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Time Horizons and the Evolving Therapeutic Space A Framework for Age-Responsive Spiritual Care

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Abstract

This essay explores the intersection of Laura Carstensen's socioemotional selectivity theory with embodied theology and therapeutic practice. Drawing from empirical research on aging and time perception, this work proposes a framework for understanding how the therapeutic space must evolve to honor the embodied temporality of patients across the lifespan. The integration of psychological research with theological anthropology offers new insights for pastoral care, psychotherapy, and healthcare that recognizes time perception as both a clinical and spiritual reality (Carstensen, 2006).

Keywords: Socioemotional selectivity theory; embodied theology; therapeutic temporality Time perception; aging psychology; spiritual care Pastoral counseling; chronos and kairos; therapeutic wisdom.

Introduction: The Embodied Nature of Time

Time is not merely an abstract concept measured by clocks and calendars; it is a lived, embodied reality that shapes our deepest experiences of meaning, relationship, and spirituality. When psychologist Laura Carstensen discovered that older adults demonstrate greater emotional well-being despite facing physical decline and social losses, she uncovered what has become known as the "paradox of aging" (Carstensen et al., 1999). Her subsequent research revealed that this phenomenon is fundamentally rooted in how individuals perceive and experience their remaining time.

This finding has profound implications for those who work in therapeutic and spiritual care contexts. If our relationship with time changes as we age, and if this change affects our emotional priorities, cognitive processing, and social relationships, then the very nature of the therapeutic encounter must also evolve. The traditional one-size-fits-all approach to therapy and pastoral care fails to honor the embodied reality of temporal experience across the human lifespan.

Embodied theology provides a framework for understanding this phenomenon not merely as a psychological curiosity, but as a fundamental aspect of human spiritual development. When we recognize that our bodies are not merely containers for our souls but integral to our spiritual experience, we begin to understand that aging with its accompanying shifts in time

perception represents a form of embodied wisdom rather than simply decline (Swinton, 2016). The therapeutic space, whether in psychotherapy, pastoral counseling, or spiritual direction, becomes a sacred arena where these embodied temporal realities must be honored and integrated. As Ungar-Sargon observes in his extensive work on healing spaces, the therapeutic encounter must be understood as fundamentally sacred, where "divine presence and concealment" operate simultaneously within the clinical relationship (Ungar-Sargon, 2025). This essay argues that effective therapeutic practice requires not only clinical competence but also theological sophistication that recognizes the spiritual dimensions of time perception and aging, integrating insights from Ungar-Sargon's framework for transformative healthcare practice that honors both the sacred and clinical dimensions of healing (Ungar-Sargon, 2025).

Socioemotional Selectivity Theory

Laura Carstensen's groundbreaking research began with a simple observation that challenged decades of assumptions about aging. The scientific consensus in the early 1980s viewed aging as inherently pathological, with old age itself listed alongside anxiety and depression in clinical psychology textbooks as a form of mental illness (Carstensen, 1993). However, large-scale epidemiological studies revealed that older adults actually showed lower rates of virtually every form of psychopathology except dementia. This discovery led Carstensen to investigate the daily emotional experiences of people across the adult lifespan. Using innovative experience sampling methods, her research team found that older adults reported fewer negative emotions and maintained the same levels of positive emotions as younger adults, despite facing objective losses in health, social connections, and cognitive abilities (Carstensen et al., 2000).

This finding was so counterintuitive that the scientific community initially responded with skepticism, proposing alternative explanations such as cognitive impairment or "masked depression." However, subsequent research consistently supported the original findings. Neuroimaging studies revealed that older adults' brains showed greater activation in response to positive stimuli compared to negative stimuli, a pattern reverse to that seen in younger adults. This "positivity effect" in attention and memory suggested that aging brings about fundamental changes in how individuals process and prioritize information (Mather & Carstensen, 2005).

The breakthrough insight came when Carstensen interviewed two elderly sisters who explained their reluctance to form new friendships despite living in a building full of potential companions. "We don't have time for those people," they explained, referring not to their daily schedules but to their perception of remaining lifetime (Carstensen, 2009). This revelation led to the development of socioemotional selectivity theory, which posits that perceived time horizons rather than chronological age drive changes in motivation and behavior.

According to this theory, when individuals perceive their time as limited, they shift from knowledge-related goals to emotionally meaningful goals. Young people, who perceive expansive time horizons, prioritize exploration, learning, and novel experiences that might prove useful in an uncertain future. Older people, who are increasingly aware of life's finite nature, prioritize emotionally satisfying experiences and invest in their most important relationships (Fung et al., 1999). This theory explains why older adults maintain smaller but more emotionally dense social networks, focus more attention on positive information, and report greater emotional satisfaction despite objective losses. The key insight is that these changes are not driven by age per se, but by the psychological awareness of mortality and limited time.

The power of this theory lies in its experimental validation across diverse populations and contexts. When younger adults are experimentally induced to think about endings or mortality, they begin to show preference patterns typically associated with older adults. Conversely, when older adults are asked to imagine living 20 additional years in good health, they express interests in meeting new people and seeking novel experiences similar to younger adults (Barber et al., 2016). These findings demonstrate that the psychological experience of time, rather than biological aging, drives the motivational changes observed across the lifespan. This has profound implications for understanding human development not as a linear progression of decline, but as an adaptive response to changing temporal contexts.

