# Wholistic applications of counselling with the aging in dialogue with pastoral care concerns: A postmodern and transcendental analysis

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**Abstract**
Studies indicate that the influence of institutionalised religion is waning in most Western nations. In contrast, personal, spiritual, and subjective approaches to faith are on the rise. The latter may or may not relate to traditional Christian frameworks. These trends are most apparent with the aging 'baby boomer' population, thus changing notions of pastoral care in many countries. Counselling, as a secular and scientific modality, is well placed to meet the needs of a highly educated and articulate aging population whose values are, in many ways, representative of 'post-Christian' and 'post-colonial' worldviews. Exploring the applications of counselling in dialogue with pastoral care for the aging is a new area for practice and research. This paper explores these issues in light of a wholistic model of counselling that honours how meaning and spirituality are constructed in everyday life through personal and social experiences. This is accomplished through analysis of the social construction of aging via discursive techniques of difference, also admitting the post-secular. Issues of meaning are highlighted that place aging, counselling, and pastoral care into wider social and historical contexts. Deconstructing aging in the postmodern includes articulation of a postmodern transcendental method in critical social analysis, including acknowledgement of theological and philosophical issues. The discussion concludes with suggesting a queer critical social analysis to assist in understanding the politics of aging.

**Introduction**
Thank you to the organisational committee for inviting me to keynote today. I am very honoured to visit you from Australia. Let us acknowledge the original inhabitants of this great land of Windsor, Ontario, and of the First Nations people of Canada. We will begin with setting the scene in terms of cultural trends and professional debates, and then proceed with the focus of the discussion.

Studies report that mainstream organised religious involvement is waning significantly in most Western nations (Acquaviva 1979, Hughes 1994). At the same time, people are looking for spiritual meaning and are constructing meaning in everyday life. In a sense, the landscape of meaning has shifted, and we can now appreciate the significance of terms like post-Christian, post-colonial, post-modern, and perhaps even post-secular. This sense of the social construction of meaning highlights how being human is *constituted by meaning*, to borrow a phrase from Bernard Lonergan (1957, 1972). To be constituted by meaning suggests that creative and original insights can sometimes become commonsense parts of daily life for many people. When shared, meaning creates culture, science, and political economy. These so-called pillars of society are built upon multiple layers of associated meaning. In a postmodern social context, these layers of meaning are actively deconstructed, called into conscious awareness, and revisioned. Indeed, in the postmodern what was commonsense is called into question.

In this context, the concept of 'aging, and the aged,' is one area of common sense and professional knowledge that is called into the space of deconstruction. While the categories of aging have significance across the domains of culture, science, and political economy, these categories are also in need of critical analysis. Particularly as the population ages statistically, it is timely to consider the postmodern emphasis on organic and local contexts which are central to personal experiences of aging and how these relate to social and political trends. But the first step in this analysis is to sit with the dis-certainties that arise when basic questions of meaning are raised.

Let us take for example the commonsense association with aging and loss. From this point of view, one of the ironies of not aging well relates to realising things too late, and being powerless to change things. There is a disenfranchisement that comes with these unfortunate experiences that rupture our sense of continuity and time, and these experiences of change disrupt our relationship with place. Physical illness and disease cut across the boundaries of daily life with definite power to redefine human life and meaning. These and other crisis of meaning, and/or the ways in which people need assistance to mitigate the physical, emotional, and social issues that arise from aging and becoming aged, are the central factors that instigate need, and constitute meaning, across the health, social, and pastoral care industries.

The term 'industry' is used deliberately in this context to suggest that counselling, pastoral care, and health care represent 'institutions of caring', a phrase that has a high

degree of irony attached to it in a postmodern context. However, with great respect to the hard work and dedication of countless workers in these fields, myself included, our industries, properly understood, also incorporate politics of care that need to be transparent. The caring industries are not simply humanitarian efforts, nor are they valueless efforts (Fox 1994). In the present climate the landscape of aging and the care of the aged is a contested real estate, bought and sold on the open market, and open to the vestiges of corporate, government, and social agendas that are collectively redefining culture and constituting new forms of meaning, and resistance.

