in new ways whilst at the same time connecting to the spiritual journey we may have made over our lives".

Innovative ways of providing spiritual care, which involve being rather than doing, are proposed by Mowat and Swinton (2005). In this study, spiritually sensitive practice was facilitated by inviting discussants to discuss spiritual issues within their own homes. Central to these discussions was the recognition of addressing spiritual needs and acknowledging strengths throughout this process. Sheridan (2009) highlights an awareness of spiritual needs as imperative to spiritually sensitive practice. Instilling spirituality into social work practice within Community Aged Care provides an opportunity for elderly people to affirm their sense of being.

Exploring what endures for an elderly person may inspire the person to draw upon their spiritual resources and to anticipate the fulfillment of life in a reassuring, safe, and understanding environment. This type of intervention is advocated as a priority in meaningful practice. Dudley (2016, p.168) stresses that, "safe space needs to be created for clients to begin sharing their beliefs, views, and expressions without any sense of being rushed, interrupted or judged".

Enabling elderly people to experience inner growth by synthesizing wisdom from long life experience is a goal that reinvigorates practice. Honouring them with roles as advisors, rather than losing esteem, and enabling them to hold an important place in society are essential stances when working with elderly people. Promoting an opportunity for elderly people to find a crucial niche in interactions fosters contemplative practice. Overall, it is compelling to include spirituality within practice by drawing upon a person's inner resources, which may be a major source of strength and resilience.

Utilizing spirituality within Community Aged Care may assist elderly people sustain engagement with service providers and facilitate stronger connections whilst residing in their own home. Heatwole Shank and Cutchin (2016) stress that elderly people often actively build a social infrastructure by cultivating connections in the community to enhance a sense of belonging whilst ageing in place. Subsequently, this affirms their feelings of inclusion and upholding their sense of identity.

Spirituality encompasses a breadth of needs and Coholic et al (2008, p.42) commented that, "If we ignore the spiritual dimension of people's lives, we may be missing an opportunity to help people theorise holistic narratives that accurately fit their experiences." This research advocates the entirety of human needs when working with elderly people and proposes that spiritual needs should not be relegated to a tokenistic question or two as part of an assessment process. Rather a comprehensive assessment including a spiritual framework it is suggested is required.

What elderly people want to discuss should be recognized and valued thus realigning the assessment and potential social work intervention. One of the fundamental values of social work practice is that the client has the right to be self-determining what his/her needs are and how they are to be met (Watkins, 2012). Existential conversations are sought by elderly people, and a range of diverse spiritual needs may be presented requiring skilfull and sensitive social work intervention.

Spiritual Needs

Spiritual needs are, "the needs and expectations which humans have to find meaning, purpose and value in their life. Such needs can be specifically religious, but even people who have no religious beliefs or are not members of an organized religion have belief systems that give their lives meaning and purpose" (Field & Cassell, 1997, p19). Opportunities need to be built into social work intervention to enable elderly people to discuss spiritual needs.

However, research pertaining to spiritual needs within community dwelling elderly people has not been at the forefront of research. Instead, the research literature's focus has been upon spiritual needs assessments which measure patient's needs in acute hospital settings or amongst people with cancer. These assessment tools are useful in particular settings but a "one size fits all approach" should not be considered for spiritual assessment as some of the difficulties in applying a standardized approach to assessing spirituality include the idiosyncratic and personal nature of spirituality (Brennan & Heiser, 2012, p.5).

Regardless of the tools used, the purpose of making a spiritual assessment is to recognise possible spiritual needs (Harrington, 2010, p.5). Identifying spiritual needs is integral to the assessment process and MacKinlay (2008) recommends that, once these distinct needs are identified opportunities to provide appropriate spiritual care may be offered. However, spiritual assessment warrants scrutiny as spiritual assessments predominantly target certain client populations and exclude others. The major client groups focused upon in spiritually orientated research are people diagnosed with cancer, chronic illness or residing in nursing homes or being treated in hospital. Examples of assessments developed are the Spiritual Needs Inventory designed by Hermann (2006) for patients diagnosed with cancer; Taylor's (2006) Spirit Interest Related to Illness Tool (SPIRIT) to gauge spiritual needs of patients who had cancer and their caregivers, and Young et al's (2008) development of a Spiritual Needs Scale for hospitalized patients in Korea.

Facilitating spiritually sensitive practice has been guided by a range of intervention techniques designed to assist elderly people discover a spiritual dimension throughout their ageing journey. One such intervention which has been formulated to guide practice is the compilation of lists highlighting a range of spiritual needs which an elderly person may experience. Mowart and O'Neill (2013) examined Koenig's (1994) fourteen spiritual needs of older people. Their critique emphasized that Koenig's list specifically focuses principally on participation in religion without examining spirituality in all of its multi-forms. These authors acknowledged Koenig's (1994) list as a useful starting point in discussing spirituality and stressed that many of the concepts were presented in a non-religious format, and were easy to understand.

However, on analyzing the list, two specific spiritual needs would only be suitable for people who had some form of religious belief/ doctrine. These were a need to feel that God is on their side and a need for validation and support of religious behavior. Thus the list holds an underlying assumption that people hold religious beliefs.

Further researchers, such as Moberg (2001) have built and modified upon Koenig's (1994) list illustrating significant overlap of identified spiritual needs. In my research analysis, Koenig's list was utilized as it was formulated to address elderly people's specific spiritual needs and, therefore, has particular relevance to this study. Fourteen spiritual needs of elders were identified by Koenig (1994) and these have been outlined to illustrate the varied expression of spiritual narratives. Several examples have been given pertaining to spiritual needs from the discussants in the study illustrating the multifaceted nature of spirituality.

A need for meaning, purpose and hope

"Life is good. I just get up and do the best I can day by day. What fun things can I do? I have a piano accordion, but I am losing the use of the end of my fingers. I have a friend who is a professional, and he is coming up to try to get two fingers working for me so I can use the bases.

What else do I like? I like a beer, but I cannot have a beer. I go to the RSL which I enjoy very much. The boys at the RSL make fun of me and I make fun of them. I play eight ball. I get up and they put up with me being so terribly slow. I play but I get tired, and then I ask someone to take my place. They do so. There are many meanings in life.

I get out on my gopher for a ride on a nice day. I now have one for my wife. We go out together and try to make life pleasant.

I make the most of what I have. My garden costs me a lot of money, but it is worth it. I love a nice garden and a nice big back garden.

I try to maintain my interests and I watch the footy and golf. There are many meanings in life!": Trevor.

Addressing spiritual needs through spiritual narratives enabled discussants to make meaning of their existence and empowered a sharing of what was meaningful in their world. Reflections on meaning in life, on self and beliefs was an integral component of the interview schedule that was developed as part of this research. These reflections supported spiritual needs to be discussed and provided elderly people with opportunities to explore meaning, purpose and hope within their lives. Trevor drew upon his personal resources of utilizing social activities and derived support from interactions with others to enhance his quality of life. Neville et al (2016) stress that a sense of meaning is often initiated through social connectedness.

A need to transcend circumstances

> "I suddenly began to realize there was more to life than having a good job. I was about thirty at the time, married, and we had two children. My wife brought the fact of it home to me quite wonderfully really. I came home one night after being out all day. My wife had dressed the children in their best clothes and she was dressed in her best. I asked, 'Are we having visitors?'

> My wife replied, 'Yes, it is you!'

> I was almost overcome by that because you can spend a lot of time away and become successful in this world, but it meant nothing if you lose your family life. From that moment onwards, we concentrated on our family life ": Eric.

Insights were nurtured by Eric in exploring what he valued most within life and this ultimately led to changing priorities within his life, and consequently adopting a new direction. Through a significant interaction with his wife a personal transformation occurred symbolizing a turning point in his life. Eric recalled the need to transcend circumstances resulting in self-growth and the acknowledgment of the importance of family.

A need for continuity

"Talking about passing things on, it is quite interesting as my mother loved poetry, and I am very fond of poetry. What I noticed over the years is my daughter is very keen on writing family history. My daughter is a girl, well a woman who is sixty seven years of age! Suddenly grandchildren have shown promise. It was only the other day that I learned that my great granddaughter has won a place to the university to study journalism. I am very pleased so that is part of the thread": Lesley.

The link that Lesley vividly describes through inter-generational interest in poetry and writing symbolizes the web of life. Further, this discussant illustrated de Souza's (2014) principle of spiritual connectedness.

A need for support in dealing with loss

"In the past before I had a stroke there were many things. I was interested in gardening, friends, sewing, and hobbies. After I had the stroke I ask what is the meaning of life? I try to be a friend to my friends. I try to help John as much as I can, but he has his way of doing things. I have my way of doing things. It takes a long time to get used to the results of a stroke. It is a different lifestyle altogether": June.

The loss of health and its impact upon June's ability to pursue hobbies was evident from her remarks. However, June stressed the proximity of relationships as integral to her wellbeing. Bruggencate et al (2018) highlighted the social need of reciprocity, and this was apparent from June sharing her feelings pertaining to friendship and her interactions with her husband.

A need for validation and support of religious behaviours

> "In general there are churchy people who go along to church as it is the thing to be done. They feel good after they have been to church. I used to feel at times even when I was younger that it was about politics.
>
> Jesus and his disciples did not do that kind of thing. That is not in the scripture. I was dissatisfied, and when the time came I found the simplicity and the life of Christ. You do not need anywhere special to worship. You can worship anywhere. It does not have to be a particular house or building because God does not live in a building. It tells us that within the bible that God does not live in a building made by hands. He lives within us.
>
> All the churches uphold Jesus and the word of God. But I sometimes feel they miss the essence of it all. It is not regalia. It is not following a certain procession. God is a God of order. With great respect we are just people. You are just a person so am I. We are called Friends – the followers of Jesus.
>
> You find almost anything you want in scripture more or less. But in the same instance do good, and support those who preach the gospel, as it really is the love and mercy of God. Without God's mercy none of us would be here because we all have done wrong things": Dorothy.

The above discussant explicitly expressed religious beliefs revealing her inner self and what she valued as pertinent to her life. Dorothy was able to acknowledge and validate the interconnection of spirituality and religious beliefs. Dudley (2016) cautions social workers to avoid underestimating religion's significance to many clients, particularly when religion principally embeds their spirituality.

A need to engage in religious behaviours

> "I seek to maintain a relationship with God in an ongoing way as he is for me a person I can relate to personally. I do so by reading his word and through praying that is my two means. One is like feeding on food, and the other one is like breathing air. The two things go together. If I do not eat or breathe properly well I would be in trouble.
>
> I think the other thing is significant is the fact that I can have fellowship with other believers, people of a similar mind. I do that through my Christian church fellowship, and the local Salvation Army branch which I attend": Ted.

Religious behaviours such as prayer and reading the bible were cited by discussants in facilitating and maintaining a relationship with God. Feelings of acceptance and belonging with people who shared a common faith within spiritual communities was expressed by a number of discussants. Register and Scharer (2010) identify the pertinent role of churches as social places where people can come together.

A need for personal dignity and sense of worthiness

> "Well, I am me. I am not a number. I am Ivy! That is right, so many things only have a number. No, I am Ivy!": Ivy.

Individuality, self- acceptance and inner strength to express a sense of place was captured in the above quote. Unwillingness to accommodate to being a number was evident from Ivy's response demonstrating an authentic self. Or as Lacuelle (2018) would describe a testimonial self, declaring who am I ?

A need for unconditional love

> "The main people in my life at the moment are my daughter and son. I want to be loved by them and for me to love them": Betty.

Family relationships were a major resource discussants drew upon for support reflecting unconditional love and reciprocal relationships.

A need to express anger and doubt

> "Things happen in life. I lost my first husband. I remember saying to the priest: 'Why?'
>
> He replied, 'it is God's will'.
>
> I was traumatized by that statement. I see beautiful people being taken and bad people being allowed to live. I cannot get my head around that. I just do not think that is right. Little children being taken. No, I get angry": Marj.

Marj expressed numerous injustices of life and feelings of abandonment, and despair from her priest's response. Her devastation and spiritual pain still remained years after the conversation that was held signifying an unmet need to discuss this interaction. Opportunities to identify sources of pain need to be provided when working with elderly people to foster an environment that feels safe to discuss anger and doubt. Puchalski (2006, p.72) states that "anger at God or others is a normal expression of frustration and of not being in control of one's life, of not being able to determine the process of one's life or illness".

A need to feel that God is on their side

> "My dad died when I was ten and then my mum when I was aged twelve. My auntie looked after me, but she had her own children. My auntie could not spend as much time with me as my mum. I had no brothers or sisters.
>
> God protected me especially when I was trying to get out of Latvia during World War II. I ate beetles and grass. I was drinking water from holes which were made by the bombs. I survived. I was frightened that I would be caught and sent back. Through the day we slept under piles of leaves. At night we travelled. We had no maps and we were just guessing which way to get out. Finally we made it to Italy and found out there were ships taking people to different countries. I put my name down and someone from the church went guar tore for me. I was about twenty years of age": Mrs K.

Through this personal narrative a resilience story was created for Mrs K. Browne-Yung et al (2017) stress that a redemptive capacity enable a sense of identity to be maintained and the ability to cope with extreme life challenges. Resilience came from the belief that God was protecting this discussant from harm whilst she escaped from Latvia and subsequently became a refugee. Support from the Anglican Church enabled Mrs K to resettle and begin a new life. This intervention led Mrs K to believe that God was on her side.

A need to love and serve others

> "I would like to have a lot of money which I could spend to make other people happy. I would like to help the Cancer and Blind association. If I won ten million dollars I would give a large portion to charity. If I can help people I am happy. I have always shared": Trevor.

Caring and helping others were distinctive character traits held by Trevor's who expressed a willingness to assist anyone and held highly to the principles of altruism. Atkinson et al (2019) stress that helping behaviours practiced over and over again form a helping identity. A person with a helping identity pursues opportunities to provide service.

A need to be thankful

> "What does my life mean? The fact I am here. I am alive. Who am I? What life has made me, and things that have thrown up at you and helped to mold you, change your ideas, grow new ones, and sadly some ideas fall by the wayside at this stage in life.
>
> I have started to query what does my life mean? Whether you still have any meaning? There are days when you feel really that it has lost meaning because you no longer have things to achieve, things to participate in, enjoy doing, and life gets harder. But, then on good days you think no just the fact that you are alive all that thanks be to God. I am here for another day. Every day is my birthday!": Dilys.

The appreciation of life with its bountifulness was acknowledged by this discussant who recognised the brevity of life by celebrating and treasuring each day. Emmons and Crumpler (2000) stress a strengthening of religiosity and spirituality when people acknowledge thankfulness for the positivity in the world and within themselves.

A need to forgive and be forgiven

> "One of the hardest things for people to do Winsome is accept revelation. They do not mind investigation because they do that themselves, but revelation is something that has to come from the outside. Something we have to accept and humble ourselves, and be ready to say it is a revelation. I never knew it before, but I had the revelation that I needed to seek forgiveness as I was a sinful man. I had tried to do my best but deep down I needed to accept that revelation. That my heart have (I am using biblical terms) was desperately wicked and deceitful above all things God says that about the human heart in Jerimiah. I needed to accept that revelation and pursue forgiveness. That was the beginning of my new life": Ted.

Spiritual growth and development occurred through Ted's perception of forgiveness enabling him to begin a new life. His acceptance of needing to explore his inner self resulted in pursuing a spiritual development as an integral component of becoming. As Puchalski (2006, p.80) emphasizes "forgiving of self brings wholeness and integrity to self".

A need to prepare for death and dying

> "Naturally I am at a stage where I have a closer perception of death. I often think well how am I going to die? What will happen? But that is a fleeting thought as I have to trust the Lord in that one. I do not know that I fear death so much as I fear dying": Ted.

Ted encapsulates Lacuelle's (2018) description of temporal self where a person understands that life is time based and the finiteness of life is inescapable. However, his hope is encapsulated with his faith in that he has no fear of the outcome of death but rather the process.

"Yes I am not worried about death. It will happen when it happens. I hope it will occur nicely and quietly one night. That I do not wake up in the morning. I would like it to happen that way. I am a real coward where pain is concerned": Bernice.

Bernice expressed the wish to die in peace and with dignity. As Puchalski (2006, p.24) stressed "death is a natural part of life" and discussants shared their insights into immortality.

"I accept death and I am not frightened. We all have to die. We cannot go on forever. I believe in the afterlife. I am not sure what it will be like, but I hope it will be beautiful. I feel the afterlife will be wonderful. No death does not faze me.

I fear my kids dying before me. That really worries me, as far as me dying it does not faze me at all. I have always felt that way. What will be will be, I suppose I believe in fate. I hope I will be reunited with people I love. I was taught to believe that this will happen. I would love to think that this would happen. The other part of me thinks well how do we get on together if that is the case? I would like to think that people meet up sometime": Marj.

Discussants throughout this research revealed the ability and desire to build and maintain connectedness by reflecting upon issues that mattered. Koenig's (1994) list of needs should not be perceived as definitive. Rather these needs demonstrate the diversity of topics that spirituality may cover. Hodge and Horvath (2011) raise the interconnectedness of spiritual needs, and stress that clients vary in expressing a range of spiritual needs. Indeed, the conveying of spiritual needs was usually achieved within the context of relationships (Meert, Thurston & Briller, 2005).

 Poole (2016) affirms that social workers historically have been taught through their professional education to "start where the client is". If social workers truly want to follow this stance, a parallel quest to connect the spiritual discourse with the key concerns of contemporary social work needs to be examined. As Holloway (2007a, p.277) observes, "unless we are able to make such connections between the spirituality discourse and other discourses in social work... we run

the risk of spirituality and social work being an exclusive and ultimately marginalized agenda item, instead of an important contribution to its core business".

The notion of need itself and why 'meeting needs' is an important aspect of social work is worthy of consideration. Possibly for this reason, social work has barely considered the dimension of spiritual need and its relevance to social work assessment (Holloway, 2007a). Identifying spiritual need and appropriately responding is an integral part of quality assessment within social work intervention. Care of the spirit is an integral component when working with elderly people. Researchers and writers acknowledge the spiritual dimension in human experience (Hay & Sacha, 2005). It is this spirit that infuses the whole person and provides the impetus to living as fully as possible, including actively engaging with life.

Embracing Life through Social Connectedness

A major spiritual need Hodge and Horvath (2011) identified was the need for interpersonal connection which may be addressed by fostering social connectedness. Register and Scharer (2010, p.463) define social connectedness, stressing that, "connectedness provides older adults with a mechanism to engage life in meaningful, positive and purposeful ways". A genuine understanding of the diversity of spiritual needs and the crucial importance of social connectedness is paramount, especially in interacting with community dwelling elderly people. Wiles et al (2012) highlight that social connectedness includes relationships where familiarity and friendship are present. Findings from this study found that people wanted to remain socially connected whilst continuing to live within their own homes.

Long-standing and established relationships with contemporaries were maintained by discussants within this study. Acknowledging good fortune and having friends visit to participate in enjoyable activities was a common occurrence for discussants. Retaining continuity of who a person was and still is was demonstrated by Ivy below through her weekly social interaction with friends. This contact fostered upholding her sense of identity through continuing to adopt the role of hostess by entertaining friends and utilizing cooking skills which she continued to employ.

Age had not restricted her from being the person she wanted to be. Her personality continued to be displayed through embracing character traits of seeking enjoyment and having fun.

> "I am a lucky person to do what I do at my age. I am ninety eight years of age. Soon I will be ninety nine! I look after myself most of the time. I have a cleaner and a lady does my shopping. Otherwise I manage most of the time without help. Oh yes, the council does my gutters and pruning twice a year.
>
> I still have quite a lot of fun with my different friends. I have two friends who were also school teachers. They come most Sundays and I call them 'my tasters'. I cook and will not tell them what I have made. I do different cupcake recipes. Some people call me the cupcake lady!": Ivy.

Heatwale, Shank and Cutchin (2016) stress that planned regular contact with friends develops a social infrastructure facilitating connection to the elderly person's identity. A shared history is fostered through social interaction. Part of Ivy's identity was her being known as "the cupcake lady".

Stone and Gullifer's (2016) research supports this study's findings that relationships with friends and family including those who had passed away was vital to discussants' sense of enduring self. Many discussants cited not being segregated from other ages or just mixing with a similar age cohort was identified as advantageous for their wellbeing. Buz (2014) outlined the need to associate with people from different age groups as beneficial to elderly people and intergenerational places such as churches provided such an environment. Interacting with a cross section of the community facilitated an engagement with life.

> "Life is good. I do not feel my age for sure. I think having young ones around helps. I am interested in what they do and I regularly have visitors of all ages. I also have friends of all ages within the church": Muriel.

Discussants expressed deriving spiritual strength from having contact with others and friends who shared similar beliefs. Register and Scharer (2010) stress the role of church as a social meeting place facilitating connection with others with a common philosophy and a connection / relationship with God. A traditional role of the churches has been to build a sense of belonging where relationships within the community may foster social capital amongst active participants. Taylor's (2014) research recognizes numerous ways for the church to encourage elderly people to share their distinctive gifts acknowledging their social capital. Church communities have an integral role in adding value by encouraging elderly people to 'live life to the full' by contributing and creating spaces for people to make connections with others. This was reflected in my study where a number of discussants sought fellowship through their local churches and interacted with various different settings to optimize connections. Heatwole, Shank and Cutchins (2016, p.67) stressed the "relational perspective where communities are not passive backdrops to people", thus reinforcing that interaction within various community groups was actively desired.

> "I have several different outlets which add to my life and make it significant. I attend the local church and take a home study group which I hold at my home. Tomorrow on Wednesdays I go to a companionship group. I take a gentleman who is younger than me, but he seems older. He looks older! I am taking another man who has just lost his wife. He will be going tomorrow for the first time. It is lovely we can share and be together. These activities are significant to me at present": Ted.

Studies such as Tuominen and Pirhonen (2013) have shown that socially engaging with others is especially salient for the 'oldest old' in the community. This was reflected in my study. Feeling and being socially connected to others protects older people's mental and physical wellbeing (Reynolds, MacKenzie et al, 2013). The feeling of connectedness to the community/ neighbourhood or to others contributes to wellbeing as well as a feeling of independence (Bruggencate et al, 2018).

"Oh I have quite a busy life actually. I always seem to be busy doing something. Attending church and being part of the local community is important to me. Life is never dull (laughs). Everything is close at hand so I do not have to travel far.

I have been going to the church across the road since 1973. I was in the choir most of the time. I played the organ over there for more than ten years. My daughter bought the house next door to the church. I bought the house next door to my daughter's and her family. Somebody from the church came to visit us and we started attending that church. We both still go there!": Muriel.

Several discussants who were confined within their homes did not willingly accept this state of being house bound and tried to reengage within the local community as much as possible. However, discussants acknowledged that their health often precluded them from travelling very far or for very long before having to return home.

"Before I became ill with this illness I was never at home. It has been very hard recently to be never out! I am getting out a little now. I am much better with medications and good doctors. I am now able to get a taxi and go to the local shopping Centre for just an hour or so to look around. I am getting my life back!": May.

A variety of coping mechanisms were employed and drawn upon to facilitate social connection. Bruggencate's (2013) research indicated relationships with neighbours and those in close proximity were often utilized to fill the void when contact outside the home was infrequent or unable to be accessed. Often the size of social networks for very elderly people were reduced due to changing circumstances, for instance friends dying, not being able to visit friends due to ill health and friends of a similar age also not being able to visit due to their own health issues, not being able to participate in community activities such as interest groups or clubs due to mobility issues, and lack of adequate transport. However, Bruggencate's (2013) study found that elderly people were satisfied with alternative contacts and in its place expressed connection with those who lived in close vicinity. This was reflected by Edna who lived in an independent unit in a retirement village.

"People in the units are very kind. The lady who lives down at the end of my row loves gardening. This lady comes twice a week and cares for my back yard, and it is lovely. I appreciate her time, company, and effort to care for my garden": Edna.

Relationships were forged through Nussbaum's capabilities of respect and empathy for others. Elderly people's affiliations changed, and Nussbaum (2011, p.34) explained affiliation entails "being able to live with and towards others, to recognize and show concern for other human beings, to engage in various forms of social interaction, and to imagine the situation of another".

Social interactions with neighbours was cited in my study as important in linking with the community, and for providing emotional/ practical support. Stone and Gullifer (2016) propose in their research that there is a positive correlation in length of time occupied in a home and the quality of meaningful relationships within and immediately surrounding the home.

Attachment to Home

Sokolee (2016) stresses that the home is more than an address, comprising of an emotional linkage rather than solely the physical structure of the home. Gonyes (2006, p559) aptly summarized this: "housing is about much more than a physical space or structure. Rather, a home serves multiple functions and has a deeper meaning. A home offers individuals a safe haven and protection from the intrusion of the outside world. One's home and neighbourhood are a crucial piece of one's self-identity and evoke a sense of belonging. For many older adults, a home is a highly cherished symbol of their independence and dignity."

Place and identity are inextricably bound to one another and contribute to preserving self-identity. Sokolee (2016) discusses two concepts that are interwoven and link with protecting self-identity and these are physical space and status as a locational issue. Home represents the narrative story of the elderly person's life and, by remaining in the same home /community, an elderly person hopes to maintain a sense of integrity and status. The idea of leaving the familiar home is rejected or resented as it is seen as an attack on a person's identity. People come to identify where they live, they shape it and are in turn shaped by their environment. The link between home and a sense of personal identity has been widely explored (Moloney, 2010).

