



Should we Pursue Success and Spirituality in Ageing? Framing Religious Contributions to Ageing Research

Michael Mawson^{1,2} 

Received: 26 March 2021 / Accepted: 11 June 2021 / Published online: 10 July 2021
© The Author(s), under exclusive licence to Springer Nature B.V. 2021

Abstract

This article reflects on possibilities for religious contributions to and engagement with gerontology. First, the article outlines some of the factors leading to gerontology's emergence as a distinct discipline. Second, it traces the increasing pursuit of 'successful' or 'positive' ageing in gerontology, focusing on the work of John W. Rowe and Robert Kahn. Third, the article suggests how this pursuit has influenced religious scholars and practitioners aiming to contribute to scholarship on ageing. In particular this section focuses on recent research in the area of ageing and spirituality, and on how scholars working in this area have sought to promote spirituality as supporting and enhancing possibilities for success in ageing. Finally, drawing on Charles Taylor, the article concludes by suggesting some limits of the successful ageing paradigm and ageing and spirituality research, thereby opening a space for more robustly religious engagements with gerontology.

Keywords Gerontology · Successful ageing · Rowe and Kahn · Ageing and spirituality · Elizabeth MacKinlay · Ageing and religion

Introduction

What are the conditions of possibility for religious contributions to gerontology and sociological research on ageing? How should insights into ageing from religious communities and traditions be organised and presented in this wider context? In recent years a number of theologians, chaplains and religious practitioners have begun framing and presenting their work on ageing using language of spirituality. There has been a growing body of scholarship focused on the 'spiritual dimension' or 'spiritual needs' of older persons. Furthermore, this scholarship has sought to

✉ Michael Mawson
mmawson@csu.edu.au

¹ Public and Contextual Theology Research Centre for Charles Sturt University, North Parramatta, Australia

² Faculty of Theology and Religion, University of the Free State, Bloemfontein, South Africa

promote the many benefits of cultivating spirituality for enhancing experiences and bringing about positive outcomes during later life.

This article reflects on this growing body of scholarship on ageing and spirituality, giving particular attention to work that has emerged in Australia. Furthermore, the article examines how this body of scholarship understands and positions itself with respect to gerontology or research on ageing more broadly. The central claim of this article is that scholarship in the area of ageing and spirituality stands in close proximity to a pursuit of successful or positive ageing in gerontology. And that this proximity may ultimately be constricting and limiting the potential for religious engagements with and contributions to ageing research.

To provide some context, the first section of the article briefly outlines the emergence and concerns of gerontology as a discipline. The second section examines the growing prevalence of a successful or positive ageing paradigm within gerontology. Furthermore, this section critically reflects on this paradigm by undertaking a close reading of the seminal work of John W. Rowe and Robert Kahn. The third section turns to more recent scholarship in the area of ageing and religion, focusing on Elizabeth MacKinlay's important work on ageing and spirituality. Even while scholarship in this area has been critical of certain aspects of the successful ageing paradigm, it still retains many of the same basic assumptions and ideals. Finally, drawing on the Canadian philosopher Charles Taylor, the last section suggests some limitations of both the successful ageing paradigm and ageing and spirituality research, thereby opening a space for richer and more complex religious engagements with ageing research. This includes space for contributions that are more explicitly religious and self-consciously theological.

The Emergence and Concerns of Gerontology as a Discipline

As has been well documented, the last two centuries have witnessed a significant rise in both life expectancy and the average age in Western (and now also non-Western) populations (Harper, 2006, p. 37). As the average lifespan of persons in these populations has increased, so too have the burdens and costs of caring for such persons. As Seamus O'Mahony has summarised, 'study after study has shown that rising longevity is accompanied by increased disability, social isolation and the loss of independence' (2016, p. 212). As more people have begun to live for longer, with less support available from younger family members, ageing and its effects have come to be recognised and treated as a social problem.

These demographic changes have helped to prompt a number of questions. When more people are living for longer, what kinds of policies and social planning can ensure the right conditions and structures for supporting older persons? What institutions and infrastructure need to be put in place? What strategies and policies can begin to minimise the burdens of ageing, both for individuals and wider societies?

In the late 1970s the discipline of gerontology emerged and consolidated at least in part to begin addressing these kinds of questions.¹ Specifically, many gerontologists sought to provide research that could assist with identifying and responding to the many challenges of ageing populations. Whereas geriatric medicine has more narrowly focused on the biological and medical aspects of ageing, gerontology began to locate and respond to ageing at this broader level. Since the 1970s, this discipline has expanded exponentially as the challenges of ageing populations have become even more pressing.