While I acknowledge the complexity of the current climate of care, and that certain bio-ethical and moral issues are raised by the trends of privatisation, corporatisation, and postmodern uncertainties faced by an aging population, in this discussion the purpose is to highlight the unique strengths of counselling and pastoral care approaches in this wider context. It is helpful to understand the perspectives brought to bear on this discussion. As a pastoral worker and counsellor since the mid 1980s, and having shifted into counselling and psychotherapy during the mid 1990s, and having taken on the role of lecturer in counselling and health since the late 1990s, more recently I am revisiting pastoral issues having become ordained to the Order of Deacon and being in preparation for the priesthood in an independent catholic denomination. My approach then tends to be integrative and affirmational towards the transcendental or common values that underpin various fields. In my experience professional life works to integrate secular, religious, personal, spiritual and cultural meanings that incorporate values, ethics, and moral approaches to human and social issues. In the past these domains were in greater opposition, as they remain today for many sectors of society, both religious and secular. However, for various personal and circumstantial reasons, my path in relation to both religion and secular professional work has involved intensive deconstruction and revisioning of values, ethics, and moral frameworks that now encourages me to affirm elements of various traditions in an integrative multidimensional approach.

Integrative approaches are fairly common in the postmodern, because while we deconstruct we also reconstruct (Popke 2003). This action of meaning-making requires the transformation of prior ways of thinking and working. As such, in a postmodern sensibility there is no longer a necessary, nor a clear delineation, between the secular and the religious, the atheist and the theist, the death of God and the life of God, the death of science and the utility of science (Crockett 2003). Instead of an either/or worldview, we now speak about a both/and worldview that recasts alignments and boundaries into new configurations, so that it is commonly acknowledged that people are renegotiating and reconstituting meaning across a shifting landscape of values.

Pastoral care is one contemporary approach that, in its best light, will assist people to adjust and cope with a shifting cultural landscape and the resulting issues arising from change-fatigue. The basic approach of pastoral counselling assumes the spiritual presence of the Divine Other, and issues that arise are approached with existential and spiritual depth, openness to listening, and resonance with the hurts and woundedness of human experience (MacKinlay 2001). In a similar way, the secular counsellor will listen with empathy and understanding to the stories of people, seeking ways to highlight missed

opportunities when appropriate, or to simply listen with respect in circumstances where grief is overwhelming (Rogers 1951, 1957).

In comparison with secular approaches to counselling, pastoral care also suggests the presence of the Divine Other where it is openly acknowledged that God is part of the triangle of interaction (Tisdale, Doehring, and Poirier 2003). Person, care provider, and God make up a trinity of wonder that embraces the lived experience – regardless how painful or disheartening. This space that allows the Divine Presence to be acknowledged, enacted, and invoked is a very unique quality of pastoral counselling within a postmodern and largely secular society. But here again, 'society' is something that is better defined by an individual's worldview, as interpretations of lived experience are many and varied.

Interestingly enough, by suggesting a postmodern social context we open up space in this discussion to acknowledge how the notion of difference in time, space, and identity constitutes social and historical realities in ways that challenge previous assumptions of value, meaning, ethics, and morality (Sarbin 1994). These shifts of awareness can be applied as much to aging as to any other social or personal issue. In raising the postmodern, we are able to speak in the same breath about moving beyond the death of God to acknowledge stubborn intuitions of the immanently divine.

From this space it is possible to speak about a 'post-secular' cultural environment that challenges assumptions related to rational science, medicine, social and cognitive science, without necessarily relying on previous constructs of religion because these too are being transformed and reframed. But the process involves much uncertainty, and a degree of existential anguish is created by the dual deaths of God and of Science, of religious and secular. It is easy to doubt even such basic human values as truth and honour in virtual culture. It is precisely these losses of faith that constitute the modern era, and that posit a moment in time and space we call the postmodern. Where there is a loss of faith, there is a loss of hope. And where hope is lost, in the human psyche is created a void like a parched desert yearning for release from chronic pain and suffering.

Meaning and identity associated with aging and the aged are also shifting. In many ways this process is still fragmented, but in other ways our context raises possibilities for new forms of wholistic awareness (MacKinlay 2001). So the postmodern moment must be extended until new forms of identity, meaning, and political economy emerge and these will manifest greater congruence with social services for the aging and other populations that are currently problematic. These issues rightly are acknowledged in almost every era, but hope suggests that among times and places there are ways to facilitate greater social harmony while still respecting differences. A new paradigm is necessary that is unique to our times and that honours personal experience and gives meaning, richness, and depth to the pains and pleasures of life. These types of realisations are the rightful domain of an aging population asking questions of meaning, significance, and looking for some sense of coherence and integrity of belief following years of living a fragmented and busy lifestyle.