Peace, Holland and Kellaher (2011, p734) argue that, "the significance of place and the importance of situating the self" becomes particularly important as people age. Place identity explains the affective relations between place and self which are drawn upon. Retaining the sense of identity by fostering autonomy, choice and control are significant concepts in relation to the meaning of home.

As this study revealed, graphic descriptions of the home were discussed by discussants. Home held a variety of meanings. It was a private place where guests were invited to socialize with the occupant enabling the elderly person to invite who they wished to enter their home. Feelings of contentment were made by discussants in residing in their own home. De Jonge (2011) stressed that home provided a shelter where elderly people felt secure and safe. An environment where constancy could be maintained. A sense of being themselves and gratitude was shared. Furthermore, Aberg et al (2004) stress that home's impact on personal identity is an essential factor and this was illustrated by discussants comments.

"I have always been a home body and I have never been a social sort of person. Being at home and having friends coming into the home has meaning": Marjory.

"I have a marvelous and wonderful home. I appreciate this dear old home so much": Ted.

Home held a sense of belonging and this mirrored the findings of Stones and Gullifer (2016) where familiarity was valued. Prior findings made by Fjordside and Morville (2016, p.292) indicate that "the home setting makes it possible to lead an everyday life based on personal values and the opportunity to maintain some kind of control and continuity".

"My future depends on whether I can stay in my own home. I do not want to go to any other place. I find satisfaction just being able to live in my own home": Mrs K.

The home environment provided a constant interrelationship fostering a continuity of self. The uncertainty of not being able to remain in the home environment undermined the sense of self.

Stone and Gullifer (2016) reported that elderly people expressed that residential care meant stagnation of life, while home represented the preservation of the self. The desire to sustain living at home was voiced overwhelmingly by discussants throughout the interviews. The purpose in life for many discussants was to continue and to remain as long as possible in one's home and the future was not perceived favorably in an alternative place. Fjordside and Morville (2016, p.292) state, "older people state that their homes protect their personal life and is the heart and core of everyday experiences. The home setting makes it possible to lead an everyday life based on personal values and the opportunity to maintain some kind of control and continuity".

This transcended into the spiritual need of discussants to express their identity by connecting to their core and sharing what they held dear. Throughout the interviews, discussants presented books which denoted importance, musical instruments were played, poems read, craft work shown, paintings displayed and furniture that had been built representing memories that were valued.

The Meaning of Material Goods/ Objects within the Home

Furniture and objects add to a home and often become an extension of the elderly person's self. Felix et al (2015) note that these objects, especially if homemade, are often remarked upon with pride. Building a home and much of the furniture symbolized a period within life where accomplishment was visible. These tangible objects reminded the elderly person of their capabilities and achievements.

> "I worked very hard all my life and I built this home. All the furniture which you
> see in the house I have made. I used to climb on my roof and repair things around
> the house. I put the concrete cement down to lay the paths": Trevor.

The home and the personal objects in it nourished the individual's self-concept by enabling and embodying the authentic self (Gullifer & Thompson, 2006). Similar findings by Stones and Gullifer (2016) were found in their study demonstrating that memories were significantly associated within the home and objects which assisted elderly persons to connect the past with the present self. Coleman and Wiles (2018) emphasized that cherished objects may assist elderly people

preserve a sense of continuity, fostering existential 'insideness.' These cherished objects linked connection to people and places and consequently provided meaning.

Spiritual Practices within the Home

"Spiritual practices are things we do on a regular basis to celebrate, appreciate, nurture, and act on our experiences of presence, transcending the personal self, and connecting directly with the sacred (Atchley, 2009, p.4). Discussants cited meaning was derived from engaging in spiritual practices and religious rituals within the home. Dudley (2016) identifies several spiritual strengths which people drew upon and which assisted to maintain a spiritual focus. These included spiritual disciplines such as engaging in prayer, meditation and chanting at regular intervals throughout the day. Additionally, accessing spiritual resources such as the bible, religious literature, Rosary beads, radio and television programmes which had a religious emphasis and were easily available within the home assisted sustaining worship and a spiritual relationship with God. The autonomy to practice one's spiritual beliefs in the privacy of the home environment without judgment resonated with the discussants in my study.

Autonomy and Independence

Fjordside (2016) cited the highly acclaimed values of autonomy and independence which many elderly people strived to maintain throughout the ageing process. Underlying these values are attitudes such as being beholden to no one. The home environment offers autonomy and privacy. Being in control in the privacy of their own homes where discussants could exercise personal preferences was appreciated, rather than the need to comply with the wishes of others.

> "What I want is to be able to get up in the middle of the night, and if I am naked that is alright and get something from the fridge. No one can see me. I can please myself, I hate routine. I had routine with teaching. My husband was sick for twenty years in and out of hospital. That is routine, routine! It is marvelous to please oneself. There is some routine in my life naturally. However, the majority of the time is my time. If I want to sit down and have a little nap, I can do that": Ivy.

The attitude of freedom to do as one pleased facilitated discussants to suit themselves in structuring their day pertaining to their needs. Certainly structure varied amongst the discussants within this study reflecting the heterogeneous nature of elderly people. However, discussants comments reflected the attitude that they wished to display an authentic self. Central to expressing their authentic self was displaying autonomy in making decisions about how they wished to use their time. Spiritual engagement for a number of discussants was structured within their day reflecting the need to engage in religious behavior.

Independence and Resilience

Considering others and not wishing to disrupt others was commented upon as reflecting a selfless attitude, especially not wishing to impose upon their children.

> "I will not ring my sons up and ask them to do something unless I really have to
> for the simple reason that they have their own lives to lead": Trevor.

The importance of confronting challenges without giving up emerged, suggesting that discussants drew strength from their personal struggles, and displayed stamina in persisting to try to resolve problems on their own. Haak et al (2007) interviewed people in their 80's who lived at home and expressions of determination were expressed, including forcing themselves to be as independent as possible, because they believed independence equated with a life worth living.

> "I will only ask if I need help. Otherwise I try to do it myself if even it takes three
> days. I will keep trying": Ivy.

Awareness of difficulties in coping independently around the home was acknowledged. However concurrent findings were supported by Sixsmith et al (2014) that elderly people demonstrated they were fully conscious of their own vulnerability but displayed a robust inner drive to preserve autonomy.

Relationships with Service Providers Visiting the Home

Service providers play an integral role in maintaining elderly people within their homes. Neville et al (2016) highlighted that the main sources of social connection may come from paid care workers who come into elderly people's homes to assist with household tasks and physical care. Walsh and Shutes (2013, p.295) state that, "caring consists not only of the physical act of caregiving, but also the relational exchanges between carer and the cared for, and the connections between these practical and emotional aspects of the process".

Not all discussants could access support outside the home from friends or family due to a variety of reasons such as immobility, conflicting family demands, not having family or friends residing locally, partner/ friends who had died, and never having children or family contacts to draw upon. Thus service providers became discussants' main contact with the outside world.

Fjordside and Morville (2016) found that elderly people valued the personal interaction of service providers. However, the tenuous balance of care needs to be considered at the forefront of service. Fjordside and Morville (2016, p.293) propose that, "a person living at home occupies a complex situation somewhere between the desire for independence and dependence on help".

Tuominen and Pirhonen (2019) stress that the social life of elderly people is bound to the place of residence and have termed this distinctive feature 'place bound sociality'. This entailed elderly people remaining at home and experiencing being visited by others rather than going out on their own to socialize. Consequently, place of residence plays a particularly important part in the social life of elderly people.

Relying on others to bring contact into a home that otherwise would be devoid of their presence was raised by the discussants below who described the support workers in a positive light.

> "Loving the people that help me and I feel I am blessed with all the help I get, which is the meaning of my life. At the moment I am mostly home bound. It is only the people who come into my home that give me meaning": Betty.

"I look forward to seeing the helpers whilst my daughter is at work": Arthur.

Doyle's (2012) research demonstrated that the interpersonal relationship was central to receiving care. Holistic person-centred care may be implemented through the integration and valuing of spirituality within elderly people's lives. Practitioners attuned to the needs of spiritual care may provide opportunities for elderly people to share their spiritual identity through narrative.

Warmth and mutual connection were essential components of a relationship and a reflective approach was advocated to assist connection. Fjordside (2016) emphasized that elderly people desired the practitioner to respect their personal environment during their visits and to feature a personal interaction. Incorporating assistance within the home could then become a normal component of visiting and acknowledging that they were the visitor and in turn respecting the elderly person's role as the host.

Nussbaum (2011) stresses a significant capability to existence is control over one's environment. This is a crucial capability for elderly people who need to maintain a sense of control and to influence the type of care provided within their own surroundings. Rather than being passive recipients of care, the capability approach endows elderly people with the ability to exercise choice, contribute, and form a connection.

Emotional networks are imperative and enlightened health care providers can lead the way in facilitating deep connections with elderly people. A culture of care is vital and this includes humanizing health care and fostering positive contacts which provide exceptional care rather than providing care which is detached and devoid of connection. Attitudes need to be challenged so that care needs go beyond solely focusing on Activities of Daily Living. Jackson et al (2016, p.281) propose that, "for those providing care to older people, meeting spiritual needs can be considered lower priority than physical needs especially when health care resources are stretched or organizational demands are high". It could be possible to change this perspective.

Lepherd (2019, p.9) proposes that appreciating people's perceptions of spirituality may assist practitioners to assist elderly people who are predominantly housebound to more effectively engage, with a view to helping them connect with the personal and relational aspect of their inner selves. This connection can also include exploration of external dimensions of their lives**.**

> "I am not able to go out as often to meet other people so I want my relationships to be meaningful within the home": Muriel.

Dudley (2016) stressed that the practitioner needs to be alert to subtle and explicit spiritual cues from clients. These cues are often offered by clients in the engagement phase and if a practitioner is receptive to these cues a spiritual discussion and connection may take place. Spiritual cues may include clients openly expressing the spiritual need to discuss, for example religious beliefs, the issue of death and its meaning, and various challenges experienced through the ageing process. Subtle cues may be observed by the practitioner in the home environment which may promote spiritual discussions. An example was highlighted by Kirkham et al (2019, p.918) who described a health care provider's experience working in community care. "The beauty of working in the community is that you are in their setting. I can walk into someone's house and see important scripture, you know a frame that's written on the wall, or I can see a crucifix or I can see a Buddha. There are so many visual things in someone's home of what's important for them, where in the hospital you don't always see that". This comment reflects the significance of spiritual and religious artifacts.

Facilitating Connection by Encouraging Sharing of Innermost thoughts

> "I try to keep myself feeling positive. Sometimes I go to the toilet and have a little cry. So I say to myself, 'don't do that'. I try not to put on other people our troubles and woes. My core in life is to keep life going from day to day and that is all we can do in life": Doris.

Elderly people need to be able to express their thoughts and connect with community health professionals on how they cope with challenging circumstances. The discussant above freely shared her inner thoughts on how she tried to maintain her wellbeing and sense of self. Social workers in Community Aged Care, by fostering and promoting an affiliation, facilitate spiritually sensitive practice. Nussbaum (2011) emphasizes affiliation to be one of the most crucial human capabilities. Affiliation is about "having the social bases of self-respect and non-humiliation and being able to be treated as a dignified being whose worth is equal to that of others" (Nussbaum, 2011, p.34). The capability approach captures insight into the everyday experiences of ageing and the awareness into how older adults cultivate resilience in developing coping strategies to cope with their ageing process (MacLeod et al 2016, Philips et al, 2016). Adopting the capability approach enables social workers to become fully aware of the connection between contextual and individual factors that influence experiences of later life. Nussbaum (2011) emphasis on internal capability has particular importance to elderly people who are actively striving to maintain human dignity and reaffirming their sense of self.

The Gift of Presence

Davidson (2008) highlights the notion of being present. This type of sensitive attention conveyed by the clinician is marked by physical proximity and intentionality (Dualeman et al, 2008). The 'narratives of becoming,' a concept advocated by Lacuelle (2018), is central to the meaning which discussants explored in their lives. The future was not a concept to shy away from and was fundamental in shaping their being.

The narrative of becoming is integral to self-actualization and the potential of discovering this through promoting spiritually centred practice should not be overlooked. The spiritual need to discuss and explore meaning-making can be extended to recalling experiences or moments of wonder, beauty, and a sense of what John Barry (1998) calls, "the beyondness of things", which breaks into the routine attempts at meaning-making. But neither spirituality nor religion can be packaged neatly and tidily as some 'meaning-making fix'. In both secular and religious ideology, the 'beyond' is a concept that is readily explored. Mystery, awe, and transcendence are meaningful terms regardless of whether a person approaches life from a religious or secular standpoint. Burke (2007, p.5) refers to the words of the theologian, Karl Rahner, who wrote:

> Even if the term God were to be forgotten … and those realities which we call religions were totally to disappear…the transcendental, inherent in human life, is such that we would still reach out towards that mystery which lies outside our control.

Giving voice to the deeper aspect of a person's life is challenging as time is a limited resource in an economic, rational environment. Spiritually centred social work is not an either/ or activity. Ford (2004, p.24) states: "it is, I think, a fairly obvious statement, yet nevertheless necessary to make and often denied in practice… that our world cannot truthfully be described simply as 'religious' or simply as 'secular'; it is simultaneously and completely both."

Understanding this concept is imperative, otherwise resource restraints will seclude creative practice. Also, it will guard against management's focus of fragmenting social work to primarily target the management of risk (Healy, 2009; Saario & Stepney, 2009). Under these conditions,

social workers face great challenges in creating spaces for practice that are holistic, critical, and innovative (McDonald, 2006).

Safeguarding adults in social work to the exclusion of enabling elderly people to evolve does not resonate with competent practice. Healy (2012, p.11) states, "being able to articulate the diverse methods and skills we can bring to achieve positive change in service users' lives is important to extending the spaces in which social work may be practiced thoughtfully and creatively." Fook and Gardener (2007, p.51) describe critical reflection as a structured process designed to "unsettle the fundamental (and dominant) thinking implicit in professional practice in order to see other ways of practicing". However, central to extending the scope of practice is to integrate knowledge that the final phase of life can be dynamic and satisfying.

A transparency in approach is advocated which is relationship centred and person orientated. However practice is advocated, it needs to go beyond this by embracing a culminating stage within old age where spiritual development may take place. Moberg (2007) proposes that spirituality is a lifelong developmental task, lasting until death. A systematic analysis of how practice has been transformed needs to be examined to incorporate a spiritual centred practice.

Responding to the spiritual needs of elderly people within the community should not be overlooked. Hill (2003) emphasizes a search for a meaning in life as a central aspect of spirituality. Time to deliberate and contemplate on the meaning of life should be given. The interface and alliance of care between community care and institutional care does not need to form a dichotomy where spirituality and meaning of life is only raised or reserved for impending death. Denying or not giving a person the opportunity to discuss the brevity of life and the meaning of life may hinder social interaction and leave elderly people feeling isolated and alone. Engagement and capacity building instead may be fostered by social workers exploring spirituality and the meaning of life.

The significance of spirituality to Eric's life is integral to his being. The following vignette conveys Eric's religious beliefs and his perspectives on eternity.

> "I do not look into the future. I may get to a hundred. I do not care very much. I
>
> think I know what I want and that is eternal life. I have that promise that I will

receive eternal life. When I die in this life I believe I will begin a life in eternity. That is very satisfying. I do not know exactly what this means but I do know that there is a life to come. I would like to know that I will be busy in this life!

I do not expect in paradise to have feasts, and music every day or everything my heart desires. I think eternity means spending a life with the God who made me, to wonder about the things he made, and how he made them, perhaps to be employed in doing something like that. Also meet people who are like minded like myself, like my wife. I still believe I will know her in this new life as we both have the same mind": Eric.

Integrating spirituality into community service provision requires, firstly, reflective practice and, further, the resolution that this form of intervention transforms practice. The evidence provided becomes the impetus signifying an important aspect of a person's life. Spirituality is a core element of human identity and is a way of paying tribute to elderly people. Navigating the journey of elderly people by re-centering them produces an inner peace, serenity, joy, and personal fulfilment.

The underlying awareness of universal human needs through compassion, silence, and presence as catalysts of connectedness is crucial. This then may lead to an understanding of a universe where everything is viewed as interconnected.

The concept of increased feeling of unity with the universe was encapsulated in the Gerotranscendence theory developed by Tornstam (2005). From the perspective of an elderly person's life experience, several key components of his theory were asked of discussants to determine whether it assisted them to understand the ageing process and did this theory align with the discussants' perceptions of ageing.

Reviewing Gerotranscendence

In my research, I actively encouraged discussants to provide feedback and share their perceptions of Tornstam's Gerotranscendence theory (2005). Discussants from the research findings questioned the relevance of several aspects of Tornstam's Gerotranscendence theory. Six statements from this theory were read to discussants to gauge their responses. Significant variances were raised rather than blindly agreeing with Tornstam's stance. As Jonson and Magnusson (2001, p.329) conclude in their critique of Tornstam, "we suggest that Gerotranscendence theory should not be a theory of what old age is, but rather of what it can become". This corresponded with my research findings.

Discussants expressed reservations regarding the validity of five of the six statements presented and their applicability to how they perceived ageing. Thorsen (1998) advocates that the Gerotranscendence theory should relinquish its universal position because its components are socially created and differ widely both geographically and historically.

Over two thirds of discussants dismissed the first statement: *decline in superficial relationships*, claiming that they had never been interested in superficial relationships throughout their lives. Eric succinctly disputed Tornstam's position that a decrease in interest in superficial relationships occurs with age.

> "I have never been interested in superficial relationships. Thus I have not changed my views".

When this statement from Tornstam was originally read, a number of discussants' initial reactions were to scoff and then they replied by highlighting that relationships had always been sought for their quality and ease of communication. This response was supported by Dehkordi et al (2020) who stress the pertinence of the quality of communication contrasting to its quantity. Characteristics of superficial relationships were commented upon negatively by discussants, for example, shallow and meaningless communication. Talking for talking sake rather than embracing a true connection with one another was not considered worthwhile.

The second statement, examining *a decrease in self-centredness*, led to two-thirds of discussants reporting that this was a character trait which they tried to not engage in or professed that this trait was not a part of their personality. Interestingly, five discussants agreed with Tornstam's statement, but the same number vehemently opposed this statement claiming that they were self-centred, and that this had become more noticeable due to trying to cope with effects of chronic medical conditions. Discussants who reported self-centredness explained that this was a coping response.

Tornstam's third statement, *a decrease in interest in material things*, was passionately dismissed by fourteen discussants who admitted their desire and liking of material things. Discussants expressed pleasurable feelings regarding consumerism, enjoying the experience of shopping, and were interested in what was available for purchase. Over half of the discussants in this study needed someone to accompany them to the shops as they were no longer able to drive, and /or physically could not undertake this activity on their own. However, discussants expressed that they wished to continue with shopping as an activity for as long as possible. Discussants expressed a multitude of reasons for wishing to continue purchasing material goods, securing a bargain, seeing what was available, and appreciating beautiful objects and useful material goods.

Material possessions had significance and reminded the purchaser of a time when an item was bought and reflected the persona of the discussant. Particular items were highlighted by discussants or shown to the researcher after Tornstam's (2005) statement was read to illustrate the significance they still held.

 Almost two thirds of discussants conveyed disagreement with the fourth statement, an *increase in time spent in meditation*. In its place, these discussants detailed how busy they were in trying to achieve and cope with managing life within their home on a day to day basis. This was primarily due to chronic health conditions restricting their level of functioning and restricting their pace. Nine discussants preferred two words rather than meditation and these were 'reflective' and 'thinking'. These two words were used interchangeably by nine discussants.

An *increased feeling of closeness with past and/or coming generations* is Tornstam's fifth statement and this caused discussants to reminisce and deliberate on their present interactions with grandchildren and great-grandchildren.

Tornstam's sixth and final statement, a *redefinition of the perception of life and death and reduced fear of death*, resulted in discussants distinguishing the process of dying from the fear of death. The reduction in fear of death at this stage in life was not considered by the majority of discussants as having relevance. However, the process of dying was discussed by some discussants who hoped for a painless death. Past experiences of death influenced their current perceptions. Discussants' perceptions of death linked closely to preparing and considering a form of after-life. This study's findings indicated that the acceptance of death was interrelated with a hope and belief that there was a connection with this life, and even discussants who had distanced themselves from the Christian church structure shared the hope of reunification with deceased significant others.

Discussants responded with considerable unwillingness to accept a number of statements of Tornstam's theory of Gerotranscendence and contradicted his findings apart from statement five. Discussants expressed regarding statement five that coherence and continuity of life was maintained through being connected with past and present generations.

The following chapter addresses invigorating social work practice by incorporating a spiritually centred focus. Schachter-Shalomi (2014) calls people to dedicate their elderly years to the task of spiritual unfoldment by finding meaning in the mystery of existence in life's final and absorbing challenge. This is undertaken by seeking to achieve an equilibrium as a task that is at the forefront of sustaining wellbeing. The purpose at this final stage in life, Schachter-Shalomi (2014) proposes, is to encourage elderly people to share the significance of life through exploring sacred meaning. The paradigm of ageing and culture is changed. Rather than a constricting of life, it is extended through consciousness, which nurtures 'spiritual eldering' or 'saging'. There develops a renewal through introspection and connection by asking and linking the following questions: Who are you? to Who have you become?

CHAPTER SEVEN

ENERGIZING SOCIAL WORK BY INCORPORATING SPIRITUALITY INTO PRACTICE

> Spirituality is the heart of helping. It is the heart of empathy and care, the pulse of compassion, the vital flow of practice wisdom, and the driving energy of service (Canda, Furman, and Canda, 2020, p.3).

This chapter will trace the evolving discourses pertaining to the integration of social work and spirituality. Particular focus will be upon the value of spirituality and its connection with elderly people living within the community. A synopsis detailing how spirituality and religion have been historically perceived by the profession will be given to illustrate the reconsideration of the role which spirituality can play within practice.

The significant increase of spiritual scholarship which has been published since the 1990's has renewed interest in the use of spirituality within social work. Notable social work researchers, such as Bullis (2013), Crisp (2016), Hodge (2018), Canda, Furman, and Canda (2020), have aimed to encourage and invigorate the profession to reorient its conceptualization of spirituality. According to Crisp (2017), international recognition of the validity of spirituality and religion in social work has become more prominent through a number of bodies, for example, the Australian Association of Social Workers (2010), and the International Association of Schools of Social Work (IASSW)(2004, 2014).

Certainly, on a theoretical level over the last two decades, enormous advances have been made, including a proliferation of research in spirituality and religion in social work from the North Atlantic (Crisp, 2017). In contrast, on the operational level, disseminating research into informed direct practice is lagging, and varies depending on geographical location. The level of operational engagement in spiritual care within practice needs addressing. A reassessment of spirituality to a wider paradigm is advocated by Puchalski (2014, p. 642), who advocates extending the implementation of spirituality to "Integrating spiritual care throughout the health care continuum, not just palliative care".

Professional Heritage

Spirituality and social work need to be examined within a historical and cultural context. Judeo - Christian values, it is argued, have influenced the origins of social work, and its roots were undeniably interwoven with religious institutions. Unmet needs of marginalized groups and the vulnerable were responded to by the Settlement House Movement, and Charity Organization Societies in which spirituality had a prominent presence at the turn of the twentieth century (Weil & Gamble, 1995).

 However, change occurred from 1920 to 1970 with social work aspiring to the acquisition of knowledge due to the aim of professionalization, and striving to be perceived as being a rational, evidence based activity. The knowledge base of social work was intended to model a quantifiable approach, reflecting a scientific and empirical foundation. Angell, Dennis, and Dumain (1998, p.615) state that, "In our efforts to become a 'science' and adopt empirical models of practice, social workers have tended to overlook, and at times to be hostile, to issues of spirituality."

This dismissive attitude affected practice and religion became a contentious topic. Described as one of the most value based professions in existence, Risler, Lowe, and Nackerud (2003) stress that social work has striven to advocate for welfare policy and provide services based on evidence. It is in this desire to build a professional foundation that the early relationships with religion were severed, resulting in a limited tolerance for the religious values or beliefs of social work practitioners. A dichotomy was formed especially in Western countries which have gradually become more secular.

During the 1960's and 1970's, existential social work received prominence. A spiritual realm (Sheridan, 2009) was highlighted, but was limited in how it impacted upon direct practice. This was reflected in minimal skill acquisition, and limited opportunities to explore religion and spirituality within practice.

From the 1980's to the middle of the 1990's, a new awareness of spirituality and religion surfaced, and the momentum of research and publications continued within the social work profession. However, there were a number of aspects which influenced social work perceptions

of religion and spirituality in practice, and these included functional differences between the church, state relations, diverse historical links and secularism (Furman et al 2007).

The loss of faith and the growth of secularism in the Western world has significantly influenced the social work profession to be wary of religious connections. Until recently, social work had become an increasingly secular profession. Skepticism of the value of religion and ambivalence, even hostility, towards engaging in discussion regarding the role of religion, belief, or spirituality was a dominant discourse. Hodge (2009) outlines that there is a tension still evident within the profession to the acceptance of religion and spirituality within practice. Further, Hodge (2009) argues that secular humanistic ideology remains within the profession and actively resists renouncing its position of privilege and dominance.

The additional lack of systematic dissemination of current research evidence and negligible training until the 2000's has resulted in many social workers not feeling confident to utilize spirituality within their practice knowledge. Canda, Furman, and Canda (2020) refer to a survey conducted in the United States of America indicating that 65% of social work respondents had no exposure to religious or spiritual content in their social work education.