In adopting a broad approach to ageing and its impact, gerontologists have consciously sought to be multi-disciplinary, drawing on and incorporating scholarship and insights from psychology, economics, behavioural science and public policy (see Blaikie, 1999, p. 11). The dominant paradigm, however, has remained that of sociology; there has been a particular focus on sociological factors impacting experiences of later life. As one author observes, ‘the sociological contribution to gerontology comes from the study and analysis of age as a social category, and of the way in which the structures of society shape the ageing process, including the way it is experienced by individuals’ (Scott, 2014).

This concern with how social factors impact experiences of ageing has led many gerontologists to focus on problems of ageism, whether in its direct or more systemic forms. Sarah Harper, for example, writes that ‘age discrimination... is apparent across society – in financial services, in housing allocation, in education and training, in health and social care’ (2006, p. 252). This means that a central concern of gerontology has been to unmask and oppose age-based discrimination, thereby promoting the rights and specific needs of older persons. Among other things, this work has involved drawing attention to ingrained and hidden ageist attitudes held by medical practitioners, family members and the wider culture.

Finally, from its inception gerontology has made a significant investment in public policy. This investment flows from the concern with combatting ageism at a structural level, and also from a recognition of the central role that policy can play in securing support and resources for older persons. Accordingly, most university programs in gerontology have tracks or courses dedicated to policymaking and policies impacting later life. And this investment is elsewhere evident in the emergence of academic journals in this area: *Journal of Aging and Social Policy* (founded 1989) and the *Public Policy and Aging Report* (1998). Both of these are top-ranked journals which aim to ‘stimulate debate, highlight emerging concerns, and propose alternative policy options’ (<https://academic.oup.com/ppar>). Much of the work of gerontologists is directed to the formulation and implementation of policies that can address the challenges of ageing populations.

¹ The USC Leonard Davis School established the first graduate programmes in gerontology in 1975. The term ‘gerontology’ had been earlier coined by the Russian zoologist Élie Metchnikoff in 1903. For a very brief overview of gerontology in the mid-twentieth century see Blaikie, 1999, pp. 60–62.

The Pursuit of Successful Ageing

Within the discipline of gerontology, a growing body of work has come to focus on the pursuit and promotion of 'positive' or 'successful' ageing. Rather than just focusing on disease or illness per se (as in medical responses to ageing), the concern here is with promoting health, well-being and resilience (see Rowe & Kahn, 1998, p. 53). In recent decades a significant and increasing amount of attention has been given to the kinds of practices, strategies and policies that might maximise health and flourishing in ageing.² It is therefore necessary to outline the paradigm of successful ageing and its key components in order to situate more recent work on ageing and spirituality.

In both their classic article and subsequent book from the late 1990s, John W. Rowe and Robert Kahn adopted this language of 'successful ageing' when proposing a new direction and 'conceptual foundation' for gerontology (1998, p. xi). While drawing on and consolidating earlier scholarship, they expressed significant frustration with much of the research up until that point. Specifically, they expressed frustration with a willingness of many gerontologists to remain narrowly concerned with questions of abnormal ageing (1998, p. 38). The idea of successful ageing, then, was intended to expand and broaden gerontology's horizon to positive well-being or 'success'.

In re-orientating gerontology in this way, Rowe and Kahn claimed that there are three key components of what it means to age successfully: (1) 'avoidance of disease and disability'; (2) 'maintenance of high physical and cognitive function'; (3) 'sustained engagement in social and productive activities' (1997, 1998, p. 39). To some extent they organised these three components into a hierarchal relationship: the avoidance of illness and maintenance of high function do not of themselves constitute success. Rather, they are foundational for purposeful relationships and active engagement with life. Ultimately, however, they insisted that 'it is the combination of all three... that represents the concept of successful aging most fully' (1998, p. 39). In order to critically reflect on their account of successful ageing, it will be useful to consider each of their key components in turn.

First, in their work Rowe and Kahn have proposed a number of ways in which we can avoid and reduce the risk of disease and disability in ageing. Here they downplay the contribution of genetic and biological factors in disease and disability, instead asserting that 'extrinsic environmental factors, including elements of lifestyle, play a very important role in determining risk for disease' (1997, p. 435). Accordingly, they discuss in some detail the kinds of factors and activities that can prevent risk of disease and disability, focusing on the importance of diet and regular exercise: 'Eating well and working our bodies will likely provide extra years of productivity, health and high function' (1998, p.119). Furthermore, Rowe and Kahn emphasize the need for constant vigilance in monitoring one's own health; for instance,

² This shift away from pathology and abnormal ageing radically expands the domain of gerontology to managing and making prescriptions in all areas of life.

through regularly screening blood pressure, cholesterol and so forth. Identifying and responding to risks early is key for preventing disease and disability in ageing.