## Aging, counselling, and pastoral care

The time is ripe to look at possible integration between perspectives. The signs of the times suggest that secular counselling may have a lot in common with religious pastoral care. For example, counselling courses in integrative methods that include aspects of spirituality have grown enormously over the past decade (Corey 2005, McLeod 2003). In the fields of pastoral care, what could be considered traditionally secular frameworks, such as developmental theory or perspectives from Rogerian humanism are increasingly deployed to meet the needs of an emerging discipline (MacKinlay 2001). Pastoral counselling, while having its unique social, religious, and more recently, its professional origins, is a field that makes the most sense when it frames up its methods from an integrative and wholistic perspective.

From a postmodern point of view, pastoral counselling uses the constructs of faith actively while engaging in appreciation of the common wealth found in religious and secular traditions. Counselling is also an emerging discipline that has the potential to articulate a wholistic paradigm that works in dialogue with pastoral care concerns. Whether one works from a basis of faith or secularity is becoming a less useful delineation. What means most in the current climate is how each practitioner frames up their theory of working and how they articulate their practice. The central issue here is not what discipline the practitioner sits within or identifies with, but how well do their theory, and practice, hang together? In other words, how does their articulated theory and practice offer coherence and integrity to their work?

## Closing the gaps in care

When approaching issues for the aging, we have an example of one common area for concern that can bring different practitioners together to discuss ways of assisting clients from their unique points of view (Tisdale et al 2003). What boundaries exist between and within each approach? In mainstream counselling, for instance, the practitioner typically will not mention faith or religious meaning unless this is first requested by the client. This appears to be a basic humanist boundary for practice, that is, to allow the client to define the tenor of the interaction in regards to faith or religious belief and for the therapist to remain detached and as valueless as possible (Rogers 1951, Corey 2005). Even in such cases, the well trained counsellor may be fairly reluctant to actively engage in a discussion of faith even when a client raises the issue.

Likewise, the counsellor will often have great reluctance and perhaps be closed to active exploration of faith or religious issues with aging clients. Often, these issues may be discussed from a religious perspective for the client, but for the counsellor they are reframed into existential or psychoanalytic terms (Bragdon 1990). For secular minded clients this may be adequate, but for older people of faith the secular approach may not be helpful. Furthermore, in secular and humanist-based forms of counselling such as Rogerian approaches, it is not common for the presence of God to be invoked through gesture, word, and/or prayer, either by the client and especially not the counsellor (Rogers 1961). This is simply not the role of the secular counsellor.

Indeed, by invocation of divine presence it is implied that 'two or more are gathered in the name' of the Presence, so that when a client may desire to express faith in the divine presence, if this is not shared by the therapist such invoking of the Divine presence will likely not be experienced in any shared sense. In my experience, the result for clients can be a marked absence of Presence, and a resulting sense of emptiness, disappointment, and a perception of lack of sharing within the therapeutic relationship. These issues have particular relevance in multicultural situations where the aging person has a different worldview that acknowledges Presence, whether of Creator, Spirit, God, Goddess or the person's Ancestors. Purely secular forms of counselling do not adequately prepare practitioners to acknowledge *and* to create value-laden spaces where these personal and spiritual meanings can be respected and nurtured.

As the Rogerian tradition suggests, when the work of the secular counsellor focuses on the client's story and on finding solutions to issues, faith and the discussion of religious meaning are part of a much wider agenda that are reframed via non-religious and humanistic constituents of meaning (Rogers 1980, 1990). One can see how difficult it can be to reach a wholistic perspective, depending on where the secular counsellor is coming from and whether or not their frames of meaning are actually conscious, and whether they understand how their interpretative frameworks impact on interactions with clients who are coming from different worldviews. Overall, counsellor's awareness of these and related issues of value, ethic, culture, and aesthetic tend to be inadequate and prone to unconscious and unintended bias (Arrendondo 1999, Johnson 1995, Minichiello, Plummer, and Seal 1996, Pack-Brown 1999). It is likely that similar, and perhaps even more pressing issues will arise in fields of pastoral care where religious and/or spiritual values are foregrounded and make the landscapes of value, ethic, culture, and aesthetic more transparent. Future research needs to address these issues in qualitative frameworks that highlight issues of meaning in everyday interactions.

**Professional and/or sectoral identities**
In another sense we come against a fundamental problem. This is the issue of signification and identity in our native way of working. If we identify as counsellors, we may take on a secular mandate and code of ethics that requires certain values be highlighted while others are diminished (Canadian Counselling Association 1999). If we identify as pastoral care providers, we may have related but also unique and contrasting ethical frameworks for practice. In both cases, our identity frames up our basic manner of working and defines for the public where we are coming from. While this may be the case overall, it seems important to acknowledge that at times what people think they are seeking is not always what they discover they need. So you can imagine clients coming forward to counsellors or to pastoral care providers seeking what they feel might be the obvious part of what the practitioner offers. However, through the interaction the client and therapist may acknowledge that other issues arise demanding they either flex their style of working or refer the client to another practitioner who can help them. We can also see that for aging clients who have had prior negative experiences of either secular psychology or of religious services, we can imagine there may exist layers of resistance to being helped by either a counsellor or pastoral care provider. Sensitivity to these issues

appears to be an important part of our work regardless of our place in the politics of caring.