Embodied Theology: Time Made Flesh

Christian theology has long grappled with the nature of time and its relationship to human experience. From Augustine's meditations on time in the Confessions to contemporary theological engagements with embodiment, the tradition recognizes that human temporal experience is both gift and limitation, revealing our finite yet meaningful existence within God's eternal presence (Augustine, 1961). Embodied theology challenges dualistic thinking that separates body

and soul, insisting instead that human beings are integrated psychosomatic unities. Our bodies are not merely vessels for our souls but integral to our spiritual experience and knowledge of God. This perspective has profound implications for how we understand aging and the changes that accompany the passage of time (Nelson, 1978).

When we apply this theological lens to Carstensen's research, we see that the shifting time horizons of aging are not merely psychological phenomena but theological realities. The increasing awareness of mortality that comes with age represents a form of embodied wisdom that opens new possibilities for spiritual depth and authentic relationship. The Greek New Testament distinguishes between two types of time: chronos, meaning chronological, measured time, and kairos, referring to opportune, meaningful time. While younger individuals may experience time primarily as chronos, an endless succession of moments stretching into an uncertain future, aging brings an increasing awareness of kairos, the pregnant moments of meaning and connection that define our deepest experiences (Cullmann, 1964).

This distinction helps explain why older adults in Carstensen's research show the "positivity effect" in attention and memory. As awareness of life's finite nature grows, individuals become more attuned to experiences of kairos, moments of beauty, love, reconciliation, and transcendence that carry ultimate meaning. The therapeutic space must honor this shift from chronological to kairological awareness. Traditional Christian eschatology speaks of the "already but not yet" of God's kingdom, the tension between present experience and future fulfillment. From an embodied theological perspective, aging represents a form of realized eschatology, where the proximity of death brings heightened awareness of what ultimately matters (Moltmann, 1993).

This does not mean that older adults live in denial of future possibilities, but rather that their shortened time horizons allow them to experience more fully the eternal dimensions of present moments. The therapeutic encounter with aging individuals must recognize this kairological orientation as a form of spiritual wisdom rather than limitation. When we understand that the body is not merely a biological machine but the very medium through which we encounter the sacred, we begin to appreciate how the physical changes of aging can open new pathways for spiritual growth and understanding.

Sacred Ground for Temporal Encounter

Most traditional therapeutic approaches assume a future-oriented perspective that emphasizes goal-setting, problem-solving, and change. While these approaches may be highly effective for younger clients navigating identity formation and life transitions, they may fail to honor the embodied temporality of older adults who are increasingly oriented toward present-moment meaning and relational depth (Knight & Pachana, 2015). The medical model's emphasis on cure and restoration can be particularly problematic when working with older adults experiencing the natural limitations of aging. When therapeutic goals remain focused on returning to previous levels of functioning, both therapist and client may miss opportunities for growth and meaning-making that emerge from accepting and integrating life's limitations.

Similarly, many psychodynamic approaches emphasize uncovering and resolving past conflicts, while cognitive-behavioral therapies focus on changing maladaptive thought patterns and behaviors. While these approaches have their place, they may not adequately address the spiritual and existential concerns that become paramount as time horizons narrow (Laidlaw et al., 2004). An embodied theological approach to therapy recognizes that the therapeutic space itself must evolve to honor the temporal experience of the client. Ungar-Sargon's work on sacred and profane space in the therapeutic encounter provides crucial insights here, arguing that we must move "beyond rigid distinctions" to recognize the inherently sacred nature of all authentic healing relationships (Ungar-Sargon, 2025). For younger adults operating within expansive time horizons, therapy may appropriately emphasize exploration, identity development, and future-oriented goal setting. The therapeutic relationship serves as a secure base from which to venture into new territories of experience and possibility.

For older adults operating within contracted time horizons, therapy must shift toward what might be called "depth rather than breadth." This involves honoring the client's natural movement toward emotionally meaningful experiences while

creating space for life review, meaning-making, and spiritual integration. As Ungar-Sargon emphasizes in his work on healing spaces for caregiver and patient, the physical and relational environment must be designed to "integrate holistic healing principles" that recognize the sacred dimensions of the therapeutic encounter (Ungar-Sargon, 2025). The pace of therapy may slow, allowing for contemplative silences and the emergence of wisdom that comes from a lifetime of experience. This shift requires therapeutic humility, a recognition that the older client may possess forms of embodied wisdom that transcend the therapist's theoretical knowledge. The therapeutic relationship becomes less about expert guidance and more about sacred accompaniment on the final stages of life's journey.

Carstensen's research on the positivity effect, older adults' tendency to attend to and remember positive information more readily than negative information, has important implications for therapeutic practice. Rather than viewing this as a form of denial or cognitive limitation, an embodied theological perspective recognizes this as a form of grace that emerges when time horizons narrow. Ungar-Sargon's exploration of "sacred listening as experiential encounter" provides a framework for understanding how therapeutic presence can honor this natural movement toward meaning and integration (Ungar-Sargon, 2024). In therapeutic work with older adults, this may manifest as a natural movement toward forgiveness, gratitude, and reconciliation. Clients may spontaneously focus on positive memories, express appreciation for relationships, and seek to resolve long-standing conflicts. The therapeutic space becomes a sanctuary where this movement toward grace can be honored and facilitated.

