

**Spirituality and Aging**

© Paul T. P. Wong PhD

**President, Meaning-Centered Counselling Institute, Inc.**

**Professor Emeritus, Trent University & Trinity Western University**

**Abstract**

This chapter first recognizes the positive revolution in gerontology as a result of life-span developmental psychology and advances in medical research and successful aging. It reviews the vital role of spirituality, religion and meaning in increasing the well-being and longevity of seniors. It then examines the structure and function of spirituality, religion and meaning, and the inter-relationships between these three major constructs in the lives of the elderly. Finally, the chapter seeks to equip practitioners working with seniors with the necessary insights and skills to tap into the life-affirming and life-enhancing powers of spirituality and meaning.

Keywords: life-span development, dimensions of aging, spirituality, religion, meaning, purpose, successful aging, vital aging, well-being, acceptance, belief, commitment, optimism, personal responsibility, transcendence, sacredness, existential issues, death anxiety, life review, coping,

Address correspondence to:

Dr, Paul T. P, Wong, PhD, CPsyc.

13 Ballyconnor Court, Toronto, ON M2M 4C5

Tel 416-546-5588

### **Introduction: The changing landscape of aging**

The last two decades have witnessed considerable changes in gerontology. Old age used to be viewed negatively as process of increasing entropy and health problems. “This stage is characterized by physical debility, tardy movements, and deterioration in sensory functions, depression, and irritability.” (Alex & George, 2004, p. 36) However, according to growth-oriented life span developmental models, the patterns of aging are more complex and differentiated (Erickson, 1963; Jung, 1971; Rybash, Roodin, & Santrock, 1991; Schaie & Willis, 1991). There are different dimensions to human development and some kind of growth is possible in every developmental stage. Increase in spirituality in the elderly can be best understood from a life-span perspective.

#### **Different dimensions of aging**

Aging involves at least the following dimensions: chronological, biological, cultural, psychological and spiritual. Given the same level of chronological and biological aging, individuals may differ widely in terms of psychological aging. Rybash, Roodin, and Santrock (1991) define psychological age in terms of both adaptability and attitude:

“Psychological age refers to the adaptive capacities of an individual – that is, an individual’s ability to adapt to changing environmental demands as compared to the adaptability of other individuals of identical chronological age. Individuals adapt to their environments by drawing on various psychological characteristics: learning, memory, intelligence, emotional control, motivational strengths, coping styles, and so on. Therefore, individuals who display more of such psychological

characteristics than their chronological age mates are considered “psychologically young”; while those who possess such traits to a lesser degree are “psychologically old” (p. 17)

Spiritual aging refers to developmental changes on the spiritual dimension. For example, Fowler (1980) has proposed that faith progressing through different developmental stages from simple faith to spirituality. Similar to Flower, Tornstam (1999) offers a theory of “gerotranscendence” that argues for an age-related spirituality. Tornstam postulates that seniors are more likely to be interested in the spiritual dimension, which includes a preoccupation with inter generational relationship, the meaning of life and death. From a life-span perspective, the developmental tasks and primary values change in different development stages.

**Spiritual growth during the last stage of development** In old age, there is an increase in interiority (Jung,1971) and focus on achieving integrity (Erickson, 1963). Gutmann (1978) and Neugarten (1973) point out that increasing *interiority* reflects a age-related normative shift in personality. Successful aging depends on a person's capacity to maintain a meaningful life in spite of physical decline, personal losses, and ageism (Wong, 1989). This endeavor involves the integration of past experiences with current circumstances into a meaningful life story; it also involves a transition from achievements and external orientation toward an inner orientation (i.e., Neugarten,1973; Wong, 1997a). This shift from *doing* to *being* and from *outer attachments* to *inner life* facilitates spiritual growth. In 2000 Lou Harris and Associates conducted a study of more than 3,000 adults for the National Council on the Aging. Sixty-seven percent of seniors in the study reported having a rich spiritual life. The majority of baby boomers in the study said that having a rich spiritual life will be very important for their later years (NCOA, 2002).

In the last two decades, gerontologists and psychologists have become increasingly aware of the importance of spirituality and religion to the well-being of seniors.

Spirituality is primarily a personal and inward experience. In fact, aging is often referred to as a spiritual journey (Bianchi, 1997; Moberg, 2001). Personal growth on the spiritual journey often results in deepening relationships with God, faith communities, and loved ones. It always involves some kind of internal transformation, ranging from awakening, enlightenment, to changing priorities in life.

Given the multidimensional nature of aging, we can still experience spiritual growth and psychological growth even when we are going through a period of physical decline. Furthermore, psychological and spiritual aging may have a positive impact on biological aging. However, we still need to keep in mind the holistic view that “it is the whole person who is aging and aging. This wholeness is a blend of spiritual, physical, mental, emotional, and social dimensions of human growth and development.” (Kimble, 1995, p.134).

In sum, the life-span perspective recognizes opportunities and challenges for personal growth in every stage of development till the very end of life. This is an important conceptual framework for the positive revolution in gerontology and for all the practitioners working with seniors.

### **The Rectangular Society and Successful Aging**

Another impetus to the positive orientation in gerontology is the scientific progress in medicine and health sciences. Our ability to combat infectious diseases and treat life-threatening illnesses has greatly reduced our health risks and increased longevity. Consequently, in the 1980's, there was a shift from **diseased aging** to normal

**aging** and **successful aging**. Normal aging refers to the natural process of growing old without the debilitating effects of diseases, while successful aging refers to the capacity to live a vital and productive life even in old age.

There is now sufficient evidence that we can prolong the period of vitality in age until the terminal drop. Fries and Crapo (1981) have a bold and optimistic view of aging:

Free from the agony of lingering illness, filled with the vigor of natural life, the rectangular society represents a great hope for the fulfillment of human potential. The ideal rectangular society is obligated to encourage personal choice for young and old alike. Incentives favoring individual choices that promote the general welfare are essential to a rectangular society. (p.141)

The above two converging positive trends in gerontology – life-span development and successful aging – have created a tremendous opportunity for society to tap into the underutilized resources of the seniors to build a better world. The central role of personal choice in healthy aging has far reaching implications in the spiritual, philosophical and ethical realms (Browne, 2004).

Examples of successful agers abound in human history. Michelangelo, Picasso, Churchill, Rubenstein, Heifetz remained productive in their 80s. Bertrand Russell and George Bernard Shaw were still writing in their 90s. Grandma Moses was painting at 100. An increasing number of individuals maintain relatively good health and continue to engage in a productive life well into their 80s. Indeed, there can still be much life and vitality in old age. This positive perspective means an increasing demand for all kinds of

professionals and semi-professional workers to provide the services to the aging population. It beholds them to have a good grounding in understanding what constitutes successful aging.

Although successful aging means different things to different people, there is some consensus that we need to shift the emphasis from the medical model and physical components of aging to psychological and spiritual components. There is increasing recognition of the importance of meaning and spirituality in the psychological and physical well-being of the elders. Simply put, successful aging is 80% attitude and 20% everything else.

The importance of having a positive attitude towards the inevitable death and the burden of aging is illustrated by Camus' essay on the myth of Sisyphus. Sisyphus was condemned to a futile and hopeless task. He was required to push a large stone to the top of a hill only to see it rolling back down to the bottom of the hill, and push the stone again toward the top. And then again he let the stone roll back. Yet Camus saw Sisyphus as happy and triumphant. His positive attitude enabled him to rise above the absurdity of his predicament, which was similar to the fate of all the people "who awoke, ate, worked, ate, worked again, went to sleep, and awoke again to repeat the same effort for a lifetime. If Sisyphus was doomed his fate was no worse than ours, his life no more anguished. And if he could be triumphant, so then can we." (Fries & Crapo, 1981, p. 126).

### **American models of successful aging**

In the past two decades, numerous gerontological studies have investigated successful aging (e.g., Baltes & Baltes, 1990; Rowe & Kahn, 1997; Ryff, 1989; Schulz & Heckhausen, 1996). These models differ in their definition of what constitutes success,

but “the prevailing view is that successful aging requires consideration of multiple criteria and multiple adaptive patterns.” (Reker & Wong, in press). Cavanaugh (1993) has made the following observation of the diverse patterns of aging:

”Increasingly, researchers are emphasizing that everyone does not grow old in the same way. While many people tend to show *usual patterns of aging* that reflect the typical changes with age, other people show *successful aging* in which few signs of change occur. For example, while most people tend to get chronic diseases as they get older, some people never do. What makes people who age successfully different? At this point, we do not really know for sure. It may be a unique combination of genetics, optimal environment, flexibility in dealing with life situations, a strong sense of personal control, and maybe even a bit of luck” (p. 16).