What are the benefits of these practices? Rowe and Kahn make brief mention of the economic savings for the wider society when there is even a modest reduction in age-related disease and disability among the population (1998, p. 67). They give more sustained attention, however, to the dramatic benefits for the ageing individuals. One of goals of their book, the authors state, is to 'provide strategies for middle-aged and older individuals to boost their change of aging successfully...' Furthermore, they express a high level of confidence that the right strategies and behaviour *can* prevent a wide range of illnesses and conditions, from osteoporosis to cancer, blood pressure to diabetes. With the right kinds of exercise and nutrition, 'the frailty of old age is largely reversible' (1998, p.102).

For their second component of successful ageing, Rowe and Kahn focus on how we can not only avoid illness and disability, but maintain and even enhance function. While exercise and diet remain crucial at this second stage, they now consider other kinds of activities and environmental factors that can facilitate a high level of physical and cognitive function. Central here is the importance of social networks: 'Continuing close relationships with others—family and friends—is an important aspect of successful aging' (1998, p. 137). Such networks provide stimulation and challenges of kind that require constant physical and cognitive response and innovate. In addition, they examine and suggest some particular activities that can facilitate mental acuity: crosswords, chess, reading, and so forth.

Again, Rowe and Kahn express a high level of confidence that function *can* be maintained and restored for the majority of ageing individuals: 'In the absence of major disease, memory and other cognitive functions can be improved with age' (1998, p.135). Put differently, ageing and its effects should not be understood as an inherent barrier for high functioning: 'The aging mind', they write, 'is, in many respects, a sound, flexible, useful mind.... In spite of age-related reductions in some mental functions, the vast majority of older men and women retain more than enough reserve capacity for meaningful and satisfying life, and for independence' (1998, p.142). With the right kinds of activities and support, a high level of function and independence is not only possible but even probable.

This leads to the final component of successful ageing: meaningful relationships and engaging in productive and purposeful activities. With regards to the former, Rowe and Kahn continue to explore how relationships and support networks are integral to well-being and flourishing. With regards to the latter, they focus on the importance of *purposeful* activities, activities which include but often extend beyond paid employment: 'We count as productive all activities, paid or unpaid, that create goods or services of value' (1998, p. 47). Such activities, they insist, 'give meaning and excitement to life' (1998, p. 46). These activities provide a sense of purpose, giving ageing persons something to continue to live for. Again, Rowe and Kahn note the substantial contribution and benefits of such activities for our societies.

Rowe and Kahn conclude their book with a series of prescriptions that they think will help facilitate productive and purposeful activities. They make a number of specific recommendations to the US government: allocating funds to encourage participation in volunteer activities (with possible stipends for low-income volunteers),

regulatory changes to make it easier for the ageing and elderly to engage in part-time employment (i.e. without loss in fringe benefits and pension payments), and gathering more data to show the contributions that ageing persons actually make to their societies. All of this, they contend, will ‘counter the stereotypic image of ageing, and correct the mistaken impression that the elderly are a burden to the rest of society’ (1998, p. 203).

Before proceeding, it is worth noting one central and recurring feature of Rowe and Kahn’s work: their consistent emphasis on individuals needing to take control over their own ageing and its direction: ‘To a much greater degree than previously recognized, *we are responsible* for our own health status in old age’ (1998, p. 58). In this sense Rowe and Kahn’s project is a moral discourse. Related to this, they display a strong conviction that individuals *are able to* take control of and responsibility for their own ageing.³ Ageing and its effects are not something which we should simply surrender to or accept as given.

In the decades since Kahn and Rowe’s landmark work, the pursuit of successful ageing has become increasingly central to gerontology. Undertaking a literature review in 2018, Darryl Rolfson states that there have been 1734 journal articles making use of this specific terminology. Other work in gerontology has adopted similar language and paradigms: positive ageing, healthy ageing, active ageing, conscious ageing, authentic ageing, and so forth. Rowe and Kahn’s work precipitated and has helped to engender a vast literature, which has in turn influenced how we now understand and respond to ageing as such.

This pursuit of successful ageing has also been significant beyond gerontology (see Lamb et al., 2017). There are now vast swathes of popular literature offering strategies to readers for negotiating ageing. These books are packed with practical advice and tips for those wishing to optimise health and maximise their chances at success. With Rowe and Kahn, these authors consistently expresses a high level of confidence that the right kinds of attitudes and practices can keep ageing and its effects in check.