This does not mean avoiding difficult emotions or painful realities, but rather recognizing that the older adult's embodied wisdom naturally moves toward integration and healing. As Ungar-Sargon notes in his work on the therapeutic vision and non-conventional healing, the therapist's role becomes one of midwifing this natural process rather than imposing external therapeutic agendas (Ungar-Sargon, 2025). The recognition of this embodied wisdom requires a fundamental shift in how we understand therapeutic competence when working with older adults. Traditional models of therapy often emphasize the therapist's expertise in applying specific techniques or interventions. However, when working with individuals who possess decades of life experience and the wisdom that comes from confronting mortality, the therapist must learn to draw upon the client's own embodied knowledge while providing appropriate professional guidance and support.

Time-Sensitive Therapeutic Interventions

Effective therapeutic practice with older adults begins with assessment of the client's temporal orientation. This involves exploring not just chronological age but the client's subjective experience of time, including their sense of future possibilities, awareness of mortality, and current motivational priorities (Lawton et al., 1992). Understanding how a client experiences time requires deep listening to their narrative about past, present, and future, as well as attention to their emotional priorities and relationship investments. Ungar-Sargon's work on hermeneutic approaches to medicine, treating the "patient as sacred text," provides a valuable framework for this assessment process (Lawton et al., 1992). Some older adults may continue to operate within relatively expansive time horizons, particularly those in good health with strong family support and financial security. Others may experience contracted time horizons due to health concerns, social losses, or simply the natural awareness of mortality that comes with advanced age.

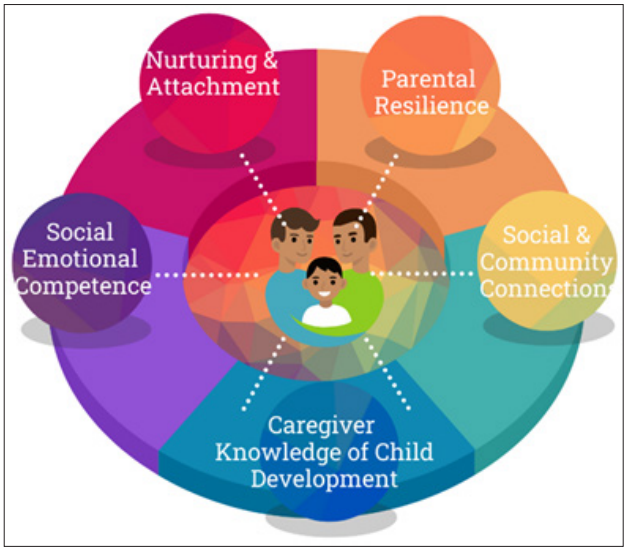
When working with clients who demonstrate contracted time horizons, several therapeutic modifications may be beneficial. The pace of therapy sessions may move more slowly, allowing for contemplative silences and the emergence of deeper insights. Ungar-Sargon's emphasis on "effective listening to the patient" becomes particularly relevant here, as the quality of therapeutic presence often matters more than specific interventions (Ungar-Sargon, 2025). The rush to achieve therapeutic goals may give way to a more patient, contemplative approach that honors the client's natural rhythm. Rather than emphasizing behavioral change or symptom reduction, therapy may focus more heavily on meaning-making, life review, and spiritual integration. Viktor Frankl's logotherapy provides a useful framework for this approach, emphasizing the search for meaning as a fundamental human drive that becomes particularly important in later life (Frankl, 2006).

Given older adults' priority on emotionally meaningful relationships, therapy may appropriately focus on improving existing relationships, resolving conflicts, and deepening connections with loved ones. Many older adults naturally engage in life review processes as they approach the end of life. Therapy can provide structured opportunities for this review, helping clients identify patterns, extract wisdom, and consider their legacy. As awareness of mortality increases, spiritual and existential concerns often become paramount. Therapists must be prepared to address these concerns directly, potentially collaborating with chaplains or spiritual directors (Pargament & Raiya, 2007).

The embodied nature of aging means that therapeutic work often extends beyond the individual client to include family members and caregivers who are also navigating the challenges of changing time horizons. Family members may struggle to understand their loved one's shifting priorities, interpreting them as signs of depression or withdrawal rather than natural adaptive responses to contracted time horizons. Therapeutic work with families may involve education about socioemotional selectivity theory and the adaptive nature of age-related changes in motivation and behavior. This can help family members understand why their loved one may be less interested in meeting new people or engaging in novel activities, while remaining deeply invested in close relationships.

Additionally, family members may need support in adjusting their own expectations and communication patterns to

honor their loved one's temporal orientation. This might involve moving from activity-focused visits to relationship-focused presence, or from future-oriented conversations to present-moment sharing. The therapeutic relationship itself becomes a model for how to honor temporal orientation while maintaining meaningful connection. Through careful attention to pacing, presence, and emotional attunement, therapists can demonstrate how to engage with individuals whose primary concern is relational depth rather than behavioral change or problem-solving.