Rowe and Kahn (1998) debunk the myth that aging has to be accompanied by illness and loss of cognitive functions and emphasize the importance of positive attitude and healthy life style. Older persons can maintain their zest for living and remain productive members of the society. Successful aging is characterized by low risk of disease and disability, high mental and physical function, and active engagement with life

George Vaillant (2002) emphasizes the positive psychology of aging—how to live a happy life in old age. The Harvard Study is the world’s longest continuous study of aging and health. The main finding is that college education is a better predictor of health and happiness than money, social prestige, etc. Uncontrollable factors, such as genetics,



parent's social class, family cohesion, are no longer important by age 70. Controllable factors become more important. These include engage in altruistic behavior, stay physically healthy, pursue education, stay creative and playful, and use mature or adaptive coping. "Successful aging means giving to others joyously whenever one is able, receiving from others gratefully whenever one needs it, and being greedy enough to develop one's own self in between."

### **Canadian models of successful aging**

Canadian researchers on successful aging have a more existential and spiritual emphasis than their American counterparts. For example, Mark Novak (1985) focuses on personal responsibility and the quest for meaning within the biological and social-economical constraints that often accompany old age: "A good old age ... comes about when, given a basic income, reasonable health, good self-esteem and a little energy, a person sets out to discover a meaningful life for him- or herself." (p. 273)

Wong (1989) and Reker (2000) stress the psychological and spiritual dimensions of aging. According to Wong and Reker, successful aging is not primarily conditional on physical conditions -- we have aged successfully, if we feel satisfied that we have become what we were meant to be, accomplished most of our life tasks, contributed to society and future generations, and kept our faith in spite of difficulties and disappointments. Therefore, successful aging it is attainable by anyone, regardless of their physical conditions.

After reviewing the theories and empirical findings on the role of meaning in successful aging, Wong (1989) introduces four meaning-enhancing strategies that are

especially relevant to the elderly; namely, reminiscence, commitment, optimism, and religiosity. He concludes:

At present, most of the societal resources have been directed to meeting the physical, social and economic needs of the elderly. While these efforts are essential, one must not overlook personal meaning as an important dimension of health and life satisfaction. Prolonging life without providing any meaning for existence is not the best answer to the challenge of aging. Greater research efforts are needed to provide a firm scientific basis for the application of personal meaning as a means of promoting successful aging. (p. 522)

In the mid-1980s, Wong and Reker launched a longitudinal study on the profile and processes of successful aging in institutionalized and community-residing older adults that came to be known as the Ontario Successful Aging Project (OSAP). For more details on these findings, the reader is referred to Reker (2002) and Reker & Wong (in press). Here are some major findings that are relevant to meaning and spirituality.

In this study, participants were classified as either Successful or Unsuccessful agers based on ratings on mental, physical health and adjustment. Successful and Unsuccessful agers did not differ significantly in terms of gender or income. However, Successful agers had more resources than Unsuccessful agers. More specifically, they differed in the following major resources:

- Social resources (social contacts and marital status)
- Cognitive resources (college education and intelligence)
- Spiritual resources (religious activity and personal meaning)
- Psychological resources (optimism, commitment, self-reliance)

Successful agers scored higher in both subjective and objective outcome measures. These include: Health outcomes as measured by a nurse, physical symptoms as reported by participants, psychopathology, depression and perceived well-being. There are different predictors of physical and mental health. For physical health outcomes, the significant predictors are perceived control, perceived income, commitment to personal projects, social contacts and intelligence. For mental health, the significant predictors are: personal meaning, religious activity, social contacts and marital status.

Consistent with Vaillant (2002), Successful agers use more adaptive, mature ways of coping. Our study shows that employed successful agers employed more often the following types of coping, which are more important for problems that cannot be controlled or resolved personally:

- Situational coping (Problem-focused)
- Existential coping (Meaning and Acceptance)
- Religious coping (Beliefs and Activities)
- Self-Restructuring (Cognitive and Behavioral)
- Social support (Instrumental and Emotional support)

Based on all the research on successful aging, Wong recommends the following ten commandments of successful aging:

1. Cultivate internal and external resources
2. Embrace religion or spirituality
3. Stay engaged with life and commit to personal projects
4. Receive college education and be a lifelong learner

5. Develop mental capacity and exercise your brain
6. Get married & stay connected with family and friends
7. Be optimistic and confident
8. Pursue a healthy lifestyle
9. Be reflective and flexible in coping
10. Expand yourself in every way - turn inward, upward, forward and outward

### **The Vital Role of Spirituality and Religion**

There is now abundant empirical evidence on the vital role of religion and spirituality in the well-being of seniors (e.g., Koenig, Smiley, and Gonzales, 1988). For example, Hunsberger (1985), in his study of Canadian elderly volunteers, reported significant positive correlations between importance of religious beliefs and subjective claims of high levels of personal adjustment, happiness, and health. A more recent study of almost 4,000 seniors by Duke University researchers shows a significant connection between personal spiritual activities and longevity (Helm, Hays, Flint, Koenig, & Blazer, 2000). Religious involvement is also associated with better health and increased longevity (Strawbridge, Cohen, Shema, & Kaplan, 1997; Hummer, Rogers, Nam, & Ellison, 1999; Koenig et al., 1999).

Pergament, Van Haitsma, & Ensing (1995) summarized these benefit of religion:

- "Religious rituals . . . contribute to the sense of personal continuity throughout the transitions of life" (p.57).
- "Participation in organized religious life can sustain this sense of identity" (p.57).
- "The surrender to God may be a route to mastery over oneself and one's world" (p. 58).

- "Religious congregations can also serve as resources to the elderly in their search for mastery" (p. 58).
- "Religion has often been cited as the most productive answer to the fear of death" (p. 58).
- Religion "may assist in the search for meaning by reminding the individual that all experiences, including death, are part of God's plan. It may provide a source of identification with forces outside the finite, corporal self such that one's personal death is no longer the death of all things of value" (p. 59).
- "A person's suffering may be invested with significance from a religious perspective" (p. 59).
- "The sense of intimacy can be sustained through the religious community" (p.59).

The fact that religion has persisted throughout human history suggests that it serves important adaptive functions (Abramowitz, 1993; Koenig & Siegler, 1988).

Religion remains one of the most potent forces in human existence, because it is rooted in human nature. Neuroscience research also recognizes that deep within all people, there is a yearning for connection with the sacred and the transcendent.

Fowler (1981) believed that "faith is a human universal. We are endowed at birth with nascent capacities for faith.... Faith is interactive and social; it requires community, language, ritual and nurture" (p. xiii). Tillich (1952) suggests that "it is the finitude of being which drives us the question of God" (p. 166). Hart (1977) has made an even stronger case for the universality of religion:

Human being is a religious creature....Man cannot exist outside of the service to his

God.... It may be that he serves the true God, the creator; it may be that he serves an idol, be it part of the rest of creation or an idolization of himself. But serve he must. (p. 77).

In the last two decades, research has shown clearly the importance of religion and spirituality in health care. As a result, the recent ethical stands of American Psychological Association's recognize religion and spirituality as an important element in understanding and working with individual clients. This applies all the more so to seniors, because religion play an even a more significant role in their lives. Ongoing surveys by the Princeton Religion Research Center (PRRC) show that about 75% of Americans consider religion very important in their lives. Baril and Mori (1991) reported that 42% of Canadian seniors attended religious services or meetings at least once a week in 1,990 as compared to 31% for those age 45 to 64. They also reported that women tend to be more active in attending religious services than men. Moberg (1990) points out that age-related increase in religiosity may reflect generational differences or "age-period-cohort issue." However, he also argues that cohort effect alone is not enough to explain significant increase in religiosity among seniors. He concludes that that the aging process itself must have contributed to the quest for answers to the big questions about human existence.

### **Religion defined**

Religion is much more than a set of doctrines and rituals. Intrinsic religiosity affects how people live and how they die-it affects their moral decisions as well as the choices they make every day. It gives them hope and comfort in adversity. It enables them to see the big picture of beauty and goodness beyond the physical and social world

Broadly defined, religion means "the feelings, acts, and experiences of individual

men [or women] in their solitude, so far as they apprehend themselves to stand in relation to whatever they may consider the divine" (James, 1902, p.81). James' emphasis on a personal encounter with the divine remains an essential ingredient of religion. In a similar vein, religion has been defined by Moberg (1971) as "the personal beliefs, values and activities pertinent to that which is supernatural, mysterious and awesome, which transcends immediate situations and which pertains to questions of final causes and ultimate ends of man and the universe" (p.175).