Furthermore, this feeling of hesitancy to utilize spirituality may result in spiritual avoidance practice. As Baskin (2002, p17) states, "in relation to social work training, the topic of spirituality is usually met with silence and lowering of the eyes". This uncertainty to embrace spirituality is expressed due to a range of factors, for example, the oppressive nature of some religious systems, the fear of proselytizing, and ignorance.

The integration and extent of spirituality and its place within the social work curriculum varies from country to country. Certainly, a spiritual reawakening has occurred and this is especially evident in the United States of America. "In the face of our increasingly fragmented, fast paced, measurable, outcome-based and economy driven currents of university education, and of our social work profession, there is a hunger for the spiritual and a wholeness in our classroom and in our profession", states Wong (2013, p.269). Numerically, an increase in courses demonstrates an interest in the field, but the question may be raised, is this reflected within practice?

International analysis varies, and many universities within Australia provide spiritual and religious input as an optional stream, or a one-off lecture. Thus, the level of educational input on this topic varies, and the exposure to social work students is sometimes hit or miss. Without exploring the concept of spirituality, social workers may show ambivalence regarding the place of spirituality in their own lives. Without critical analysis, spiritual care could be easily omitted from practice, denying elderly people the opportunity to explore meaning.

Carrington (2013) claims social work as a profession is accepting of a spiritual dimension but separates spirituality from religion.

Spiritual Care

Spiritual care is a way of helping older people in their search for hope and meaning, especially as they face issues of grief, loss, and uncertainty (Mackinlay & Trevitt, 2007). It occurs in a compassionate relationship which assists an elderly person to go beyond surviving and instead to flourish. The aim is not for mere existence, but indeed thriving through and beyond.

Central to spiritual care is providing the opportunity for the elderly person to participate in a spiritual journey which assists the reconciliation of hope versus despair. What causes hopelessness may not be their approaching death, but rather the sense of not fully participating in their life (Meraviglia et al, 2008).

Mackinlay and Trevitt (2007) promote the concept of a spiritual journey that enables the elderly person to find meaning in his/her life with the valuable aspect of hope being a central feature. As a consequence, death is able to be accepted whilst living life to the full. A major change in direction of people's lives occurs when they confront their own mortality (Angell, Dennis & Dumain, 1999). Preparing for our own death, it is suggested, enables us to be fully present to another person who is experiencing their own ending. As practitioners we cannot shield ourselves away from our own feelings about death. End of life care should be framed within a 'posture of openness'.

Awareness of the finiteness of life is heightened for elderly people as they experience loss of family members and friends through death. The diagnosis of a chronic illness confronts the illusion that life is never ending. As a consequence, the time perspective is shifted from how much time has passed to how much time is left. Gass (2004, p188) states, "when I fully realize that I am going to die, the current moment takes on a preciousness that had been taken for granted before." The discussants below capture these sentiments.

> "I must bear in mind that there is not much future. I am running out of time, but what I have left I hope to enjoy with family and friends. They are more important now than ever, and of course faith": Lesley.

> "I mean life is about moving on. I know I am at the stage of life that I will be moving on shortly. So I try to live every day the best I can. I do the best I can for everybody even though it maybe just making them a cup a tea. It does not sound much, but it is a lot when you do not have much energy to give": Anita.

The connection to the moment, to self, to others, to nature, and to the significant or sacred may be explored at this time. Apprehension about the unknown future of an elderly person may be replaced by taking one day at a time. Incorporating spirituality with elderly people may evoke a calm state which has nothing to do with resignation, but instead fosters a peaceful state of mind. Respecting the inner presence may be fostered through an invitation to explore a spiritual connection by connecting with the power within. A pathway to a new destiny and mindfulness where days are still meaningful is created for the person engaging in this activity. The elderly person's body may be tired, but their sense of personhood remains. The prospect of death and the possibility of life beyond this life may be discussed at this time. Discussants in this study frequently acknowledged their beliefs regarding an afterlife.

"I have no fear of death because I will be happy to enter into the next phase. It was Longfellow, I think, who said, 'The grave itself is but a covered bridge leading from light to light, through a brief darkness!' I think about that passage. When I pass on, I am going to be with my wife. I have written a personal poem about my wife and before you leave you can read this poem": Lesley.

"I sometimes wonder what we are doing here on earth. There must be something. We could not just live here and then disappear. I think there is more to life than just this life. I feel there is something more": Bernice.

Working with elderly people has many components, and an important part of dying is being reconciled with what gives life meaning. The expression of the sacred at this point in time, including internal and external signs of religious observance, needs to be recognized and respected. It is essential to enrich social work practice and to treasure the concept reiterated by Hodge, Limb, and Cross (2009) "that God is within us". This phrase is not an end in itself, otherwise it could be argued as a narrow definition of God, but an understanding of transcendence. The wholeness of an individual is encapsulated by Daaleman et al's (2008) term, 'co-creating,' which embraces humanity and dignity in the face of death. Responding to elderly people by connecting to a need to discuss meaning in life is a reminder of an eternal presence in the face of the brevity of life. Social workers may choose to adopt this role by being that presence to an elderly person by embracing and fostering spiritual wellbeing.

"I have shared with my daughter when I pass away that she should have no regrets when I go. Of course, she will grieve, but she has been so good to me that everything will be fine. I feel comfortable in talking about death as it is inevitable. It is going to happen and it can happen to anyone of us, but I am eighty now. I really never thought I would get to eighty. When I talked to people in the past, eighty was a good span of life. Now I am eighty I would like a couple more years. I

have had my ups and downs like everyone else. But at the moment I feel if God should take me that is okay with me": Betty.

Self-reflection is actively encouraged, and the purpose of life is actively explored.

"Well I think probably what brings meaning is that there is a purpose in life. I have a purpose in life, but I did not always have a purpose. My purpose is to be the best I can and serve my maker plus, with his help, I seek to encourage others to do the same": Ted.

Question 2 in the Interview schedule was: "Where do you find meaning?" Meaning and spirituality are interwoven, and it was interesting to note where discussants located their meaning. A myriad of responses could be given to this question, and each response will shape interactions, therefore influencing social work intervention. Some responses from discussants illustrated the importance of eco-spirituality which recognizes the relationship between the natural environment and spirituality (Gray & Coates, 2013). The discerning comment below demonstrated the interconnection between spirituality and ecology, and furthermore the awareness that humans should be held accountable for its sustainability.

"I think I find meaning just by looking around. I find this more and more with the wonders that our world planet has, you know? It is a wonderful place, and we should take much more care of our environment.

I feel our insignificance sometimes when I look at the universe as a whole and think what a very small part we are of the universe. Yet to us we are important. Yet in the whole scheme of things when you look above, gosh we are such a small planet in such a big universe. What else is out there?": Dilys.

Nature for some discussants reflected the sacred and was revered.

"I find meaning when I go out into the garden. I am amazed at its beauty even though I cannot see well. I am a nature lover and keen botanist. I can look at a flower and study its detail. I think of the designer who designed that flower. I love the scent of Bonica and the smell makes me think of God who created that flower. It may sound like I am bound up with God, but that is how it is, as everything was made by the creator": Eric.

Valuing aesthetic experiences in natural landscapes, such as the beach, linked with moments of transcendence and ecstasy. The beach was perceived as a place of transformation at a symbolic level and this was described by the following discussant in the vignette below:

"I have always thought that I am nearest to the sacred when I am near nature. There is something, I am usually at the beach, and I feel whatever there is I am closer at the beach than anywhere else. It sort of just grabs me as you may say. It is just a feeling that, if I had a belief, that would best represent the feeling. It just overwhelmed me and I feel different. I am totally absorbed watching the clouds, the water, and everything": Anita.

Meaningful spiritual experiences may be built outside religious structures through visual and sensory experiences which transform and have relevance to people's lives. A spiritual presence is drawn from nature.

The spiritual tasks of ageing and maintaining continuity were implemented by discussants through religious worship, prayer, reading of scripture, and reference to certain religious books. A structure and routine was followed on a daily basis by several discussants.

"Well I go to church, and I do my readings every day from the bible. Three readings which comprise of two chapters from the Old Testament, and one chapter from the new": Beryl.

"I always use God's word the bible to give me some thoughts that introduces me to the day. I have a little book which is called 'Daily Life on our Daily Path'. I have used that book for decades. It gives you a few scriptures each day to meditate on and I do that every morning. It helps me to get my mind focused for the rest of the day. It focuses me on God's word. It keeps me in time and at the end of the night I can reflect. Inspiration and expiration": Ted.

Spiritual care is not just about religious beliefs and practices, and it is pertinent to examine the differences between religion and spirituality. Weenolson (2008, p.17) stresses, "belief is ours alone". Thus, a person may be religious and not spiritual, and on the other hand be spiritual and not religious, or both.

"I have an open mind. I am not a religious man even though I consider myself as a Christian. Most people who know me would consider me a Christian. I spiritually have a feeling somewhere deep down or deep up that there is some other form of life. I am hoping that form of life that I imagine is true": Kenneth.

A quest for meaning raises the question as to whose meaning? This question is significant and it is immensely powerful as the social worker puts into place the use of self by value based reflection. This places the social worker in a position where he/she is aware of how he/she feels when engaging with people who wish to share their spiritual beliefs. Consequently, a social worker may be working with unlikeness, but feel quite comfortable with this interaction.

Social workers, it is argued, need to be aware of the complexities and implications of clients' belief systems. Sermabeikan (1994, p.182) stresses that, "a spiritual value or belief may connect to or be a powerful resource in the client's life that can be used in problem solving, coping, or the process of recovery or emotional healing". As one discussant commented:

> "When finding the secret of the worthwhileness of life, just hang in there. Every person must find some measure of peace, harmony, in heart, mind and soul. Without that there is nothing but turmoil": Dorothy.

Careful assessment of spirituality and its place within a client's identity needs to be undertaken and needs to go beyond a ticking box approach. It is imperative to incorporate into the social work assessment relevant questions which ascertain client's spiritual beliefs, supports, experiences and expectations to understand the whole person. The importance of attending to the spiritual needs of elderly people is imperative, particularly elderly people living in the community. Having a purpose in life is a key factor in spirituality. Religion and spirituality for frail elderly people in the community challenges healthcare providers to include a sensitive awareness to their spiritual lives in the clinical care context. Weenolson (2008, p10) states, "all people regardless of age, race, ethnicity, gender or ability have spiritual needs which social workers need to recognize and understand".

Social workers need to reflect on two questions: What is spiritual care? and How can social workers respond to expressed spiritual need when working within the community? At the core of social work is a working relationship between two people which has a number of spiritual overtones. Weenolson (2008, p68) refers to a Buddhist teaching stating that, "the greatest gift you can give someone is your presence." The relationship is the key of social work practice, and compartmentalizing practice by denying the spiritual aspect may tragically limit the scope of practice. Initiating a presence where elderly people are acknowledged as contributors renews a sense of competence and control.

Spiritual dialogue can proceed even when a social worker may not hold a belief or follow a different faith. However, reflective practice needs to be undertaken to facilitate an awareness that the worker is receptive to engaging with elderly people who share different beliefs/ faiths. Hodge (2005) stresses that social workers must be particularly sensitive when interacting with clients from faith traditions that differ from their own. Hodge (2001, p40) cites Genia (2000) who states that, "Social workers should be aware that religious countertransference occurs commonly, particularly when addressing areas in which value systems conflict. Concern is also warranted when the value systems of practitioner and client are similar."

Reflective practice enables social workers to incorporate an ethical approach, and if their views uncomfortably differs, a referral to another worker may be more appropriate rather than precluding them from carrying out a professional social work function (Streets, 2010). This would be similar to a provision for professional conscientious objection within social work as one could find. In a United States of America study of practicing social workers, 79% believed that social workers should work with all issues of clients and 71% believed that they should not opt out of providing services based on moral or religious obligations (Sweifach, 2011).

Developing expertise about other faiths / beliefs and pushing beyond the comfort zone enables practitioners to look out after looking within. Social Workers, through reflective practice, can go beyond resistance, and thus be conscious not to block or dismiss conversations which are religious or spiritual in nature. On the other hand, if the non-spiritual social worker is unable to go beyond his/her resistance, referral should be made to a colleague who can enter into a dialogue without bias.

Revitalizing Practice

When planning to implement spiritual care, it should not be underestimated that the making of time is an invaluable component to establishing a meaningful connection with clients. Energizing practice and allowing elderly people to openly converse is a liberating experience to a client group which is often denied the opportunity to engage in meaningful conversations. The length of interviews in the current study varied from half an hour to three hours in duration. There is no substitute to talking to people face to face, and deep personal interactions were experienced. There is a window of opportunity at this time to make connections. Time is a gift where insights can be imparted regarding ultimate life meaning and response to that meaning.

> "Thank you for providing us with the time to share our thoughts on a topic which is central to our being. So many people just want to skim over the surface of life and not delve into meaning. Useless chit chat which has no meaning is becoming the norm for many people. I cannot be bothered to enter into such conversations. However, this morning I have been able to share my beliefs which I value, and discuss what I hold dear. We do not often get that chance.

> We (my wife and I), believe that God has a path chosen for us which we have followed for seventy two years of our married life. It is still there and every day when we wake up we say 'good morning father thank you for our day.

> I may get to a hundred. I do not care very much. I think I know what I want and that is eternal life. I have that promise that I will receive eternal life. When I die in this life I believe I will begin a life in eternity. That is very satisfying": Eric.

In the formative years, social work adopted the best of what it means to be human, that is, by implementing a conversation. Transformative conversations were held in this current study. The connections formed were part of the process of relationship building.

Howard Goldstein (1999) stressed that conversations had been renewed and he emphasized the unique importance of resolving the power imbalance of the expert-client interaction. Instead,

this is replaced by a helping relationship of relative equality and collegiality. The impetus for this shift is fundamentally a return to Mary Richmond's (1917) principles. She was one of the founders of social work who incorporated the belief that, "the client's own level of endeavor will have to be sought, found and respected", and this comes from the re-emergence of the idea that clients are, in the final analysis, the experts about their own lives. In open and unconstrained conversation, such expertise is sought and found.

Respecting the inner presence - I'm still here

The appreciation of elderly people is imperative and the days of meaning may be shared through mindfulness and insights into their inner presence. A tired elderly person who is still here may remind us of our own humanity until the end. Elderly people have learned from those who have gone before and, given the opportunity, can still make their mark upon life.

Ram Dass (2011, p250) stated that, "ageing is not a culmination. It's not the end of the line, a time to look back. It's a time to just be present. The present is ageless. Being in the moment, just being here with what is, is timeless".

Enabling elderly people to discuss their spiritual beliefs incorporates the Right of Religious Freedom which is explained by Hodge (2013) and highlighted in Article 18 in the United Nations Declaration. "Everyone has the right to freedom of thought, conscience and religion; this right includes freedom to change his/her religion or belief, and freedom, either alone or in community with others and in public or private, to manifest his/her religion or belief in teaching, practice, worship and observance" (United Nations 1948/1998. Act 18).

Service delivery should provide a client with the opportunity to discuss spirituality / religious beliefs in an accepting environment. However, allowing social workers to follow the dictates of their conscience enables practitioners to opt out if they are uncomfortable with spiritual conversations rather than experiencing awkward silence or feeling compelled to give service.

Solitude is precious and an inner dialogue may be taking place. Solitude is a calm state which has nothing to do with resignation and being still in the present. Being alone was not synonymous with being lonely.

> "I am happy if I am left alone. I do not get lonely. I do not get bored. I have plenty to occupy my mind": Lois.

Dying and how frail elderly people view death should be discussed rather than avoiding a topic which has been too long a taboo or a discussion saved for when a person is diagnosed as entering the phase of palliative care. The inevitability of death and the incurable state of mortality should not be dismissed as life expectancy keeps getting extended. Discussants in this study welcomed the opportunity to share their perspectives of death illustrating that there was no need to feel macabre as in-depth thought on the topic of death had already occurred. This study provided the opening for discussants to share their insights into how they perceived death. There were similar findings in Norberg et al's (2019) study where mortality was perceived as a normal part of life.

> "No I am curious about death. I do not fear death, but like everyone I want a painless death. I would choose if I had a choice just to go to sleep. I am curious it is hard to explain, I have often been to funerals. I look at the coffin and think one day I will be lying up there and I will not be able to see or talk to people present. But my presence will still be there": Betty.

The above quote captures the essence of presence even when death has occurred.

Views on death demonstrated change and forethought in not wanting to extend life and accepting death when it comes.

"I used to turn around and tell my wife that whatever was wrong with me to keep me going. I would accept it and I wanted to be revived. Now I have changed my mind. If I am gone, I am gone. I would not want to be revived": Tony.

Through the ageing process, reflection may be a key to embracing the precious time remaining. Zimmerman, Munn and Koenig (2006) propose embracing frailty with minds that are still alert and giving opportunity to allow a conversation about the spiritual and what that means to the person is crucial for enhanced interaction. This form of exchange should not only be limited to work within nursing homes but needs to commence with elderly people who are still residing in the community.

There is a need to advocate that the process of growing old can be a positive experience thus indicating possibilities for continued growth. Even with the diagnosis of frailty, a person may move on towards the growth of redemptive self.

Culturally Competent Practice

Responding to the needs of multi-faith communities and implementing spiritually sensitive practice with people from different faith communities is needed by recognizing and catering for diversity of spiritual experiences and expressions in a highly multicultural society. Services need to be inclusive. This poses a number of challenges for competent practice.

Assumptions are made that people of different cultural backgrounds have no religious problems because, "they have their own beliefs and rituals" and, once again, "they look after their own" (Firth, 2001). This is not the case and it is advocated that, as Australia is a multicultural and multi-faith society, social workers face a number of challenges to be adept in working across the board with different belief systems. An openness to faiths other than one's own and interreligious dialogue is necessary.

Social Workers need to be able to respond appropriately to the needs of all service users, including those for whom religious and spiritual beliefs are crucial. Culturally competent practice depends, amongst other things, on an understanding and appreciation of the impact of faith and belief (Gilligan & Furness 2006, p.617)

Dinham (2011) and Dinham and Francis (2018) have promoted to service providers that religious literacy is critical to service provision. Aggressively postmodern and secular culture has produced, it can be argued, a significant religious illiteracy.

In contrast, a characteristic of post-modern Western society is a conundrum of private and personal constructs which are highly idiosyncratic as vehicles to express spirituality. This is manifested through an eclectic and mostly an unstructured approach, sometimes referred to as 'smorgasbord spirituality' (Dunn, 2015). For example, the same person may practice Yoga on Saturday, Spiritual Celtic Worship on Sunday, Crystal Healing on Monday, and participate in an Angel workshop on Friday afternoon.

How does a social worker respond to such an approach? The answer may link back to the social work value of acceptance and a non-judgmental approach, which is a central value to the social work profession.

Religious diversity is one of the most important changes affecting people's lives in the twenty first century (Bouma, 2011). Diverse faiths and spiritual traditions encourage a social worker to move beyond fear and to see tolerance as a way of embracing this concept. Religious uniformity has signaled repression and needs to be challenged within professional practice. Openness to the understanding of faith is crucial in a multi-cultural society. Taking the next step from openness to learning about other spiritual insights and practices is essential to broaden practice. This is a revitalization of how spiritually sensitive practice can be utilized.

Education and professional development of different beliefs need to be encouraged to widen the scope of knowledgeable practice. This may be done through multi-faith education programs and immersion days, highlighting different aspects of interfaith.

Confirmation of otherness is not about coming to a consensus, but is rather about forming the kinds of relationships that enable people to interact and cooperate together. Ultimately, the goal is to mutual acceptance, within a nonviolent and mutually supportive relationship.

Spiritually competent practice requires practitioners to be aware of their own worldview, including their biases to empathetically understand diverse cultures, and to have the ability to develop appropriate and relevant interventions (Hodge, Baughman & Cummings, 2006).

How can Social Workers help Elderly People with their Spiritual Journey?

Integrating spirituality into service provision requires, firstly, reflective practice and, further, the resolution that this form of intervention transforms practice. The evidence provided becomes the impetus signifying an important aspect of a person's life. Spirituality is a core element of human identity and is a way of paying tribute to elderly people. Navigating the terrain of elderly people by re-centering produces an inner peace, serenity, joy, purity of heart, and clarity of vision.

Just as each person is unique, so too is the way they desire to be remembered. The living eulogy is a story of a life which may bring a new understanding of self by embracing fragments of memories to be shared or reflected upon. Skillful spiritual care at the end of life may assist this process.

Discussants were asked how they would like to be remembered and virtues of kindness, honesty, and love were frequently mentioned.

"I have ten grandchildren and twelve great grandchildren. I have one great- grand-daughter who is my name sake. I hope to be remembered with love": May.

"I always told my children if they do anything to always do it as well as they possibly can to the best of their abilities. All of my six children have degrees. They obviously took notice of what I said. I hope they think I was a loving and honest

person. No one else will remember me apart from my children. They are good friends": Bernice.

One discussant made comment that she was including her transcript with her legal will so that her relatives could read her responses from the interview held. Anita explained that this was another way of leaving a legacy.

Appreciation of the Experience of Discussing Spirituality

Discussants willingly expressed gratitude in being involved in the research, signifying that it was worthwhile, and expressing the desire to converse about spirituality at this stage in their lives whilst residing in their own homes within the community.

> "I think it is good to talk and reflect about spirituality. Even with your nearest and dearest you do not always talk about these things, and I feel perhaps I should, it gives you an opportunity to put it into words": Dilys.

Pratiwi et al (2018) highlight the spiritual need of post-stroke clients to maintain and continue meaning of life through giving. The need to give back was articulated by June who recently had a stroke, and from the comment below demonstrated how she valued the opportunity to give her thoughts which in turn affirmed some level of competency.

> "It touches me. It makes me think. Answering your questions is something I can do when there is so little I can do in my life": June.

In Norberg et al's (2019) study, participants also conveyed a yearning to discuss personal beliefs and views on spirituality but referred to spirituality as an infrequent subject. This was also reflected in my research and was raised by the discussants below.

> "Not many professional people want to discuss faith let alone ask my opinions on the topic. I was in the Modbury Hospital recently and the night sister discussed faith. It was lovely and I found it comforting. She was not afraid to talk to me about faith. I appreciated the opportunity to talk about my faith": Muriel.

> "A fascinating exercise": Eric.

Each discussant contributed to the research by giving a gift of themselves by sharing their inner thoughts, and this was recorded in its entirety as a gift in return.

> "I am looking forward to receiving the transcript": Iris

> "I have never spoken to anyone like the discussion we are having. I have never discussed what we have discussed. Thank you!": Kenneth.

> 'Thank you it has been valuable to talk about these issues with someone ": Doris.

> "Thank you for coming I have not had a proper conversation for a long time. I want to use my brain and not be fed and put to bed": Mrs K.

The responses from discussants throughout this study demonstrated the desire of elderly people to discuss spirituality and identify spiritual needs as an integral component of their lived experience. Appreciation of being given the opportunity to reciprocate and give to the interaction

was frequently commented upon and valued by the discussants. Social Workers in Community Aged Care, it is advocated, may be energized through implementing spiritually sensitive practice and fostering interactions which encourage reciprocity. Further, this reciprocity has meaning for all concerned.

The findings in this study suggest spirituality plays a crucial role in discussants' personal lives. This chapter has brought together the need for the social work profession to continue to explore and champion spiritual sensitive practice in Community Aged Care.

CHAPTER EIGHT

Treasuring the Present to shape the Future

> Learning to be old may be the last emotional and spiritual challenge we can
> agree to take on. The premise of other ways to age is exhilarating, though, if we
> can imagine later life as the time when we are fully ourselves (Cruikshank, 2003,
> p7).

This study started with the hypothesis that elderly people residing in the community want to discuss meanings of life and have conversations that matter. Frail elderly people need opportunities where they can discuss meaning of life freely without restrictions or distress. Atchley (2019, p.48) writes about spiritual journeys and their link to the life story. "Spiritual narratives often deal with basic 'meaningful questions' about life". Adopting a spiritually sensitive approach whilst visiting elderly people within their homes enables elderly people to explore and reflect upon pertinent issues of self, and beliefs, and explore their meanings of life.

The maintenance of wholeness of self may be a challenge in the final phase of life through the constant barrages of ageism, society's discourses, and the myopic perspectives of practice. Invigorating practice through utilizing an interview schedule designed and outlined in this research enables elderly people who are frail to gain an empowering presence, and an opportunity to express integrity during the final phase of life. Mackinlay (2017, p.280) defines, "spiritual integrity as a state where an individual shows by their life example and attitude a sense of peace within themselves and others, and development of wholeness of being. The search for meaning and a degree of transcendence is evident."

Community Aged Care is an area that needs to be developed to incorporate a spiritually sensitive approach. Such a spiritually sensitive approach is not widely practiced or written about in Community Aged Care compared to literature and associated practice on spirituality within aged residential care, palliative care, and hospitals. The aim of this study was to explore elderly people's experiences and expressions of spirituality within the home environment.

The discussants in the study were all aged over eighty years of age, residing in their own homes and supported by community care services. All discussants in this study were receiving support from the Commonwealth Home Support programme which provides a range of practical services to assist activities of daily living as well as allied health focusing on enhancing capabilities and re-enablement. Social work can play an integral role within this programme in facilitating the relational dimension of care. Tronto (2013, p.166) asserted that "care is about relationships".