As well as this popular literature, the pursuit of successful ageing is apparent in the proliferation of diets, exercise and fitness regimes, art classes, social activities and programs, and counselling services marketed to those wanting to remain healthy and happy for as long as possible. And the language of success now permeates the aged-care sector. Retirement villages and communities advertise their services on the basis of the increased well-being and satisfaction of residents. They promote programmes and activities tailored to help individuals keep bodies and minds active, as well as offering an experience of community.⁴

In summary, the idea of success in ageing has become one of the dominant paradigms for understanding and negotiating ageing today. It provides language and

³ They write: ‘The very word “patient”, which is what we call ourselves when we seek medical care, implies passivity rather than responsibility for our own health.’ (1998, p. 40).

⁴ HammondCare, a major provider for aged-care services in Australia, has a Centre for Positive Ageing, which provides subscribers with a range of programs and activities to meet the challenges of ageing head-on and ‘provide realistic and practical tips to help you age as positively as possible.’ www.hammond.com.au/services/positive-ageing

concepts for making sense of ourselves and others as ageing beings. As indicated below, it has significantly shaped the ways that religious scholars and practitioners have sought to contribute to research on ageing.

Ageing and Spirituality

For all its impact, the pursuit of successful ageing in gerontology has not been without its critics. One recurring criticism of Rowe and Kahn in particular has been that their original criteria for success were too narrow.⁵ Since the late 1990s, there have been numerous proposals for expanding on their three components of success. Indeed, in a 2015 article Rowe and Kahn themselves admitted the need for updating aspects of their work. Without abandoning their original three components, or the basic emphasis they give to individual responsibility, they acknowledged the need for even more research and investment into the role of institutions and society for successful ageing (2015).

Seeking to expand on Rowe and Kahn's work, other scholars have suggested that their original criteria are limited in that they neglect the role of religion and spirituality.⁶ In an article from 2015, Martha Crowther and her collaborators (2002) state that spirituality is 'a missing component to Rowe and Kahn's three-factor model of successful aging' (p. 613). Indeed, they suggest that there has been a significant neglect of the spiritual dimension in gerontology as a whole. Adopting a definition of spirituality as 'ultimate questions about life, about meaning, and about relationship to the sacred or transcendent' (p. 614), they argue for the many positive benefits of spiritual and religious practices. On the one hand, they suggest that spiritual practices have a discernible impact on improving physical and mental health in later life. On the other hand, they contend that religious organisations can also provide invaluable social and support networks.

Increasingly, others have been writing about the contribution of spirituality in similar ways. Since 2000 there have been a series of regular, high-profile academic conferences on this theme: The International Conference on Ageing and Spirituality. These meetings and the ensuing publications (e.g. Jewel, 2004; MacKinlay, 2008, 2010a, 2010b), have drawn together theologians, religious practitioners, health care providers, psychologists and gerontologists to reflect on the intersection of ageing and spirituality. In 2004, the *Journal of Religious Gerontology* changed its name to the *Journal of Religion, Spirituality and Aging*, in part to reflect and encourage this burgeoning interest in spirituality for understanding ageing and for approaches to

⁵ There have of course also been more thoroughgoing critiques of the pursuit of successful ageing in and beyond gerontology. See, for example, Sarah Lamb's argument that successful ageing is a 'particular cultural and biopolitical model' and 'in some ways a counterproductive one' (2014).

⁶ There is a degree of slippage in how the terms 'religion' and 'spirituality' are often used in this context. I am using 'religion' as a broad concept and category, one which includes theology and religious institutions and traditions. When I use 'spirituality' I am largely following the definitions provided by Crowther et al. (2002) and Elizabeth MacKinlay, as quoted below.

aged care (Ellor, 2004). This journal has become an important forum for scholars exploring and reflecting on ageing and spirituality.

One key contributor to this discourse on spirituality has been Elizabeth MacKinlay,⁷ an Australian theologian, Anglican Priest and registered nurse.⁸ For a number of years MacKinlay was the director of the Centre for Ageing and Pastoral Studies at St Mark's Theological College, Canberra. Her 2001 book, *The Spiritual Dimensions of Ageing*, has been something of a manifesto for work in this area. In this book MacKinlay provides a series of rich reflections and case-studies exploring the role of spirituality and religion in ageing. As with Crowther et al., MacKinlay again holds that the 'spiritual dimension' has been woefully neglected in medical and gerontological approaches to ageing. Moreover, she too insists that attending to this dimension can have significant benefits and lead to positive outcomes for health, well-being and resilience: 'We found that when individuals reported lower levels of spirituality, they were at increased risk of lower mental and physical health when they experienced a negative life event' (MacKinlay, 2017, p. 88).