Tillich (1963) also emphasized religion as the quest for the ultimate meaning of human existence: "Religion is the state of being grasped by an ultimate concern, a concern which qualifies all other concerns as preliminary and which itself contains the answer to the question of the meaning of our life" (p. 4). Furthermore, Allport (1950) pointed out that religion enables people to understand a universe that is basically incomprehensible and gain a glimpse of the design of seemingly unrelated fragments.

Searching for the commonalities of different religions, Edwards (1972) has identified the following defining characteristics: (a) belief in a supernatural intelligent being or beings; (b) a worldview interpreting the significance of human life; (c) belief in experience after death; (d) a moral code believed to be sanctioned by a supernatural being; (e) prayer and ritual, sacred objects and places; and (f) religious experience – awe, mystical experience, revelations. Each of the components has important implications for how people live out their lives as individuals and as a society.

In sum, religion brings a sense of coherence, hope, and significance to people's existence, and enables them to transcend the banality of everyday living. Religion provides refuge and consolation to all those struggling with losses, adversities and the

terrors of death. As a shared system of rituals and symbols, religion also provides a sense of connectivity and community.

### **Spirituality defined**

Spirituality is a more inclusive construct than religion. It is possible for a person to be spiritual without being religious in the traditional sense. According to Sermabeikian (1994), “Although spirituality is expressed in religion, as well as philosophy and culture, it transcends ideologies, rituals, dogma, and institutions” (p. 180).

Moberg (1971) provides a comprehensive definition of spirituality. He proposes that the spiritual pertains to an individual’s inner resources, ultimate concerns, and the central philosophy of life, regardless of whether it is religious or nonreligious. He believed that all people are spiritual by nature. According to Brown (1987), for nonreligious people, almost anything such as gardening, ecology, music, or humanism can be a form of spirituality. It is true that in certain activities, the experience of a “flow” or an intense engagement is akin to a spiritual experience. It may also be argued that the feelings of oneness and ecstasy in sexual intercourse also qualify as a spiritual experience. However, when spirituality is all inclusive, it loses its unique meaning.

The position taken in this chapter is that spirituality, at a certain level, is necessarily related to religion, but not limited to it. Merton (1958) pointed out that “spiritual life is not mental life. It is not thought alone.... Everything must be elevated and transformed by the action of God, in love and faith” (p. 27). May (1982) also recognizes that “no spiritual quest can progress very far without becoming religious” (p. 33). Marcoen (1994) emphasizes the subjective nature and value orientation of spirituality, which “exists as a way of perceiving and conceiving reality as a whole,



holding and realizing certain human values, aims and goals, experiencing deep, positive emotions accompanying behaviors and actions in daily life" (p. 533). This spiritual orientation is considered as an innate capacity or tendency to transcend self-interest (Chandler, Miner-Holden, & Kolander, 1992). Spirituality has also been equated with what individuals consider to be sacred and most important in their lives (Gilchrist, 1992).

Evans (1990) attempts to define what spirituality is not. First of all, it is "not to be a ghost residing in the body . . . it is important to see that spirit is something I myself am; it is not an entity inside of me" (p. 43). Second, "spiritual existence" is not "simply indwelling by God's spirit" (p.44) because rationality is still involved. He concludes that "spirituality must be understood as both a descriptive and normative term. It is both ontological and ethical, connected to what I *am* and to what I must *become*. Spirituality is partially something to strive for" (p. 44).

Spirituality has also been equated with spiritual well-being or spiritual health. According to the National Interfaith Coalition on Aging in 1975, spiritual well-being is conceptualized as "affirmation of life in a relationship with God, self and community and environment that nurtures and celebrates wholeness" (Moberg, 1990, p. 6). Thus, spiritual well-being consists of both vertical and horizontal dimensions. The former refers to a person's sense of well-being in relation to God, whereas the later refers to a sense of life purpose and life satisfaction (Moberg, 1971).

Plouffe (1992) has provided a comprehensive definition of religion and spirituality: "At the heart of every religion and of contemporary growth psychology is the conviction that life has a spiritual dimension, that life must be dedicated to the fulfillment of meaning. . . . In a broad sense, to be spiritual is to be sensitive to the dimension of

meaning in one's life" (p. 3). Three components are commonly included in definitions of spirituality (Bouchard, 1997). They are: (a) an understanding of self that is defined in the context of relationships to others, (b) an understanding of a creation story and symbols of faith and (c) an understanding of a greater power that is outside of the self, yet intimately connected with the sense of self. These are also common characteristics of spiritually oriented seniors.

### **Religion and spirituality compared**

Having surveyed the different views of religion and spirituality, what conclusion can be drawn? Briefly, it is proposed that religion is cultural phenomenon created by human beings who are spiritual beings. Just as arts are the natural expression of individuals with the gift of artistic creativity, so is religion the natural expression of people endowed with the gift of spirituality. In other words, religion is a manifestation of the spiritual dimension of humanity. As a cultural phenomenon, religion tends to involve social institutions, shared beliefs, symbols, and rituals. However, as a personal, subjective experience, religion and spirituality can be used interchangeably, because both constructs have the same defining characteristics:

1. Both involve faith in the existence of a spiritual and transcendental realm.
2. Both involve faith in the existence of a spiritual dimension of human existence.
3. Both represent a way of interpreting the human experience and bringing meaning and coherence into life.
4. Both recognize the human inner potential to transcend past and circumstance.
5. Both recognize the human capacity to know and communicate with God.
6. Both recognize the will to meaning as a primary, innate human motivation.

7. Both value what is sacred, true, beautiful and good.
8. Both involve an \ awareness of an inner subjective transformation
9. Both encourage personal encounters with the mystical or supernatural reality.
10. Both serve as an inner resource for hope, courage, inspiration, and well-being.
11. Both involve affirmation and celebration of life and human existence.
12. Both involve feelings of oneness, self-transcendence, awe, and worship.

In view of these similarities, spirituality and religion are used interchangeably throughout this chapter, as long as any one of the previous common elements is being discussed. Even though there is considerable overlap between the two constructs, there are also areas of difference as shown in Table 1.

Table 1: Characteristics Distinguishing Religion and Spirituality

Religion	Spirituality
Community-focused	Individualistic

Observable, measurable, objective	Less visible and measurable, more subjective
Formal, orthodox, organized	Less formal, less orthodox
Behavior-oriented, outward practices	Emotion-oriented, inward- directed
Authoritarian in terms of behaviors	Not authoritarian, little accountability
Doctrine separating good from evil	Unifying, not doctrine- oriented

Source: Koenig, McCullough, & Larson ( 2001).

### **The important function of religious coping**

Religion serves as a resource and a strategy of coping. Wong, Reker and Peacock (2006) have demonstrated consistently the religious coping, such as praying to God for help, is most appropriate for problems that are beyond personal control or unsolvable by any human being. The death of a loved one, terminal illnesses, call for both religious and existential coping.

Paul Wink (1999) suggest that seniors who are uncertain about life after death may seek a spiritual connection to “hedge their bets” and reduce their death anxiety. They may also need the inner strength that comes from spiritual connection to cope with many life’s many adversities and tragedies. Pergament, Van Haitisma, and Ensing (1995) point out that religion helps individuals to cope with the loss of loved objects by conserving significance and transforming it into positive meanings:

Religion is not simply a tool in coping. It has to do with the *ends* of significance in living as well as the *means* for attaining those ends. Religion is intimately involved in the definition of significance. Through the process of spiritualization, a number of significant ends become invested with sacred status, from the search for meaning, comfort, and intimacy to the search for self and a better world (p 51).

### **The important function of faith communities and pastoral care**

Members in faith communities provide social support for each other in religions practices (Krause, 2001). In addition, faith communities provide a wide range of social and caring services to meet the spiritual, social, and survival needs of their members and others in the larger community, such as day care and transportation for seniors (Tobin, Ellor, & Anderson-Ray, 1986).

Social validation from faith communities is important for the well-being of seniors. In a success- and youth-oriented society, seniors’ sense of self-esteem takes a lot of beating. Retirement undermines individuals' self-esteem to the extent that their source of validation comes from the position they hold. The lack of opportunity to make a useful contribution to society poses a further threat to their self-concept. Ageism, even unintentional, makes the elderly feel that they are discriminated and rejected by the rest

of society. When seniors become frail and dependent, they begin to view themselves as a burden rather than an asset. (Wong, 1998, p. 383)

Holistic pastoral care requires that pastors deal with existential issues related to the meaning of sickness and suffering. One of the problems facing seniors is the nagging question of whether their life is worth living. Kimble (1995) proposes that pastoral care can effectively address is fundamental question: "Is growing old worth one's whole life to attain?" According to Kimble, life review can be effectively used as a pastoral tool to provide validation to seniors and assist them to find continuity and meaning in their lives. In summary, a vital part of pastoral care and counseling is to support seniors in their search for spiritual answers to existential questions. The pastor needs to do a lot more than quote from the Scriptures and give "stock" answers. Effective counseling requires that the pastor seek a deeper understanding of seniors' spiritual and existential needs, and provide the support and guidance they need to find their own answers.

