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Matt Spalding, Rochelle Suri and Puran Khalsa  
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It is hardly a novel observation that our modern Western culture has drifted into a state of apathy, verging on outright denial, concerning the unique needs and gifts of its elders. Our mainstream media channels favor the carefree pleasures of youth over the wizened responsibilities of maturation, as evidenced by the promotion of the blank slate of Botox over the telling wrinkles of time and the reinvigorating lift of Viagra over the deepening of more contemplative pursuits. Such insidious biases communicate an all too clear message: that the natural process of aging is to be related to at best as an unavoidable trial to be endured and at worst as a pathology to be mitigated or cured by the scientific powers that be.

When we couple our general disparagement of growing old with our stark fear of the related cluster of symptoms known popularly as dementia, literally meaning “loss of mind,” it is little wonder that we conveniently tuck in and away our aged and ailing relatives in nursing facilities as a standard practice of care, “homes” that more often than not lack the heart and hearth that have traditionally defined that concept. Indeed, the progressive courses of aging and dementia-labeled experiences are both typically conceived of as regrettable losses that are harbingers of a lonely journey marked by shame and alienation, eventually ending in disorientation and death. Such a passage can represent a terrifying ordeal for the individuals and families intimately acquainted with these experiences of biological decay.

The framing of both aging and dementia as mere trajectories of deterioration or illness calls for either treatment or cure as sensible goals. Medical intervention thus logically constitutes the standard practice of care in buffering the inevitable trials of growing old and the diverse symptoms of decay that accompany the aging process. Indeed, the medical model, with its entourage of pharmacological allies, has to date successfully taken the processes of aging and dementia under its hospital wings.

Clearly, there is an invaluable place for biologically oriented strategies in ameliorating the unavoidable pain and distress that accompany both aging and dementia-related symptoms, which include impairment in memory, language, decision-making ability, judgment, attention, and physical functioning. Many

elders with advanced symptoms of dementia experience a pronounced disengagement from the earlier stages of their life, in which rewarding feelings of being esteemed by one's family and recognized in society are often replaced by a growing sense of loneliness, despair, and isolation. These experiences of suffering should neither be minimized nor romanticized. Unfortunately, such an exclusive biological emphasis carries with it a heavy cost. We as a society are coming to the awareness that despite the best efforts of medical intervention, the biological underpinnings of both maturation and progressive forgetfulness may not constitute the entirety of these complex and challenging developmental processes.

In addition to the use of excessive medication, we are also witnessing a great degree of pressure put on both public and private caregivers and health practitioners to respond to symptoms of maturation and dementia with dehumanizing behavioral measures, represented in the extreme by lock-down wards that curtail any freedom of increasingly forgetful elders. More moderate behavioral interventions meanwhile tend to focus on merely distracting and redirecting individuals who are disoriented or agitated, adhering to the conventional wisdom that there is little, if any, value in meaningfully engaging with people who are not able to orient themselves to commonly shared pre-suppositions of reality.

Such dismissive measures invalidate any subjective attempts at meaning making that might be masked by the seemingly inscrutable symptoms of growing old and disengaging from consensus reality. As Pollyannaish as it may sound to the modern mind, both aging and dementia may in fact offer unique invitations to explore realms of human experience that are usually occluded by the consuming engagement in youthful pursuits and social norms. If we are to seriously entertain this radical reframe, then we must remain open to the possibility that new dimensions of human consciousness may in fact reveal themselves in the course of physical atrophy and advancing forgetfulness.

Humanistic and transpersonal psychotherapies, known, respectively, as the Third and Fourth "waves" of psychology, offer unique assistance in facing our enormous societal challenge of recognizing these potential opportunities for growth and well-being that may inform the mysterious processes of both aging and progressive forgetfulness. We are currently enjoying a resurgence of humanistic and transpersonal ideas and values, which can be seen to be the building blocks of an attitude toward aging and the elderly that we are yet to experience as a mainstream culture in modern Western society. The employment of humanistic and transpersonal psychotherapies can in turn be uniquely effective in creating environments and experiences for individuals to reflect

on feelings of increased alienation and the challenges associated with them. After all, although one may not always be able to change one's biological situation, one may have unlimited freedom in terms of how one relates to it. This perspective is eloquently captured in Elizabeth Bugental's (2005) book *AgeSong*, in which she writes, "Growing old is not an option. But how we age is a choice . . . we're finally old enough to consult our deeper selves and do it our way" (p. 1).

The belief that elders provide an indispensable resource of wisdom and grounding for a rapidly developing society has inspired the inception of several facilities that employ humanistic and transpersonal psychotherapies in working with this population. One such example is AgeSong Senior Communities, an organization based in the San Francisco Bay Area, which aims to create therapeutic environments for the elderly. The AgeSong Senior Communities serve the geriatric population that mostly consists of individuals of diverse cultural and racial heritage, aged 65 years and older. These facilities are seeking ways to improve Western society's default view of both aging and forgetfulness.

Part of AgeSong's mission is to develop and foster such a therapeutic environment, an atmosphere that is engineered and geared by principles of awareness, growth, spirit, openness, and nurturance. These principles are in alignment with many of the basic tenets of humanistic and transpersonal psychology and can be seen to be especially effective in working with the geriatric population. It is gratifying to know that in the midst of the chaos and rapid urbanization in the 21st century, there exists an oasis for the elderly that strives to embrace an unwavering attitude of unconditional love, acceptance, curiosity, and validation regarding every individual's unique experience and expression of reality.

The three articles in this special series highlight different facets of existential and humanistic approaches to working with the elderly with dementia. In their article titled, "Aging Matters," Matt Spalding and Puran Khalsa present a thematic analysis of the inventive and effective ways in which AgeSong interns conduct successful therapy with elders with diverse symptoms of dementia. Rochelle Suri, in her article, "Working With the Elderly," discusses the importance of presence, spirituality, and finding meaning in the existential-humanistic approach to conducting therapy with the geriatric population. Finally, Nader Shabahangi, founder of AgeSong, in his piece titled, "Poetics of Aging and Dementia," invites the reader to reconceive forgetfulness as an invitation to increased soulfulness.

These related articles collectively propose not only a more humane understanding of both aging and dementia but also the importance of qualitative

research methods in the exploration of the challenging lived experiences of those who live with this condition. Far before any experimental research and statistical analysis can be done to show the effectiveness of humanistic therapies in the treatment of dementia-related symptoms, the use of case study and qualitative interviewing as used in the following articles marks the preliminary investigation of a new partnership with geriatric population and humanistic psychology. Unrestricted by random sampling and rigid protocols, these personal accounts provide a window into dementia treatment from the patient's perspective while simultaneously taking into account the therapist's views.

The intention of this special edition is not to point out the perceived shortcomings of mainstream elder care; it is, rather, to emphasize the unique advantage of viewing dementia with the related psychological and behavioral disturbances through a more humane, if not spiritual, lens. It is hoped that the following three articles will generate several hypotheses that will help guide future care and research with the elderly with dementia among us.

## Reference

- Bugental, E. (2005). *Agesong: Meditations for our later years*. San Francisco: Elders Academy Press.