In the ideal world, I would hope that each practitioner has the knowledge and skill available within them to assist all clients that come forward to them. But this is not the case. In this ideal world, counsellors would be flexible enough to enter the world of faith and all that this entails. However, in most cases this is not possible for counsellors unless they advance in their own professional practices plus extend their training into other fields. However, shifting one's personal beliefs for the sake of working with certain populations is not an expected part of professional life. Enter the construct of empathy, which suggests that regardless what beliefs the counsellor holds, they can offer respect and understanding for where the client is coming from. This is not always the case. From a clinical and counsellor training perspective, I am not convinced that empathy and the other 'core dimensions' of therapy are adequate to translate otherwise poor cultural and religious understandings into different cultural settings. Likewise, ideally pastoral counsellors would be flexible enough to switch off the faith mandate and enter the world of secular psychotherapeutic counselling strategies. But in either case this flexibility requires extensive education and training that currently does not exist in any unified nor integrated fashion, and the issues raised are incredibly complex and multifaceted.

It seems important to acknowledge that the more 'wholistic' a discipline claims to be, then the greater the need for higher standards of practice and training. When applied to the sensitive areas of work with the aging, it becomes clear how important these issues are to high standards of ethical practice. This is a sobering thought, because when one takes a dialectic analysis of pastoral care and counselling training programs it becomes quickly obvious that the constraints on these programs makes it almost impossible to offer a truly wholistic training package. Likewise, issues for the aging are not covered in any great detail if at all in most basic training programs. Practitioners of whatever modality must gain this experience and training elsewhere. As both disciplines tend to claim a wholistic approach, they ought to differentiate knowledge and encourage integration of the practitioner's awareness of the physical, cognitive, emotional, social, environmental, capability, spiritual, and educational domains of aging. The standards of training in the care of the aged for both disciplines ought to be fairly exacting for members to attain competence in these domains across the areas of knowledge, theory, and practice.

In addition to these basic values of professional education, wider social and historical trends are worth considering as they relate to the politics of caring. While we may find ourselves in a post-Christian culture in many ways, this is by no means clear cut. As stated previously, we also live in a post-Secular culture. What these concepts mean for each person will vary greatly. We can never assume to know where each client is coming from, and what they may need from us. It is important to take a seasoned, detached and critical perspective on our work that allows for challenges to our theories of work, and to our manner of working. Herein lies the importance of attending to a dialectical method of critical self-analysis to actively change our approach on an ongoing basis, so to offer better care and services to clients.

**Aging and the discourse of difference**
More than any other notion, difference defines, delineates, challenges, and speaks by means of presence and absence (Irigaray 1990, Jagose 1996, Sarup 1996, Warner 1993). These dimensions of difference speak through voices from the margins, through objectification, and through pervasive strategies of silence. By marginal voices, I mean those sounds that arise from previously unheard stories, both in the private context of therapy and in the public discourses of the academe. By objectification is meant the process of 'othering' central to all social tactics of prejudice, bias, and preconception. To objectify is to isolate self from other by contrast and separation. This social dynamic of objectification causes a social, psychic and geographic isolation. The epistemology of aging suggests a silent (and psychically marginalised) awareness that we are all in this boat together. But many of us are in denial. Here is a central point. We are all aging people, and we will all face the effects of becoming aged – should the Creator carry us until we too are 'old and grey'. So we not only marginalise our personal experience of aging, but in a social sense we also segregate and quarantine the aged among us. In this sense, by 'isolation' is meant 'to separate equals' because in terms of aging, and when considering many other types of difference, we come upon an existential and phenomenal truth. We marginalise parts of ourselves, the very things that we share by right of our being human.

If not for our common spirit, the social and psychological effects of isolation would be less devastating. But because our sameness draws our families and communities so closely together, the social dynamics of objectification and prejudice are enormously damaging. This will ring true when considering issues of aging as much as in ways that race, gender or sexuality are objectified. All the more powerfully felt are the traumas created when tactics of objectification, bias, and prejudice are deployed by helpers, whether they be religious, pastoral or secular.