De Sao Jose et al (2016) stress that care practices and public policies need to address the relational component of care. Spiritually Sensitive Practice within Community Aged Care facilitates building relationships, enhancing connections, and developing supportive networks. A pivotal role within social work practice is working with elderly people to build and sustain the relationship component by considering a number of elements such as reciprocity, respect and attentiveness, engagement, and maintaining dignity. Lloyd et al (2014) propose that attentive and respectful care relationships are critical to maintaining dignity in later life.

The value of dignity has been described by Nordenfelt (2009) who described dignity of identity as crucial in the context of ageing. Nordenfelt (2009, p.33) defines dignity of identity as "the dignity that we attach to ourselves as integrated and autonomous persons with a history and a future, with all our relationships to other human beings". Discussants in this study claimed their identity by sharing their inner selves, embracing spiritual components of their lives, and reflecting upon their meaning and purpose in life. This was facilitated by exploring the spiritual dimension of their humanity. A principle social work value is facilitating dignity within our clients, and what better way than integrating a spiritually sensitive approach with elderly people.

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Rethinking Spiritual Understanding of Life

This study revealed the importance of the social work profession reconsidering and re-evaluating meaningful engagement with elderly people residing in the community by utilizing spiritually sensitive practice. Knowing what elderly people find important in life is advocated as essential in aligning with shaping service delivery, and influencing policy so that this form of intervention can be implemented as an integral component of social work practice.

This research confirmed the significance of addressing spirituality with elderly people and the desire of elderly people wanting to share their inner selves. Accordingly, this research raises the prominence of developing spiritually sensitive practice within Community Aged Care. Certainly this needed to be examined as discussants from the study raised that, prior to their involvement in this research, nobody had asked their views on spirituality or about their belief systems.

The need to discuss spiritual issues was evident from discussants' responses thus urging a reconsideration of the extent of social work's involvement in spiritually sensitive practice with elderly people within the community. As Walter-McCabe (2020, p.7) states, "there is no limit to the number of issues that need social work advocacy". This is indeed true for spiritually sensitive practice to escalate its standing within Community Aged Care and to rethink how a spiritual understanding of life can contribute to enhancing social work practice.

 Central to reviewing a spiritual appreciation, social workers can recognize the interrelated component of facilitating spiritual dialogue and the Rights Based Approach. Cox and Pardasani (2017, p.99) state **, "**social workers can play major roles in assuring that with policy and practice, needs are reframed and treated as basic human rights to which each individual is entitled". One particular human right that is central to social work practice is human dignity. Disengaging from providing opportunities to acknowledge spirituality, it is argued in this research, equates with negating the human dignity of the elderly person.

Employing a rights-based approach by integrating spirituality within social work practice challenges the power imbalance which may confront elderly people in their interactions with service providers. As McPherson (2020, p. 62) states, "a human rights-based approach to social work understands our service users as experts and partners, rather than passive recipients of charity and services".

This chapter will document a series of recommendations on the value of spirituality in social work in a community setting. Elderly people who are predominantly housebound are often secluded from the outside world. Their internal environment is held together by support coming into their home, and this support needs to include opportunities to explore spiritual care.

Incorporating the spiritual dimension in conversations between practitioners and discussants enables openings for elderly people to discover meaning in life and their inner self through interconnections. The notion of interconnectedness underpins social work theory and practice, especially in understanding the concept of the unity of life. Kane and Jacob (2010, p.68) state, "spirituality is important to social work as it can influence work with micro, mezzo and macro systems".

Spirituality needs to be embedded within practice as otherwise competing paradigms will come to the forefront, dismissing or negating spirituality so that it will be considered only at certain times. Gardner (2020, p.11) advocates that the social work profession needs to move beyond "seeing spirituality/religion as only important at times of crisis or illness to seeing that it is an intrinsic part of all of life, at least for some people." Critical reflection of practice is needed and the question needs to be asked as to what is spiritually sensitive practice? Without the full understanding of the multidimensional concept of spirituality, practice, it is argued, may be constrained. This research demonstrated that spirituality was embedded in the everyday life of discussants. Social workers can encourage agency in the lives of our elderly clients.

The Way Forward

There are a number of factors affecting the delivery of spiritually sensitive practice. This can be understood on a continuum which ranges from resistance on the part of practitioners to responsive practice across micro-, meso-, and macro- levels. On a micro-level, suboptimal support from colleagues may sabotage a team member's efforts to implement such an approach. Attitude change and openness to spirituality is only the first step before spirituality can meaningfully be utilized within Community Aged Care.

A cultural shift is required and needs to permeate throughout the organization, otherwise, spirituality will be left at best as a fringe activity. It could be argued that spirituality in social work practice is still marginalized on a practical level within Community Aged Care. The way forward is to go beyond an ad hoc basis and instead to integrate spiritually sensitive practice into community agency policies which deliver home care to elderly people. Without this, an economic reductionist paradigm may not be set aside and this will prevent the unifying and nurturing of a sustaining relationship which is imperative in fostering spiritually sensitive practice. In a time-driven arena, spiritually sensitive practice could be easily set to one side rather than incorporated throughout practice. Time is pressured, especially as service models change, yet the making of time with an elderly person is paramount to develop a relationship which is not restricting but liberating with the realization that life and death have a number of dimensions, including a spiritual dimension. Management needs to reinforce to practitioners that the organization commends spiritually sensitive practice as an integral component of work.

Organizations such as Meaningful Ageing Australia, which was established in 2016, have escalated the profile of spirituality beyond a concept to an approach which is integral to providing quality aged care. The benefits of using spirituality within aged care practice have been promoted by this organization in the publication of the National Spiritual Guidelines in Aged Care. The guidelines reflect best practice in spiritual care. The following core values provide a foundation for the Guidelines.

Respect and acceptance

Compassion and empathy

Inclusion and diversity

Dignity

These core values are similar to the three key principles published in the AASW Code of Ethics (2020), respect for persons, social justice, and professional integrity.

Spiritual care is endorsed by Meaningful Australia through an educational and advocacy focus. A central tenet is:

> As spirituality is integral to quality of life and well-being it should be accessible to all older people in a way that is meaningful to their beliefs, culture and circumstances. The identification of spiritual needs and offering of spiritual care is the responsibility of all care-givers and must be undertaken in ways that are appropriate to their role (National Guidelines for Spiritual Care in Aged Care, 2016, p.5).

Meaningful Australia guidelines correlate with my research as there is a strong compatibility with social work values and ethics and spiritually sensitive practice.

Facilitating Spiritually Sensitive Practice

It is proposed from the findings of this research that incorporating spirituality into social work practice nurtures a redefinition of the social work role in Community Aged Care. The power imbalance which Kam (2014) declared as "knowing what is good for the client" is re-addressed. The expert status is bestowed onto the discussants who shared aspects of their inner selves, in other words 'the person within' was revealed. Integral relationship building came into play where humility and humanity were on a common platform forming an equilibrium. This study demonstrated that discussants became committed to the process of sharing their thoughts, expressing their journeys of being present as well as reflecting upon the past, and exploring what the future may hold. Conversations were purposeful and authentic. Beliefs on spirituality, religion and meaning pertaining to their unique life experiences were readily shared.

The process rather than purely focusing on assessment was paramount and substantiated through exploring existential questions which were relevant and resonated with what discussants wanted to explore. The interview schedule guided the process but did not monopolize the discussants' input.

The exploratory nature of devising an interview schedule fostered the compelling influence of the narrative, which was incorporated as the chosen tool of engagement with discussants in this study. Ownership of the interview was transferred to the discussants where an empowering relationship was established. Reimer and Dueck (2012) propose that spiritual identity is storied and careful listening is required to the spiritual meaning found in the stories themselves. This aspect of listening, it is advocated, is crucial in engaging with elderly people, and permitting glimpses of the 'person within' to be shared.

Certainly providing the time and space for discussants to engage in discussions pertaining to spiritual needs and reflections was imperative. However, the aspect of time is only one feature and, unfortunately, may become the defining feature to some on whether spiritually sensitive practice is integrated into practice. Tragically, the perception that this is a time consuming activity may overwhelm some practitioners from engaging with this form of practice. This study demonstrates that meaningful interactions varied from half an hour to three hours, but the

investment of time was well worth the effort in building meaningful connections with discussants. Without this connection the process, it is argued, will be negated. This study validated the need to foster connection through relationship building and active listening. Randall (2008, p.36) so fittingly states, "still what matters most, I will propose, is not the quantity of time we spend with someone as much as it is the quality of our connection. What I mean is compassionate listening, careful listening, empowering listening, listening in the sort of ways that therapists (especially narrative therapists perhaps) are adept at doing. I mean the kind of listening that asks open ended questions…questions that invite a person to realize just how much material their memory has actually preserved, and thus how rich their inner world is. In turn, this permits the limiting versions of their past that they may have clung to up till now to breathe a bit, to open out, and so be readied for closer, more soulful inspection".

This study aims to guide practitioners within Community Aged Care to not dismiss spirituality or to trivialize spiritual care. Inclusive spiritually sensitive practice, as Fisher (2011) suggested, goes beyond only asking one closed question, and then considering that spirituality has been addressed. This undermines practice and unfortunately may impede and /or limit engagement. Alternatively, this study supports open ended questions that were clustered in the interview schedule to enable discussants to reflect on various themes. This interview schedule was designed to optionally be used in its entirety in one session or may be used in a series of sessions reflecting on a particular theme per session. (Refer to Interview schedule - Appendix III for lay out of the interview schedule, and its format structure.)

Empowering discussants to make their own choice and how they wished the interview format to proceed was essential in fostering an immediate connection where discussants felt a sense of control rather than being controlled. Endowing discussants to be partners in the process of spiritually sensitive practice bestowed a role which held significance. A space was provided to explore topics in depth or to the extent of what the discussants wanted to pursue.

A window of opportunity was provided to the discussants, igniting dialogues that evoked deep meaning and inner exploration, demonstrating that growth in the final stages of life is indeed possible. This became a tribute to a life-time which held various meanings and was not a living end, but a liberating force.

The setting in which these dialogues take place needs to be examined in a fuller context. Rumbold (2006, p.37) argues, "spirituality is strongly linked with individual's responses to the setting in which they find themselves not just with an inner life that might be maintained because or in spite of the setting". Utilizing spirituality whilst visiting elderly people within their home is particularly relevant as home may hold an intrinsic meaning where people can reconnect with their inner selves as the environment is familiar and of their own making. The presence of self is cultivated within this environment. Social workers who facilitate spiritually sensitive practice within the home enable an opportunity for a spiritual identity to emerge and legitimize engaging conversations for meaning rather than just information gathering.

This study adopted the narrative approach which encouraged discussants to tell their stories and share and discover their narrative identity. This approach fosters meaningful engagement and provides opportunities for elderly people to explore perceptions of self. As McAdams (2018, p.364) highlights, "narrative identity is a special kind of story narrative - a story about how I came to be the person I am becoming. With this special status comes the special function that Erikson (1963) assigned to identity itself. It is the function of integration". This aspect of integration is a crucial aspect of feeling valued and enables elderly people with opportunities of growth. This counteracts an ageist ideology which unfortunately often destabilizes elderly people's perceptions of self.

Through adopting a narrative approach, discussants in this study were respected and valued for what they could give to the interview. This form of exchange went beyond linear thinking to a systematic paradigm stressing interconnectedness. Thompson (2016, p. 342) reports on her 2013 findings, "that older people yearned for opportunities for reciprocity in their lives in the interests of their spiritual well-being but felt this, and indeed aspirations for the future in general, to be absent from informal and formal assessment of need". Discussants in my study also expressed

similar views that they wanted and valued the opportunity to discuss spirituality. The vignettes were compelling and in many cases transforming symbolizing accounts that were deeply embedded in their life experiences. Interactive communication arising from the interview schedule signified the desire for social participation within the home environment. This encapsulates the philosophy that life is dynamic rather than static

Strengthening the Social Dimension

Spiritually sensitive practice may provide opportunities for discussants to build networks that are supportive and connect with services that enhance well-being. Social workers can assist with this linkage by being a resource and facilitating the strengthening of the social dimension experienced by elderly people. This was especially applicable to discussants whose social life was constrained to the local area or entirely limited to their home environment.

Duppen et al's (2019) research encompassed social participation to include all activities where elderly people intermingle with others. Through spiritually sensitive practice the prospective social environment may be examined to see whether it could act as a likely catalyst for social participation. Without social relationships social participation cannot proceed. Engaging in spiritual conversations it is advocated through my research enabled discussants to share the level of formal and informal networks discussants held, and what level of engagement they desired. This is particularly relevant to assist social workers in identifying services within their organization and the local community that will enhance care.

WHO (2015) stressed that activities for elderly people are fundamental for developing and nourishing relationships which are necessary for healthy ageing. Several discussants in my research were still able to independently leave their home environment and seek interpersonal interactions through their church community enabling social participation. However, if and when the time occurred and impending factors such as not being able to drive or use public transport transpired social workers can assist to fill this void by initiating contact with clergy and /or significant others to maintain relationships that had already been established.

Aroogh and Shahboulaghi (2020) describe that environmental, individual and social factors may impact upon the extent and type of social participation among elderly people. Social workers who are cognizant of these factors may use spiritually sensitive practice to discuss possible barriers experienced which may hinder engagement with others. This will generate alternative options, referrals and empower elderly clients to explore their social dimensions within their current networks.

Discussants demonstrated their insightfulness in raising the value of having meaningful relationships as being paramount, and their wish to discuss existential questions.

Enhancing Spiritual / Religious Literacy

This research demonstrated that elevating spiritual / religious literacy is required amongst practitioners within Community Aged Care as discussants commented that they had never been provided with the opportunity by staff to discuss and respond to existential questions. Hodge et al (2012) emphasize that many social workers have been given no training in identifying spiritual needs, and consequently are unfamiliar with broaching topics related to spiritual issues.

Disseminating research and knowledge through professional development is essential to enable social workers' confidence in embarking on and integrating a spiritual approach. Training and professional educational programmes would possibly assist overcome the gap between research and what is being undertaken in the field. Without this input, the continued lag within practice compared to research will be maintained.

Critical reflection and self-analysis is advocated, as Tacey (2003, p.3) suggests that, "the field of public health, social work, and psychology are now facing a crisis situation, where secular trained therapists are no longer sure how to respond to this new and urgent cry for spiritual meaning". Social Workers, it is advocated, need the skills and the cognizance necessary to assess what influences their personal religious identity, and how this affects their professional practice (Sloan, 2013). Accommodation of different practices and beliefs is imperative in the expression of the spiritual dimension. Education and knowledge of multi-faiths, rituals and beliefs is imperative when working with elderly people. "Failure to recognize the importance of religion in the lives

of service users can at worst amount to an attack on their sense of well-being, their integrity and identity" (Beckett et al 2017, p38).

Religious and spiritual observance is diverse even among a cohort of the ageing. The discussants in this study were raised in the Christian faith, and all participated in Sunday School, giving them exposure to religious teachings. This raised the concept of religious literacy and its implication upon the social work role. Oxhandler (2017) identified two predicators which influence integrating religion and spirituality into practice and these are intrinsic religiosity of the practitioner and training.

Spirituality and religious literacy need to be escalated in prominence within the social work curriculum within both an undergraduate and post-graduate level. Currently it is not uniform within professional education in Australia and unless social work educators within the university structure have an interest or knowledge of the topic its coverage is discretionary. If taught, the content varies from a specialized topic which is usually offered on an optional basis to students or a tokenistic offering of a one-off lecture. Professionals within the field who graduated more than twenty years ago may not even have had this level of exposure and consequently without professional development are hesitant of integrating spirituality within day to day practice.

Knowledge that spirituality and religion is not static enables the social worker to explore change and its meaning to each individual elderly person. Loue (2017, p.68) explains that "an understanding of the process through which an individual's faith may develop and change over time is necessary, first, to help the social worker understand the client's spiritual growth and development in greater context, and second, to aid in the formulation of an appropriate intervention, should one be needed or desired by the client". Beliefs were discussed with discussants tracing their origins and influence on a person's identity, and in some cases their shift in beliefs. It is recommended that social workers, through implementing a spiritually sensitive approach, may foster and acknowledge an elderly person's identity in the context of his or her environment. Discussants shared their spiritual journeys, reconsiderations of beliefs, struggles, insights into being, and their hopes for the future. Janhsen et al (2018) describe the forming of a spiritual identity as a process shaped by lived experience and at the same time being

transformative enabling meaningful participation and engagement in life. It is recommended from this research that the interview guide can assist social workers extend their practice approach by enabling clients to share their creativity through engaging in music, poetry and verse to express their spirituality. Discussants in this study shared what was currently significant to their lives by reciting poetry, discussing hobbies and interests, playing musical instruments such as the piano, quoting passages of the bible, showing photographs, special object(s), and sharing their spiritual wisdom which held particular meaning. Meaning making and reviving meaningfulness was evident from discussants responses.

Enriching Social Work in Community Aged Care through Spiritually Sensitive Practice

It is recommended that the interconnection between social work and spiritually sensitive practice needs to be embraced by social workers in Community Aged Care by making an active commitment to address the spiritual and religious needs of clients. This is based on the belief of "honouring our clients as spiritual beings" (Dudley, 2016, p.158).

Advancing spiritually sensitive practice, it is advocated, needs to be done in a thoughtful manner by encouraging social workers to develop skills and knowledge that actively inspires practice. Familiarization with the National Guidelines for Spiritual Care in Aged Care (Meaningful Australia, 2016) would be endorsed as an initial step in contributing knowledge that promotes systematically an approach that is proactive and commends the inherent worth of elderly people.

Developing and understanding the importance of relationship building is essential in enriching social work through spiritually sensitive practice. Establishing a trusting rapport which facilitates connection enables a social worker to be present and with elderly people. This connection facilitates poignant communication, and Dudley (2016) has identified that spiritual expression is fostered by being attentive, displaying empathy, identifying spiritual strengths of clients, and encouraging self-determination.

Willingness to listen to spiritual issues and concerns supported discussants to vividly express spiritual insights. Bein (2008, p.165) proposed that, "many social workers seem to forget that we do not have to be an expert on a topic to discuss it". Enabling elderly people to ask and re-examine existential questions provides the opportunity to empower and strengthen their sense of agency. Through lived experience the elderly person is provided with the opportunity to share his/her expertise and explore different dimensions of self. Adopting inclusive spiritually sensitive practice with elderly people within the community compels social work to enable a sense of fulfillment. Discussants revealed throughout this research that they held a repository of thoughts, views and beliefs on spirituality which they freely shared.

This research focused on individual interaction with the researcher and supported the concept of social participation as being highly valued by elderly people. Aroogh and Shahboulaghi (2020) encourage social participation whenever possible and where appropriate to be integrated within practice when working with elderly people. This is an important factor within Community Aged Care where discussants acknowledged maintaining support networks to enhance well-being. Throughout this research discussants explored their sense of self, meaning and purpose, beliefs and values, and their significance to relationships with others, nature, and God. Richards et al (2013) proposes that spirituality is a very personal construct resonating as individual spiritual needs.

A comprehensive interview scheduled was designed as part of this research to systematically examine elderly peoples' current perceptions of spirituality, and their meaning and purpose within life, and what factors influenced them to hold these perspectives. Janhsen et al (2019, p.6) states, "experiences of aging promote the ultimate questions about purpose as well as meaning in life retrospectively and in particular prospectively." Questions were designed to gauge both these positions. The interview schedule questions would enable social workers to screen, assess, and collect spiritual histories across an individual's life span. Loue (2017, p.76) proposes that, "the religious /spiritual assessment or history can be used as the basis for formulating interventions appropriate to the client and to his/ her situation".

Permission could be sought from clients to utilize information obtained from the interview schedule to assist in inter-professional collaboration. For example, referrals when appropriate could be made to clergy / spiritual leaders if clients needed clarification on religious matters and this was not within the scope of social work practice.

The data gained from the interview schedule could enable social workers to assist elderly people identify personally meaningful activities (Boyle, 2009). Emphasis on wanting and wishing to continue with community-based activities such as church participation and interpersonal interactions enable social workers to determine what support networks can be drawn upon. Aroogh and Shahboulaghi (2020) stress that there are numerous social, personal and environmental factors which affect social participation of elderly people within the community. Awareness of these factors can assist social workers to address and shape interventions and care.

Limitations

A number of factors need to be considered as limitations within this research. This study interviewed discussants from metropolitan Adelaide and it would be beneficial to consider ascertaining whether there were differences cited by discussants from regional areas of Australia regarding meaning in life at this stage. Further, discussants ethnic background was not diverse and predominately participants were from a Caucasian heritage. All discussants were raised in the Christian faith and therefore religious diversity was not able to be explored within this study.

The recruitment procedure of utilizing gatekeepers could be considered a further limitation. The researcher spoke to all service co-ordinators within a Commonwealth Home Support organization and nine out of twenty co-ordinators agreed to participate in assisting with recruitment of discussants. This self-selection process it could be argued indicated that the gatekeepers who chose to participate had a more favourable inclination to the subject of the research than those who declined to participate. This implied a possible predisposed position towards utilizing spiritually sensitive practice in Community Aged Care.

The fact that these thirty individuals chose to express a willingness to be interviewed may well indicate an openness to spirituality. This openness may not be true for everyone.

Future Research

 In Australia, over a third of the rural population are older adults (Buys et al 2015). Rural communities' infrastructure and services pose different challenges to Community Aged Care. A sense of belonging and social participation is affected by the environment where the elderly person resides. "Throughout our lives the places in which we live reflect aspects of self. And we reflect those places" (Chapman & Peace, 2008, p.21). It is recommended that spiritually sensitive practice should be incorporated and researched in rural communities to ascertain differences pertaining to setting and how social work can address unmet needs.

Australia's ageing multicultural community needs to be examined and how social workers can enhance spiritually sensitive practice. Fung (2013) stresses that the cultural context of elderly people is critical to understand spirituality as cultural values are internalized. The internalizing of these values assists elderly people make sense of their lives. Further, Fung (2013, p.370) states "one can derive meaning from life through affirming and internalizing the values of one's culture". This is especially important for social workers to consider when providing spiritually sensitive practice to elderly people from different cultures. For example, observance towards interpersonal relatedness through traditions and norms, relationship harmony, and social reciprocity are more central to elderly people from an Asian background valuing community rather than a Western background which values individuality. Cultural practices are changing. However, individual differences need to be recognized and cultural groups should not be perceived as homogenous.

Similarly, discussants' economic circumstances varied and it would be important to consider how the socio-economic status of people affect discussants' perceptions of meaning and purpose. Additionally, several discussants' economic circumstances fluctuated and altered throughout their lives and future research could examine whether this factor influenced their current thoughts on spirituality.

 Promising research is being documented utilizing spirituality and spiritual reminiscence within residential settings (Meaningful Australia, 2019). Furthermore, researchers such as MacKinlay (2017) have examined the use of spirituality with people with dementia within residential

settings. However, research specifically targeting the special needs of people with dementia in Community Aged Care needs to be specifically addressed.

Social work intervention in Community Aged Care is not usually provided on a long-term basis. Time frames vary from agency to agency and usually a maximum of a few months is provided. It is recommended research, including longitudinal studies by social workers that monitor change over time, and how significant life events may impact on measures of purpose and meaning in life would be useful to undertake within this setting.

Conclusion

As substantiated throughout this research, spiritually sensitive practice is an irreplaceable approach when working with elderly people. Spiritual care is important for all older people including those with chronic and/or acute illness, people with a disability and those who have good health (Cobb, Puchalski & Rumbold, 2012). This research demonstrated the value of spiritually sensitive practice with elderly people within the community and provides a guide to enhance compassionate, and relationship-centred practice. The devising of an interview schedule and championing the approach in the home setting provides new knowledge in this area of practice.

This research aims to encourage social workers within Community Aged Care to adopt the principle advocated by Hulko et al (2019) to be consciousness raising in order to support systemic change in challenging the dominant narratives of frailty and dependence. It is proposed that social workers can re-vision practice by enabling elderly people to gain a voice to attempt to situate agency in their lives. Empowering elderly people to share spiritual narratives provides opportunities to continue to contribute, participate in a meaningful activity, share a sense of potential self, and sustain a sense of relevance. Tighe (2018, p.70) states that "spiritual narratives invite us to enter into the way our clients make meaning of the world and of their existence, and therein lies its importance." The ability to connect with elderly clients through spiritually sensitive practice is the key to unlock and engage with "The Person Within".

Bibliography

Aberg, A.C., Sidenvall, B., Hepworth, M., O'Reilly, K. & Lithell, H. (2004). Continuity of the Self in later life: perceptions of informal caregivers. *Qualitative Health Research*, 14 (6), 792-815.

Allen, A.P., Doyle, C., Commins, S. & Roche, R.A. (2018). Autobiographical Memory, the Ageing Brain and Mechanisms of Psychological Interventions, *Ageing Research Reviews*, 42, 100-111.

Anderson, C. (2019). Discourses of Ageing and Gender. *The Impact of Public and Private Voices on the Identity of Ageing Women*. Cham, Springer International Publishing.

Andrews, M. (1999). The Seductiveness of Agelessness. *Ageing and Society*, 19 (3), 301-318.

Andrews, M. (2018). The Seduction of Agelessness Take 2. *Generations*, 41, (4), 75-82.

Andrews, M.K., Mitnitski, A.B., & Rockwood, K. (2008). Social Vulnerability, Frailty and Mortality in Elderly People.P105 one, 3(5) e2232. Doi: 10.1371 /journal. pone 0002232.