Pastoral and Spiritual Care Applications

The insights from socioemotional selectivity theory have important implications for liturgical and sacramental ministry with older adults. As time horizons contract, individuals may find deeper meaning in familiar rituals and traditions rather than innovative liturgical expressions. The comfort and depth found in repeated prayers, familiar hymns, and time-honored sacramental practices may reflect the older adult's embodied wisdom rather than resistance to change. Ungar-Sargon's work on "reclaiming the sacred in medicine" provides insight into how ancient wisdom traditions can inform contemporary healing practices, suggesting that the integration of sacred elements into therapeutic spaces honors the deep human need for transcendence (Ungar-Sargon, 2025). This suggests that pastoral care should honor the contemplative and repetitive aspects of spiritual practice that allow for deep engagement with sacred traditions. The celebration of communion, the recitation of familiar prayers, and the singing of beloved hymns may provide profound spiritual nourishment for those whose contracted time horizons naturally orient them toward emotionally meaningful experiences.

Homiletical practice with aging congregations may benefit from understanding the positivity effect and the natural movement toward meaning-making that accompanies contracted time horizons. Rather than focusing primarily on exhortation and future-oriented challenges, preaching may appropriately emphasize gratitude, forgiveness, and the recognition of God's grace throughout the life journey. This does not mean avoiding difficult biblical texts or challenging spiritual truths, but rather framing them within the larger narrative of God's faithful presence throughout the lifespan. The wisdom literature of the Hebrew Bible, with its emphasis on the fruits of experience and the integration of life's complexities, may provide particularly rich homiletical resources for aging congregations.

Perhaps nowhere is the understanding of contracted time horizons more important than in end-of-life spiritual care. As individuals approach death, their natural orientation toward emotionally meaningful relationships and experiences intensifies. Ungar-Sargon's research on "comfort or control" in hospice care raises critical questions about how medical systems can honor patient autonomy while providing authentic spiritual support rather than institutional coercion (Ungar-Sargon, 2025). Spiritual care providers must be prepared to honor this orientation while providing appropriate support for the dying process. This may involve facilitating conversations with loved ones, creating opportunities for forgiveness and reconciliation, and helping individuals find meaning in their life story. The positivity effect suggests that dying individuals may naturally focus on positive memories and relationships, a tendency that should be supported rather than redirected toward a more "balanced" perspective.

Additionally, the awareness of mortality that accompanies end-of-life may open unique opportunities for spiritual growth and transformation. Ungar-Sargon's work on "the wound as altar" provides a profound framework for understanding how suffering and limitation can become sites of divine encounter and transformation (Ungar-Sargon, 2024). Rather than viewing approaching death as purely loss, spiritual care providers can help individuals recognize the potential for continued growth and meaning-making even in the final stages of life. The theological concept of death as transition rather than termination becomes particularly relevant when working with individuals whose contracted time horizons have led them toward deeper spiritual awareness and connection.

Training and Formation Implications

The integration of socioemotional selectivity theory with embodied theology has important implications for the training of therapists, chaplains, and other helping professionals. Current training programs often emphasize universal therapeutic techniques and interventions that may not adequately address the temporal diversity of human experience across the lifespan. Ungar-Sargon's critique of "worn out philosophical ideas" that "still pervade the practice of medicine," particularly the persistent Cartesian split between mind and body, highlights the need for more integrated approaches to healing education (Ungar-Sargon, 2025). Training programs should include specific education about the psychology of aging, including socioemotional selectivity theory and its implications for therapeutic practice. This should go beyond basic gerontological knowledge to include deep engagement with the theological and spiritual dimensions of aging and time perception.

Additionally, trainees should receive supervised experience working with older adults in various settings, allowing them to develop sensitivity to temporal orientation and its therapeutic implications. This experiential learning should be combined with theological reflection that helps trainees integrate psychological insights with spiritual wisdom. Ungar-Sargon's work on "mysticism in practice" demonstrates how ancient spiritual wisdom can be integrated with contemporary therapeutic approaches to create more holistic and effective healing modalities (Ungar-Sargon, 2025). Seminary and theological education programs should similarly integrate insights from developmental psychology and aging research into their pastoral care and practical theology curricula. Future religious leaders need to understand the embodied nature of human development and the theological significance of changing time horizons across the lifespan.

This integration should include both theoretical knowledge and practical application, with field education experiences that expose students to diverse populations across the age spectrum. Theological reflection on these experiences should help students develop sophisticated understanding of how human development relates to spiritual formation and pastoral care. Given the rapidly evolving research in aging and time perception, continuing education becomes essential for practitioners already in the field. Professional organizations should develop educational programs that help practitioners integrate new research findings with their existing clinical and pastoral skills.

This continuing education should emphasize not just new techniques but fundamental shifts in perspective that honor the embodied temporality of aging clients. The goal is not simply to add new tools to the therapeutic toolkit but to develop deeper wisdom about the spiritual dimensions of human development across the lifespan. Training programs must also address the personal challenges that therapists and pastoral care providers face when working with aging populations. Confronting aging and mortality in clients inevitably raises questions about one's own temporal orientation and mortality awareness. Training should include opportunities for personal reflection and growth that help providers develop the emotional and spiritual resources necessary for this demanding work.

Research Directions

While Carstensen's research provides a strong foundation for understanding time perception and aging, additional research is needed to explore the intersection of these findings with spiritual and religious experience. Specifically, research is needed on how religious and spiritual practices may influence time perception across the lifespan, the relationship between theological beliefs about time and eternity and psychological time horizons, the effectiveness of spiritually-integrated therapeutic interventions that honor temporal orientation, and cross-cultural variations in time perception and their implications for spiritual care (Fung et al., 2010).