Pastoral care and counseling is, perhaps, the most important and yet underrated service to seniors. Clergy's contribution to seniors' mental and physical health is seldom recognized. It is difficult to imagine what would happen to the aging population if there were no churches or synagogues. Apart from the tangible services provided by religious organizations, seniors can also draw a lot of strength from religious services, prayers, religious symbols, and the community of believers. When the shadow deepens, faith is often the only light that reassures them that they can live and die with dignity, because of their inherent value as members of God's family. Pastoral care provides the counseling and attention seniors need as they journey, often alone, on the difficult path of aging.

McFadden (1995) suggested that religion may have negative effects on the well-being of seniors. For example, there is a trend for congregations to adopt more modern practices in worship services, and this makes the seniors feel alienated and rejected. Therefore, it is important that the clergy and congregational leaders be sensitive to the needs of elderly members and their limited resources (Wong, 1998, p. 384).

In spite of its limitations, organized religion has much to offer seniors. Plouffe (1992) offered the following practical recommendations for religious leaders and their congregations:

- Reach out to aging members of your congregations and address their spiritual needs.
- Eliminate barriers that prevent seniors from fully participating religious services and activities.
- Contact and cooperate with health facilities and community agencies in providing services to seniors.
- Encourage seniors to take part in charitable work and various congregational activities.
- Provide opportunities for the congregation to learn from senior members.

### **The relationship between religion/spirituality and personal meaning**

The previous section has made it very clear that meaning is a major component of spirituality/ religion. All major religions provide answers to such existential issues as “Why are we here?”, “Where did we come from?”, “Who am I?”, “Why men?”, “What will happen to me after death?”, and “What is the ultimate purpose of this world?” By virtue of its beliefs in a transcendent, sovereign God and its affirmation in afterlife,

religion tends to offer the most satisfying and coherent answers regarding questions of ultimate meaning.

In fact, it is difficult, if not impossible, to address issues of ultimate meaning without being religious. Similarly, a person cannot go very far on a spiritual journey without having to wrestle with questions of meaning. Religion/spirituality remains a major source of meaning and the church is the single most important resource available to the current elderly cohort (Koenig, Smiley, & Gonzales, 1951

According to Fowler (1981), faith is the heart and soul of religion, and it is faith that enables people to find meaning. Here is a sample of what Fowler had to say about faith and meaning:

- "Faith is a person's or group's way of moving into the force field of life. It is our way of finding coherence in and giving meaning to the multiple forces and relations that make up our lives. Faith is a person's way of seeing him- or herself in relation to others against a background of shared meaning and purpose" (p. 4).
- "We are concerned with how to put our lives together and with what will make life worth living. . . . we look for something to love that loves us, something to value that gives us value, something to honor and respect that has the power to sustain our being" (p. 5).
- "To have a reason to get up in the morning, it is necessary to possess a guiding principle. A belief of some kind" (p. 6).
- "Faith is an orientation of the total person, giving purpose and goal to one's hopes and strivings, thoughts and actions" (p. 14).



- “The centers of value and power that have god value for us . . . are those that confer meaning and worth on us and promise to sustain us in a dangerous world of power" (p. 18).

From the perspective of continuity theory (Atchley, 1995), religion / spirituality is important, because it provides a conceptual framework for seniors to make sense of their experience in the midst of change. Religious beliefs, spiritual values, and worldviews are part of the inner structure that persists through the adult years to provide a sense of identity and continuity. As people grow older, the continuity of spiritual identity becomes an increasingly important developmental task. Religious beliefs and symbols provide an anchor as seniors adapt to the changes that come with aging.

Even in an increasingly secularized society, religion remains a potent source of meaning for a variety of reasons. For example, religious beliefs in immortality, the existence of heaven, and the ultimate meaning of life provide an effective antidote to death anxiety (Wong, Reker, & Gesser, 1994). Religion provides both direction and support to put life and death into perspective (Achenbaum, 1985). James (1902) points out that religion enables people to gain deeper insights of everyday experience: "When we see all things in God, and refer all things to Him, we read in common matters superior expressions of meaning" (p. 475). This section presents a more detailed analysis of the religion/spirituality and meaning connection.

Hay (1987) emphasizes that religious "stories are revered because they give meaning and coherence to life and awaken the motivation to strive after goals" (p. 67). He concludes that "all recent studies which look directly at the 'experiential' dimension of religion show that it is typically associated with personal integration, a sense of

meaningfulness in life, and concern for social justice” (p. 182).

### **Personal Meaning Defined**

Elsewhere, Wong has defined personal meaning as an individually constructed cognitive system, which endows life with personal significance. I have also stated that the meaning system consists of three components, namely, cognitive, motivational, and affective (Wong, 1989, 1997). According to Dittmann-Kohli (1991), the personal meaning system is most important in terms of overall functioning, because

It is a dynamic, centralized structure with various sub-domains. It is conceived as a cognitive map that orients the individual in steering through the life course. The personal meaning system comprises the categories (conceptual schemes) used for self and life interpretation. It is a cognitive-affective network containing person-directed and environment-directed motivational cognitions and understandings, like goal concepts and behavior plans, conceptions of character and competencies, of internal processes and mechanisms, various kinds of standards and self-appraisals.

Frankl (1963) asserts that the "will to meaning" is a significant and universal human motive. Humans are not merely biological, social, and psychological beings, but also spiritual beings; they are able to transcend these dimensions to a level of "human spirituality" by virtue of being free to create meaning for their own lives. Frustration of the will to meaning leads to an "existential vacuum." Symptoms of an existential vacuum include a sense of meaninglessness, feelings of boredom, apathy, or indifference. Frank (1963) has identified three major venues of finding meaning: creative work, experiencing

the moment, and having a positive attitude in situations beyond one's control.

Different individuals in different generations may find meaning in different ways. However, there are some major sources of meaning. Through the use of implicit theories approach, Wong (1998) investigated people's beliefs of what constitutes the good life or the ideal meaningful life. He discovers 7 major sources of meaning: Achievement, relationship, intimacy, religion, self-transcendence, self-acceptance and fair treatment. This finding has been replicated in other cultures. Wong's Personal Meaning Profile (PMP) is a very useful instrument to assess one's meaning in life in these seven areas.

Wong's (2009) research on tragic optimism demonstrates the importance of meaning and religion in maintaining a sense of hope in adversities. He has developed the Life Attitudes Scale to measure the five factors of tragic optimism:

1. Acceptance of what cannot be changed
2. Affirmation of what is good
3. Self-transcendence of limitations
4. Courage to overcome adversities
5. Faith in an ultimate Rescuer

Recently, Wong (2010) defines personal meaning in terms of **PURE**, which describes the structure and function of meaning. The PURE model also provides important insights in how to live a meaningful life.

1. **Purpose – The motivational component**, including goals, directions, incentive objects, values, aspirations, and objectives. It is concerned with such questions as:  
 What should I do with my life? What are my strengths and what can I do best?  
 What are my dreams and interests? What does life demand of me? What should I

- do with my life? What really matters in life? What do I value most? What is worth living and dying for?
2. **Understanding – The cognitive component**, encompassing a sense of coherence, making sense of situations, understanding one's own identity and other people, effective communications, It is concerned with such questions as: What has happened? Why me? Why does God allow this to happen to me? Why isn't it that all the prayers and hard work do not get me anywhere? What does it mean? What kind of person am I?
  3. **Responsible action – The behavioral component**, including appropriate reactions and actions, doing what is right, finding the right solutions, making mends, and taking actions that are congruent with highest values. It is concerned with such questions as: What is my responsibility in this situation? What is the right thing to do? Given the circumstances and my own limitations, what real options do I have? What choices should I make? What option is most consistent with my beliefs and values? Have I made amends for my mistakes? Have I expressed my gratitude to my parents? Have I done anything to help my family?
  4. **Evaluation/enjoyment – The affective component**, including assessing levels of satisfaction or dissatisfaction with the situation or life as a whole. Evaluation is a key component in self-regulation. If the outcome is negative, then one may need to re-evaluate the situation and make adjustments. Evaluation is concerned with such questions as: How is my life unfolding? Have I achieved what I set out to do? Am I satisfied with how I have lived my life? If this is love, why am I still

unhappy? Why am I so unhappy in my profession? What is the best thing I have done in my life?

