

Growing Old Is Not Only What It Seems

AS THE NUMBER of older Americans steadily grows, due to a post WWII population surge and advances in hygiene and nutrition, there has been a corresponding increase of interest in and concern for issues peculiar to older people, among which is the tendency to develop Alzheimer's. Threatening to affect some 14 million Americans by 2050, Alzheimer's is medically classified as a disease or illness. On average, 10% of people over 65 and 50% by age 85 have Alzheimer's. It manifests as a gradual loss of memory and a weakening of the reasoning faculty and seems to have a clinical basis in the formation and spreading of "sticky plaques and clumps of tangled fibers that disrupt the delicate organization of the nerve cells in the brain" (*Time*, May 14, 2001), resulting in the disruption of communication between brain cells and their atrophy.

The effects of this process can indeed be disheartening, even wrenching, for those family members who witness the deterioration of the cognitive (including recognition) abilities of their loved ones.

Current etiological research is advancing some suggestive proposals. In a study of the aged community of Catholic Sisters living in the convent of the School Sisters of Notre Dame in Mankato, Minnesota, a review of the sisters' autobiographical statements written upon their entry into the order shows that the "idea density" and "grammatical complexity" of these early compositions provided an objective measure for determining mental capacity, which, in turn, proved to be a powerful indicator for the study's researcher, David Snowden, to predict Alzheimer's in the respective writers 65 years later. He found he could predict, with an 85% to 90% accuracy, which nuns would show the brain damage typical of Alzheimer's. In street lingo, the phrase is "use it or lose it."

Persons who have had strokes are more prone to

Alzheimer's, which makes sense since the delivery of blood, and therefore oxygen, to the brain has been at least temporarily reduced. Neither surprising was the finding that nuns expressing positive emotions lived longer than those expressing negative emotions—as in, faith is the substance of things hoped for, such as the immortality of the Spirit and the divine wisdom of God as it manifests in daily affairs.

From an occult point of view, we may say that life in a physical body is a disease, because we die of it, we die through living in our dense forms. All physical death has a proximate cause, from a violent "attack" of the heart to a peaceful dying in one's sleep, where the unseen and unacknowledged seed atom has ruptured its connection to the heart. But all somatic causes of death are established prior to the Ego assuming physical form. Brain deterioration is a "programmed" feature of the Ego's incarnational agenda, part of its exit strategy.

The student of Rosicrucian teachings knows that a mental archetype governs the form and duration of life which are reflected and built into the vital body. Alzheimer's causes a loss of short-term memory while earlier memories are retained—a kind of dress rehearsal for postmortem retrospection in which childhood experiences are the last to be processed.

While family members are distressed by being cut off from overt contact with their Alzheimer's relative, might there not also be something of the slow swordstroke of blood-tie separation referred to by Christ (Matt. 10:34) and the restoration of metaphysical objectivity?

In life we bind ourselves to and we release from form; we are literally tied to our mothers and we are cut loose. When a loved one becomes outwardly inaccessible to us we are given incentive to make contact on another level, from beyond the sensate body, from a place not subject to mortality, from where Christ in each of us now and ever is. □