Long-term longitudinal studies could provide valuable insights into how time perception evolves throughout the lifespan and how various life events such as illness, loss, and spiritual experiences may influence temporal orientation. Such studies could help identify critical periods for intervention and support. Controlled studies of therapeutic interventions specifically designed to honor temporal orientation could provide evidence for the effectiveness of age-responsive therapeutic approaches. These studies might compare traditional therapeutic approaches with temporally-sensitive interventions across various age groups and clinical presentations.

The integration of neuroscientific research with theological reflection offers particularly promising avenues for future investigation. Understanding the brain mechanisms underlying temporal orientation and its changes with age could provide new insights into the embodied nature of spiritual development. Similarly, research on the relationship between contemplative practices, temporal orientation, and neural plasticity could inform both therapeutic intervention and spiritual formation.

Ethical Considerations

The recognition that time perception changes with age raises important ethical questions about autonomy and decision-making capacity. If older adults naturally prioritize different values and goals due to contracted time horizons, how do we respect their autonomy while ensuring they receive appropriate care? This tension is particularly evident in healthcare settings where family members may disagree with older adults' treatment decisions, viewing them as reflecting depression or cognitive decline rather than adaptive responses to changing temporal orientation. Healthcare providers and family members need education about the normal and adaptive nature of these changes (Moye et al., 2013).

While recognizing the reality of changing time perception with age, care must be taken to avoid ageist assumptions that diminish older adults' capacity for growth, learning, and change. The goal is not to impose limitations based on age but to honor the embodied wisdom that emerges from lived experience. This requires maintaining a delicate balance between respecting temporal orientation while remaining open to individual variation and continued potential for development. Each person's temporal experience is unique and deserves individual assessment and response.

Understanding the different therapeutic needs associated with various temporal orientations has implications for healthcare resource allocation. If older adults benefit from different types of therapeutic interventions than younger adults, healthcare systems need to develop age-responsive service models that honor these differences while maintaining equitable access to care. The challenge lies in creating systems that are both efficient and responsive to the diverse temporal orientations that characterize human development across the lifespan.

Case Studies and Clinical Examples

Margaret, a 78-year-old widow, was referred for therapy following her husband's death six months earlier. Her adult children were concerned about her "withdrawal" from social activities and her apparent lack of interest in "getting back out there." Initial assessment revealed that Margaret was experiencing normal grief rather than clinical depression, but her contracted time horizons were influencing her choices about how to spend her remaining years. Rather than encouraging Margaret to resume her previous level of social activity, therapy focused on helping her identify which relationships and activities brought the deepest meaning. She chose to invest more deeply in relationships with her grandchildren and a few close friends, while discontinuing involvement in several community organizations that had previously been important to her.

Family therapy sessions helped Margaret's children understand that her choices reflected wisdom rather than withdrawal. As they learned about socioemotional selectivity theory, they began to appreciate their mother's movement toward depth rather than breadth in her social connections. The therapeutic work involved not only supporting Margaret's adaptive responses to widowhood but also educating her family about the natural and healthy nature of her changing priorities.

Father Thomas, a 72-year-old Catholic priest, sought spiritual direction as he prepared for retirement. He struggled with feelings of guilt about his decreased interest in parish programming and new initiatives, interpreting these changes as signs of spiritual decline or burnout. Spiritual direction that integrated understanding of time perception helped Father Thomas recognize that his shifting priorities reflected natural developmental changes rather than spiritual failure. His increasing focus on individual spiritual conversations, contemplative practice, and mentoring younger priests aligned with the expected changes associated with contracted time horizons.

This reframing allowed Father Thomas to embrace his final years of ministry with renewed purpose, focusing on the deep spiritual direction and mentoring that brought him the greatest sense of meaning and spiritual fulfillment. The case illustrates how understanding temporal orientation can transform self-criticism into self-acceptance and allow individuals to align their activities with their deepest values and priorities.

The Henderson family sought family therapy to address conflicts about 85-year-old Robert's care. Robert had been diagnosed with mild cognitive impairment and his adult children wanted him to move to assisted living, participate in social activities, and "stay active." Robert, however, preferred to remain in his home with minimal social contact beyond family visits. Family therapy that incorporated understanding of socioemotional selectivity theory helped the family recognize that Robert's preferences were not simply stubborn resistance but reflected his embodied wisdom about how to spend his remaining years. Through careful assessment, the family developed a care plan that honored Robert's temporal orientation while ensuring his safety and well-being.

Integration with Existing Therapeutic Modalities

Traditional cognitive behavioral therapy emphasizes identifying and changing maladaptive thought patterns and behaviors. While this approach remains valuable for older adults experiencing clinical depression or anxiety, modifications are needed to honor temporal orientation and the wisdom that emerges from life experience. CBT with older adults operating within contracted time horizons might focus more on acceptance and meaning-making rather than change-oriented interventions. Cognitive restructuring might emphasize helping clients recognize the adaptive nature of their shifting priorities rather than challenging these changes as "negative thinking."