### **The opportunities and challenges of working with the seniors**

In this concluding section, the focus is on a few areas which are important in meeting the spiritual and existential needs of seniors so that they can live with health and vitality. Those working with seniors need to keep in mind the existential and spiritual dimensions of aging (Wong, 1989, 1994, 1998; Wong & Watt, 1993). This chapter has already reviewed the literature which highlights the following facts on successful aging:

- People begin to turn inward as they grow older
- Personal meaning is the hidden dimension of successful aging
- Positive meaning and purpose not only add years to one's life, but also add life to one's years
- Without a clear sense of meaning and purpose in the face of physical decline, longevity may be an unbearable burden
- Need to maintain a positive attitude in the face of loss, illness and death
- Death acceptance is related to physical and mental health
- The imperative of building up inner resources in order to cope with multiple losses
- Problem-focused coping becomes less relevant because most difficulties confronting the old-old are beyond their control
- Existential and religious coping become increasingly important for the elderly

### **Importance of religious and existential coping**

Aging often triggers an existential crisis. Many sources of personal meaning are either threatened or reduced with advancing age. Increasing helplessness reduces a person's sense of competence and self-worth. Butler (1963) observed that as the elderly feel the lessening of personal control, the search for meaning becomes crucial for adaptation. In a similar vein, Schulz (1986) pointed out that personal meaning becomes a major source of life-satisfaction and personal growth in the face of disaster and loss that often accompanies advancing age; he also argued that existential acceptance may be more adaptive for the elderly than active striving for personal control.

Wong (1993, Wong, Reker & Peacock, 2006) has emphasized the both existential coping and spiritual coping are need in addressing the crises of aging and dying. To work effectively with seniors regarding religious coping, CSA workers need to understand their own religions and spiritual perspectives so that they will know how to interact with clients according to their preferred beliefs. With respect to existential coping, Wong, Reker and Peacock (2006) stress two important strategies: (a) Accepting what cannot be changes, (b) Seeing the positive side of negative situations. Both kinds of existential coping are important for successful aging. In fact, acceptance and positive thinking should permeate whatever we do in working with seniors.

### **How to restore meaning and hope**

Meaning therapy (MT), also known as meaning-centered counseling and therapy (MCCT), provides many strategies and techniques to help seniors restore a sense of meaning and hope. MT employs personal meaning as its central organizing construct and assimilates various schools of psychotherapy to achieve its therapeutic goal. MT focuses on the positive psychology of making life worth living in spite of sufferings and

limitations. It advocates a psycho-educational approach to equip clients with the tools to navigate the inevitable negatives in human existence and create a preferred future. CSA workers are not psychotherapists, but they can still learn some of the skills and insights of MT that are helpful in working with seniors.

MT taps into people's capacities for imagination, meaning making, responsible action, and personal growth. MT seeks to bring about fundamental changes by equipping clients with the tools that enable them to see themselves in a new positive light and pursue their lives in a responsible, purposeful and hopeful manner. It uses the ABCDE strategy of helping people overcome setbacks and regain their footing in life. It is the main tool in dealing with protracted negative life experiences in old age or sickness. While PURE is a strategy for life expansion, ABCDE is the main strategy for life protection. ABCDE stands for acceptance, belief, commitment, discovery and evaluation.

**The power of acceptance.** Acceptance of reality and limits is central to MT. Recovery begins with accepting the fact that something is seriously wrong and change is needed. Regardless whether the problem is addiction or physical illness, over the long haul denial kills while acceptance heals. Please note that acceptance does not mean giving up or passivity. It does require that we honestly recognize and confront our limitations and the dark side of human condition. It also means that we need to learn how to transcend and transform what cannot be changed.

**The power of belief and faith.** Acceptance without belief will lead to despair and depression. Clients need to believe in the intrinsic value and meaning of being alive. They also need to cling to the belief in hope. If they affirm that progress is attainable, they are more likely to stick to the regimen of change. The road of recovery from illness

and grief is often steep and hard, fraught with setbacks and pains, but one must learn to endure and persevere. Belief helps. Whether it is religious or humanistic, belief begets hope and inspires them to move forward. No one can really go through life without some kind of belief and faith.

**The power of commitment and action.** MT emphasizes the potency of commitment and action. One needs to be committed to a very specific goal or plan and takes appropriate actions to achieve the goal. Real change is possible only when one takes the first concrete step in a new direction. As the Chinese proverb says, a journey of a thousand miles begins with one step. We need to act **as if** it is true. Just do it, even when we don't feel like it. Commitment is also a jump off point to connect with the PURE model. Commitment and persistence (Wong, 1995b) is needed to succeed in making lasting changes and forming new patterns of thinking and behaving. It is helpful to contract with the clients to (a) develop and implement plans of action, (b) set concrete and specific goals, (c) practice small steps towards achieving each goal. CAS workers may use modeling and reinforcement to encourage commitment.

**The power of discovery.** Frankl (1985) has repeatedly emphasized that meaning is discovered more than created, and for good reason. Whatever actions we may take to create meaning, ultimately it requires an Aha response, a spark of awakening, to really reignite the passion for living. In the darkness of confusion and despair, suddenly a light turns on and everything begins to make sense. Pay special attention to these moments of awakening. There are moments of Eureka, awe and wonder. But they may also be moment of recounting and regrets.

**Evaluating and enjoying the outcome.** Evaluation represents the affective



component of self-regulation. If nothing seems to work and there is no reduction of symptoms and no improvement in the pursuit of positive life goals, then some adjustment is necessary. Positive emotions such as joy, relief, gratitude and confidence are inevitable if the previous four strategic steps of ABCE are successful. Positive feelings and outcomes reinforce positive changes.

### **How to build relationship**

Relationship is the key to working with seniors. Relationship is both curative and life-affirming Here are some important relational skills and insights for CSA workers;

- Pay attention to the here and now of interactions.
- Learn active listening skills – listen with empathy, reflection and understanding
- Always place clients’ interest above your own agenda, whatever that might be.
- Create a safe and trusting environment by treating them with empathy, genuineness and unconditional positive regard (Rogers, 1967)
- Empower them to assume responsibility and make the right choices. Provide options but refrain from directly advising them what to do, unless it is absolutely necessary
- Encounter implies authenticity and intimacy
- Each encounter opens up a window of opportunity for looking into the inner workings of the client and touching him/her in a life changing way
- Authentic relationship not only provides an antidote to loneliness, but also renews a sense of connectivity and belonging essential for successful aging.

### **How to do life review**

Life review is the technique of reviewing the past in order to shed some light the presenting problem. It is difficult to achieve self-understanding without understanding the forces that have shaped the contour and the content of the self. Life review is a more systematic way of looking at the past; it is a powerful tool to achieve self-acceptance, self-affirmation, and self-integration (Wong, 1995, Wong & Watt, 1991). Posting meanings can be discovered through review of past experiences and rewriting of life stories. People cannot change the past, but they can learn to accept and live with the past. Life review is a tool to bring about the adaptive attitude.

Butler and associates (1991) point out life review involve reminiscences, writing autobiographies and sharing life stories. Life review helps put one's life in order and resolves internal and interpersonal conflicts. Wong and Watt (1991) have discovered that life review per se does not necessarily result in health benefits, because it all depends on what types of reminiscence life review the seniors are engaged in. They found that integrative, instrumental, and generative types are beneficial while obsessive rumination of past wrongs might be harmful. If life review is successful, seniors will move from regrets to reconciliation, resolution and integration. One can promote integrative life review by talking about the most significant moments and people in one's life, the experience of gain from losses and painful situations; one can also take about the reconciliation and resolutions of past interpersonal conflicts. With respect to instrumental reminiscence, one can recall instances of overcoming difficulties and achieving important life goals. In terms of generative or transmissive reminiscence, the elderly recalls lessons from the past on the wisdom to the younger generation. Life-line drawing, story telling and family pictures are all useful tools to facilitate life review.

In the course of conducting life review groups for seniors, Wong was impressed by two recurrent observations: (a) the importance of religion in seniors' lives, and (b) the impact of godly parents or teachers. Because the seeds of spiritual values are best sown in tender tears, children and adolescents are better prepared for successful aging if they have parents, teachers, and counselors who model the intrinsic qualities of religion / spirituality, such as compassion, self-transcendence, integrity, optimism, and faith. Hopefully this chapter provides and impetus to promoting healthy aging by enhancing spirituality and meaning in all stages of development.

### **How to cope with grief and death anxiety**

Seniors are always somewhere in grief because aging is a series of losses -- deaths of loved ones, decreases in physical functioning, and reductions in income, etc.. The accumulation of such losses sensitizes them to anxiety about their own mortality. Related to the fear of aging is the fear of death, which is the inevitable end of the aging process. Becker (1973) observed that "the idea of death, the fear of it, haunts the human animal like nothing else; it is a main spring of human activity-activity designed largely to avoid the fatality of death, to overcome it by denying in some way that it is the final destiny for man" (p. ix).