What does MacKinlay mean by 'spirituality'? Throughout her work, MacKinlay adopts a broad understanding of this concept, often connecting it to questions of ultimate meaning, personal growth, depth, empowerment, wisdom, transcendence and wholeness. She at one point defines spirituality directly:

That which lies at the core of each person's being, an essential dimension which brings meaning to life. It is acknowledged that spirituality is not constituted only by religious practices, but must be understood more broadly, as relationship with God, however ultimate meaning is understood by the person, and in relationship with other people. (2017, p. 43).

According to MacKinlay, spirituality denotes an inner sphere of depth and meaning, as well as indicating the ways in which we are connected to God and one another. Here she displays an understanding of spirituality as constituted by religion, and yet also as something that exceeds and extends beyond any given religious practices. Elsewhere she similarly presents spirituality as a dimension that is basic to all human beings, that is, alongside the physical and psychological dimensions (2003, p. 77).

In exploring the significance of spirituality for ageing, MacKinlay has undertaken extensive empirical research, conducting in-depth interviews with primary care providers and staff in the aged care sector, as well as with older people themselves. She often interweaves quotes and stories from participants reflecting on their own understandings of religion, spirituality and meaning. Alongside her own research, she engages with and summarises some of the extensive literature and research that has been undertaken by others. Drawing on this wider work, she has proposed and

⁷ While MacKinlay has undertaken research primarily in the Australian context, she has been central to international networks and collaborations.

⁸ MacKinlay was involved in establishing the International conferences and has also made important contributions to the *Journal of Religion, Spirituality and Aging*, both through her own research and her editorial work.

constructed models for measuring spirituality and assessing its impact (see 2017, p. 85).

Ultimately, her work is therapeutic and pastoral in intention. It is directed to helping those who care for older people become more sensitive to their spiritual needs: 'It is vital that health professionals, clergy and care workers for the elderly are familiar with the variety of ways that older people may respond to what is meaningful in their lives' (2017, p. 192). Moreover, her work is orientated to helping older people themselves to deepen and cultivate their own spiritual lives.

What should we make of this turn to spirituality? While the ageing and spirituality movement broadly emerged as an attempt to supplement and expand on the successful ageing paradigm, it is worth noting that some of these scholars have been directly critical of aspects of successful ageing. MacKinlay, for instance, notes that an exclusionary logic often underlies this pursuit of success: 'Successful ageing is essentially a wellness model of ageing and, as defined, isolates older people with disabilities, physical or mental, outside the model' (2001). The very emphasis on success can marginalise those whose experience of ageing has been less than successful.⁹ Compared with Rowe and Kahn, advocates of spirituality have been more attuned to some of messier and more complex aspects of ageing and decline. In other words, they are less prone to the utopianism apparent in Rowe and Kahn and much of the more popular literature on successful ageing.

Accordingly, many of these scholars have sought to promote resilience in the face of ageing, that is, rather than pursuing strategies for preventing or reducing ageing and decline as such. The third International Conference on Ageing and Spirituality, for example, focused on ageing and disability (MacKinlay, 2008). A number of contributors reflected on experiences of depression arising in later life. And others reflected on the many challenges and difficulties presented by dementia. As Malcolm Goldsmith admits, 'it is difficult; we know of no cure; it is progressive, it gets steadily worse and it can last for many years. It is a frightening journey that the person with dementia is taking and it can be devastatingly difficult and tiring for those who walk alongside them' (2008, p. 120). Among these scholars, there has been a clearer recognition of how difficult the final years can often be.

Nonetheless, advocates of spirituality still display many of the same basic assumptions and norms found in the successful ageing paradigm. As with Rowe and Kahn, there is an emphasis on personal growth and flourishing (see MacKinlay, 2010a, 2010b, p. 9). Much of this work on ageing and spirituality still relies on language of wisdom, thriving, self-discovery and wholeness. Furthermore, many of these scholars have emphasized the importance of spirituality for finding meaning and purpose in the later years, that is, in ways that align closely with Rowe and Kahn's third component of successful ageing. As one advocate concludes from a study, 'greater purpose in life... is linked with intrinsic or committed religiosity,

⁹ Elsewhere MacKinlay writes that this paradigm casts 'judgment over the later years, suggesting that if some older people age successfully, then others must age unsuccessfully, that is, some must fail the test' (MacKinlay 2010a, 2010b, p. 11).

to be found, for example, in personal prayer, an approach to coping that is based on recognising a partnership with God, and belief in the afterlife' (Jewell 2016, p. 179).