Narrative therapy's emphasis on life stories and meaning-making aligns well with the natural developmental tasks

of later life. For older adults with contracted time horizons, narrative approaches can provide structured opportunities for life review and the identification of central themes and values. The exploration of "preferred stories" and the externalization of problems can help older adults recognize their agency and wisdom even in the face of physical decline and loss. The therapeutic relationship becomes a collaborative effort to author a meaningful final chapter rather than attempting to return to previous chapters.

Acceptance and Commitment Therapy's emphasis on values-based living and psychological flexibility aligns well with the natural movement toward meaningful engagement that characterizes aging within contracted time horizons. The therapy's focus on present-moment awareness and acceptance of difficult emotions can support the positivity effect and meaning-making that emerge naturally in later life. For older adults, ACT interventions might emphasize identifying core values that have endured throughout the lifespan and finding ways to live these values within current limitations. The goal becomes psychological flexibility within contracted time horizons rather than expansion of possibilities.

The Role of Wisdom in Therapeutic Practice

The research on socioemotional selectivity theory suggests that aging brings forms of embodied wisdom that transcend academic or intellectual knowledge. This wisdom emerges from the integration of life experience with the reality of mortality, creating unique insights about what ultimately matters in human existence (Baltes & Staudinger, 2000). Embodied wisdom includes emotional regulation skills, the ability to prioritize meaningful relationships and experiences, and a natural movement toward forgiveness and reconciliation. These capacities develop through lived experience and the gradual awareness of life's finite nature.

Therapeutic practice with older adults must learn to honor and draw upon this embodied wisdom rather than imposing external therapeutic agendas. This requires a fundamental shift in the therapeutic relationship from expert-to-client toward mutual exploration of meaning and wisdom. Therapists working with older adults may need to adopt a more humble and receptive stance, recognizing that their clients may possess insights about life, loss, and meaning that transcend professional training. The therapeutic space becomes an opportunity for mutual learning rather than one-directional intervention.

Rather than focusing primarily on symptom reduction or behavioral change, therapy with older adults might appropriately emphasize the cultivation and expression of wisdom. This could involve helping clients articulate and share their life insights, mentor younger family members, or find ways to contribute their accumulated knowledge to their communities. The recognition and validation of wisdom can be profoundly healing for older adults who may feel devalued or dismissed by a youth-oriented culture. Therapy becomes an opportunity to celebrate the fruits of a lifetime of experience rather than focusing primarily on deficits or losses.

Implications for Healthcare Systems

The recognition that aging involves changing temporal orientation has implications for healthcare delivery systems. Integrated care models that bring together medical, psychological, and spiritual care providers may be particularly effective for addressing the complex needs of aging populations. Ungar-Sargon's vision for "revisioning healthcare spaces" emphasizes the importance of learning from spiritual community models in creating medical environments that honor the full dimensionality of human experience (Ungar-Sargon, 2025). These models should recognize that health and well-being in later life may require different metrics than those used for younger populations. Quality of life, meaning-making, and relationship satisfaction may be more important indicators than traditional medical outcomes for older adults operating within contracted time horizons.

Healthcare providers working with older adults need education about socioemotional selectivity theory and its implications for patient care. This includes understanding that older patients' preferences for familiar providers, resistance to new treatments, and focus on comfort rather than cure may reflect adaptive responses to changing time horizons rather than non-compliance or depression. Ungar-Sargon's work on "transforming healthcare hierarchical systems" provides a framework for creating more responsive and patient-centered care environments (Ungar-Sargon, 2025). Medical education should integrate psychological and spiritual perspectives on aging to help providers understand the full dimensionality of their older patients' experience. This holistic approach can improve both patient satisfaction and treatment outcomes.

The physical environments where older adults receive care should reflect understanding of their temporal orientation and preference for meaningful relationships. Ungar-Sargon's work on "motivating healthcare workers in non-hierarchical spaces" through sacred architectural frameworks demonstrates how physical design can support both patient well-being and provider satisfaction (Ungar-Sargon, 2025). This might involve creating more intimate, homelike settings that facilitate deep conversation and relationship-building rather than large, institutional environments that emphasize efficiency and throughput. Design elements that support contemplation, memory, and relationship should be prioritized. This could include quiet spaces for reflection, memory gardens, and areas designed for meaningful conversation between patients and loved ones.

Cultural and Contextual Considerations

While Carstensen's research has been replicated across various cultures, important cultural variations exist in attitudes toward time, aging, and intergenerational relationships. Some cultures that emphasize collective rather than individual values may show different patterns of social selectivity in later life. Therapeutic practice must be sensitive to these cultural variations while recognizing the universal human experience of mortality awareness. This requires cultural competence that goes beyond surface-level cultural knowledge to include deep

understanding of how different cultures construct meaning around aging and death.

Socioeconomic status may influence how individuals experience time horizons and aging. Those with greater resources may maintain more options and feel less constrained by aging, while those with limited resources may experience contracted time horizons earlier or more intensely. Therapeutic practice must be sensitive to these socioeconomic realities while avoiding assumptions about how they influence individual experience. Each person's temporal orientation must be assessed individually rather than predicted based on demographic characteristics.

Different religious and spiritual traditions offer varying perspectives on time, eternity, and the meaning of aging. Some traditions emphasize the continuation of existence beyond death, while others focus more heavily on present-moment experience. Therapeutic practice must be sensitive to these diverse spiritual perspectives while remaining open to how they might influence individual temporal orientation. Collaboration with religious and spiritual leaders from various traditions may be essential for providing culturally sensitive care.