In many ways, the ways in which people face death are a reflection of how they live. Kalish (1985) observe that 'different people die in different ways and experience a variety of feelings and emotions during the process' (p. 186). The concept of an **appropriate death** (Weisman, 1972) suggests that individuals should be given the freedom to choose how they die; this would allow them to die with dignity and maintain their individuality. Kalish (1985) has identified three contributing factors to an

appropriate death: (1) a warm, intimate personal relationship with family, friends, or health professionals; (2) an open supportive environment to allow discussion of end of life issues, and (3) a sense of meaning. The process of living coexists with the process of dying (Kastenbaum, 1981). Some dying persons continue to participate in living each day in spite of rapidly declining health; they are *resisting* arrival of death rather than *denying* the reality of death.

Death remains the biggest threat as well as the greatest challenge to humanity. It is the single universal event that affects all of us in ways more than we care to know (Greenberg, Koole, & Pyszczynski, 2004; Wass & Neimeyer, 1995; Yalom, 2008). Because of the unique human capacity of meaning-making and social construction, death has evolved into a very complex and dynamic system, involving biological, psychological, spiritual, societal and cultural components (Kastenbaum, 2000). Whatever meanings we attach to death may have important implications for our well being. Thus, at a personal level, death attitudes matter: death defines personal meaning and determines how we live (Neimeyer, 2005; Tomer, 2000; Tomer, Eliason, & Wong, 2008)

Elisabeth Kubler-Ross (1969, 2009) was largely responsible for making death a legitimate topic for research and medicine. Her stage-model of coping with death (denial, anger, bargaining, depression and acceptance) has left a lasting impact on our understanding of the psychological reactions to death. She has identified some of defense mechanisms (denial and bargaining) and negative emotional reactions (anger and depression) involved in coming to terms with the reality of death. In the final stage, denial, fear and hostility give way to embracing the inevitable end. Her sequential stage concept has widely criticized. For example, Bonanno (2009) has recently found that in

coping with bereavement, most people can come to death acceptance without struggling through the previous stages.

### **How to come to terms with one's own mortality**

Gesser, Wong, and Reker (1987-88) conducted an extensive study of death attitudes. In addition to death fear and death avoidance, they identified three distinct types of death acceptance: (1) Neutral death acceptance – facing death rationally as an inevitable end of every life; (2) Approach acceptance – accepting death as a gateway to a better afterlife, and (3) Escape acceptance – choosing death as a better alternative to a painful existence. The Death Attitude Profile (DAP) was later revised as DAP-R (Wong, Reker, & Gesser, 1994). Both scales have been widely used and evidence is accumulating regarding the validity and reliability of DAP (Gesser et al, 1987-1988) and DAP-R (Wong et al, 1994). For example, Neimeyer, Moser and Wittkowski (2003) confirm that DAP-R remains the preferred instrument to assess death acceptance. CSA workers can use the DAP-R to assess their own death attitudes. If they can not resolve the personal issues of death anxiety, they will have experience difficulty in working with seniors, especially those suffering from terminal illness.

Approach acceptance is rooted in religious/spiritual beliefs in a desirable afterlife. To those who embrace such beliefs, afterlife is more than symbolic immortality, because it typically associated with theistic religious faith or belief in a transcendental reality. Approach acceptance is based on the social construction of life beyond the grave, thus, offering hope and comfort to the dying as well as the bereaved. More specifically, Harding, Flannelly, Weaver, and Costa (2005) reported that scales that measure Belief in God's existence and Belief in the Afterlife were both negatively correlated with death

anxiety but positively correlated with death acceptance. It is possible that non-religious spirituality, such as faith in being one with nature, may serve the same function of reducing death anxiety and bereavement grief, but it remains to be tested empirically.

Escape acceptance is primarily based on the perception that life is so painful and miserable that death offers a welcome relief. Suicide and assisted suicide are examples of Escape acceptance. Cicirelli (2006) observed that when individuals experience intractable pain or loss of function, they want to end their own lives. In some cases individuals may choose passive suicide simply by not making the necessary efforts to stay alive; they no longer take care of their health or refuse to take medications, they have given up the will to continue the daily struggle. In such cases, life has lost its meaning and the terror of death seems less fearful than the burden of living.

The construct of neutral acceptance needs closer examination. Clements and Rooda (1999-2000) investigated the factor structure, reliability, and validity of DAP-R using a sample of 403 hospital and hospice nurses. They were able to replicate four of first four factors reported by Wong et al (1994): Fear of Death, Death Avoidance, Approach Acceptance, and Escape Acceptance. However, the items which loaded on the Neutral Acceptance subscale were split across two factors. This finding seems to suggest that the Neutral Acceptance subscale may measure different pathways to death acceptance apart from believing in an afterlife. For example, some may be resigned to the fact that death is simply a biological fact of all living things, while others may feel that they are ready to die because they have completed their life mission and left a worthy legacy. Cicirelli (2001) has identified four different Personal Meanings of Death: Extinction, Afterlife,

Motivator and Legacy. Belief in Afterlife is similar to Approach Acceptance; Extinction, Motivator and Legacy can all come under the umbrella of Neutral Acceptance.

It should be noted that even for people who embrace both Neutral Acceptance and Approach Acceptance, some may still want to prolong their lives through whatever means available. Such life extending efforts are motivated by their desire to contribute more to society or take care of their loved ones more than by fear of personal demise.

CSA workers need to work through their own death anxiety in order to be helpful to their clients. They need to personally experience the truth that the terror of death teaches us what really matters and how to live authentically. The human quest for meaning and spirituality occupies the center stage, while death anxiety belongs to the background. Thus, the sting of death is swallowed up by our engagement in a meaningful life. In sum, the positive orientation is more concerned with what makes life worth living in spite of suffering and death anxiety. Kahlil Gibran (1994) expresses this idea well: “It is life in quest of life in bodies that fear the grave” (p.104).

### **Conclusion**

Throughout this chapter, we have shown a wealth of data and ideas regarding the importance of spirituality and meaning in old age. CSA workers will do well by learning how to make use of the life-affirming and life-enhancing potentials of religion, spirituality and personal meaning.

Furthermore, policymakers and health practitioners need to recognize religion/spirituality as not only one of the major determinants of health but the basis for compassionate healthcare. This is particularly true in elder care. The underlying

processes that mediate health benefits require continued research. Several conceptual frameworks provide only partial answers as to why religion/spirituality is beneficial to mental and physical health. From the perspective of meaning-centered counseling, religion/spirituality is helpful as a major source of meaning. Therefore, all the positive effects of personal meaning--such as optimism, buffers against stress, motivation for purposeful living, and so on--can be attributed to religion / spirituality. Another explanation is that religion/spirituality encourages a healthy lifestyle. For example, some religions discourage use of alcoholic beverages, tobacco, and endorse a vegetarian diet.

Without meaning and purpose, there would be no reason for seniors to do what is necessary in order to live a long life. Without meaning and purpose, there would be no reason for seniors to endure personal losses and sickness. Religion and spirituality not only endow their lives with meaning and purpose, but also give them hope in the future. Given the importance of religion / spirituality in seniors' lives and its proven health benefits, all levels of government should take religion seriously in their efforts to maintain public health and prevent illness (Wong, 1998, p. 388)

In view of the above, it is the responsibility of the entire society to support and care for the older generation. According to Plouffe (1992), caregivers, service providers, religious leaders, and faith communities can all contribute to the spiritual care of seniors. In addition, different levels of governments, policymakers, educators, and schools can also indirectly contribute to the spiritual well-being of seniors simply by endorsing religion / spirituality as a positive influence on society.



### References

- Abramowitz, L. (1993). Prayer as therapy among the frail Jewish elderly. *Journal of Gerontological Social Work, 19*, (3/4), 69-75.
- Achenbaum, W. A. (1985). Religion in the lives of the elderly: Contemporary and historical perspectives. In G. Lesnoff-Caravaglia (Ed.), *Values, ethics and aging* (pp. 98-116). New York: Human Science Press.
- Aldwin, C. M., & Levenson, M. R. (2001). Assessment of mental health in older adults. In H. S. Friedman (Ed.), *Assessment and therapy: Specialty articles from the encyclopedia of mental health* (pp. 1-8). San Diego: Academic Press.
- Alex, J. A., & George, P. O. (2004). Ageing: a Christian perspective. *Global Ageing: Issues and Action, 2*, 36-43.
- Allport, G. W. (1950). *The individual and his religion*. New York: Macmillan.
- Atchley, R. C. (1995). The continuity of the spiritual self. In M. A. Kimble, S. H. McFadden, J. W. Ellor, & J. J. Seeber (Eds.), *Ageing, spirituality, and religion: A handbook* (pp. 68-86). Minneapolis, MN: Fortress Press.
- Baltes, P. B., & Baltes, M. M. (1990). Psychological perspectives on successful aging: The model of selective optimization with compensation. In P. B. Baltes and M. M. Baltes (Eds.), *Successful aging: Perspectives from the behavioural sciences* (pp. 1-34). New York: Cambridge University Press.
- Baril, G., & Mori, G. (1991). Leaving the fold: Declining church attendance. *Canadian Social Trends, 21-24*.
- Becker, E. (1973). *The denial of death*. New York: The Free Press.