In addition, language of spirituality still tends to prioritise individuals and their personal pursuit of meaning (see Carrette & King, 2005, pp. 30–53). While invoking a sphere of ultimate value, this language still keeps individuals and their experience firmly at the centre. MacKinlay indicates this when expanding on her definition of spirituality: 'The specific component of spirituality is understood as the way in which *each individual* works out this dimension in their lives' (emphasis added. MacKinlay, 2017, p. 42). As she continues, 'this may be in the practice of a particular religion, it may be through relationship with other people and in community or through particular centres of meaning and interest in life.' In other words, it should be up to each individual to discover and determine what will fulfil their own spiritual needs. To be clear, MacKinlay and many others avoid the stronger claims about individual capacity and responsibility that can be found in successful ageing literature. But they still tend to promote individuals as negotiating and finding meaning for themselves.

Many of these scholars position their work by promoting the practical effects and benefits of spirituality. As with proponents of successful ageing, they have been quick to point out the benefits of spirituality for both ageing individuals and wider society. As one study concludes, 'older people with a developed spiritual dimension to their lives are said (in various experimentally established conditions) to deal better with negative life events and their attendant stress, and to recover more quickly from illness or trauma' (Johnson & Walker, 2016, p. 1). Here spirituality or the spiritual dimension is positioned as a 'resource' to help people better cope in the midst of ageing and its many challenges (see also Atchley, 2009, pp. 148–149).

Similarly, these scholars have been deeply invested in the empirical, measurable outcomes of cultivating spirituality. As noted above, many of those working in this area are engaged in conducting quantitative research into the spiritual beliefs and practices of persons in later life. And others have sought to construct models for measuring spirituality and its impact. A 2013 study by MacKinlay and Richard Burns, for example, involved psychometric testing to 'identify objective associations between spirituality/ transcendence and health outcomes and the capacity to respond to age-related life-changing events' (MacKinlay, 2017, p. 85). As the authors continue, 'the data collected from this phase were statistically analysed' (p. 85).

Putting aside the question of whether spirituality is able to be quantified and analysed in this way, the commitment to empirical measurement itself—as well as the language of thriving and flourishing, the prioritisation of individual experience, and the positioning of spirituality as a resource—indicates the extent to which research on ageing and spirituality is operating with the basic assumptions and norms of the successful ageing paradigm.

Beyond Success and Spirituality

In his 2007 *A Secular Age*, the Canadian philosopher Charles Taylor provides a magisterial account of the complex histories and processes that contributed to the

secularization of Western societies. In this account he gives particular attention to what he calls 'immanentization': the processes 'by which our world, and hence the realm of significance, is enclosed within the material universe and natural world' (Smith, 2014, p. 48). According to Taylor, as moderns we now exist and understand ourselves largely in terms of a disenchanted and 'immanent order that... can be envisaged without reference to God' or Gods (2007, p. 543). And this is the case even for those of us who continue to adhere to religious beliefs and commitments. Once this 'immanent frame' is firmly in place, '*this* world is invested with ultimacy and meaning in ways that couldn't have been imagined before' (Smith, p. 48).

Taylor's account of immanentization is useful for reflecting on the successful ageing paradigm and related research on ageing and spirituality. In particular, his account helps to explain why this-worldly flourishing has become *the* central point of reference for proponents of successful ageing and spirituality. These scholars largely take it for granted that enhancing success and flourishing in later life should be the primary goal.

Furthermore, Taylor's work helps to illuminate the significant investment in empirical measurement and quantifiable outcomes by scholars working on spirituality in ageing. For Taylor, a characteristic feature of the 'immanent frame' is that 'instrumental rationality is a key value' (2007, p. 542). Even while language of spirituality still invokes a transcendence of sorts, it is now one that can be studied and measured, whether directly or through its positive impact. Indeed, there is a sense in which spirituality and its effects *must* be quantified and instrumentalised in order for it to continue to have any real significance or standing.

In addition, Taylor traces the emergence of a new form of agency and self-understanding. From within this immanent frame human beings come to understand themselves 'as buffered, disciplined, instrumental agents' (p. 542), as beings that exist and find meaning in isolation from anything beyond us. In the wake of processes of secularisation, he writes, a 'new self-understanding of our social existence' emerged, 'which gave an unprecedented primacy to the individual' (p. 146). Broadly speaking, this explains the consistent focus on individual experience and agency as found in the successful ageing paradigm and ageing and spirituality research. Proponents of success and spirituality simply assume that individual persons and their experiences should have priority.

What is the significance of Taylor's account for religious contributions to ageing research? Among other things, Taylor helps us to recognise some of the challenges that processes of immanentization present for religious thinking and language. Many of the features of the modern world are inhospitable to more traditionally or robustly religious forms of thinking and existence.