Future Directions

Several emerging research areas promise to deepen our understanding of time perception, aging, and spiritual development. Neuroscientific studies of brain changes associated with shifting time horizons, research on the relationship between mindfulness practices and temporal orientation, studies of how major life events influence time perception across the lifespan, investigation of genetic and biological factors that influence temporal orientation, and cross-cultural studies of aging and time perception in diverse populations all offer promising avenues for future investigation (Ungar-Sargon, 2025).

Emerging technologies, including virtual reality, may provide new opportunities for therapeutic intervention with older adults. Virtual environments could be designed to support life review, facilitate connections with distant loved ones, or provide meaningful experiences within the constraints of physical limitations. However, the application of these technologies must be sensitive to older adults' temporal orientation and preference for meaningful rather than novel experiences. Technology should enhance rather than replace the deep human connections that become increasingly important with age.

The integration of socioemotional selectivity theory with embodied theology has important policy implications for healthcare, social services, and religious organizations. Policies should support age-responsive care models that honor temporal orientation while maintaining access to appropriate services. This might include funding for specialized training programs, support for integrated care models, and recognition of the unique contributions that older adults can make to their communities through the sharing of embodied wisdom.

Conclusion: Toward a Theology of Embodied Time

The integration of Laura Carstensen's research on socioemotional selectivity theory with embodied theology offers a transformative vision for therapeutic practice across the human lifespan. Rather than viewing aging as decline, this perspective recognizes the embodied wisdom that emerges when time horizons contract and individuals become increasingly aware of life's finite nature. This embodied wisdom manifests as enhanced emotional regulation, deeper relationship satisfaction, and a natural movement toward meaning-making and reconciliation. The therapeutic space must evolve to honor these changes, shifting from future-oriented goal-setting toward present-moment depth and spiritual integration.

For practitioners in therapy, pastoral care, and healthcare, this integration demands both clinical sophistication and theological humility. It requires the ability to assess temporal orientation accurately while remaining open to the unique wisdom that each individual brings to the therapeutic encounter. The goal is not to impose external therapeutic agendas but to midwife the natural processes of growth and integration that continue throughout the human lifespan.

The implications extend far beyond individual therapeutic practice to encompass healthcare systems, religious communities, and social policies that shape how we collectively respond to aging populations. As societies around the world grapple with demographic transitions toward older populations, the insights from socioemotional selectivity theory and embodied theology offer hope that aging can be recognized as continued spiritual development rather than simply decline. Ungar-Sargon's critique of medical institutions and his call for "transformative healing spaces" that move beyond institutional coercion provides a roadmap for creating systems that truly serve human flourishing rather than merely managing symptoms (Ungar-Sargon, 2025).

Ultimately, this perspective calls for a fundamental reorientation in how we understand human development and the therapeutic relationship. Rather than viewing therapy as the application of expert knowledge to fix problems, it becomes a sacred encounter where embodied wisdom is honored, suffering is transformed into meaning, and the full dimensionality of human spiritual development is recognized and celebrated. Ungar-Sargon's extensive work on integrating sacred wisdom with clinical practice demonstrates that such integration is not only possible but essential for authentic healing (Ungar-Sargon, 2025). The time horizons that contract with age are not simply psychological phenomena but theological realities that reveal the sacred nature of finitude and the gracious possibility of depth over breadth in human experience. As we learn to honor these embodied temporal realities in our therapeutic practice, we open new possibilities for healing, growth, and transformation that extend throughout the entire human lifespan.

In this vision, the therapeutic space becomes truly sacred ground, a place where the intersection of psychology and theology, science and wisdom, creates opportunities for profound healing and spiritual development. As Ungar-Sargon eloquently argues in his work on the hidden light in the therapeutic space, it is here, in the honest acknowledgment of our finite nature and the celebration of our embodied wisdom, that the deepest forms of therapeutic transformation become possible (Ungar-Sargon, 2025). The integration of Carstensen's research with embodied theology and Ungar-Sargon's framework for sacred healing spaces offers a comprehensive vision for therapeutic practice that honors both the empirical findings of psychological research and the profound wisdom of theological anthropology, creating possibilities for healing that transcend the limitations of purely medical or purely spiritual approaches.

Addendum: Time in Kabbalah and Its Clinical Applications

The integration of Kabbalistic concepts of time with Carstensen's socioemotional selectivity theory provides profound insights for therapeutic practice with aging populations. Kabbalistic thought offers a sophisticated understanding of temporality that moves far beyond linear chronological time, presenting concepts that remarkably parallel the psychological findings about contracted time horizons and their effects on human consciousness and behavior.

In Kabbalistic cosmology, the concept of tzimtzum represents the divine contraction that created space for finite existence. This theological framework provides a profound metaphor for understanding how the contraction of time horizons in aging might actually create space for deeper spiritual awareness and meaning-making. Just as the divine tzimtzum was not an absence but a concealment that enabled relationship and revelation, the contracted time horizons of aging may represent not limitation but an intensified concentration of divine presence and wisdom (Ungar-Sargon, 2025).