Androff, D. (2018). Practicing Human Rights in Social Work: Reflections and Rights-Based Approaches. *Journal of Human Rights and Social Work*, 3, 179-182.

Angell, G.B., Dennis, B.G., & Dumain, L.E. (1998). 'Spirituality, Resilience and Narrative: Coping with Parental Death'. *Families in Society: The Journal of Contemporary Human Services*, 79, (6), 615- 630.

Archibald, M., Lawless, M., Ambagtsheer, R.C., & Kitson, A. (2020). Older adults' understandings and Perspectives on Frailty in Community and Residential Aged Care: An Interpretive Description. *British Medical Journal Open,* 10(3), 1-9.

Arnold, J., Locke, S., Monterio, C., Steinhorn, L., & Shanske, S. (2016). Social Workers as Care Co-ordinators: Leaders in Ensuring Effective Compassionate Care. *Social Work in Health Care*, 55 (3), 195-213.

Aroogh, M.D & Shahboulaghi, F.M. (2020). Social Participation of Older Adults: A Concept Analysis. *International Journal of Community Based Nursing Midwifery*, 8 (1), 55-72.

Aronson, J. (2002). Elderly People's Accounts of Home Care Rationing: Missing Voices in Long - Term Policy Debates. *Ageing and Society*, 22(4), 399-410.

Aronson, J. (2002). Frail and Disabled Users of Home Care: Confident Consumers or Disabled Citizens? *Canadian Journal on Aging*, 21(1), 11-25.

Askeland, G.A & Dohlie, E. (2015). Contextualizing international social worker religion as a relevant factor. *International Social Work*, 58(2), 261-269.

Atchley, R.C. (1989). A Continuity Theory of Normal Aging. *Gerontologist*, 29, 183-190.

Atchley, R.C. (2009). *Spirituality and Aging*. Baltimore: John Hopkins University Press.

Atchley, R.C. (2019).' Spiritual Journeys: Elders Stories of Spiritual Development'. In Bengston, V.L & Silverstein, M. (2019). *New Dimensions in Spirituality, Religion and Aging*, New York, Routledge.

Atkinson, R. (1995). *The Gift of Stories: Practical and Spiritual Applications of Autobiography, Life Stories, and Personal Mythmaking.* Westport CT: Bergin & Garvey.

Atkinson, R., Baruch, A & Harris, L. (2019). Chapter 7: Learning Altruism through Stories and Action. *Narrative Works*, 9 (1), 119-126.

Australian Association of Social Work Position Paper (2013). Ageing in Australia.

Australian Association of Social Workers (2010). *Code of Ethics,* Australian Association of Social Workers. Canberra, AASW.

Australian Association of Social Workers (2020). Code of Ethics, Australian Association of Social Workers. Victoria, AASW.

Australian Bureau of Statistics (ABS) (2017). Population Projections, Australia 2017, Catalogue 3222.0. Canberra: ABS.

Australian Bureau of Statistics (ABS) (2019). Australian Historical Population Statistics, 2016. Catalogue 3105.0.65.001. Canberra: ABS.

Australian Bureau of Statistics (ABS) (2019a). Australian Demographic Statistics, Catalogue 3101.0. Canberra: ABS.

Australian Government Aged Care Quality and Safety Commission (2018). Guidelines and Resources for Providers to Support the Aged Care Quality Standards.

Australian Institute of Health and Welfare (2015). Australian's Welfare, No.12, Cat. No. AUS 1898. Canberra: AIHW.

Australian Institute of Health and Welfare (2016). Residential Aged Care and Home Care, 2014-2015. Canberra: AIHW.

Australian Institute of Health and Welfare (2019). Housing profile of older people. Canberra: AIHW.

Baltes, P.B. & Smith, J. (2003). New Frontiers in the Future of Ageing: From Successful Aging of the Young Old to the Dilemmas of the Fourth Age. *Gerontology*, 49, 123-135.

Banks, S. (2001). *Ethics and Values in Social Work*, 2nd edn. Basingstoke and New York: Palgrave.

Barasch, M.I. (1993). *The Healing Path: A soul Approach to Illness*. New York: Tarcher/Putnam.

Baars, J. (2012). *Aging and the Art of Living*. John Hopkins University Press.

Baars, J. (2012a). Critical turns of aging, narrative and time. *International Journal of Ageing and Later Life*, 7(2), pp.143-165.

Baars, J. (2016). Aging: Learning to Live a Finite Life. *The Gerontologist,* 57, (5) 969-976.

Barrett, P., Kletchko, S., Twitchin, S., Ryan, F. & Fowler, V. (2005). *Transitions in Later Life: A Qualitative Inquiry into the Experience of Resilience and Frailty.* Tauranga: University of Waikato at Tauranga.

Barrett, P., Hale, B. & Gauld, R. (2012). Social Inclusion through Ageing-in-Place with Care. *Ageing and Society*, 32, 361-378.

Baskin, C. (2002). Circles of Resistance. Spirituality in Social Work Practice, Education and Transformative Change. *Currents: New Scholarship in the Human Services*, 1(1). Retrieved from the University of Calgary Press Website at http//fsw.ucalgary.ca/currents-prod-v1/articles/baskin-v1-n1.htm

Baskin, C. (2009). Evolution and Revolution: Healing Approaches with Aboriginal Adults. In Sinclair, R, Hart, M.A., & Bruyere, G, (eds.). Wichitowin: Aboriginal Social Work in Canada (133-152), Halifax, Fernwood Publishing.

Baumeister, R.F. & Monroe, A.E. (2014). Recent Research on Free will Conceptualization, Beliefs and Practices. *Advances in Experimental Social Psychology*, 50, 1-52.

Beckett, C., Maynard, A. & Jordan, P. (2017). *Values and Ethics in Social Work*. Sage.

Bein, A.W. (2008). *The Zen of Helping: Spiritual Principles for Mindful And Open-hearted Practice*. Hoboken, N.J. John Wiley and Sons

Belloni, G. & Cesari, M. (2019). Frailty and Intrinsic Capacity: Two Distinct but Related Constructs. *Front.Med,* 6, 133-137.

Bengtson, V.L. & Silverstein, M. (2019). *New Dimensions in Spirituality, Religion and Aging*, New York: Routledge.

Berwick, D. (2016). Era 3 for Medicine and Health Care. *JAMA*, 315(13), pp.1329-1330.

Best, M., Butow, P. & Oliver, I. (2016). Creating a Safe Space: A Qualitative Inquiry into the way Doctors discuss Spirituality. *Palliative and supportive care,* 14 (5), 519-531.

Bouma, G. (2011). *Being Faithful in Diversity: Religious and Social Policy in Multi-faith Societies*. Hindmarsh, S.A.: ATF Press.

Bowling, A. & Dieppe, P. (2005). What is Successful Ageing and who should define it? *British Medical Journal*, 331, (7531), 1548 - 1551.

Boyle, P., Barnes, L, & Buchman, A. (2009). Purpose in Life is Associated with Mortality among Community-Dwelling Older People. *Psychosom Med*, 71, 574-579.

Brandstatter, M., Baumann, U., Borasio, G.D, & Fegg, M.J. (2012). Systematic Review of Meaning in Life Assessment Instruments. *Psych-Oncology*, 21 (10), 1034-1052.

Braun, V., & Clarke, V. (2006). Using Thematic Analysis in Psychology. *Qualitative Research in Psychology,* 3, 77-101.

Breitbart, W. (2007). Who needs the concept of spirituality? Human Beings seem to! *Palliative Support Care*, 5 (2), 105-106.

Breitholtz, A., Snellman, I. & Fagerberg, I. (2013). Older People's Dependence on Caregivers' Help in their own Homes and their Lived Experiences of their Opportunity to make Independent Decisions. *International Journal of Older People Nursing*, 8 (2), 339 - 148.

Brennan, M. & Heiser, D. (2012). (eds). *Spiritual Assessment and Intervention with Older Adults. Current Directions and Applications.* New York, Routledge, Taylor and Francis.

Bronfenbrenner, U. (1979). *The Ecology of Human Development: Experiments by Nature and Design.* Cambridge, MA: Harvard University Press.

Browne-Yung, K., Walker, R.B. & Luszcz, M.A. (2017). An Examination of Resilience and Coping in the Oldest Old Using Life Narrative Method. *Gerontologist*, 57 (1), 282-291.

Bruggencate, T.T., Luijkx, K. & Strum, J. (2018). Social Needs of Older People: A Systematic Literature Review. *Ageing & Society*, 38, 1745-1770.

Bugajska, B.E. (2017). The Ninth Stage in the Cycle of Life - Reflections on E.H. Erikson's Theory. *Ageing and Society*, 37, 1095-1110.

Bullis, R.K. (2013). *Spirituality in Social Work Practice*. Taylor and Francis.

Burnside, I. M., Ebersole, P. & Monea, H.E. (1979). *Psychosocial Caring throughout the Life Span*. New York: McGraw-Hill.

Burack-Weiss, A., Lawrence, L. & Mijangos, L. (Eds.) (2017). *Narrative in Social Work Practice*. New York, NY: Columbia University Press.

Buta, B.J., Walston, J.D., Godino, J.G. & Park, M. (2016). Frailty Assessment Instruments: Systematic Characterization of the Uses and Contexts of Highly-cited Instruments. *Ageing Research Review*, 26, 53-61.

Butler, R. (1989). Dispelling Ageism: The Cross-cutting Intervention. *Annals of the American Academy of Political and Social Sciences*, 503,138-147.

Butler, R.N, & Kiikuni, K. (Eds) (1993). *Who is Responsible for My Old Age*? New York: Springer Publishing Company Inc.

Butler, R.N. (2005). Ageism: Looking Back Over My Shoulder. *Generations*, 29(3), 84-86.

Butler, R. (2007). Life Review. In Birren, J.E. (Ed), *Encyclopedia of Gerontology: Age, Ageing and the Aged*: 1, (2nd ed), 67-72. San Diego, CA: Academic Press.

Butler, R. (2010). The Study of Productive Aging. *Journal of Gerontology*, B 57, 6, S323.

Buys, L., Burton, L., & Cuthill, M. (2015). Establishing and Maintaining Social Connectivity: An Understanding of the Lived Experiences of Older Adults Residing in Regional and Rural Communities. *Australian Journal of Rural Health*, 23, 291 - 294.

Buz, J., Sanchez, M., Levenson, M.R. & Aldwin, C.M. (2014). Aging and Social Networks in Spain: The Importance of Pubs and Churches. *International Journal of Ageing & Human Development,* 78, 1, 23-46.

California Lutheran Homes Centre for Spirituality and Aging. http://www.spiritualityandaging.org/

Canda, E.R. (1988). 'Spirituality, Religious Diversity and Social Work Practice'. *Social Casework*, 69 (4), 238-247.

Canda, E.R. & Furman, L.D. (1999). *Spiritual Diversity in Social Work Practice: The Heart of Helping*. New York, NY: The Free Press.

Canda, E.R., Nakashima, M. & Furman, L.D. (2004). Ethical Considerations about Spirituality in Social Work: Insights from a National Qualitative Survey. *Families in Society: The Journal of Contemporary Human Services*, 85(1), 27-35.

Canda, E.R. (2005). Integrating Religion in Social Work in Dual Degree Programs. *Journal of Religion and Spirituality in Social Work*, 24, (1/2), 79-91.

Canda, E.R. (2008). Spiritual Connection in Social Work: Boundary Violations and Transcendence. *Journal of Religion and Spirituality in Social Work*, 27, (1-2), 25-40.

Canda, E.R. & Furman, L.D. (2010). *Spiritual Diversity in Social Work Practice: The Heart of Healing,* 2nd ed. New York: Free Press.

Canda, E.R & Smith, E.D. (2013). *Transpersonal perspectives on spirituality in Social work*. Abington: Routledge.

Canda, E.R, Furman, L.D., & Canda, H.J. (2020). *Spiritual Diversity in Social Work Practice; The Heart of Helping*, New York: Oxford University Press.

Carpenter-Aeby, T & Aeby, V. (2009). Rewriting Family Stories During Successful Transition from an Alternative School: One Student's Story of "Violent Female" to Phenomenal Woman". *Journal of Human Behaviour in the Social Environment*, 19 (3), 281-297.

Carvalho, I.A., Epping-Jordan, & Beard, J.R. (2019). 'Integrated Care for Older People'. In Michel, J.R. (2019). *Prevention of Chronic Diseases and Age-Related Disability. Practical Issues in Geriatrics*. Cham, Springer.

Cesari, M., Araujo de Carvalho, I., Thiyagarajan, J.A., Cooper, C., Martin, F.C., Reginster, J., Vellas, B & Beard, J.R. (2018). The Construction of Intrinsic Capacity. *Journal of Gerontology*, 73 (2), 1653-1660.

Chapman, S.A & Peace, S. (2008). Rurality and Ageing Well: "A Long Time Here". *Rural Ageing: A Good Place to Grow Old?* Keating, N., Ed: Bristol, UK, Policy Press, 21-31.

Cheung, C & Kam, P.K. (2010). Bonding and Bridging Social Capital Development by Social Work. *Journal of Social Services*, 36, 5, 402-413.

Chin, L., Emblem, J. D., Van Holwegen., L. et al (2004). An Integrative Review of the Concept of Spirituality in the Health Sciences. *Western Journal of Nursing Research*, 26, 405-428.

Chittister, J. (2008). *The Gift of Years: Growing Old Gracefully*. New York: Bluebridge.

Chiu, L., Emblen, J.D., Van Hofwegen, L., Sawatzky, R. & Meyerhoff, H. (2004). An Integrative Review of the Concept of Spirituality in the Health Sciences. *Western Journal of Nursing Research*, 26, (4), 405 -428.

Clandinin, D.J. & Caine, V. (2012). Narrative Inquiry. In A.A. Trainor & E. Graue (Eds.), *Reviewing Qualitative Research in the Social Sciences.* New York: Routledge, 166-179.

Clark, H. & Spafford, J. (2002). 'Adapting to the Culture of User Control'. *Social Work Education*, 21 (2), 247-257.

Clegg, A., Young, J., Illiffe, S., Rickkert, M.O. & Rockwood, K. (2013). Frailty in Elderly People. *The Lancet*, 381 (9868), 752-762.

Cobb, M., Puchalski, C., & Rumbold, B. (2012). (Eds). Oxford Textbook of Spirituality in Healthcare. OUP. Oxford.

Coholic, D., Nichols, A & Cadell, (2008). Spirituality and Social Work Practice: Introduction. *Journal of Religion and Spirituality in Social Work*: *Social Thought*, 27, 1-2.

Coleman, T & Wiles, J. (2018). 'Key Concerns in the Health Geographies of Aging'. In Crooks, V.A., Andrews, G.J & Pearce, J. (2018) *Routledge Handbook of Health Geography*, New York, Routledge.

Coleman, T., & Wiles, J. (2020). Being with Objects of Meaning: Cherished Possessions and Opportunities to Maintain Aging in Place, *Gerontologist*, 60 (1), 41-49.

Commonwealth of Australia (2012). *Living longer Living Better*. Canberra: Department of Health and Ageing.

Consumer Directed Care. (2018). 'What is Consumer Directed Care?' Information for Home Care Package Providers. Australian Government Department of Social Services.

Cox, S., & Pardasani, M. (2017). Aging and Human Rights: A Rights - Based Approach to Social Work with Older Adults. *Journal of Human Rights Social Work*, 2, 98 - 106.

Crisp, B.R. (2016). *Spirituality and Social Work*, Abingdon: Routledge.

Crisp, B.R. (Eds.) (2017). *The Routledge Handbook of Religion, Spirituality and Social Work*. Abingdon, Oxfordshire: Routledge.

Crisp, B.R. (2018). Religion, Spirituality and Social Work: An International Perspective. *International Journal of Human Rights in Healthcare*, 11 (2), 91-99.

Crossley, N. (2007). Researching Embodiment by Way of Body Techniques. *Sociological Review*, 55, 80-94.

Cruikshank, M. (2003). *Learning to be old: Gender, Culture and Aging*. Lanham: Rowman & Littlefield Publishers.

Cummings, E & Henry, W.E. (1961). *Growing Old, the Process of Disengagement*. Basic Books.

Daaleman, T.P., Usher, B.M., Williams, S.W., Rawling, J., & Hanson, L.C. (2008) An Exploratory Study of Spiritual Care at the End of Life. *Annals of Family Medicine*, 6, (5), 406-411.

Dahlin-Ivanoff, S., Haak., M., Fange, A. & Iwarsson, S. (2007). 'The Multiple Meaning of Home as Experienced by very old Swedish People'. *Scandinavian Journal of Occupational Therapy*, 14 (1), 25- 32.

Daley, J. (2014). 'Let's Get Real about Retirement'. In *The Weekend Australian*, March 1-2, 2014, 21.

Dass, R. (2000). *Still Here: Embracing Aging, Changing and Dying.* New York: Riverlead Books.

Dass, R. (2011). Content to be. *The Journal of Transpersonal Psychology*, 43 (2), 245-250.

Davie, G. (2013). *The Sociology of Religion: A Critical Agenda*. London, UK: Sage.

Davis, A., Ellis, K. & Rummery, K. (1997). *Access to Assessment: Perspectives of Practitioners, Disabled People and Carers*. Bristol: The Policy Press.

Davidson, R.J. (2008). Spirituality and Medicine: Spirituality and Practice. *The Annals of Family Medicine*, 6, (5) 388-389.

Department of Health, (DoH) (2013). Aged Care (Living Longer, Living Better) Bill 2013: Senate Community Affairs Legislation Committee Report. Canberra. Available at: https://www.health.gov.au/sites/default/files/aged-care-living-longer-living-better-bill-2013-provisions-and-related-bills-australian-government-response-to-the-senate-senate-community-

affairs-legislation-committee-report-on-the-aged-care-living-longer-living-better-bill-2013-provisio_0.pdf

Dein, S. & Stygall, J. (1997). Does being Religious Help or Hinder Coping with Chronic Illness? A Critical Literature Review. *Palliative Medicine*, 11, 291- 298.

De Jonge, D.M., Jones, A., Phillips, R. & Chung, M. (2011). Understanding the Essence of Home: Older People's Experience of Home in Australia. *Occupational Therapy International*, 18, (1), 39-47.

Derezotes, D. (2013). Ideology Identification as Psychosocial-Spiritual Disorder: A Framework for Assessment and Intervention. *Journal of Religion and Spirituality in Social Work: Social Thought*, 32(2), 145-159.

De Sao Jose, J., Barros, R., Samitca, S. & Teixeira, A. (2016). Older Persons' Experiences and Perspectives of Receiving Social Care: A Systematic Review of the Qualitative Literature. *Health and Social Care in the Community*, 24 (1), 1-11.

De Souza, M. (2014) The Empathetic Mind: The Essence of Human Spirituality. *International Journal of Children's Spirituality*. 19 (1), 45-54.

Derkx, P. (2013). Humanism as a Meaning Frame. In Pinn, A.B. (ed.), *What is Humanism and Why Does it Matter*? (pp42-57), Durham, Acumen.

Derkx, P. (2015). The Future of Humanism. In Copson, A. & Grayling, A.C. (eds.), The Wiley Blackwell Handbook of Humanism (pp.426-439). Chichester, West Sussex, United Kingdom,Wiley Blackwell.

Derkx, P., Bos, P., Lacuelle, H. & Machielse, J.E.M. (2020). Meaning in Life and the Experience of Older People. *International Journal of Ageing and Later Life*, 37-66.

Dinham, A. (2011). What is a "Faith Community"? *Community Development Journal*, 46 (4), 526 - 541.

Dinham, A. & Francis, M. (2018). *Religious Literacy in Policy and Practice*, Bristol University Policy Press.

Dinham, A. & Shaw, M. (2017). Religious Literacy through Religious Education: *The Future of Teaching and Learning about Religion and Belief Religions,* 8, (7), 119.

Doka, K.J. (1993). The Spiritual Crisis of Bereavement. *Death and Spirituality*, New York, Baywood Publishing Company Inc.

Dossey, L. (1993). *Healing Words: The Power of Prayer and the Practice of Medicine*. San Francisco: Harper.

Douek, S. (2015). Faith and Spirituality in Older people - a Jewish Perspective. *Working with Older People*, 19 (3), 114-122.

Doyle, S. (2012). "Being-in-the World-of Care". The Lived Experiences of Older People Receiving Community Aged Care Packages in Queensland. *Health Care for Women International,* 33 (10), 905-921.

Drizen, C. (2010). *Narrative Therapy Techniques with Older Adults*. Retrieved: October 2012. From: http://www.Sciencenews.org/index.php/generic/id/61518/title/Trailing-dust-devilsl/v

D'Souza, S. (2018). Hermeneutics: A Boom for Cross Disciplinary Research. In Liamputtong (ed.) Handbook of Research Methods in Health Social Sciences, Singapore, Springer.

Dudley, J.R. (2016). *Spirituality Matters in Social Work: Connecting Spirituality, Religion and Practice.* Taylor and Francis.

Duppen, D., Lambotte, D., Dury, S., Smetcoren, A.S., Honghui, P & De Donder, L. (2019). Social Participation in the Daily Lives of Frail Older Adult: Types of Participation and Influencing Factors. *Journal of Gerontology: Series B, Psychological Sciences and Social Sciences*, 75 (9), 2062-2071.

Durkheim, E. (1965). In Westley, F., The Cult of Man: Durkheim's Predictions and New Religious Movements. *Sociology of Religion*, 39, (2), 135- 145.

Duru, O., Sarkisian, C., Leng, M. & Mangione, C. (2010). Sisters in Motion: A Randomized controlled trial of a Faith-Based Physical Activity Intervention. *JAGS*, 58: 1863-1869.

Edgar, P. (2013). *In Praise of Ageing*. Melbourne: Text Publishing.

Edgar, D. (1991). Ageing: Everybody's Future. *Family Matters*, 30, 15 - 19.

Ellison, J. (2014). Age Transcended. A Semiotic and Rhetorical Analysis of the Discourse of Agelessness in North American Anti-Aging Skin Care Advertisements. *Journal of Aging Studies*, 20-31.

Eisenhandler, S.A. (2003). *Keeping the Faith in Later Life*. New York, Springer.

Emmons, R.A. & Crumpler, C.A. (2000). Gratitude as Human Strength: Appraising the Evidence. *Journal of Social and Clinical Psychology*, 19 (10, 56-69.

Engel, G. (1977). The Need for a New Medical Model: A Challenge for Biomedicine Science. *Science*, 196 (4286), 129-136.

Engman, A. (2019). Embodiment and the Foundation of Biographical Disruption. *Social Science and Medicine*, 225, 120-127.

Erikson, E.H. (1950). *Childhood and Society*. New York: Norton.

Erikson, E.H. (1963). *Childhood and Society*. London: Imago.

Erikson, E.H. (1980). *Identity and the Life Cycle*. New York: W.W. Norton,

Erikson, E.H. (1982). *The Life Cycle Completed*. New York: W.W. Norton.

Erikson, E.H, Erikson, J.M. & Kivnick, H.Q. (1986). *Vital Involvement in Old Age*. New York, W.W. Norton & Company.

Erikson, E.H., & Erikson, J.M. (1998). *The Life Cycle Completed* (extended version). New York: W.W. Norton & Company.

Estes, C.L. (1993). The Aging Enterprise Revisited, *Gerontologist,* 33, (3), 292-298.

Espinoza, S. & Watson, J.D. (2005). Frailty in Older Adults: Insights and Interventions. *Cleveland Clinic Journal of Medicine*, 72 (12), 1105 -1112.

Eurich, T. (2017). *Insight: Why we're not as Self Aware as we think and How Seeing Ourselves Clearly Helps us succeed at Work and in Life.* New York: Crown Publishing Group.

Felix, E., De Haan, H., Vaandrager, L. & Koelen, M. (2015). Beyond Thresholds: The Everyday Lived Experience of the House by Older People. *Journal of Housing for the Elderly*, 29, (4), 329-347.

Field, M.J. & Cassel, C.K. (1997). *Approaching Death*: Improving Care at the End of Life. Washington, National Academics Press.

Fillit, H. & Butler, R.N. (2009). The Frailty Identity Crisis. *Journal of the American Geriatric Society*, 57 (2), 348-352.

Finlay, I. (2017). The Body: A Phenomenological Psychological Perspective. https://www.open.edu/openlearn/society-politics-law/sociology/thebody-phenomenological-psychological-perspective/content-section-O?active-tab-description-tab.

Firth-Cozens, J. & Mowbray, D**.** (2001). Leadership and the Quality of Care. *Quality in Healthcare*, 10(Suppl. II):ii3 - ii7.

Fischer, R., Norberg, A., & Lundman, B. (2008). Embracing opposites: Meanings of Growing old as Narrated by People Aged 85. *The International Journal of Aging and Human Development*. 67 (3), 259-271.

Fisher, J. (2011). The Four Domains Model: Connecting Spirituality, Health and Well-Being. *Religions*, 2 (1), 17-28

Fjordside, S. & Morville, A. (2016). Factors Influencing Older People's Experiences of Participation in Autonomous Decisions concerning their Daily Care in their own Homes: A Review of the Literature. *International Journal of Older People Nursing*. 11, (4), 284-297.

Fook, J. & Gardener, F. (2007). *Practicing Critical Reflection: A Resource Handbook.* Maidenhead, McGraw Hill, Open University Press.