Accordingly, Taylor helps to draw out the extent to which proponents of spirituality in the context of ageing research are presupposing and working with the basic emphases and commitments of the immanent frame: this-worldly flourishing, empirically measurable outcomes, and individual meaning. Put differently, they have responded to these wider processes of immanentization through a strategy of accommodation. Proponents of spirituality have sought to understand and present religion in generic, individualist and functionalist terms, while downplaying any features of religion that less easily fit with this new frame. These advocates give limited

attention, for example, to the more particular commitments, practices and texts of given communities and traditions. Indeed, the very language of spirituality itself seems to reflect and facilitate a move away from such particularities.¹⁰

By drawing attention to this process of immanentization, Taylor's work also opens the possibility of a different kind of response. Or at least it helps us to more clearly see some of what is being lost with this strategy of accommodation. For our purposes, Taylor's work raises the question of whether there might be other ways of presenting and organising religious reflections on and insights into ageing. What can we learn from reflections that sit closer to the specific logics and language of given traditions and communities?¹¹ What can we learn from approaches that resist, or fit less comfortably with, the guiding assumptions and norms of successful ageing?

One example can be found in how religious traditions and communities have attended to and negotiated bodily suffering. Christian theologians, for instance, have often developed rich and nuanced reflections on hope in the midst of suffering, often with reference to Christ's suffering on the cross. Reflections of this kind are apparent in Julian of Norwich's meditations on the passion in her late-medieval *Revelations of Divine Love* (2015), or elsewhere in Martin Luther's *theologia crucis* in his Heidelberg Disputation.¹² Both Julian and Luther reflect at length on how suffering disrupts and unravels us in ways that turn us to God, connect us with one another, and lead us to see the world in new ways. They both wrestle with how we might find God's presence in bodily suffering, without this involving an endorsement or valorisation of suffering as such. Because of the density of their language and confessional commitments, however, their insights cannot easily be translated into modern language of this-worldly flourishing or spirituality.

With their own logic and language, other traditions and communities have provided equally rich reflections on suffering and decline. Throughout Islamic thought, for example, Mona Siddiqui has observed that 'one cannot escape from the fundamental human condition that the life worth living is meant to be difficult and that human suffering is unavoidable' (2020). For Siddiqui, this fundamental condition is central for the Islamic emphasis on struggle. As she reflects, 'suffering is often understood as a divine test, as a divine purpose, but it must not lead to fatalism, but rather to trust in God, a wrestling with God.'¹³ This sense of struggle or wrestling with God again resists translation into modern language of spirituality; and it is difficult to see how it provides outcomes that could be quantified or measured.

Finally, cultural anthropologist Sarah Lamb has conducted fieldwork on attitudes to suffering and decline among Hindus in West Bengal.¹⁴ She attributes a 'readiness for death and acceptance of decline... among older Indians' to 'a widely held Hindu

¹⁰ That is, understandings of spirituality in terms of meaning, relationality and depth.

¹¹ That is, rather than speaking of religion using more generic and humanist language of meaning, value, wisdom, and so forth.

¹² As Luther states in these 24, 'he who has been emptied [Phil. 2: 7] through suffering... knows that God works and does all things in him' (1957, p. 55).

¹³ See Siddiqui's longer reflections on struggle in *Human Struggle: Christian and Muslim Perspectives* (2021).

¹⁴ See Lamb's *Aging and the Indian Diaspora* (2009).

view of the transience of the human condition—the temporariness of any individual's stay within any one human body amidst the natural cycle of births and deaths of worldly existence or *samsara*' (2014, p. 42). In her work, Lamb contrasts this Hindu acceptance with the pursuit of successful ageing by Boston-based research subjects. On the one hand, she shows how Western attitudes towards ageing are contingent and culturally specific; on the other hand, she suggests that 'despite its inspirational elements... the vision offered by the dominant successful aging paradigm' in the West is 'in some ways a counterproductive one' (p. 41). She especially notes that the pursuit of autonomy and independence can leave people with few resources when they do inevitably decline and encounter limits.

Without conflating these traditions and their insights (Christian reflections on the cross, Islamic understandings of struggle, and Hindu notions acceptance), it is significant that they all resist the construal of suffering as simply something to be avoided or managed, whether by pursuing success or cultivating spirituality. These traditions do this, however, with language and commitments that are not easily translated into the emphases and logic of the immanent frame. Recognising what religion has to offer in the context of ongoing research on ageing, therefore, will require attending more closely to the particularities of these traditions and communities.

Data Availability Not applicable.

Code Availability Not Applicable.

Declarations

Ethics Approval Not Applicable.

Conflict of Interest None.