The Kabbalistic distinction between olam hazeh (this world) and olam haba (the world to come) offers another crucial framework for understanding temporal orientation in aging. Younger individuals, operating within expansive time horizons, remain primarily oriented toward olam hazeh with its emphasis on exploration, acquisition, and future possibility. However, as time horizons contract, individuals may naturally begin to orient more toward olam haba, not in the sense of afterlife speculation, but in terms of eternal values, ultimate meaning, and transcendent relationships that persist beyond temporal limitations.

This shift has profound implications for therapeutic practice. When working with older patients, the clinician must recognize that their natural movement toward meaning-making and relationship depth reflects not withdrawal from life but deeper engagement with its eternal dimensions. The positivity effect observed in aging populations may be understood as a form of spiritual discernment, a natural capacity to distinguish between the temporary and the eternal, between the superficial and the essential.

The Kabbalistic concept of the four worlds (Asiyah, Yetzirah, Beriah, and Atzilut) provides a framework for understanding how consciousness transforms as time horizons contract. Younger individuals may operate primarily within the lower worlds of action and emotion, focused on doing and feeling. Aging individuals may naturally ascend toward the higher worlds of understanding and divine unity, where wisdom, integration, and transcendent perspective become primary concerns. The therapeutic encounter must honor this natural spiritual ascent rather than attempting to redirect older patients back toward action-oriented or emotion-focused concerns that may no longer serve their developmental needs.

The Zoharic concept of the "hidden light" (or genizah) that was concealed at creation but becomes available to those who seek wisdom provides another crucial insight. Older patients, through their accumulated life experience and proximity to mortality, may have access to forms of hidden wisdom that are simply unavailable to younger individuals. The therapist's role becomes one of helping to reveal and articulate this hidden light rather than imposing external frameworks for understanding.

In clinical practice, this Kabbalistic understanding of time manifests in several specific ways. First, the therapeutic relationship itself must be understood as operating within sacred time rather than mechanical time. Sessions may unfold according to spiritual rhythm rather than clock time, with natural pauses for contemplation and reflection honored rather than hurried. The older patient's tendency to move slowly, to repeat stories, to dwell on memories should be recognized as a form of spiritual practice rather than cognitive decline.

Second, the content of therapy shifts from problem-solving to wisdom-cultivation. Rather than focusing primarily on reducing symptoms or changing behaviors, therapy becomes an opportunity for the patient to articulate and integrate their life wisdom. The Kabbalistic practice of tikkun (repair or correction) provides a framework for understanding how older patients naturally engage in healing not only their own wounds but the wounds of their families and communities through the sharing of wisdom and the completion of unfinished spiritual business.

Third, the therapeutic space itself must be designed to honor Kabbalistic principles of sacred time and space. This might involve incorporating elements that support contemplation and memory, creating opportunities for ritual and blessing, and maintaining awareness of the multiple dimensions of existence that intersect in the healing encounter. The physical environment should reflect the understanding that time moves differently in sacred space, with comfortable seating that allows for extended conversation, natural light that connects to daily and seasonal rhythms, and artifacts that evoke memory and meaning.

The Kabbalistic concept of gilgul (reincarnation or soul recycling) offers another perspective on aging and time perception. From this viewpoint, older patients are not simply declining but completing cycles of learning and growth that may span multiple lifetimes. Their contracted time horizons may represent not limitation but completion, not ending but graduation to higher levels of spiritual understanding. This perspective can profoundly alter the therapist's approach, moving from a medical model focused on loss and decline to a spiritual model focused on completion and transcendence.

The practical implications of this Kabbalistic understanding extend to specific therapeutic interventions. Life review becomes not simply a psychological process but a form of spiritual accounting (cheshbon hanefesh), where the patient examines their life for patterns of growth, opportunities for tikkun, and wisdom to be transmitted. Family therapy may incorporate understanding of generational transmission of both trauma and blessing, recognizing that older patients often serve as conduits for healing that extends beyond their individual experience.

The Kabbalistic understanding of the divine name and its permutations provides insight into how language and communication must shift when working with older patients. Words become more precious, silences more meaningful, and the spaces between words more significant. The older patient's tendency toward economy of language and depth of meaning reflects not cognitive limitation but spiritual sophistication.

Perhaps most importantly, the Kabbalistic understanding of time as spiral rather than linear provides hope for continued growth and transformation even in advanced age. Unlike linear time, which implies only forward movement toward an endpoint, spiral time suggests that individuals may revisit earlier themes and experiences at progressively higher levels of understanding. An older patient working through childhood trauma is not regressing but achieving levels of integration and forgiveness that were simply impossible at earlier life stages.

This Kabbalistic framework also illuminates the relationship between individual healing and cosmic repair. Older patients, through their natural movement toward wisdom and integration, participate in the larger work of tikkun olam (repairing the world). Their therapeutic work becomes not merely personal healing but contribution to the healing of generations, families, and communities. The therapist becomes a partner in this sacred work rather than simply a provider of clinical services.

The integration of Kabbalistic concepts of time with empirical research on aging offers a revolutionary approach to therapeutic practice that honors both scientific finding and spiritual wisdom. This synthesis suggests that the changes associated with aging represent not simply biological decline but spiritual evolution, not simply psychological adaptation but theological transformation. For clinicians willing to embrace this expanded understanding, therapeutic work with older patients becomes an opportunity for profound mutual learning and spiritual growth that extends far beyond traditional models of healthcare delivery.

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