The characteristics of how people isolate themselves from the self and each other are central in guiding a dialectic analysis, because when one understands what is rendered different and *other*, one can begin to appreciate the construction of prejudice in its varied manifestations. The discourse of difference thereby highlights issues of identity that were previously unarticulated in quite the same manner (Warner 1993).

**Identity and aging in the postmodern**
Identity may be explored by use of the dialectic method, an analytic agenda that honours the local and particular while also highlighting the global and thematic. This dialectic method may lead to greater appreciation and wholistic understanding. In this way, 'wholistic' is understood as a process and a practice. This practice is central to my notion of therapy. These constructs of difference, dialectic, and wholistic practice are herein applied to an evolving notion of pastoral care for the aging, and by parallel analysis are related to a sense of what constitutes aspects of a spirituality of care. Other categories that have benefited from dialectic strategies of difference include sexuality, gender, race, ethnicity, youth, and disability (Bowers and Minichiello 2001, Fox 1994, Giddens 1991, Herek 2000, Noel 1994).

With Luce Irigaray (cited in Ward, 1997, p 193), I call for practitioners to consider multifaceted strategies to elicit the voices of difference, to listen to the silences, to attend to the sounds from the margins. By marginal is meant that which is contra-ordinary, that which is different and stands apart. In another manner of speaking, the marginal is what we separate from ourselves and render the *other*, and in this separation we construct meanings that make the other different from ourselves. Yet voices from the margins sometimes arise to tell their stories, and certain research agendas seek to encourage space for marginal voices to be heard in mainstream discourse.

This discussion raises knotty questions related to how can we facilitate a greater appreciation for the voices of aging and the aged? While I can not presume to answer this and other related questions in this essay, nonetheless, it is important to raise the questions and allow them to ring in the air. The intentions behind questions raise many energies that can be picked up by individuals in many and varied ways. The point here is to live in the questions themselves, and to allow their energy to carry us forward.

Central to these questions is how we might consider particularly the voice of those who have lost their voice, power, and influence, in societies that marginalise the aged? How can we honour their stories by giving space and time to hear them, to write them down, and to know them as valuable and honoured contributions to society? Most especially, how can we honour and respect the voices of those who are physically towards the end of their lifetime and may have little voice left in them, but who desire nonetheless to be heard and appreciated? These questions underpin the fabric of this weaving between discourses of professional practice, dialectic method, critical social analysis, and related issues of applied disciplines like counselling and pastoral care. From this weaving, in what ways can we encourage research agendas that address the pressing needs we now face in our aging societies? And further, how can these agendas of research and social change be viewed in wholistic and long-term ways that contribute to the overall well being of societies, communities, and families for generations to come?

Following from the dialectic space created by these and related questions, we are able to acknowledge that there is no greater margin or separated social space or geographic locality, than that which is created by mainstream society for the categories and institutions relegated to aging.  Too often the voices of those of whom we speak do not appear in our decisions, meetings, presentations, texts, nor are they given space to be honoured in the day to day operations of the community. Although prior work has attended to righting some of these wrongs in other spheres by giving space for voices from the margins (Bowers, 2002), this paper stands guilty of this articulation by omission. The purpose here is to frame up a research agenda which will in future continue the process of giving voice to difference, and begins this process by giving a different sort of analysis to the issues of aging.

**Postmodern tools for analysis of 'aging'**
As is expected in the postmodern, it is helpful to look to the local, particular and contingent as well as to the thematic and general (Irigaray 1990, Jagose 1996, Sarup

1996, Warner 1993). These points of emphasis highlight a necessary immanence, a direct and personal relevance that remains the focus even when suggesting wider themes or tentative conclusions. This important loci directs our analytic agenda to the subject, and it is possible to see how this will apply to honouring personal narrative in research and social services such as pastoral care and counselling with the aging.

However, postmodernism in its extreme may warrant a kind of nihilistic relativism that suggests the death of agency that utilises reason and insight to speak beyond the contingent (Ward 1997). Facing up to this challenge is one of the first and obvious tasks of students in the academe at this particular time, regardless if they come from Christian or other backgrounds. Likewise, facing up to the approach of dogmatic theology and/or to fundamentalist interpretations of reality also require sustained critique. Somewhere between these extremes lies a middle-path to wisdom, where we hope that contemporary practices of care can be grounded and enabled to flourish.