References

- About the Journal. (2020). *Public policy and ageing report*. <https://academic.oup.com/ppar>. Accessed 12 Dec 2020.
- Atchley, R. (2009). *Spirituality and aging*. John Hopkins University Press.
- Blaikie, A. (1999). *Ageing & popular culture*. Cambridge University Press.
- Carrette, J., & King, R. (2005). *Selling spirituality: The silent takeover of religion*. Routledge.
- Crowther, M. R., Parker, M. W., Achenbaum, W. A., Larimore, W. L., & Koenig, H. G. (2002). Rowe and Kahn's model of successful aging revisited: Positive spirituality—the forgotten factor. *The Gerontologist*, 42(5), 613–620.
- Ellor, J. W. (2004). Word from the Editor. *The Journal of Religion, Spirituality and Aging*, 17(1–2), xxv–xxvi.
- Goldsmith, M. (2008). Tracing rainbows through the rain: Addressing the challenge of dementia. In E. MacKinlay (Ed.), *Ageing, disability and spirituality: Addressing the challenges of disability in later life*. Jessica Kingsley Publishers.
- Harper, S. (2006). *Ageing societies*. Hodder Education.
- Jewel, A. (Ed.). (2004). *Ageing, spirituality and well-being*. Jessica Kingsley Publishers.
- Jewell, A. (2016). Finding meaning and sustaining a purpose in later life. In M. Johnson & J. Walker (Eds.), *Spiritual dimensions of ageing* (pp. 179–197). Cambridge University Press.

- Johnson, M., & Walker, J. (2016). Spirited ageing. In M. Johnson & J. Walker (Eds.), *Spiritual dimensions of ageing* (pp. 1–10). Cambridge University Press.
- Julian of Norwich. (2015). *Revelations of Divine Love*. Translated by Barry Windeatt. Oxford University Press
- Lamb, S. (2009). *Ageing and the Indian Diaspora: Cosmopolitan families in India and abroad*. Indiana University Press.
- Lamb, S. (2014). Permanent personhood or meaningful decline? Toward a critical anthropology of successful aging. *Journal of Aging Studies*, 49(2), 41–52. <https://doi.org/10.1016/j.jaging.2013.12.006>
- Lamb, S., Robbins-Ruszowski, J., & Corwin, A. I. (2017). *Successful aging as a contemporary obsession: Global perspectives*. Rutgers University Press.
- Luther, M. (1957). Heidelberg disputation. In J. Pelikan & H. T. Lehmann (Eds.), *Luther's works, volume 31: Career of the reformer*. Fortress Press.
- MacKinlay, E. (2001). The spiritual dimension of caring: Applying a model for spiritual tasks of ageing. *Journal of Religious Gerontology*, 12(3–4), 151–166.
- MacKinlay, E. (2003). The spiritual dimension of ageing. In A. Jewell (Ed.), *Ageing, spirituality and well-being* (pp. 72–85). Jessica Kingsley Publishers.
- MacKinlay, E. (Ed.). (2008). *Ageing, disability and spirituality: Addressing the challenges of disability in later life*. Jessica Kingsley Publishers.
- MacKinlay, E. (Ed.). (2010a). *Ageing and spirituality across faith and cultures*. Jessica Kingsley Publishers.
- MacKinlay, E. (2010b). Ageing and spirituality: Living and being in multifaith and multicultural communities. In E. MacKinlay (Ed.), *Ageing and spirituality across faith and cultures*. Jessica Kingsley Publishers.
- MacKinlay, E. (2017). *The spiritual dimension of ageing* (2nd ed.). Jessica Kingsley Publishers.
- O'Mahony, S. (2016). *The way we die now*. Head of Zeus.
- Rolfson, D. (2018). Successful aging and frailty: A systematic review. *Geriatrics*, 3(4), 79. <https://doi.org/10.3390/geriatrics3040079>
- Rowe, J. W., & Kahn, R. L. (1997). Successful aging. *The Gerontologist*, 37(4), 433–440.
- Rowe, J. W., & Kahn, R. L. (1998). *Successful aging*. Pantheon Books.
- Rowe, J. W., & Kahn, R. L. (2015). Successful aging 2.0: Conceptual expansions for the 21st century. *The Journals of Gerontology: Series B*, 70(4), 593–596. <https://doi.org/10.1093/geronb/gbv025>
- Scott, J. (2014). *Gerontology. A Dictionary of Sociology*. Oxford University Press.
- Siddiqui, M. (2020). Suffering – the price of being alive: An islamic perspective. <https://engelsbergideas.com/essays/suffering-the-price-of-being-alive-an-islamic-perspective/>. Accessed 6 June 2021.
- Siddiqui, M. (2021). *Human struggle: Christian and Muslim perspectives*. Cambridge University Press.
- Smith, J. K. (2014). *How not to be secular: Reading Charles Taylor*. Eerdmans.
- Taylor, C. (2007). *A secular age*. Harvard University Press.

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.