Foos, P, & Clark, C. (2011). Adult Age and Gender Differences in Perceptions of Facial Attractiveness: Beauty in the Eye of the Older Beholder. *Journal of Genetic Psychology*, 172, (2), 162-175.

Ford, E.W., Wells, R., & Bailey, B. (2004). Sustainable Network Advantages. A Game Theoretic Approach to Community Health Care Coalitions. *Healthcare Management Review*, 29, (2), 159-169.

Fowler, J.W. (1981). *Stages of Faith: The Psychology of Human Development and the Quest for Meaning*. San Francisco, CA: Harper.

Fowler, J.W. (1986). In Dykstra, C. (1986). *Faith Development and Fowler.* Birmingham, Religious Education Press.

Frankl, V.E. (1954). The Concept of Man in Psychotherapy. *Proceedings of the Royal Society of Medicine*, 47, 975-980.

Frankl, V.E. (1984). *Man's Search for Meaning: Classic Tribute to Hope from the Holocaust from Death Camp to Existentialism*. Boston MA: Beacon Press.

Frankl, V.E. (1985). *Man's Search for Meaning*. New York, NY: Washington Square Press.

Frankl, V.E. (1988). *The Will to Meaning: Foundations and Application of Logotherapy*. New York: Penguin Books USA Inc.

Frankl, V.E. (2010). *The Feeling of Meaninglessness: A Challenge to Psychotherapy and Philosophy*. Milwaukee, WI: Marquette University Press

Fredriksson, L. (1999). Modes of Relating in a Caring Conversation. A Research Synthesis on Presence, Touch, and Listening. *Journal of Advanced Nursing*, 30, 1167-1176.

Fredvang, M. & Biggs, S. (2012). *The Rights of Older Persons*. Social Policy Working Paper, Melbourne. The Centre for Public Policy: Brotherhood of St Laurence.

Freeman, M. (2000). When the Story's Over: Narrative Foreclosure and the Possibility of Self Renewal. In Andrews, M., Sclatter, S., Suire, C. & Treader, A. (Eds.) *Lines of Narrative*. London: Routledge, 81-91.

Freeman, M. (2010). *Hindsight: The Promise and Peril of Looking Backwards*. New York, NY: Oxford University Press.

Fried, L.P., Tangen, C.M., Walston, J., Newman, A.B et al. (2001). Frailty in Older Adults: Evidence for a Phenotype. *Journal of Gerontology and Biological Medical Science*, 56 (3), pp.146-157.

Fried, L.P. & Espinoza, E. (2007). Risk Factors for Frailty in the Older Adult. *Clinical Geriatrics*, 15, (6), 37-44.

Fry, P.S. (2000). Religious Involvement, Spirituality and Personal Meaning for Life: Existential Predictors of Psychological Wellbeing in Community-Residing and Institutional Care Elders. *Ageing and Mental Health*, 4, 375-387.

Fulford, R. (1999). *The Triumph of Narrative: Storytelling in the Age of Mass Culture*. Toronto: Anansi.

Fung, H.H. (2013). Ageing in Culture. *Gerontologist*, 53 (3), 369-377.

Furness, S. & Gilligan, P. (2010). Social Work, Religion and Belief: Developing a Framework for Practice. *British Journal of Social Work*, 40, (7), 2185-2202.

Furman, L.D., Zahl, M., & Benson, P.W. (2007). An International Analysis of the Role of Religions and Spiritualty in Social Work. Families in Society: *The Journal of Contemporary Social Services,* 88, (2), 241-254.

Gabel, S. G. (2016). A Rights-Based Approach to Social Analysis. Springer Briefs in Rights-Based Approaches to Social Work.Web.

Gall, T. & Grant, K. (2005). Spiritual Disposition and Understanding Illness. *Pastoral Psychology*, 53(6), 515-533.

Gamble, D., & Weil, M. (2010). *Community Practice Skills: Local to Global Perspectives*. New York, NY: Columbia University Press.

Gardner, F. (2011). *Critical Spirituality: A Holistic Approach to Contemporary Practice*. Burlington, VT: Ashgate.

Gardner, F. (2020). Social Work and Spirituality: Reflecting on the Last Twenty Years. *Journal for the Study of Spirituality*, 10 (1), 72-83.

Gaskamp, C., Sutter, R. Meraviglia, M. & Adams, S. (2006). Promoting Spirituality in the Older Adult. *Journal of Gerontological Nursing*, 32(1), 8-13.

Gass, T.E. (2004). *Nobody's Home: Candid Reflections of a Nursing Home Aide*. Ithaca, NY: ILR Press.

Gergen, K.J. & Gergen, M.M. (2000). "The New Aging: Self Construction and Social Values". In Schaie, K.W. & Hendricks, J. (2000). (Eds.) *Social Structures and Aging*. New York, Springer, 281-306.

Gergen, K.J. (2011). The Self as Social Construction. *Psychological Studies*, 56, 108-116.

Gill, L., Bradley, S.L & Cameron, I.D. (2018). How Do Clients in Australia Experience Consumer Directed Care? *BMC Geriatrics*, 18, (148). https:/doi.org/10.1186/512877-018-0838-8.

Gilleard, C. & Higgs, P. (2010). Ageing without Agency: Theorizing the Fourth age. *Aging Mental Health,* 14, 121-128.

Gilleard, C. & Higgs, P. (2013). The Fourth Age and the concept of a 'social imaginary': A Theoretical Excursus. *Journal of Aging Studies*, 27(4), 368-376.

Gilligan, P.A. (2006). The Role of Religion and Spirituality in Social Work Practice: Views and Experiences of Social Workers and Students. *British Journal of Social Work,* 36(4), 617-637.

Gilligan, P.A. & Furness, S. (2006). The Role of Religion and Spirituality in Social Work Practice: Views and Experiences of Social Workers and Students. *British Journal of Social Work*, 36, (4), 617-637.

Glasser, B. & Strauss, A. (1965). *Awareness of Dying.* Chicago: Aldine.

Goldstein, H. (1999). 'Conversations'. *Families in Society: The Journal of contemporary Human Services*, January - February, 3-5.

Gormally, L. (1998). Human Dignity and Respect for the Elderly. *Jornades Internacionales Bioetica, Granada*, 1-4.

Gott, M. & Ingleton, C. (Eds) (2011)*. Living with Ageing and Dying. Palliative and End of Life Care for Older People*. Oxford: Oxford University Press.

Gray, M. (2008). Viewing Spirituality in Social Work through the Lens of Contemporary Social Theory. *British Journal of Social Work,* 38 (1), 175 - 196.

Gray, M. & Coates, J. (2013). Changing values and valuing change: Towards An Ecospiritual Perspective in Social Work. *International Social Work*, 56 (3), 356-368.

Greasley, P., Chiu, L.F. & Gartland, M. (2001). The Concept of Spiritual Care in Mental Health Nursing*. Journal of Advanced Nursing*, 33, 629 -637.

Greenhaigh, T. & Hurwitz, B. (1999). Why Study Narrative? Narrative Based Medicine. *British Medical Journal*, 318, (7175), 48-50.

Greiner, A. (2006). The Distinction between Being and Feeling Frail: Exploring Emotional Experiences in Health and Social Care. *Journal of Social Work Practice*, 20, 299-313.

Greiner, A. (2012). *Transitions and the Life Course: Challenging the Constructions of 'Growing Old'*. Bristol: The Policy Press.

Greiner, A, & Phillipson, C. (2014). Rethinking Agency in Later life: Structural and Interpretative Approaches. In Baars, J., Dohmen, J., Greiner, A. & Phillipson, C. (Eds.), *Ageing, Meaning and Social Structure*. Bristol Policy Press, 11-30.

Grimley. E.J. (1997). Rationing Health Care by Age: The Case Against. *British Medical Journal*, 314, 822 - 825.

Grimm, R. (2003). Narrative Therapy with Older Adults. In Ronach, J.L & Joseph, A. (2003). (Eds). *Mental Wellness in Aging: Strengths - Based Approaches*. Baltimore, Health Professional Press

Gullette, M.M. (1997). *Declining to Decline. Cultural Combat and the Politics of the Midlife*. Charlottesville, VA: University of Virginia Press.

Gullette, M.M. (2004). *Aged by Culture*. Chicago, IL: The University of Chicago Press.

Gullette, M.M. (2018). Against 'Ageing' - How to Talk about Growing Older. *Theory, Culture and Society*, 35, 7-8.

Haak, M., Fange, A., Iwarsson, S. & Ivanoff, S.D. (2007). Home as a signification of Independence and Autonomy: Experiences among Very Old Swedish People. *Scandinavian Journal of Occupational Therapy,* 14(1), 16-24.

Habermas, T. & Bluck, S. (2000). The Life Story Schema. *Motivation and Emotion*, 24, 121-147.

Hampl, P. (1999). *I could tell you Stories: Sojourns in the Land of Memory*. New York, W.W. Norton.

Harrington, A. (2010). Spiritual Well-Being for Older People. In MacKinlay, E. (Ed.), *Ageing and Spirituality across Faiths and Cultures* (pp.179-184). London, Jessica Kingsley Publishers.

Harrington, A.M. (2013). An Integrated Spiritual Framework for Use within Social Work. *Journal of Religion and Spirituality in Social Work: Social Thought*, 32(4), 287-312.

Hart, M.A. (2009). Anti - Colonial Indigenous Social Work Reflections on Aboriginal Approach. In Sinclair, R., Hart, M.A., & Bruyere, G. *Wichitowen Aboriginal Social work in Canada* (25-41). Halifax, Fernwood Publishing**.**

Havinghurst, R.J. (1961). Successful Aging. *The Gerontologist*, 1, (1), 8-13.

Havinghurst, R.J & Albrecht, R. (1953). *Older People*. New York, 1953, New York, Longmans Green and Co.

Hay, D. & Socha, P.M. (2005). Spirituality as a Natural Phenomenon: Bringing Biological and Psychological Perspectives Together. *Zygon Journal of Religion and Science*, 40, (3), 589-612.

Hazra, N.C., Guilliford, M.C. & Rudisill, C.R. (2018). 'Fair Innings' in the Face of Ageing and Demographic Change. *Health, Economics, Policy and Law,* 13 (2), 209 -217.

Healy, K. (2009). A Case for Mistaken Identity. The Social Welfare Profession and New Public Management. *Journal of Sociology*, 45, (4), 401-418.

Heatwole Shank, K.S. & Cutchin, M.P. (2016). Processes of Developing 'Community Livability' in Older Age. *Journal of Aging Studies*, 39, 66-72.

Hegarty, M. (2007). Care of the Spirit that Transcends Religious, Ideological and Philosophical Boundaries. *Indian Journal of Palliative Care*, 13, (2), 42-47.

Hellstrom, Y., Persson, G. & Hallberg, I.R. (2004). Quality of Life and Symptoms among Older People Living at Home. *Journal of Advanced Nursing*, 48, 584 -593.

Hermann, C.P. (2006). Developing and Testing of the Spiritual Needs Inventory for Patients Near the End of Life. *Oncology Nursing Forum*, 33 (4), 737-744.

Heron, J. & Reason, P. (2001). The Practice of Co-operative Inquiry: Research 'with' rather than 'on' people. *In Handbook of Action Research* (Ed Reason, P and Branbury, H, chapter 16, 34-43. London, Sage.

Henry, W.E. & Cummings, E. (1961). *Growing Old: The Process of Disengagement Theory*. New York: Basic books.

Hick, J. (2013). *The Fifth Dimension: An Exploration of the Spiritual Realm.* London: Oneworld Publications.

Higgs, P. & Gilleard, C. (2014). Frailty, Abjection and the 'Othering' of the Fourth Age. *Health Sociology Review*, 23 (1), 10-19.

Higgs, P. & Ree-Jones, I. (2009). *Medical Sociology and Old Age: Towards A Sociology of Health in Later Life*. New York, Routledge.

Hill, P.C., Pargament, K.I., Hood, R.W., McCullough, M.E Jr., Swyer, J.P., Larson, D.B. et al (2000). Conceptualizing Religion and Spirituality: Points of Community, Points of Departure. *Journal for the Theory* of Social Behaviour, 30 (1), 51-73.

Hill, A.J. & Donaldson, L.P. (2012). We Shall Overcome: Promoting an Agenda for Integrating Spirituality and Community Practice. *Journal of Religion: Spirituality in Social Work: Social Thought,* 31, 67-84.

Hockey, J.L. & James, A. (2003). *Social Identities across the Life Course*. New York, Random House.

Hodge, D.R. (2000). Spirituality: Towards a Theoretical Framework. *Social Thought,* 19, (4) 1-20.

Hodge, D.R. (2001). Spiritual Assessment: A Review of Major Qualitative Methods and New Frameworks for Assessing Spirituality. *Social Work*, 46, (3), 203-214.

Hodge, D.R. (2004). Why conduct a Spiritual Assessment? A Theoretical Rationale for Assessment. *Advances in Social Work,* 5, (2), 183-196.

Hodge, D.R. (2005). Developing a Spiritual Assessment Toolbox: A Discussion of the Strengths and Limitations of Five Different Assessment Methods. *Health and Social Work*, 30, (4) 314-323.

Hodge, D.R., Baughman, L.M. & Cummings, J.A. (2006). Moving towards Spiritual Competency: Deconstructing Religious Stereotypes and Spiritual Prejudices in Social Work Literature. *Journal of Social Service Research*, 32(4), pp.211-231.

Hodge, D.R. (2006). A Template for Spiritual Assessment. A Review of the JCAHO requirements and Guidelines for Implementation. *Social Work*, 51 (4), 317-326.

Hodge, D.R. (2008). Postmodernism and Spirituality: some pedagogical implications for teaching content on spirituality. *Journal of Social work education*, 56(4), pp.306 - 316.

Hodge, D.R., Limb, G.E., & Cross, T.L. (2009). Moving from Colonization toward Balance and Harmony. A Native American Perspective on Wellness, *Social Work,* 54, (3), 211-214.

Hodge, D.R. (2010). Spirituality and Older Adults: Ethical Guidelines to enhance Service Provision. *Advances in Social Work*, 11 (1), 1-16.

Hodge, D.R. & Horvath, V.E. (2011). Spiritual Needs in Health Care Settings: A Qualitative Meta-Synthesis of Clients' Perspectives. *Social Work,* 56 (4), 306-316.

Hodge, D.R. (2013). Implicit Spiritual Assessment: An Alternative Approach for Assessing Client Spirituality. *Social Work, 5*8 (3)*,* 223-230.

Hodge, D.R. (2018). The Evolution of Spirituality and Religion in International Social Work Discourse. *Journal of Religion and Spirituality in Social Work: Social Thought*, 37 (1), pp.3-23.

Holloway, M. (2007). Spiritual Need and the Core Business of Social Work, *British Journal of Social Work,* 37, 265 -280.

Holstein, M.B. & Minkler, M. (2003). Self, Society and the 'New Gerontology'. *The Gerontologist*, 43 (6), 787-796.

Houston, S. (2010). Prizing Open the Black Box: Critical Realism, Action Research and Social Work. *Qualitative Social Work Research and Practice*, 9 (1), 73-91.

Hubbard, R.E., Goodwin, V.A., Llewellyn, D.J., Warmoth, K. & Lang, I.A. (2014). Frailty, Financial Resources and Subjective Well-being in Later Life. *Archives of Gerontology and Geriatrics*, 58, 364-369.

Hudson, R.B. & Gonyea, J.G. (2012). Baby Boomers and the Shifting Political Constructions of Old Age. *Gerontologist*, 52 (2), pp.272-282.

Hugo, G. (2014). The Demographic Facts of Ageing in Australia, Appendix Q for Aged Care Financing Authority, Second Annual Report, 2014.

Hulko, W., Brotman, S. & Ferrer, I. (2017). Counter Storytelling: Anti-oppressive Social Work with Older Adults: Doing Anti-oppressive Practice. *Social Justice Social Work,* 193-211.

Hunter, N.J.R., Wells, Y., Clune, S.J., Beatriz, P., Quintanilla, A. & Johnstone, E. (2019). Choice and Quality in Home-Based and Community-Based Aged Care: Insights from two Rapid Evidence Reviews. *Ageing and Society*, 1-42.

Hupkens, S., Machielse, A., Goumans, M. & Derkx, P. (2018), Meaning in Life of Older Persons: An Integrative Literature Review. *Nursing Ethics*, 25 (8), 973-991.

Hurwitz, B., Greenhalgh, T. & Skultans, V. (2008). *Narrative Research in Health and Illness*. John Wiley and Sons.

Hutchinson, E.D. (2019). An Update on the Relevance of the Life Course Perspective for Social Work. *Families in Society: The Journal of Contemporary Social Services*, 100 (4), 351-366.

Hutchinson, E.D. (2005). The Life Course Perspective: A promising Approach for Bridging the Micro and Macro worlds for Social Workers, *Families in Society: The Journal of Contemporary Social Services,* 86, (1), 143-152.

Idler, E. (2006). *Religion and Aging - The Handbook of Aging and the Social Sciences* (6th edition).

Ife, J. (1997). *Rethinking Social Work: Towards Critical Practice*. South Melbourne, Longman.

Ife, J. (2012). *Human Rights and Social Work*: *Towards Rights-based Practice.* Melbourne: Cambridge University Press.

Iversen, T.N., Larsen, L. & Solem, P.E. A Conceptual Analysis of Ageism. *Nordic - Psychology*, 61 (3), 4-22.

Jackson, D., Doyle. C., Capon, H. & Pringle, E. (2016). Spirituality, spiritual need, and spiritual care in aged care: What the literature Says. *Journal of Religion, Spirituality and Aging*, 28(4), 281-295.

Janhesen, A., Golla, H., Mantell, P. & Woopen, C. (2019). Transforming spirituality through aging: Coping and Distress in the Search for Meaning in very Old Age. *Journal of Religion*, Spirituality and Aging, 1-16.

Janlov, A., Hallberg, I. & Petersson, K. (2006). Older Persons' Experience of Being Assessed for and Receiving Public Home Help: Do They Have Any Influence Over It? *Health and Social Care in the Community*, 14 (1), 26-36.

Jeffreys, J. (2005). In McInnis -Dittrich, K. (2009). *Social Work with Older Adults*, Allyn and Bacon.

Jewell, A.J. (2014). Tornstam's Notion of Gerotranscendence: Re-examining and Questioning the Theory. *Journal of Aging Studies*, 30, 112-120.

Jolanski, O.H. (2009). Agency in Talk about Old Age and Health. *Journal of Aging Studies*, 23, 215-226.

Jonson, H. & Magnusson, J.A. (2001). Gerotranscendence and the Re-enchantment of Aging. *Journal of Aging Studies*, 15 (4), 317-331.

Judd, R.G. (2013). Social Justice: A Shared Paradigm for Social Work and Religion. *Journal of Religion and Spirituality in Social Work: Social Thought*, 32 (2), 177-193.

Jung, C. (2014). *Modern Man in Search of a Soul*. Abingdon, Oxon, Routledge.

Kafle, N.P. (2011). Hermeneutic Phenomenological Research Method Simplified. *Bodhi: An Interdisciplinary Journal*, 5, (1), 181-200.

Kalish, R.A. (1979). The New Ageism and the Failure Models: A Polemic. *The Gerontologist*, 19(4), 398-402.

Kam, P.K. (2002). From Disempowerment to Empowering: Changing the Practice of Social Service Professionals with Older People. *Hallym International Journal of Ageing*, 4 (2), 161-183.

Kam, P.K. (2014). Back to the 'Social' of Social Work: Reviewing the Social Work Profession's Contribution to the Promotion of Social Justice. *International Social Work*, 57 (6), 723-740.

Kane, M.N. & Jacob, R.J. (2010). In Rinkel, M., Larsen, K., Harrrington, C., & Chun, C. 'Effects of Social Work Practice on Practitioners', Spirituality, *Journal of Religion and Spirituality in Social Work: Social Thought*, 37 (4), 331- 350.

Kane, R.L & Kane, R.A. (2005). Ageism in healthcare and Long-Term Care. *Generations,* 29, (3), 49-54.

Kanter, A.S. (2009). The United Nations Convention on the Rights of Persons with Disabilities and its Implications for the Rights of Elderly People under International Law. *Georgia State University Law Review*, 25, 527 -73.

Katz, S. & Calasanti, T. (2014). Critical perspectives on successful aging. Does it Appeal more than it illuminates? T*he Gerontologist*, 55, 26-33.

Kaufman, S. (1984). The Social Construction of Frailty: an Anthropological Perspective. *Journal of Aging studies*, 8 (1), 45-58.

Kaufman, S. (1986). *The Ageless Self: Sources of Meaning in Late Life*. New York, NY: New American Library.

Kendig, H., Elias, A., Matwijiw, P. & Anstey, K. (2014). Developing Age-friendly cities and Communities in Australia. *Journal of Ageing and Health*, 26(8), 1490-1541.

Kendig, H., McDonald, P. & Piggott, J. (2016). *Population Ageing and Australia's Future.* Canberra: Australian National University Press.

Kendig, H. (2017). In O'Loughlin, K., Browning, C., & Kendig, H. (eds.) (2017), *Ageing in Australia, International Perspectives on Aging*. New York, Springer.

Kendig, H. (2018). Not there Yet: A Gerontologist's Lament. *Australian Journal on Ageing.*

https://doi.org/10.llll/ajag.12563

Khadka, J., Lang, C., Ratcliffe, J., Corlis, M., Wesselingh, S., Whitehead, C., & Inacio, M. (2019). Trends in the Utilisation of Aged Care Services in Australia, 2008 - 2016. *BMC Geriatrics*, 19, 213, 1-9.

Kirby, S.E., Coleman, P.G., & Daley, D. (2004). Spirituality and Well-Being in Frail and Non Frail Older Adults. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 59, (3) 123-129.

Kivinick, H.Q. (1991). *Living with Care, Caring for Life. The Inventory of Life Strengths*. Minneapolis, School of Social Work, University of Minnesota.

Koenig, H.G. (1994). *Aging and God: Spiritual Pathways to Mental Health in Midlife and Later* Years. New York: Haworth Pastoral Press.

Koenig, H. G. (2013). *Spirituality in Patient Care. Why, How, when and What*. Templeton, Foundation Press.

Koenig, H.G. (2004). Taking a Spiritual History. *JAMA*, 291(23), 2881-2882.

Koenig, H.G. (2005). Religion, spirituality and Medicine: The Beginning of a New Era. *South Medical Journal*, 98 (12), 1235 - 1237.

Koenig, H.G., King, D.E. & Carson, V.B. (2012). *Handbook of Religion and Health.* New York: Oxford University Press.

Koenig, H.G. (2015). Religion, Spirituality, and Health: A Review and update. *Adv. Mind Body Med.,* 29, 19-26.

Krause, N. & Haywood, R. (2012). Religion, Meaning in Life and Change in Physical Functioning During Late Adulthood. *Journal of Adult Development*, 158-169.

Kubler-Ross, E. & Kessler, D. (2005). *On Grief and Grieving.* London, Simon and Schuster, UK Ltd.

Lach, H. (2010). The costs and outcomes of falls: What's a Nursing Administrator to do? *Nursing Administration Quarterly*, 34, pp.147.

Lacuelle, H. (2018). Aging and Self-realization: Cultural Narratives about Later Life. Knowledge unlatched. ISBN: 978-3-8394-4422-1.

Lane, S.R. & Pritzker, S. (2018). *Political Social Work Using Power to Create Social Change*. Switzerlnd, Springer.

Langle, A. (2003). The Search for Meaning in Life and the Fundamental Existential Motivations. *Psychotherapy in Australia*, 10 (1), 6-19.

Larsen, K. (2011). How Spiritual Are Social Workers? An Exploration of Social Work Practitioners' Personal Spiritual Beliefs, Attitudes, and Practices. *Journal of Religion and Spirituality in Social Work Social Thought,* 30 (1), 17-33.

Larsson, A., Haglund, L. & Hagberg, J. (2009). Doing Everyday Life - Experiences of the oldest old. *Scandinavian Journal of Occupational Therapy*, 6 (2), 99-109.

Laslett, P. (1989). *A Fresh Map of Life: The Emergence of the Third Age*. London: Weidenfield & Nicholson.

Lay, J.C., Pauly, T., Graf, P., Mahmood, A. & Hoppmann, C.A. (2018). Choosing Solitude: Age Differences in Situational and Affective Correlates of Solitude -Seeking in Midlife and Older Adulthood.

Leibing, A., Guberman, N. & Wiles, J. (2016). Liminal homes: Older people, Loss of Capacities, and the Present Future of Living Spaces. *Journal of Aging Studies*, 37, 10-19.

Lennon, K. & Wilde, A. (2019). Alienation and Affectivity: Beauvoir, Satre and Levinas on the Aged Body. *Sartre Studies International*, 25(1), 35-51.

Lepherd, L. et al. (2019). Exploring Spirituality with Older people, (1) Rich Experiences. *Journal of Religion, Spirituality and Aging*. DOI:10.1080/15528030.2019.1651239.

Levers, M.J., Estabrooks, C.A. & Kerr Ross, J.C. (2006). Factors Contributing to Frailty: Literature Review. *Journal of Advanced Nursing*, 56, 282-291.

Levy, B. (2009). Stereotype Embodiment. A Psychological Approach to Aging: Current Directions. *Psychological Science*, 18, (6), 332 - 336.

Lillrank, A. (2012). Managing the interviewer self. In Gubrium, J.F., Holstein, J.A., Marvasti, A.B. & McKinney, K.D. (Eds.), *The Sage Handbook of Interview Research: The Complexity of the Craft.* Thousand Oaks, CA: Sage, 281-295.