- Bianchi, E. (1997). *Aging as a spiritual journey*. New York: Crossroads.
- Brown, L. B. (1987). *The psychology of religious belief*. London: Harcourt Brace Jovanovich.
- Browne, B. W. (2004). Liberating imagination about aging. *Global Ageing: Issues and Action*, 2, 15-22.
- Bolen, J. S. (1994). *Crossing to Avalon: A woman's midlife pilgrimage*. San Francisco, Harper Collins.
- Bonanno, G. A. (2009). *The Other Side of Sadness: What the New Science of Bereavement Tells Us About Life After Loss (Hardcover)* New York: Basic Books, 2009
- Bouchard, N. (1997) Seminar Presentation, Denver: Society of Certified Senior Advisors.
- Butler, R. N. (1963). Life review: An interpretation of reminiscence in the aged. *Psychiatry*, 4, 1-18.
- Butler, R. N., Lewis, M. I., & Sunderland, T. (1998). *Aging and mental health: Positive psychosocial and biomedical approaches*. Needham Heights, MA: Allyn & Bacon
- Cavanaugh, J. C. (1993). *Adult development and aging* (2<sup>nd</sup> ed.). Belmont, CA: Wadsworth Publishing.
- Chandler, C. K., Miner-holden, J., & Kolander, C. A. (1992). Counseling for spiritual wellness: Theory and practice. *Journal of Counseling and development*, 71, 168-174.
- Cicirelli, V. G. (2001). Personal meanings of death in older adults and young adults in relation to their fears of death. *Death Studies*, 25(8), 663-683.
- Cicirelli, V. G. (2006). *Older adults' views on death*. New York: Springer publishing.

- Clements, R., & Rooda, L. A. (1999-2000). Factor structure, reliability, and validity of the death attitude profile-revised. *The Journal of Death and Dying, 40*(3), 453-463.
- De Mello, A. (1982). *The song of the bird*. Anand, India: Gujarat Sahitya Prakash.
- Dittman,-Kohli, F. (1991, July). *Dimensions of change in personal meaning in young and elderly adults*. Paper presented at the 11<sup>th</sup> biennial meeting of the International Society for the Study of Behavioural Development (ISSBD).
- Edwards, R. B. (1972). *reason and religion: An introduction to the philosophy of religion* (pp. 14-17). New York: Harcourt Brace Jovanovich.
- Erickson, E. H. (1963) *Childhood and society*. New York: Norton.
- Evans, c. S. (1990). *Soren Kierkegaard's Christian psychology: Prospects for a Christian approach*. Grand Rapids, MI: Zondervan.
- Frankl, V. E. (1963). (I. Lasch, Trans.) *Man's Search for Meaning: An Introduction to Logotherapy*. New York: Washington Square Press
- Frankl, V. E. (1985). *Man's search for meaning*. Boston, MA: Beacon Press
- Fries, J. F., & Crapo, L. M. (1981). *Vitality and aging: Implications of the rectangular curve*. New York: W. H. Freeman and Company
- Fowler, J. W. (1981). *Stages of faith: The psychology of human developmet and the quest for meaning*. San Francisco: Harper & Row.
- Gallup Organization (2002, December). Gallup Poll Survey. Data purchased from the Gallup Organization by the Society of Certified Senior Advisors. Princeton, NJ: Gallup.
- Gesser, G., Wong, P. T. P., & Reker, G. T. (1987-88). Death attitudes across the life span.

- The development and validation of the Death Attitude Profile (DAP). *Omega*, 2, 113-128.
- Gibran, K. (1994). *The Prophet*. London, Senate Press.
- Gilchrist, R. (1992). The need of holistic counseling. *American Counselor*, 1, 10-13.
- Greenberg, J., Koole, S. L., & Pyszczynski, T. (Eds.) (2004). *Handbook of Experimental Existential Psychology*. New York: Guildford Press.
- Gutmann, D. (1978). *Personal transformation in the post-parental period: A cross-cultural view*. Washington, DC: American Association for the Advancement of Science.
- Harding, S. R., Flannelly, K. J., Weaver, A. J., Costa, K. G. (2005). The influence of religion on death anxiety and death acceptance. *Mental Health, Religion & Culture*, 2005, 8, 253-261
- Hart, H. (1977). Anthropology: some questions and remarks. In A. De Graff (Ed.), *Views of man in psychology in Christian perspective: Some readings* (pp. 69-97). Toronto: Association for the Advancement of Christian Scholarship.
- Hay, D. (1987). *Exploring inner space: Is God still possible in the twentieth century?* London: Longmans, Green.
- Hayslip, B., & Panek, P. E. (1993). *Adult development & aging*. New York: HarperCollins.
- Helm, H., Hays, J. C., Flint, E., Koenig, H. G., & Blazer, D. G. (2000). Effects of private religious activity on mortality of elderly disabled and nondisabled adults. *Journal of Gerontology (Medical Sciences)*, 55A, M400-M405.

- Hummer R. A., Rogers, R. G., Nam, C. B., & Ellison, C. G. (1999). Religious involvement and U.S. adult mortality. *Demography* 36(2): 273–285.
- Hunsberger, B. (1985). Religion, Age, life satisfaction, and perceived sources of religiousness: A study of older persons. *Journal of Gerontology*, 40, 615-620.
- James, W. (1902). *the varieties of religious experience: A study of human nature*. London: Longmans, Green.
- Jung, C. G. (1971). The stages of life. In R. F. C. Hill, *The portable Jung*. New York: Viking.
- Kalish, R. A. (1985). The social context of death and dying. In R. H. Binstock & E. Shanas (Eds), *Handbook of aging and the social sciences* (2<sup>nd</sup> ed., pp. 149-170). New York: Van Nostrand Reinhold.
- Kastenbaum, R. (1985). Dying and death: A life-span approach. In J. E. Birren & K. W. Schaie (Eds.), *Handbook of the psychology of aging* (2<sup>nd</sup> ed., pp. 619-643). New York: Springer.
- Kastenbaum, R. (2000). *The psychology of death* (3<sup>rd</sup> ed.). New York: Springer
- Kimble, M.A. (1995). Pastoral care. In M. A. Kimble, S. H. McFadden, J. W. Ellor, & J. J. Seeber (Eds), *Aging, spirituality, and religion: A handbook* (pp. 131-147). Minneapolis: MN: Fortress Press.
- Koenig, H. (1995). *Research on religion and aging: An annotated bibliography*. New York: Greenwood Press.

- Koenig, H. G., Hays, J. C., Larson, D. B., George, L. K., Cohen, H. J., McCullough, M. E., et al. (1999). Does religious attendance prolong survival?: A six-year follow-up study of 3,968 seniors. *Journal of Gerontology: A Biology of Sciences (Medical Sciences)*, *54*(7), M370–M376.
- Koenig, H. G., McCullough, M. E., & Larson, D. B. (2001). *Handbook of religion and health*. New York: Oxford.
- Koenig, H. G., & Siegler, I. (1988). The use of religion and other emotion-regulating coping strategies among older adults. *The Gerontologist*, *28*(3), 303-310.
- Krause, N. (2001) Social support. In R. H. Binstock (Ed.), *Handbook on aging and the social sciences* (p. 284). San Diego, CA: Academic Press.
- Krucoff, M. W., Crater, S. W., Green, C. L., Massa, A. C., Seskevich, J. E., Lane, J. D., Loeffler, et al. (2001). Integrative noetic therapies as adjuncts to percutaneous intervention during unstable coronary syndromes: Monitoring and Actualization of Noetic Training (MANTRA) feasibility pilot. *American Heart Journal*, *142*(5).
- Kübler-Ross, E. (1969). *On death and dying*. New York: Macmillan.
- Kubler-Ross, E. (2009). *On death and dying*, 40<sup>th</sup> anniversary edition. Abingdon, UK: Routledge.
- Larson, D. B., Swyers, J. P., & McCullough, M. E. (1997). Scientific research on spirituality and health: A consensus report. Rockville, MD: National Institute for Healthcare Research.
- Marcoen, A. (1994). Spirituality and personal well-being in old age. *Aging and Society*, *14*, 521-536.
- May, G. (1982). *Will and spirit: A contemplative psychology*. San Francisco: Harper &