To these ideological challenges I bring the seminal work of Bernard Lonergan (1957, 1972). His work is particularly relevant because his enterprise is not ideology or beliefs. His concentration is on the nature of human insight, and so relies on analysis of the meta-epistemological processes that constitute all expressions of human meaning. In other words, *how people construct their beliefs*, not what or why they believe per se. The 'how questions' are of central concern to counselling and pastoral care, where we wish to address how people can activate beneficial and resourceful beliefs to assist in their development, and how they can change unresourceful beliefs to encourage this process. In contrast to ideological approaches and arguments raging in the fields of religion and the academe, the best approaches of counselling and pastoral care tend to apply this focus on 'how' through pragmatic, person-centred, process and outcome oriented strategies.

Lonergan (1957) suggests that human insight is an organic and necessarily contingent process, but that this process is also transcendental. That is, the process of insight relies on subjective awareness and the growth of the subject as the carrier of wisdom – and knowledge itself is meaningless without this active dialectic engagement of the subject who continually revisions their concept and interpretations of reality. The ways human beings do this process of insight are both contingent and transcendental, that is, the process of insight is personal and is also shared, and therefore has certain universal components. In this framework people do not seek knowledge per se, but rather seek an expanded sense of wisdom. This sense of wisdom suggests a more complex awareness or consciousness that is able to hold together a range of experiences and insights – a sort of (postmodern) holographic or virtual awareness that has the qualities of depth, width, and height, across multidimensional space.

Lonergan (1957) also argues that the coming to terms with the subjective aspects of transcendental method can only be attained by individuals who take up the personal task of attending to the process of insight. From the point of view of a clinician of counselling and pastoral care, this *praxis-methodology* is not surprising because in a professional sense we acknowledge that clinical insight emerges best from personal experience when taking one's own therapy seriously. Through attending to this subjective process of

insight, experientially, the agent may work toward greater degrees of analytical awareness – taken to mean a wholistic awareness that includes emotion, feeling, sensation, cognition, memory, and degrees or states of rationality. The subjective analytic method, then, if taken seriously, may warrant our ability to reason and to speak to wider truths. This also means that we must take the personal narratives of people who are aging seriously, and honour their stories by reflecting changes in our methods of working, and in institutional changes that support their self-defined well being.

**A postmodern transcendental method**
To press the point, the subjectivist transcendental method, when explored in the current cultural and intellectual climate, appears to rely heavily on a mystical-based metaphysics that resonates with the relativism and contingency of postmodern sensibilities while also suggesting universal themes. Taken in this light, *a postmodern transcendental method*, when applied to issues of identity, aging, research, or practice, is an expression of the *via negativa* that highlights the absence of faith, reason, and presence (of God, truth, beauty, aesthetic, ethic, and moral value). In the current climate of social and political unrest, it is difficult to avoid the *via negativa* and still maintain integrity.

Let us also acknowledge that in the circular nature of human experience, the *via negativa* and its necessary deconstructive approach with its attendant depressive states of being may reconverge in a place not so dissimilar to that created by the *via positiva.* In both paths the absence or conversely, the active engagement of faith, reason, and presence enter on the threshold of mystical, material, or (non)rational insight (Lonergan, 1972, Pickstock 2003). A certain transcendental quality of darkness and light admits to both having instructive and insightful dimensions in the human psyche. Both light and dark have stories to tell, and functions to play in human evolution.

In terms of research with and for the aging, this discussion raises the importance of withholding judgement long enough to explore deeper connective themes, because what appears as simply negative and disheartening may, in the long term, whether in the analyst or in the subject, emerge into a transformation of meaning that yields new insight into the resilience or creativity of the human spirit. Therefore, in the example of postmodern narratives we have an expression of a profound (and often dispassionate, irreverent, and even crass) loss of hope, and destruction (or deconstruction) of hope. The *via negativa* is intentionally chosen for its discursive utility, although the concept of utility is flawed, because the objective in 'pure' deconstruction is to dismantle the discursive into a fragmented string of incoherencies (Pickstock 2003, Moran 2002).

**As metaphor of despair in aging**
However, taking the postmodern as a metaphor and as an expression of internalised states of being, we have a moment in history and culture of fragmentation and disillusionment that quite naturally happens for us when we are overwhelmed with meaninglessness and the full manifestation of human suffering. The metaphor speaks of despair in aging, and also of a terrible path through despair to regeneration, hope, and rebirth.

The Eastern sensibility is to say, nada. The middle road to enlightenment is found in either direction. Take what path you will. But attend to your process. Be aware. Let go of aware. Zat! This approach is dangerously closer to the Western Christian sensibility than we would at first like to acknowledge, because we Western people have consistently denied the mystical emphasis on personal responsibility and enlightenment. The postmodern highlights this blindness of Western thinking and being, and suggests powerfully that the *via negativa* must be taken. Only by taking this path can we journey towards a post-postmodern insight. We must begin where we are at; in practice, research, and in aging. We can not move from where we are not.