Lindemann Nelson, H. (2001). *Damaged Identities, Narrative Repair*. Ithaca: Cornell University Press.

Lloyd, L. (2004). Mortality and Morality: Ageing and the Ethics of Care. *Ageing and Society,* 24, 235- 245.

Lloyd, L., Calnan, M., Cameron, A., Seymour, J. & Smiths, R. (2014). Identity in the Fourth age: Perseverance, Adaptation and Maintaining Dignity. *Ageing and Society,* 34(1), 1-19.

Lopez, K.A. & Willis, D.G. Descriptive versus Interpretive Phenomenology, their contributions to Nursing Knowledge. *Qualitative Health Res*, 14, 726-735.

Loue, S. (2017). Assessing Religion and Spirituality in Research. In Handbook of Religion and Spirituality in Social Work Practice and Research. Springer, New York.

Luborsky, M.R. (1994). The Retirement Process: Making the Person and Cultural Meanings Malleable. *Medical Anthropology Quarterly*, 8(4), 411-429.

Luckmann, T. (2003). Transformation of Religion and Morality in Modern Europe. *Social Compass*, 50 (3), 275 -285.

Mackay, (2016). *Beyond Belief: How we Find Meaning With or Without Religion*, Sydney, Macmillan Australia.

MacKenzie, L., Curryer, C. & Byles, J. (2015). Narratives of Home and Place: Findings from the Housing and Independent Living Study. *Ageing and Society*, 35(8), 1684 - 1712.

Mackinlay, E.B. (2001). *The Spiritual Dimension of Ageing*. London: Jessica Kingsley Publishers.

Mackinlay, E. B. (2001a). The Spiritual Dimension of Caring: Applying a Model for Spiritual Tasks

of Ageing. *Journal of Religious Gerontology,* 12, 151-166.

Mackinlay, E.B. (2002). The Spiritual Dimension of Caring: Applying a Model for Spiritual Tasks of Ageing. *Journal of Religious Gerontology*, 12, (3-4), 151-166.

Mackinlay, E.B. (2006). *Spiritual Growth and Care in the Fourth Age of Life*. London: Jessica Kingsley Publishers.

Mackinlay, E.B. & Trevitt, C. (2007). Spiritual Care and Ageing in a Secular Society. *The Medical Journal of Australia*, 186 (10), 74-76.

Mackinlay, E.B. & Dundon, C. (2012). An Exploration of Health and Religion in Elderly People Through the Lens of Spiritual Reminiscence. *Journal of Religion, Spirituality & Aging*, 24, (1-2), 42-54.

Mackinlay, E.B. (2017). *The Spiritual Dimension of Ageing*. London: Jessica Kingsley Publishers.

MacLeod, S., Musich, S., Hawkins, K., Alsgaard, K., & Wicker, E.R. (2016). The Impact of Resilience among Older Adults. *Geriatric Nursing*, 37(4), 266-272.

Manning, L.K. (2012). Spirituality as a Lived experience: Exploring the Essence of spirituality for Women in later life. *International Journal of Ageing and Human Development*, 75, (2), 95-113.

Margolis, R. J. (1990). *Risking Old Age in America*. Boulder, CO: Westview Press.

Martela, F. & Steger, M.F. (2016). The Three Meanings of Meaning in Life: Distinguishing Coherence, Purpose and Significance. Journal of Positive Psychology, 11 (5), 1-15.

Martin, R., Williams, C., & O'Neill, D. (2009). Retrospective Analysis of Attitudes to Ageing in the Economist: Apocalyptic Demography for Opinion Formers. *British Medical Journal*, 339, (b4914), 1435 -1437.

Matthews, I. (2001). Social Work and Spirituality: Transforming Social Work Practice. *Journal of Religion and Spirituality in Social Work: Social Thought*, 29, (3), 271-275.

McAdams, D. (2006). *The Redemptive Self: Stories Americans live by.* New York, NY: Oxford University Press.

McAdams, D., Josselson, R. & Lieblich, A., (Eds.).(2006). *Identity and Story: Creating Self in Narrative.* Washington, DC: American Psychological Association

McAdams, D. (2008). Personal Narratives and the Life Story. In Robins, J. & Pervin (Eds). *Handbook of Personality, Theory and Research* (3rd Ed). New York: Guilford Press, 242-262.

McAdams. D. (2018). Narrative Identity: What is it? What does it Do? *How do you Measure It? Imagination, Cognition and Personality: Consciousness in Theory, Research and Clinical Practice,* 37, (3), 359-372.

McCord, G. et al. (2004). Discussing spirituality with Patients: A Rational and Ethical Approach. *Annals of Family Medicine*, 2, 356-361.

McInnis-Dittrich, K. (2005). *Social Work with Elders: A Biopsychosocial Approach to Assessment and Intervention,* 2nd ed. Boston: Allyn & Bacon.

McInnis-Dittrich, K. (2009). *Social Work with Older Adults: A Biopsychosocial Approach to Assessment and Intervention* 3rd ed, Boston, MA, Pearson.

McPherson, J. (2020). Now is the Time for a Rights-Based Approach to Social Work. *Journal of Human Rights and Social Work*, 5, 61 - 63.

McTighe, J.P. (2018). *Narrative Theory in Clinical Social Work Practice*. Essential Clinical Social Work Series, Web.

Meaningful Ageing Australia. (2016). *National Guidelines for Spiritual Care in Aged Care.* Parkville, Victoria, Meaningful Ageing Australia.

Meaningful Ageing Australia. (2019). Exploring Spirituality with Older People: A Piolet Project: What did they say?

Meert, K.L., Thurston, C.S. & Briller, S.H. (2005). The Spiritual Needs of Parents at the time of their Child's Death in the Pediatric Intensive Care Unit and during Bereavement: A Qualitative Study, *Pediatric Critical Care Medicine*, 6, 420-427.

Meijering, L., Van Hoven, B. & Yousefzadeh, S. (2019). "I Think I'm Better at it Myself": The Capability Approach and Being Independent in Later Life. *Research on Ageing and Social Policy*, 7(1), 229-259.

Melnechenko, K.I. (2003). To Make a Difference. *Nursing Presence*, 38 (2), 18-24.

Meraviglia, M., Sutter, R., Goskamp, C.D., Adams, S. & Titler, M.G. (2008). Providing Spiritual Care to Terminally Ill Older Adults. *Journal of Gerontological Nursing*, 34 (7), 8-14.

Miller, B. (2001). Narrative Gerontology: A Post-Reading Later Stage of Life: A Conversation with William Randall. *Journal of System Therapies*, 30(4), 64-75.

Miller, P.J., Koven, M. & Lin, S. (2011). Language Socialization and Narrative. *The Handbook of Language Socialization*, 190-208.

Minichiello, V., Browne, J & Kendig, H. (2000). Perceptions and Consequences of Ageism: Views of Older People. *Ageing and Society*, 20, (3), 253 -278.

Meyer, C.I. (2003). How effectively are Nurse Educators Preparing Students to Provide Spiritual Care? *Nurse Educator*, 28, 185-190.

Moberg, D. (2001). *Aging and Spirituality: Spiritual Dimensions of Aging Theory, Research, Practice and Policy.* New York, Haworth Pastoral Press.

Moberg, D. (2005). Research in Spirituality, Religion, and Ageing. In Moody, H. (Ed.), *Religion, Spirituality and Aging: A Social Work Perspective*. Binghamton, NY: The Haworth Press.

Moberg, D. (2008). Spirituality and Aging Research and Implications. *Journal of Religion, Spirituality and Aging*, 20, 95-134.

Molzahn, A.E. & Low, G. (2007). Predictors of Quality of Life in Old Age: A Cross -Validation Study. *Journal of Research in Nursing and Health*, 30, (2), 141-150.

Molony, S. (2010). The meaning of home: A qualitative metasynthesis. *Research in Gerontological Nursing*, 3(4), pp.291-307.

Monk, G., Winslade, J., Crocket, K., & Epson, D. (1997) *Narrative Therapy in Practice: The Archaeology of Hope*. San Francisco, CA; Jossey-Bass, 161-170.

Monterio, C., Janis, A., Locke, S., Steinhorn, L. & Shanske, S. (2016). Social Workers as Care Coordinators: Leaders in Ensuring Effective, Compassionate Care. *Social Work in Health Care*, 55(3), 195-213.

Moody, H.R. (2005). *Religion, Spirituality and Ageing: A Social Work Perspective.* Hove, Psychological Press.

Moody, H.R. (2006). *Ageing Concepts and Controversies,* 5th ed. Thousand Oaks, CA: Pine Forge Press.

Moody, R. (1975). *Life after Death*. New York, Bantam Books.

Morgan, L. & Kunkel, S. (2015). *Aging, Society, and the Life Course,* 5th Ed. New York, Spinger Publishing Company.

Moser, A. & Korstjens, I. (2018). Series: Practical Guidance to Qualitative Research. Part 3: Sampling, Data Collection and Analysis. *European Journal of General Practice*, 24 (1), 9-18.

Mowat, H. & Swinton, J. (2005). *What do Chaplains do? A Report on a Two year Investigation into the Nature of Chaplaincy in the NHS in Scotland*. Edinburgh, Scotland, Scottish Executive.

Mowat, H. & Swinton, H. (2007). *What do Chaplains do? The Role of the Chaplain in Meeting the Spiritual Needs of Patients* (2nd Ed.). Aberdeen, Scotland, Mowan Research.

Mowart, H. & O'Neill, M. (2013). *Spirituality and Ageing: Implications for the Care and Support of Older People*. Glasgow, Insight 19, Iriss.

National Health Service, UK (2017). Supporting Routine Frailty-Identification and Frailty through GP Contract 2017/2018. Available at https://www.England.nhs.uk/publication/supporting-routine-frailty-identification-and-frailty-through-the-gp-contract-20172018.

Nay, R. (2002). The Dignity of Risk. *Australian Nursing Journal*, 9 (9), 33.

Neagoe, A. (2013). Ethical dilemmas of the social work professional in a post-Secular society, with special reference to the Christian Social Worker. *International Social Work*, 56(3), 310-325.

Nelson-Becker, H. & Gilbert, M. (2014). Spirituality and Older Women: The Journey home to self. Loyola eCommons: 2014. Retrieved from Loyola eCommons. Social Work: School of Social Work Faculty and other Public Works.

Neugarten, B. L. (1974). Age Groups in American Society and the Rise of the Young-Old. *The Annals of the American Academy of Political and Social Sciences,* 415 (1), 187-198.

Neville, S., Russell, J., Adams, J. & Jackson, D. (2016). Living in your own Home and being Socially Connected at 96 years and beyond: A Qualitative Study. *Contemporary Nurse*, 52 (2-3), 258-268.

Nicholson, C., Meyer, J., Flatley, M. & Holman, C. (2012). Living on the Margin: Understanding the Experiences of Living and Dying with Frailty in Old Age. *Social Science Medicine*, 75, 1426-32.

Nicholson, C., Gordon, A.L. & Tinkler, A. (2017). Changing the Way 'We' View and Talk about Frailty. *Age and Ageing*, 46, 349-351.

Nilsson, M., Sarvinaki, A. & Ekman, S. (2003). The meaning of the future for the oldest old. *International Journal of Aging and Human Development*, 56 (4), 345 -364.

Norberg, C., Santamaki, S., Isaksson, U. & Lamas, K. (2019). Something Wonderful and Incomprehensive: Expressions and Experiences of Spirituality among very Old People. *Journal for the Study of Spirituality*, 9(2), 125-137.

Nordenfelt, L. (2009). *Dignity in Care for Older People*. Chichester, United Kingdom, Wiley - Blakwell.

Nussbaum, M.C. (2011). *Creating Capabilities: The Human Development Approach*. Cambridge, MA: Harvard University Press.

Olaison, A. & Cedersund, E. (2006). Assessment for Home Care: Negotiating Solutions for Individual Needs. *Journal of Ageing Studies*, 20, 367 -389.

Orr, K. & Bennett, M. (2009).'Reflexivity in the Co-production of Academic Research'. *Qualitative Research in Organizations and Management: An International Journal*, 4 (1) 85-102.

Osburn, J. (2006). An Overview of Social Role Valorization Theory. *The SRV Journal*, 1, .4-13.

Olshansky, S.J., Perry, D., Miller, R.A. & Butler, R.N. (2006). In Pursuit of the Longevity Dividend. *The Scientist*, 20 (3), 28-36.

O'Loughlin, K., Browning, C. & Kendig, H. (eds.) (2017). *Ageing in Australia: Challenges and Opportunities. New York:* Springer Science-Business Media.

Oxhandler, H.K., Parrish, D.E., Torres, L.R. & Achenbaum, W.A. (2015). The Integration of Clients' Religion and Spirituality in Social Work Practice: A National Survey. *Social Work*, 60 (3), 228-237.

Palmer, P. (1990). *Leading from Within: Reflections on Spirituality and Leadership*. Indiana Office of Campus Ministries.

Palmer, P. (1990). *The Active Life: Wisdom for Work, Creativity, and Caring*. Harper: San Francisco.

Pargament, K. I. (1997). *The Psychology of Religion and Coping: Theory Research Practice*. New York: Guildford Press.

Pargament, K.I. (2007). *Spiritually Integrated Psychotherapy: Understanding and Addressing the Sacred.* New York: Guildford Press.

Pargament, K. & Krumrei, E. (2009). Clinical Assessment of Clients' Spirituality. In Aten, J. & Leach, M. (Eds.), *Spirituality and the Therapeutic Process: A Comprehensive Resource from Intake to Termination*. Washingon, DC: American Psychological Association, 93-120.

Parsell, C., Eggins, E. & Marston, G. (2017). Human Agency and Social Work Research: A Systematic Search and Synthesis of Social Work Literature. *British Journal of Social Work*, 47, 238 -255.

Peace, S., Holland, C. & Kellaher, L. (2011). 'Option Recognition' in Later Life; Variations in Ageing in Place. *Ageing and Society*, 31, 734-757.

Pease, B., Allan, J. & Briskman, J. (2009). *Critical Social Work: Theories and Practices for a Socially Just World*. NSW, Allen and Unwin.

Phillips, S.P., Auais, M., Belanger, E., Alvarado, B., & Zunzunegui, M. (2016). Life-Course Social and Economic Circumstances, Gender and Resilience in Older Adults: The Longitudinal International Mobility in Ageing Study (IMIAS). *Social Sciences and Medicine - Population Health*, 2, 708-717.

Phillipson, C. (2013). *Ageing*. Cambridge, UK: Polity Press.

Phoenix, C. & Smith, B. (2011). Telling a (good) Counter-Story of Aging: Natural Bodybuilding meets the Narrative of Decline. *Journal of Gerontology, Series B: Psychological Sciences and Social Sciences*, 66, 628-639.

Pickard, S. (2018). Health, illness and frailty in old age: A phenomenological exploration. *Journal of Ageing Studies*. 47, 24-31.

Pickard, S., Cluley, V., Danely, J., Lacuelle, H., Leon-Salas, J., Vanhoutte, B. & Romero-Ortuno, R. (2019). New horizons in frailty: The contingent, the existential and the clinical. *Age and Ageing*, 48 (4), 446-471.

Pirhonen, J., Ojala, H., Lumme-Sandi, K. & Pietila, I. (2016). Old but not that old: Community dwelling 90+ persons negotiating their autonomy. *Ageing and Society*, 36 (8), 1625-1644.

Polit, D.F. & Beck, C.T. (2017). *Nursing Research: Generating and Assessing Evidence for Nursing Practice*. Philadelphia, P.A. Lippincott, Williams and Wilkins.

Polkinghorne, D.E. (1988). *Narrative Knowing and Human Sciences*. Albany: State University of New York Press.

Polkinghorne, D.E. (1991). Narrative and Self-Concept. *Journal of Narrative and Life History*, 1 (2&3), 135-151.

Pratiwi, S., Sari, E. & Mirwanti, R. (2018). Spiritual Needs of Post-Stroke Patients in the Rehabilitation Phase. *Padjadjaran Nursing Journal*, 6 (3), 197- 2004.

Productivity Commission (2011). *Caring for Older Australians. Report No 53. Final Inquiry Report*, Vol 1. Canberra: Commonwealth of Australia.

Productivity Commission (2013). An Ageing Australia: Preparing for the future. Research Report. Canberra: PC.

Puchalski, C. & Romer, A.L. (2000). Taking a Spiritual History Allows Clinicians to Understand Patients More Fully. *Journal of Palliative Medicine*, 3, (1), 129- 137.

Puchalski, C.M. (2006). *A Time for Listening and Caring. Spirituality and the Care of the Chronically Ill and Dying.* New York: Oxford Press.

Puchalski, C.M & Lunsford, B. (2008). *The Relationship of Spirituality and Compassion in Health Care*. Kalamazoo, MI: Fetzer Institute.

Puchalski, C.M., Vitillo, R., Hull & Reller, N. (2014). Improving the Spiritual Dimension of Whole Person Care: Reaching National and International Consensus. *Journal of Palliative Medicine*, 17, (6), 642-656.

Randall, W.L. & McKim, A.E. (2008). *Reading Our Lives: The Poetics of Growing Old*. New York, NY: Oxford University Press.

Randall, W. (2010). The Narrative Complexity of our Past: In Praise of Memory's Sins. *Theory and Psychology,* 20, 1-23.

Randall, W.L (2013). The Importance of Being Ironic: Narrative Openness and Personal Resilience in Later Life. *Gerontologist*, 53 (1), 9-16.

Randall, W.L. (2013a). Aging, Irony and Wisdom: On the Narrative Psychology of Later Life. *Theory and Psychology,* 23, (2), 164-183.

Randall, W.L. (2014). *The Stories We Are: An Essay on Self Creation*. University of Toronto Press.

Randall, W., Baldwin, C., McKenzie-Mohr., S., McKim, E. & Furlong, D. (2015). Narrative and Resilience: A Comparative Analysis of How Older Adults Story their Lives. *Journal of Aging Studies*, 34, 155-161.

Register, M.E & Scharer, K.M. (2010). Connectedness in Community-Dwelling Older Adults. *Western Journal of Nursing Research*, 32 (4), 462-479.

Reimer, K.S. & Dueck, A.C. (2012). Spiritual Identity: Personal Narratives for Faith and Spiritual Living. *Religions,* 3, 251-265.

Reimer-Kirkham, S., Sharma, S., Grypma, S., Pesut, B., Sawatzky, R. & Wolfs, D. (2019). The Elephant on the Table: Religious and Ethnic Diversity in Home Health Services. *Journal of Religious Health*, 58, 908-925.

Reisch, M. & Jani, J.S. (2012). The New Politics of Social Work Practice: Understanding Context to Promote Change. *British Journal of Social Work*, 42(6), 1132-1150.

Reitinger, C. (2005). Viktor Frankl's Logotheraphy from a Philosophical Point of View. *Existential Analysis*, 26 (2), 344-357.

Resnick, B., Gwyther, L.P. & Roberto, K.A. (Eds.) (2011). *Resilience in Ageing Concepts, Research and Outcomes.* London: Springer.

Richard, L., Gauvin, L., Kestens, Y. (2013). Neighbourhood Resources and Social Participation among Older Adults Results from Vosi Nuage Study. *Journal of Aging and Health*, 25, 291-318.

Richards, P.S. & Bergin, A.E. (2005). *A Spiritual Strategy for Counseling and Psychotherapy*. (2nd ed), Washington DC: American Psychological Association.

Richardson, S., Karunananthan, S. & Bergman, H. (2011). I May be Frail but I ain't No Failure. *Canadian Geriatric Journal*, 14(1), 24-28.

Richmond, M. E. (1917). *Social Diagnosis*. New York: Russell Sage Foundation.

Riley, M., Kahn, R. & Foner, A. (1994). *Age and structural lag: Society's Failure to provide Meaningful Opportunities in Work, Family and Leisure*. New York: Wiley.

Risler, E., Lowe, L.A. & Nackerud, L. (2003). Defining Social Work: Does the Working Definition Work Today? *Research on Social Work Practice*, 13(3), 299-309.

Robeyns, I. (2005). The Capability Approach: A Theoretical Survey. Journal of Human Development. Journal of Human Development, 6(1), 93-117.

Roberts, R.O., Geda, Y., Knopman, D., Cha, R., Pankratz, V., Boeve, B., Ivnik, R., Tangalos, E., Petersen, R. & Rocca, W. (2008). The Mayo Clinic Study of Aging: Design and sampling, participation, baseline measures and sample characteristics. *Neuroepidemiology*, 30, 58-69.

Rockwood, K. & Mitnitski, A. (2011). Frailty Defined by Deficit Accumulation. *Clinical Geriatric Medicine*, 27, 17-26.

Rowe, J.W. & Kahn, R.L. (1987). Human Aging: Usual and Successful. *Science*, 237(4811), 143-149.

Rowe, J.W. & Kahn, R.L. (1997). Successful ageing. *The Gerontologist*, 37, 433-440.

Rowe, J., & Kahn, R.L. (1998). *Successful Aging*. New York, Pantheon Books.

Rowles, G.D. (1993). Evolving Images of Place in Aging and 'Aging in Place'. *Generations: Journal of the American Society on Aging*, 17 (2), 65-70.

Rowles, G.D. & Chaudhury, H. (2005). *Home and Identity in Late Life: International Perspectives*. New York, Springer.

Roy, N., Dube, R., Despres, C., Freitas, A. & Legare, F. (2013). Choosing between Saying at Home or Moving: A Systematic Review of Factors Influencing Housing Decisions among Frail Older Adults. *PLoS ONE*, 13 (1). Available at: https://doi.org/10.1371.

Rubinstein, R., Kilbridge, J.C. & Nagy, S. (1992). *Elders Living Alone: Frailty and the Perception of Choice.* New York, Walter de Gruyter.

Rumbold, B.D. (2006). The Spirituality of Compassion. A Public Health Response to Ageing and End-of-Life Care. *Journal of Religion, Spirituality and Aging*, 18 (2-3), 31-44.

Rumbold, B. D. (2007). A review of spiritual assessment in health care practice. *The Medical Journal of Australia*, 186 (510), 560-562.

Rumbold, B. (2012). Compassionate Care: Engaging the spirit in care. *Progress in Palliative Care: Spiritual Care*, 20(2), 106-113.

Ryff, C.D. (2008). Challenges and opportunities at the interface of aging, personality and wellbeing. In John, O.P., Robbins, J.R., & Pervin, L.A, *Handbook of Personality: Theory and Research*, 3rd Ed, pp.399-418. New York: Guilford Press.

Rydholm, L., Moone, R., Thornquist, L. et al. (2008). Care of Community-Dwelling Older Adults by Faith Community Nurses. *Journal of Gerontological Nursing,* 34 (4), 18- 29.

Saad, M., De Medeiros, A.C. & Mosini, A.C. (2017). Are We Ready for a True Biopsychosocial-Spiritual Model? The Many Meanings of Spiritual, *Medicines*, 79.

Saario, S. & Stepney, P. (2009). Managerial Audit and Community Mental Health: A Study of Rationalising Practices in Finnish Psychiatric Outpatients Clinics. *European Journal of Social Work*, 12, 1.

Saul, S. (1997). *Group Work with the Frail Elderly*. New York: Haworth Press.

Scannell, L. & Gifford, R. (2016). Place Attachment enhances Psychological need Satisfaction. *Environment and Behaviour,* 49, (4), 359-389.

Schachter-Shalomi, Z. (2011). The December Years of life. *Journal of Transpersonal Psychology,* 43(2), 239-245.

Schaie, K., Warner, W., Willis, S.L., Knight, B.G., Levy, B. & Park, D.C. (2016). *Handbook of the Psychology of Aging*. Web.

Schnall, M. (2003). *What Doesn't Kill you makes you Stronger: Turning Bad Breaks into Blessings*. Cambridge: DeCapo Press.

Sermabeikian, P. (1994). Our Clients, Ourselves: The Spiritual Perspective and Social Work Practice. *Social Work*, 39(2), 178-183.

Shakespeare, W. (1599). The Passionate Pilgrim. XII, p.129.

Shaw, R., Gullifer, J. & Wood, K. (2016). Religion and Spirituality: A Quantitative Study of Older adults. *Ageing International*, 41 (3), 311-330.

Sheridan, M. (2009). Ethical Issues in the Use of Spirituality Based Interventions in Social Work Practice: What are we doing and why? *Journal of Religion and Spirituality in Social Work: Social Thought*, 28, 99-126.

Sherman, E. & Newman, E.S. (1978). In Cristoforetti, A., Genna, F., & Rodeschini, G. (2011). Home Sweet Home: The Emotional Construction of Places. *Journal of Ageing Studies*, 25, (3), 225 - 232.

Shilling, C. (2012). *The Body and Social Theory*, 3rd edition. London, Sage.

Sixsmith, J., Sixsmith, A., Fange, A., Naumann, D., Kucsera, C., Tomsonne, S. & Woolrych, R. (2014). Healthy ageing and home: The perspectives of very old people in five European countries. *Social Science and Medicine*, 106, 1-9.

Sloan-Power, E. (2013). Diversity education and Spirituality: An Empirical Reflecting Approach for MSW Students. *Journal of Religion and Spirituality in Social Work: Social Thought*. 32 (4), 330-348.

Sokolee, J. (2016). The Meaning of 'Place' to Older Adults. *Journal of Clinical Social Work*, 44, 160-169.

Sperry, L. (2016). Secular Spirituality and Spiritually Sensitive Clinical Practice. *American Psychological Association*, 3 (4), 221-223.

