I am sitting in my 85 year old father-in-law's house waiting for him to prepare to visit his wife of 55 years who is having a hip replacement in the local hospital. The reason I am here is not because he is unable to manage himself. Despite chronic heart disease and diabetes he has the capacity to cook, clean and care for himself. He is able to read and write and socialize. His unspoken reason for wanting me with him is to accompany him with his fears and anxieties. The way he described this was to say that he was not looking forward to being alone while Mum was in hospital. These anxieties are related to his age and Mum's age. His unarticulated fears are that Mum would not survive the operation; that he would collapse during the night (which he has done before) and no one would be there to help him; that he might find himself alone and lonely; that he might find himself pondering the meaning of his life and need reassurance that his life had been worth it.

His needs are spiritual. He needs to know that he is loved and that he can rely on someone else to help him if necessary. He needs someone to attend to his fears in a way that does not make them worse. He needs a listener and he needs a space to express his fears. That is why I'm sitting at his dining room table waiting for him to get ready to visit his wife in the hospital.

Spiritual need is something that many of us understand but find difficult to describe or define. Intuitively, we know that we will physically benefit if we feel calm and peaceful and reconciled inside ourselves. We also feel better if we know that we can draw on those resources and have a place to go to for those resources when we need them. This is now recognised in Scotland in health and social care policy (1).

Spirituality and religion are now becoming topics of interest in the medical and scientific world. There is a vast increase in the amount of research going on in this area, particularly in the field of ageing and spirituality (2). The research started mainly in America where religious practice is more widespread. The research suggests that religious practice is a protective factor against ill health measured in terms of morbidity. Those people who have strong religious lives and practices tend to do better than those who do not. The disagreements are around the methods used and the explanations produced for this. Is it because of God's response to intercession as some would argue, or is it because those people who have had a long standing relationship with religious practice have good health promotion habits? For instance regular attendance at public worship requires social contact and reduces isolation, requires exercise to get there and perform the different physical positions required for worship and stimulates our cognitive capacities and memories by reciting well known prayers, reading and singing hymns and listening to the sermon.
In the UK we have a different relationship to formal religion which makes research into spirituality and religion even more complicated. As a society we are attending formal religious institutions less but declaring a belief in God more (3). A number of studies recently have suggested that we are a nation that has strong beliefs but less need to belong (4). People's spiritual beliefs can be very varied as the Kendal Study showed (5).

It is easy to get lost in the definition of spirituality. The distinction between religious and spiritual is relatively recent. It is also heavily promoted by academics in Europe and in particular the UK. The increasing 'sophistication' of society and separation of religion from state (and from spirituality) has meant that spirituality now has a meaning apart from religious practice. It is possible to 'be spiritual' without belonging to a religious faith or practising a religion. We are all spiritual beings by definition of our humanity. How we choose to access and manifest this is the difference between us.

This means that spirituality becomes a verb. Spirituality is a search for meaning through an inner journey which is mediated through relationships; sometimes with each other, sometimes with nature and sometimes with God.

One way of approaching the whole topic of spirituality and health is to think about its relationship to ageing. Ageing is something that we all do all the time. There is no getting away from it. We look in our mirrors in the morning and we think, "When did I start looking so like my mother/father?" As we age, we tend to start thinking about our lives in retrospect and we start to try and make sense of our journey. This also happens in times of ill health. We start to think about how we got to where we are, its current meaning and our possible futures. T.S. Eliot's two great questions of "What is life for and what am I going to do about it?" are asked in retrospect. "What has my life been for and what did I do about it?"

Bernardine of Siena, a Franciscan priest writing in the middle ages, perhaps spoke for all generations when he noted that "everyone wishes to reach old age but no-one wishes to be old". He, like others before and since, have pointed out that there is a spiritual task inherent in ageing. Spirituality is a journey and ageing is a spiritual journey. As we grow older we pay more attention to this as a general rule. Gerontologists and psycho-therapists, for instance Carl Jung and Eric Fromm, have pointed out that a task of ageing is to achieve a reconciliation with one's past and future; to achieve some kind of integrity or coherence and to avoid despair. Spirituality has an obvious role in that.

Caring for people involves relationships and this necessarily involves some kind of spiritual care whether or not it is acknowledged. However no one can meet another's spiritual needs. We meet our own spiritual needs with the help of others. It is our unique journey. Others can and do accompany us if we ask them to. However this is a task that is not confined to one specific group but part of our general humanity. In that sense we are all spiritual carers.
One of our common tasks is to grow old well and we can help each other with this by acknowledging the spiritual aspects of ageing.

References:
2 As a start to this large literature readers might like to go to Harold Koenig (1994) Aging and God: Spiritual Pathways to Mental Health in Midlife and later years. Koenig is a prolific American author who has reviewed research on the relationship between wellbeing, spirituality and religion.

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