- Row.
- McFadden, S. H. (1995). Religion and well-being in aging persons in an aging society. *Journal of Social issues, 51*(2), 161-175.
- McFadden, S. H. (2003). Older adults' emotions in religious contexts. *Aging, Spirituality, and Religion, Vol. 2*. Minneapolis: Fortress Press.
- Merton, T. (1958). *Thoughts in solitude*. New York: Farrar, Straus, & Giroux.
- Mitroff, I., Denton, E.A. (1999). *Spiritual audit of corporate America: A hard look at spirituality, religion, and values in the workplace*. San Francisco: Jossey-Bass.
- Moberg, D. O. (1971). *Spiritual well being: Background and issues*. Washington DC: White House Conference on Aging.
- Moberg, D. O. (1990). Religion and spirituality. In *Gerontology: Perspectives and Issues* (pp. 179–205). New York: Springer Publishing Company.
- Moberg, D. O. (Ed.) (2001). *Aging and spirituality*. New York: Haworth.
- NCOA (National Council of the Aging). (2002). *American perspectives of aging in the 21st century*. Washington, DC: NCOA.
- Neimeyer, R. A. (2005). From death anxiety to meaning making at the end of life: Recommendations for psychological assessment. *Clinical Psychology: Science and Practice, 12*(3), 354-357
- Neimeyer, R. A., Moser, R. & Wittkowski, J. (2003). Assessing attitudes toward death: Psychometric considerations. *Omega, 47*, 45-76.
- Neugarten, B. L. (1973). Personality change in late life: A developmental perspective. In C. Eisdorfer and M. P. Lawton (Eds.), *The psychology of adult development and aging* (pp. 311-335). Washington, DC: American Psychological Association.

- Novak, M. (1985). *Successful Aging: the myths, realities and future of aging in Canada*. New York: Penguin Books.
- Palmore, E. B. (1995). Religious organizations. In *The Encyclopedia of Aging*. New York: Springer Publishing Company.
- Pergament, K. I., Van Haitsma, K. S., & Ensing, D. C. (1995). Religion and coping. In M. A. Kimble, S. H. McFadden, J. W. Ellor, & J. J. Seeber (Eds.), *Aging, spirituality, and religion: A Handbook* (pp. 47-67). Minneapolis, MN: Fortress Press.
- Plouffe, L. (1992). Spirituality and meaning. *Expression*, 8, 3-8. Ottawa: National Advisory Council on Aging.
- Quadagno, J. (2002). *Aging and the life course*. New York: McGraw Hill.
- Reker, G. T. (2000). Theoretical perspective, dimensions, and measurement of existential meaning. In G. T. Reker & K. Chamberlain (Eds.), *Exploring existential meaning: optimizing human development across the life span* (pp 39–58). Thousand Oaks, CA: Sage Publications.
- Reker, G. T. (2002). Prospective predictors of successful aging in community-residing and institutionalized Canadian elderly. *Ageing International*, 27, 42-64.
- Rogers, C.R. (1965). *Client-centered therapy: Its current practice, implications, and theory*. Boston: Houghton Mifflin.
- Rowe, J. W., & Kahn, R. L. (1998). *Successful Aging*. New York: Random House.
- Rybash, J. W., Roodin, P. A., & Santrock, J. W. (1991). *Adult development and aging* (2<sup>nd</sup> ed.). Dubuque, IA: Wm C. Brown Publishers.
- Ryff, C. D. (1989). Beyond Ponce de Leon and life satisfaction: New directions in quest



- of successful aging. *International Journal of Behavioral Development*, 12, 35-55.
- Schaie, K. W., & Willis, S. L. (1991). *Adult development and aging* (3<sup>rd</sup> ed.). New York: HarperCollins.
- Schulz, R. (1986). Successful aging: Balancing primary and secondary control. *Adult Development and Aging News*, 13, 2-4.
- Schulz, R., & Heckhausen, J. (1996). A life span model of successful aging. *American Psychologist*, 51, 702-714.
- Sermbabeikian, P. (1994). Our clients, ourselves: The spiritual perspective and social work practice. *Social Work*, 39(2), 178-183.
- Stevens-Long, J., & Commons, M. L. (1992). *Adult life* (4<sup>th</sup> ed.). Mountain View, CA: Mayfield Publishing
- Strawbridge, W. J., Cohen, R. D., Shema, S. J., & Kaplan, G. A. (1997). Frequent attendance at religious services and mortality over 28 years. *American Journal of Public Health* 87(6), 957-961.
- Tillich, P. (1952). *Systematic theology*. Chicago: University of Chicago Press.
- Tillich, P. (1963). *Christianity and the encounter of the world religions*. New York: Columbia University Press.
- Tobin, S. S., Ellor, J. W., & Anderson-Ray, S. M. (1986). Enabling the elderly: Religious institutions within the community service system. Albany: State University of New York Press.
- Tomer, A. (ed.)(2000). *Death attitudes and the older adult: Theories, concepts, and applications*. Philadelphia, PA: Brunner-Routledge
- Tomer, A., Eliason, G. T., & Wong, P. T. P. (2008). *Existential and spiritual issues in*

- death attitudes*. New York: Lawrence Erlbaum Associates.
- Tornstam, L. (1999). Late-life transcendence: A new developmental perspective on aging. In L. E. Thomas & S. A. Eisenhandler (Eds.), *Religion, belief, and spirituality in late life*. New York: Springer.
- Vaillant, G. (2002). *Aging well: Surprising guideposts to a happier life from the landmark Harvard study of adult development*. New York: Little, Brown, and Company.
- Van Willigen, M. (2000). Differential benefits of volunteering across the life course. *Journal of Gerontology* 55B(5), S308–S318.
- Wass, H., & Neimeyer, R. A. (Eds) (1995). *Dying: Facing the facts*. Washington, D. C.: Taylor & Francis.
- Weisman, A. D. (1972). *On dying and denying*. New York: Behavioral Publications.
- Wink, P. (1999). Addressing end-of-life issues: Spirituality and the inner life. *Generations*, 23, 73–80.
- Wong, P. T. P. (1989). Personal meaning and successful aging. *Canadian Psychology*, 30, 516-525.
- Wong, P. T. P. (1993). Personal meaning and spiritual coping in the elderly. An invited lecture given at the Summer Institute on Gerontology at McMaster University, Hamilton.
- Wong, P. T. P. (1994). *The adaptive processes of reminiscence*. Presented in a symposium on reminiscence in a symposium on State of the Art: Life Review and Reminiscence” in the annual meeting of Gerontological Society of America in Atlanta, Nov. 18-22.

- Wong, P. T. P. (1995). The processes of adaptive reminiscence. In B. Haight & J. D. Webster (Eds.), *Reminiscence: Theory, Research Methods, and Applications* (pp. 23-35). Washington, DC: Taylor & Francis.
- Wong, P. T. P. (1997). Meaning-centered counseling: A cognitive- behavioral approach to logotherapy. *The International Forum for Logotherapy*, 20, 85-94.
- Wong, P. T. P. (1998). Spirituality, meaning, and successful aging. In P. T. P. Wong & P. Fry (Eds.), *The human quest for meaning: A handbook of psychological research and clinical applications* (pp. 359-394). Mahwah, NJ: Lawrence Erlbaum Associates, Inc., Publishers.
- Wong, P. T. P. (2009). Viktor Frankl: Prophet of hope for the 21<sup>st</sup> century. In A. Batthyany & J. Levinson (Eds.), *Existential Psychotherapy of Meaning: Handbook of Logotherapy and Existential Analysis*. Phoenix, AZ: Zeig, Tucker & Theisen Inc.
- Wong, P. T. P. (2010). Meaning-therapy: An integrative, positive approach. *Journal of Contemporary Psychotherapy*, 40(2), 85-99.
- Wong, P. T. P., Reker, G. T., & Gesser, G. (1994). Death Attitude Profile – Revised: A multidimensional measure of attitudes toward death. In R. A. Neimeyer (Ed.), *Death anxiety handbook: Research, instrumentation, and application* (pp. 121-148). Washington, DC: Taylor & Francis.
- Wong, P. T. P., Reker, G. T. & Peacock, E. (2006). The resource-congruence model of coping and the development of the Coping Schemas Inventory. In Wong, P. T. P., & Wong, L. C. J. (Eds.) (2006). *Handbook of Multicultural perspectives on stress and coping*. New York: Springer.
- Wong, P. T. P., & Watt, L. (1991). What types of reminiscence are associated with

successful aging? *Psychology and Aging*, 6, 272-279.

Yalom, I. D. (2008). *Staring at the sun: Overcoming the terror of death*. San Francisco,

CA: Jossey-Bass.