The postmodern *via negativa* tends to lead toward a realisation of the terrible fragility and tenuous thread upon which being human relies. Life itself is contingent. We live in a frighteningly limited world, in an even larger suspended universe that could, in a moment, and without notice, shift beyond the fine line of conditions that sustain human life and consciousness. In this sense, the postmodern notion is correct – there is no truth upon which we can rely, there is only a process of contingencies that sometimes (and in politics, science, or religion) *appears* as absolutes. And while this is true from a poetic, mystical, and analytic sensibility, we hope that we can rely nonetheless on the 'best approximations' of truth that exist, as these tend to guide social policy and practices in health and human services.

**Postmodern poignancy of 'aging'**
If you step back for a moment, there is a certain and terrible beauty in this contingency, something that a Christian theology of incarnation has always suggested (Ward 1997). There is a radical sense of how the Gospel narratives ended up in despair – how nothing worked quite right, how aging and time highlighted the limited, local, and personal aspects of human frailty, and how all these contingencies led the way to God's providential manifestation of grace, presence, and absence. Not in an absolute sense. But rather in an insanely graceful and imminently compassionate expansion of subtle energy that continues the process of evolution since the dawn of the universe. This frighteningly erratic, illogical, and yet insatiably graceful and coherent evolution comes forward in postmodern impulses that rely heavily on the discursive and the intuitive, to recast theological and ethical frameworks of the past. This contingent process, from a Christian disposition, is made manifest again and again through the miss-happenstance occurrence we call the resurrection of Jesus from the effects and politics of aging and death. In this sense, postmodern faith is not based in certainties, but rather is disturbingly inspired by the terrifying lack of certainty and chaos that permeates our universe.

**Revisioning 'Christian' metaphors**
In today's context I believe we are seeking a sort of queer theology of immanence. More will be said about this in a moment, suffice it to say here that this recasting of theology requires a prophetic voice from the margins. This manifestation of insight seeks a radical and sensible awareness of the divine presence found in human contingency. This sensibility is a form of sensuality, reconciliation, and healing of the fragmented self of postmodernism. But this sensual theology speaks directly, intimately, and transparently to the contingencies of aging and difference. Such a queer-sort of theology transcends the

discourse of presence and absence, and will one day emerge from a radical contra-analysis of the Gospels in light of postmodern sensibilities (Ward 1997).

Yes, our condition is contingent, and aging is the primary reality that forces us to experience these states of uncertainty that are so intimately portrayed in the postmodern philosophers. Yet, the deeply mystical, poetic, deconstructive, violent, disconcerting (and indirectly Christian) aspects of the postmodern sensibility are in fact a prophetic voice from the margins that need to be heard. These once silent voices point us toward the largely unacknowledged subterranean depths of Eastern and Western religious spiritual traditions. This work is desperately needed in today's world to continue the deconstructive process that leads to tentative expressions of hope – and that hope which is at its core a spiritual manifestation of the locality of God's own frailty, aging, decay, and death which we must face first in order for the third day to arise.

Meaning as emergent then, resonates with a sense that the human person and their insights are *constituted by meaning*. In our discussion the implications are that aspects of culture like family, gender, and age are locations of more than what may appear at the purely physical level (McBrien 1994: 148-149). While this method of analysis takes the concrete, contingent, and historical seriously, it does not resort to the classical and modernist views which rely on abstract and 'objectified' constructions of reality. Therefore, by uniting Lonergan's (1972) method in theology/philosophy with postmodern critique, I am suggesting an analytic method that can both deconstruct aging as a social locus of meaning and reconsider dynamic, self-constituting, and actively engaged human subjects who may challenge and increase our collective awareness of the epistemological landscape of aging in the future.

For example, by exploring how an older gay male experiences loss and grief compared to a heterosexual male's experience of loss and grief may open up new understandings of how human experiences are registered in different contexts. This exploration of meaning and context is the underlying meta-research agenda by which I approach the notion of aging. In this sense, aging itself is felt to be one example of *difference* – that is, of a human experience that has tended to be assumed. We all age and will be subject to the experience of aging. But aging as a concept and as an experience requires deconstruction.