Speedy, J. (2002). The 'Storied' Helper: Narrative Ideas and Practices in Counselling and Psychotherapy. *European Journal of Psychotherapy Counselling and Health*, 3 (3), 361-374.

Steinhauser, K.E., Fitchett, G., Handzo, G.F., Johnson, K.S., Koenig, H.G., Pargament, K.I., Puchalski, C.M., Sinclair, S., Taylor, K.J. & Balboni, T.A. (2017). State of the Science of Spirituality and palliative care research, Part 1: Definitions, measurement, and outcomes. *Journal of Pain Symptom Management*, 54 (3), 428-40.

Stephens, C., Breheny, M. & J. (2015). Healthy Ageing from the Perspective of Older People: A Capability Approach to Resilience. *Psychology and Health*, 30 (60, 715 - 731.

Stephens, C. & Breheny, M. (2018). Ageing Identities in the 21st Century: The Social and Practical Effects of Talk about being Old. In Peel, E., Holland, C., Murray, M. (eds). *Psychologies of Ageing*. Palgrave Macmillan.

Sternberg, E.M. (2009). *Healing Spaces: The Science of Place and Well-Being*. London: Cambridge University Press.

Stewart, C. (2013). Resolving Social Work Value Conflict: Social Justice as the Primary Organizing Value for Social Work. *Journal of Religion and Spirituality in Social Work*: *Social Thought*, 32 (2), 160-176.

Stickle, M. (2016). The Expression of Compassion in Social Work. *Journal of Religion and Spirituality in Social Work: Social Thought: Mindfulness and Social Work,* 35, (1-2), 120 -131.

Stone, D. & Gullifer, J. (2016). 'At Home, it's just so much Easier to be yourself': Older Adults' Perceptions of Ageing in Place. *Ageing & Society*, 36, 449-481.

Strategies to Safeguard the Rights of Older South Australians Action Plan (2015-2021). 25. In Knowing Your Rights. www.sa.gov.au/safeguardrights

Streets, F. (2010). Overcoming a Fear of Religion in Social Work Education and Practice. *Journal of Religion and Spirituality in Social Work*, *Social Thought*, 28, 185-199.

Strong-Wilson, T. (2004). Storying Experience: What is the role of Reflective Practice in preserving Education? *English Quarterly*, 36(1), 16-22.

Sulmasy, D.P. (2002). A Biopsychosocial-Spiritual Model for Care of Patients at the End of Life (special issue). *The Gerontologist*, 42, 24-33.

Sullivan, R. (1995). *Shadow Maker: The Life of Gwendolyn MacEwen*. Toronto Harper Collins.

Surya Das. (1997). *Awakening the Buddha Within: Eight Steps to Enlightenment.* New York, Bantam Books.

Sweifach, J. (2011). Conscientious Objection in Social Work. Rights versus Responsibilities. *Journal of Social Work Values and Ethics*, 8 (2), 1-13.

Tacy, D. (2003). *The Spiritual Revolution: The Emergence of Contemporary Spirituality*. Sydney, Harper Collins.

Tacy, D. (2010). "Towards a Creation Spirituality" in Australia. *Earth song Journal: Perspectives in Ecology: Spirituality and Education*, 12, 5-11.

Tanner, D. (2010). *Managing the Ageing Experiences.* Bristol: Policy Press.

Tanner, D. (2016). Sustaining the Self in the 'fourth age': A case study. *Quality in Ageing and Older Adults*, 17(3), pp.157-167.

Tanyi, R.A. (2002). Towards Clarification of the Meaning of spirituality. *Journal of Advanced Nursing*, 39,500-509.

Taylor, E. (1994). Desperately Seeking Spirituality. *Psychology Today*, 27, (6), 54 -68.

Taylor, E. (2006). Prevalence and Associated Factors of Spiritual Needs among Patients with Cancer and Family Caregivers. *Oncology Nursing Forum*, 33 (4), 730-735.

Taylor, L. (2014). 'Life to the Full': How Local Congregations Can Help Older Adults Thrive. Conference paper presented at *Urban Life Together: Inhabiting Our Neighbourhoods*, October 10-17, 2014, Urban Seed.

Taylor, CV. & Walker, S. (2012). 'Compassion: Luxury or Necessity'. In Cobb, M., Puchalski, C.M., & Rumbold, B. (2012). *Oxford Textbook of Spirituality in Healthcare*, Oxford, Oxford University Press.

Teherani, A., Martimianakis, T., Stenfors-Hayes, T., Wadhwa, A., & Varpio, L. (2015). Choosing a Qualitative Research Approach. *Journal Graduate Medicine Education*, 7, 669-670.

The Schwartz Center for Compassionate Healthcare (2015). infor@theschwartzcenter.org

Thompson, M. (2010). *Understanding Philosophy of Religion: Teach Yourself*. Hachette, UK, McGraw-Hill Edition.

Thompson, S. (2016). Promoting Reciprocity in Old Age: A Social Work Challenge: A Social Work Challenge, *Practice,* 28 (5)*, 341-355.*

Thorsen, K. (1998). The Paradoxes of Gerotranscendence: The Theory of Gerotranscendence in a Cultural Gerontological and Post-Modernist Perspective. *Norwegian Journal of Epidemiology*, 8 (2), 166-176.

Thurfjell,D., Rubow, C., & Remmel, A. (2019). The Relocation of Transcendence: Using Schutz to Conceptualize the Nature Experience of Secular People. *Nature and Culture*, 14 (2), p.190.

Tomkins, S.S. (1979). Script Theory. In H.E. Howe & R.A. Dienstbier (Eds.), *Nebraska Symposiusm on Motivation*. Lincoln University of Nebraska Press, 26, 201-236.

Tomkov, L. (2020). The Emergence and Utilisation of Frailty in the United Kingdom: A Contemporary Biopolitical Practice. *Ageing and Society*, 40 (4), 695-712.

Tornstam, L. (1989). Gerotranscendence: A Meta-theoretical Reformulation of the Disengagement theory. *Aging: Clinical and experimental research,* 1(1), 55-63.

Tornstam, L. (1992). The Quo Vadis of Gerontology: On the Gerontological Research Paradigm. *The Gerontologist*, 32 (3), 318-26.

Tornstam, L. (1994). Gerotranscendence: A Theoretical and Empirical Exploration. In L.E. Thomas & S.A. Eisenhandler (Eds), *Aging and the Religious Dimension* (203-225). Westport, Connecticut: Greenwood.

Tornstam, L. (1996). Gerotranscendence: A Theory about Maturing into Old Age, *Journal of Aging and Identity*, 1, 37-49.

Tornstam, L. (2011). Maturing into Gerotranscendence. *The Journal of Transpersonal Psychology*, 43 (2), 166-180.

Townsend, K.C & McWhirter, B.T. (2005). Connectedness: A Review of the Literature with Implications for Counseling, Assessment, and Research. *Journal of Counseling and Development*. 83, 191-201.

Townsend, P. (1981).'The Structured Dependency of the Elderly: A Creation of Social Policy in the Twentieth Century'. DOI:10.1017/50144686X81000020

Traphagan, J.W. (2005). Multidimensional measurement of religiousness/spirituality for use in health research in cross cultural perspectives. *Research on Ageing,* 27(4), 387-419.

Tromp, T. & Ganzevoort, R.R. (2009). Narrative Competence and the Meaning of Life. In Francis, I.J., Robbins, M. & Astley, J. (eds.), *Empirical Theology in Texts and Tables, Qualitative, Quantitative and Comparative Perspectives*. Leiden: Brill, 197-216.

Tronto, J. (2013). *Caring Democracy: Markets, Equality and Justice*. New York, New York University Press.

Tulle, E. (2008). *Ageing, the body and social change. Running in later life*. Basingstoke, UK: Palgrave Macmillan.

Tulle, E. & Krekula, C. (2013). Ageing Embodiment and the Search for Social Change. *International Journal of Ageing and Later Life*, 8 (1), 7-10.

Tuominen, K. & Pirhonen, J. (2019). "Who would take a 90 year old?" Community-dwelling nonagenarians' perceptions of social relationships. *International Journal of Ageing and Later Life,* 13 (1), 111-137.

Turner, V. (1969). *The Ritual Process*. Harmondsworth: Penguin.

Turner, G. & Clegg, A. (2004). Best practice guidelines for the management of frailty: A British Geriatrics Society, Age UK and Royal College of General Practitioners Report. *Age and Ageing*, 43 (6), 744-747.

Twigg, J. & Martin, W. (2015). The Challenge of Cultural Gerontology, *Gerontologist*, 55 (3), 353 - 359.

United Nations (1948). Universal Declaration of Human Rights. UN General Assembly, 302, 2, (1948).

United Nations (2002). Political declaration and Madrid International Plan of action on ageing. The second World Assembly on Ageing, Madrid, Spain, 8-12 April 2002, New York: UN.

United Nations (2011). Universal Declaration of Human Rights. Available at: https://www.un.org/en/universal-declaration-human-rights/

United Nations (2018). Ageing. http://www.un.org/en/sections/issues-depth/ageing/

United Nations (1948/1998). Article 18.1. Available at: http://www.un.org/rights/50/decla.htm

Van Campen, C. (2011) Frail Older Persons in the Netherlands. Open Access, *Social en Cultureel Planbureau*. Netherlands Institute for Social Research.

Van Dyk, S. (2016). The Othering of Old Age: Insights from Postcolonial Studies. *Journal of Aging Studies*, 39, 109-120.

Verdery, R.B. (1996). Failure to Thrive in Older People. *Journal of the American Geriatric Society*, 44 (4), 465-466.

Von Devivere, B. (2018). *Meaningful Work: Viktor Frankl's Legacy for the 21st Century*. Cham: Springer International Publishing.

Ward, E., Gilles, J., Armstrong, D., & Grant, L. (2018). Cultivating Compassionate Care: Why does it Matter and what can we do to Promote it? *Journal of the Royal College of Physicians of Edinburgh*, 48, (1), 71-77.

Ward, R. & Holland, C. (2011). 'If I look Old, I will be treated old': Hair and Later-life Image Dilemmas. *Ageing and Society*, 31 (2), 288-307.

Walborn, F, (2014). *Religion in Personality Theory*. London, Academic Press.

Walsh, K. & Shutes, I. (2013). Care Relationships, Quality of Care and Migrant Workers: Caring for Older People. *Ageing and Society*, 37 (3), 393 - 420.

Walter-McCabe, H. (2020) Coronavirus Pandemic Calls for an Immediate Social Work Response. *Social Work in Public Health*, 35 (3), 69-72.

Warmoth, K., Lang, I.A., Phoenix, C., Abraham, C., Andrews, M.K., Hubbard, R.E. &Tarrant, M. (2016). 'Thinking you're old and frail': A qualitative study of frailty in older adults. *Ageing and Society*, 36, 1483-1500.

Watkins, Y.J., Quinn, L.T., Ruggiero, L., Quinn, M.T. & Choi, Y.R. (2013). Spiritual and Religious Beliefs and Practices and Social Support's: Relationships to Diabetes Self-Care Activities in African Americans. *Diabetes Education*, 39 (2), 231-239.

Watson, R. (2008). Research into Ageing and Older People, *Journal of Nursing Management*, 16, 99-104.

Weil, M.O., & Gamble, D.N (1995). Community Practice Models. *Encyclopedia of Social Work*. Washington, NASW Press, 483-494.

Weenolsen, P. (2008). *The Art of Dying*. Bloomington: Universe Inc.

Wiebe, M. (2014). Social Work, Religion and Palliative Care. *Journal of Religion and spirituality in social work*, 33 (3-4), 339-52.

Wiles, J.L., Leibing, A., Guberman, N., Reeve, J. & Allen, R.E.S. (2012). The Meaning of 'aging in place' to Older People. *The Gerontologist* 52, 357 -366.

Williams, A. (1997). The Rationing Debate: Rationing Health Care by Age. *British Medical Journal*, 314, 820-825.

Windsor, T., Curtis, R. & Luszez, M. (2015). Sense of Purpose as a Psychological Resource for Aging Well. *Developmental Psychology*, 51(7), 975-986.

Wolbaum, F. (2014). *Religion in Personality Theory*. London, Academic Press.

Wolfensberger, W., Thomas, S. & Caruso, G. (1996). Some of the Universal 'Good things of Life' which the Implementation of Social Role can be expected to make more Accessible to Devalued People. *International Social Role Valorization Journal*, 2 (2), 12-14.

Wolfensberger, W. (1983). Social Role Valorization: A proposed New Term for the Principle of Normalization. *Mental Retardation*, 21 (6), 4-239.

Woo, J. (2019). Frailty, Successful Aging, Resilience, and Intrinsic Capacity: A Cross-disciplinary Discourse of the Aging Process. *Current Geriatric Reports*, 8, 67-71.

Wong, P.T.P. (Ed.). (2012). The Human Quest for Meaning: Theories, Research and Applications, New York, Routledge.

Wong, Y.L.R. (2013). Returning to Silence, Connecting to Wholeness: Contemplative Pedagogy for Critical Social Work Education. *Journal of Religion and Spirituality in Social Work Social Thought*, 32 (3), pp.269-285.

World Health Organization (2002). Missing Voices: views of Older Persons on Elder Abuse. Available at: https://www.who.int/ageing/publications/missing_voices/en/

World Health Organization (2015). World Report on Ageing and Health. Geneva: World Health Organization, 227.

Wright-St Clair, V., Grant, B.C. & Smythe, E.A. (2014). Narratives in Research: Story as 'Showing' the Eminently Ordinary Experience of Ageing. *Australian Journal on Ageing*, 33 (2), 132-135.

Yaconnelli, M. (1995). Clearings. *The Door*, 139 (1), p.10.

Yeung, P. & Breheny, M. (2016). Using the Capability Approach to Understand the Determinants of Subjective Well-Being among Community-Dwelling Older People in New Zealand. *Age and Ageing*, 45, 292-298.

Yiengprugsawan, V., Welsh, J. & Kendig, H. (2018). Social Capital Dynamics and Health in Mid to Late Life: Findings from Australia. *Quality of Life,* 27, 1277-1282.

Young, J., Kim, J. & Han, S.S. (2008). Development and Validation of a Scale Assessing Spiritual Needs for Korean Patients with Cancer. *Journal Palliative Care*, 24 (4), 240-246.

Zimmerman, S., Munn, J. & Koenig, T. (2006). Assisted Living Settings. In Berkman, B. (Ed). *Handbook of Social Work in Health and Aging*. New York: Oxford University Press, 677-684.

Flinders University

SOCIAL AND BEHAVIOURAL RESEARCH ETHICS COMMITTEE

Research Services Office, Union Building,
Flinders University GPO Box 2100, ADELAIDE SA 5001 Phone: (08) 8201 3116
Email: human.researchethics@flinders.edu.au

FINAL APPROVAL NOTICE

Principal Researcher:	Ms Winsome Dunn

Email:	Winsome.dunn@flinders.edu.au

Address:	C/O Flinders University of South Australia

Project Title:	Social Work and Transcendence: An Interactive Approach to Working with Frail Elderly People in the Community

Project No.:	**5522**	Final Approval Date:	20 February 2012	Approval Expiry Date:	**1 February 2013**

The above proposed project has been **approved** on the basis of the information contained in the application, its attachments and the information subsequently provided with the addition of the following comment:

Additional Information Required

1. Please ensure that a copy of the ethics approval notice from the Department of Families and Communities is provided to the Committee *on receipt* (Conditional approval notice – item 5).

RESPONSIBILITIES OF RESEARCHERS AND SUPERVISORS

1. Participant Documentation
   Please note that it is the responsibility of researchers and supervisors, in the case of student projects, to ensure that:

   all participant documents are checked for spelling, grammatical, numbering and formatting errors. The Committee does not accept any responsibility for the above mentioned errors.

   the Flinders University logo is included on all participant documentation (e.g., letters of Introduction, information Sheets, consent forms, debriefing information and questionnaires – with the exception of purchased research tools) and the current Flinders University letterhead is included in the header of all letters of introduction. The Flinders University international logo/letterhead should be used and documentation should contain international dialling codes for all telephone and fax numbers listed for all research to be conducted overseas.

   the SBREC contact details, listed below, are included in the footer of all letters of introduction and information sheets.

2.   Annual Progress / Final Reports

In order to comply with the monitoring requirements of the *National Statement on Ethical Conduct in Human Research (March 2007)* an annual progress report must be submitted each year on the **20 February** (approval anniversary date) for the duration of the ethics approval.

If the project is completed *before* ethics approval has expired please ensure a final report is submitted immediately. If ethics approval for your project expires please submit either (1) a final report; or (2) an extension of time request and an annual report.

A copy of the annual progress / final report pro forma is available from http://www.flinders.edu.au/research/info-for-researchers/ethics/committees/social-and-behavioural-research-ethics-committee/annual-progress-and-final-reports.cfm. *Please retain this notice for reference when completing annual progress or final reports.*

Your first report is due on **20 February 2013** or on completion of the project, whichever is the earliest.

3.   Modifications to Project

Modifications to the project must not proceed until approval has been obtained from the Ethics Committee. Such matters include:

proposed changes to the research protocol;
proposed changes to participant recruitment methods;
    amendments to participant documentation and/or research
    tools; extension of ethics approval expiry date; and
changes to the research team (addition, removals, supervisor changes).

To notify the Committee of any proposed modifications to the project please submit a Modification Request Form to the Executive Officer, the pro forma for which is available from http://www.flinders.edu.au/research/info-for-researchers/ethics/committees/social-and-behavioural-research-ethics-committee/modifying-an-approved_-project.cfm. Please note that extension of time requests should be submitted prior to the Ethics Approval Expiry Date listed on this notice.

Change of Contact Details

Please ensure that you notify the Committee if either your mailing or email address changes to ensure that correspondence relating to this project can be sent to you. A modification request is not required to change your contact details.

4.   Adverse Events and/or Complaints

Researchers should advise the Executive Officer of the Ethics Committee on 08 8201-3116 or human.researchethics@flinders.edu.au immediately
    if: any complaints regarding the research are received;
a serious or unexpected adverse event occurs that effects participants;
an unforseen event occurs that may affect the ethical acceptability of the project.

Andrea Mather
Executive Officer, Social and Behavioural Research Ethics Committee
20 February 2012
c.c   Dr Lorna Hallahan, lorna.hallahan@flinders.edu.au
      Dr Keith Miller, keith.miller@flinders.edu.au

Australian Government
Department of Health

Australian Government
Aged Care Quality and Safety Commission

Charter of Aged Care Rights

I have the right to:

1. safe and high quality care and services;

2. be treated with dignity and respect;

3. have my identity, culture and diversity valued and supported;

4. live without abuse and neglect;

5. be informed about my care and services in a way I understand;

6. access all information about myself, including information about my rights, care and services;

7. have control over and make choices about my care, and personal and social life, including where the choices involve personal risk;

8. have control over, and make decisions about, the personal aspects of my daily life, financial affairs and possessions;

9. my independence;

10. be listened to and understood;

11. have a person of my choice, including an aged care advocate, support me or speak on my behalf;

12. complain free from reprisal, and to have my complaints dealt with fairly and promptly;

13. personal privacy and to have my personal information protected;

14. exercise my rights without it adversely affecting the way I am treated.

Consumer

....

Consumer (or authorised person)'s signature (if choosing to sign)

....

Full name of consumer

Provider

....

Signature and full name of provider's staff member

....

Name of provider

Consumer

_____

Full name of authorised person (if applicable)

Provider

/   /
_____

Date on which the consumer was given a copy of the Charter

/   /
_____

Date on which the consumer (or authorised person) was given the opportunity to sign the Charter

Charter of Aged Care Rights

Consumers

Consumers have the option of signing the Charter of Aged Care Rights (the Charter). Consumers can receive care and services even if they choose not to sign.

If a consumer decides to sign the Charter, they are acknowledging that their provider has given them a copy of the Charter, and assisted them to understand:

- information about consumer rights in relation to the aged care service; and

- information about consumer rights under the Charter.

Providers

Under the aged care law, providers are required to assist consumers to understand their rights and give each consumer a reasonable opportunity to sign the Charter. Providers must give consumers a copy of the Charter that sets out:

- signature of provider's staff member;

- the date on which the provider gave the consumer a copy of the Charter; and

- the date on which the provider gave the consumer (or their authorised person) the opportunity to sign the Charter;

- the consumer (or authorised person)'s signature (if they choose to sign); and

- the full name of the consumer (and authorised person, if applicable).

The provider will need to retain a copy of the signed Charter for their records.

Information Sheet

Winsome Dunn from Flinders University is inviting Domiciliary Care Clients over the age of eighty years to participate in her research.

Winsome is undertaking a PhD at Flinders University and is also a Social Worker in Domiciliary Care, but this research is independent of her work commitments.

I have received your name through your Service coordinator who has suggested that you may be interested in participating in this research. I work in a different team from your service coordinator thus avoiding conflict of interest.

Many elderly people want to explore significant questions at this stage in life, and this research gives you the opportunity to undertake this process. Your contributions will assist in exploring spirituality as an approach when working with elderly people.

You may already be reflecting on a variety of issues, and asking yourself these sorts of questions:

What gives my life meaning?

Where do I find meaning in life?

The research focuses on three major topic areas.

1. Significant meaning in your life.

2. Thoughts about yourself now plus in the past and how you wish to be remembered.

3. Contemplation about your beliefs at this stage of life.

Many elderly people reflect on issues which have significant relevance.

This research will provide you with an opportunity to discuss what is important to you in relation to meaning, yourself, and your beliefs within the comfort of your own home.

Please nominate whether you would like me to visit either in a morning or afternoon. Also, if you would like someone else to be there whilst I am undertaking the interviews, please invite that person to be present.

Participation is voluntary, and you have the right to withdraw from the research at any stage. If any questions you determine you do not wish to answer, you are free to choose to not to respond.

If you choose not to participate in this research your services from Domiciliary Care will not be adversely affected.

However, if you choose to participate in this research, I give you my commitment that your privacy and confidentiality will be respected. Information from the interviews will not be passed onto Domiciliary Care staff, and in my research I will not be using participant's real names.

The research findings will predominately be utilized in writing a thesis to assist the social work profession in working with elderly clients to explore spiritual sensitive practice.

If you would like to participate, please write your name and phone number on the response page and enclose this page in the pre-paid envelope.

I look forward to discussing my research with you.

Thanking you

Winsome Dunn

PhD Student

This research project has been approved by the Flinders University Social and Behavioural Research Ethics Committee (Project Number -5522). For more information regarding ethical approval of the Project the Executive Officer of the Committee can be contacted by telephone on 82013116, by fax on 82012035 or by email human.researchethics@flinders.edu.au

Response

Name _____

Please call me on the number below to discuss your research

Phone number _____

Mornings _____

Afternoons _____

I would like you to discuss your research with the following person

prior to responding to participate in the research.

Name_____

Phone number_____

Please place this response sheet in the enclosed pre-paid envelope if you are interested
or would like to be involved in my research.

Thanking you

Winsome Dunn

PhD Student

Contact details of Free Support Services available to Participants.

If you would like to discuss any issues of concern the following services may be helpful to consider. Accessing support services can be done directly or please phone your Service Coordinator for assistance. Otherwise you may request a trusted person who you know to make contact on your behalf.

Life line

Phone-131114

24 hour phone counseling service

Beyond blue

Phone-1300 224 636

Information and referral agency to assist people who feel depressed or are diagnosed with depression.

Seniors Information Service

Phone-81688776

Staff can assist elderly people with a variety of issues.

For example elder abuse, accommodation, and /or legal issues.

Do Care/ Telelink

Phone -83751402

Social support for older people

Anglicare –Loss and Grief Centre
Phone -8131 3400

Bereaved Parents Support Group
Phone -8351 0344

Bereavement through Suicide Support Group
Phone - 83328240

Phone -8332 8240

Invitation

Winsome Dunn from Flinders University

requests the pleasure of the company of

_____

To talk about and reflect on three themes

1.Significant meaning in your life

2.Thoughts about yourself now plus in the past and how you wish to be remembered.

3.Contemplation about your beliefs at this stage of life.

I look forward to meeting you

Yours Faithfully

Interview Schedule Questions

Reflection on Meaning in Life (Questions 1- 4)

1. What gives your life meaning?
2. Where do you find meaning in life?
3. What lies in the core of your being?
4. What is significant for you at this stage in life?

Reflections on Self (Questions 5-9)

5. What do you believe is important for you in the future?
6. Who is (name of participant)?
7. Contemplation - where do your reflections take you?
8. How do you wish to be remembered?
9. What legacy would you like to leave?

Reflection on Beliefs (Questions 10 - 18)

10. What spiritual insight or gift you would like to offer others?
11. What are your beliefs?
12. Have you experienced any shift in focus?

A number of key elements of a theory called Gerotranscendence will now be outlined. Six statements will be read one at a time, and your opinion on each of the following statements will be sought, and how they relate to your current circumstances.

13. A decrease in interest in superficial relationships

14. A decrease in self-centeredness

15. A decrease in interest in material things

16. An increase in time spent in meditation

17. An increasing feeling of closeness with past and coming generations.

18. A redefinition of the perception of life and death and reduced fear of death.

Evaluation

19. How have you found this morning/afternoon?

17th September 2012

Dear   ,

Please find enclosed transcript from the interview I held with you on the 17th March 2012. Thank you for your time and assistance with my study.

Best Wishes

Winsome Dunn

PhD Student

Flinders University