Because of the normative functions of aging the notion and the experience has been assumed, misunderstood, labelled, codified, and rendered with various forms of bias and prejudice. Likewise, the counter-intuitive notion of *difference* is meant to suggest that the concept of 'aging' performs certain tasks for families and society that attach meaning and place limits on aging persons for various reasons. Aging is, in this sense, a location of multiple subjective markings with associated signifiers that render certain people different from others for specific reasons. Many of these processes of marking a person as 'aged' go unchallenged. Yet we will agree that aging is a critically important location of identity politics that raises many of the most significant questions facing our societies at this time. More so, the field of aging as a social phenomena and performative notion of interaction, ethics, morality, theology, and health requires nothing short of a queer reclaiming.

**Aging and queer critical analysis**
By 'queer' is meant a borrowed construct of critical social analysis, taken with gratitude from the wisdom of gay and lesbian studies, and prior feminist discourse. Queer is first of all a field of possibilities, the hinterland of potentiality that is newly being articulated. Jagose (1996:3) suggests that 'queer describes those gestures or analytical models which dramatise incoherencies in… allegedly stable relations'. In this case, we look at the relations between aging and the politics of family, social interactions, gender, sexuality, physical and mental ability, and the economies of necessity and the power-differentials involved. By borrowing queer analysis from gay and lesbian discourse, and applying similar discursive techniques in a field that involves gay, lesbian, bisexual, transgender, and heterosexual aging persons in mainstream and in marginal settings, queer analysis suggests another way of thinking about age and aging, another discursive horizon.

Because of the history associated with queer, it necessarily also suggests how marginalised people have reclaimed a pejorative term and turned it around as a word of pride and of political power. Perhaps a reclaiming of aging is also necessary. Will we assume the same limiting meanings of aging that our parents have taken on, or will we reclaim a 'queer sense' of aging that reclaims the positive meanings and the locality of aging? Will we demand greater accountability, rights, and acknowledgements of the position of elders in our society? How might such demands challenge dominate materialistic values that marginalise aging and the aged in modern life? Many profoundly important questions arise when we take a queer stance towards everyday discourses of aging. Acknowledging the liberation-based strategies of queer theory, how might reclaiming a queer sense of aging suggest an agenda of emancipation for the aged, the aging, and for people in society at large in our attitudes towards aging? What new forms of meaning and culture would we like to support that signify new forms of identity as well as a new politics of aging in future?

The importance can not be underestimated of (queer) research agendas and (queer) ways of practicing pastoral care and counselling that take up a post-structural stance of acknowledging the locality and standpoint of marginal voices and narratives. In a sense, to take up the queer approach to aging is to take lightly the seriousness of prior frameworks, and to 'make fun' in a different-sort of mind-opening way of thinking and *doing aging* in the postmodern.

Take for example recent environmental crisis that has destroyed people's livelihood, homes, and lands, and killed many loved ones. In one sense, these experiences have people growing old very quickly, and losing a sense of the signifiers that had made life meaningful. Here you will note my use of aging as a metaphor, but more than this, as a linguistic codifier for loss, grief, powerlessness, and an unnerving sense of the silence that death ushers in. This construct is not necessarily a positive use of the term aging, but it is important to illustrate how the term is deployed in popular culture in order to envision new possibilities. From the unconsciously assumed coded meanings of aging one can understand the logic of how aging = death = the end of what is good and beautiful. Why do we use this notion that aging is death = the opposite of life, when

aging is for so many of us a path of maturing and investment in truth and beauty? Perhaps the paradox admits to many layers of meaning and associations, which at different times and places take on significance.

To take a queer parallel, in similar ways AIDS = death = evil was a commonly deployed linguistic framework used during the 1980s. Aging, like AIDS, is not the good and the beautiful, and is positioned as something to be avoided at all costs. Likewise, during the 1980s many thought about being gay = getting AIDS = death = evil. In the rhetoric of the Christian political right, these parallels have taken on the force of dogmas. It is precisely these underlying or subterranean associations with aging, death, disease, and evil in most Western cultures that is troublesome. Until we render conscious the negative associations with aging and the aged, we will not be able to reclaim aging as a location of pride, honour, and dignity. This is a pressing problem that suggests a primary deficiency in the core ethics and aesthetics that drive materialistic cultures. Facing these issues demands a critical honesty and transparency that may be somewhat rare, perhaps a bit scary, but is far from impossible. If society can come out of the closets of homophobia and reclaim gay and lesbian experiences as part of the reality of social life, and if society can facilitate greater openness to policies that respect and honour racial and ethnic minority experiences, then it follows that we can also find ways to honour the universal significance of aging. Let us then work toward greater care and pastoral sensitivity with our family and community members who are older, and who ought to have a place among us of honour and respect.

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