Marche, A. (2006), Religion, health, and the care of seniors, *Counselling, Psychotherapy, and Health*, 2(1), 50-61, April 2006.

Religion, health, and the care of seniors

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Abstract
This paper examines some of the research that identifies a relationship between religion and health in order to highlight some points of consideration for the religious care of seniors. The interrelationship among the dimensions of health including spiritual, physical, psychological, emotional, and social aspects provides a framework for this investigation. While some studies point to negative outcomes of religion on health, there exists a significant body of research that identifies the positive influence of religion on health. For a number of seniors, religious beliefs and practices can provide means of coping with the aging process, a sense of meaning and purpose to life, and a system of social support.

Introduction
Statistics Canada reports that seniors are one of the fastest growing population groups in Canada (Statistics Canada: 2005). In 1995, seniors made up 12% of the population. It is estimated that by 2041, about 23% of the population will be over 65. Statistics also show that seniors tend to be very involved in religious activity and are most likely to attend religious functions on a regular basis. Given the increase in our senior population, and the importance of religious involvement for seniors, it is timely that further consideration be given to the spiritual care needs of this growing population.

In the course of the past forty years, an impressive body of research concerning the relationship between religion and health has been published. Many recent studies focus even more specifically on aging, religion, and health. Kimble (1995) emphasizes the need to consider the health of seniors from a multi-dimensional perspective of aging that encompasses the whole person. This wholeness, he adds, takes into account the spiritual, physical, mental, emotional, and social dimensions of human life. The purpose of this paper is to identify some of the ways that religion might affect the health of seniors both positively and negatively in relation to these dimensions of health. Consideration will be given to three key areas of research: social support, religion and coping, and the importance of meaning and purpose in the lives of seniors.

For the purposes of conducting research, investigators often employ definitions that distinguish between religion and spirituality (Koenig, McCullough, & Larson,2001). In order to remain consistent with the research, the term religion will be used to refer to an organized system of

beliefs, practices, rituals, and symbols designed to facilitate closeness to a sacred reality and to foster an understanding of one's connection and responsibility to a community (Koenig, McCullough & Larson, 2001,18). Researchers have sought to measure religiosity based on variables such as church-attendance and involvement in institutionally organized activities.

Spirituality has been defined as "the quest for understanding life's ultimate questions and the meaning and purpose of living, which often leads to the development of rituals and a shared religious community, but not necessarily" (Koenig, George, & Titus, 2004,555). Spiritual health may involve a belief in a supreme being, the feeling of unity with the environment, a sense of meaning and purpose in life, along with the ability to experience love, joy, pain, sorrow, peace, contentment, and wonder (Donatelle, Davis, Munroe & Munroe, 2001,4). Spiritual health can be assessed through conversations with the individual, or through the use of standardized spiritual assessment tools, such as the "Spiritual Well-being Scale" (Ellison,1983) or the "Spiritual Health Inventory" (in Topper 2003,72). Spiritual assessment can be an important means of gaining an understanding of a person's spiritual needs. Spiritual support can involve the sharing of religious experiences and feelings, helping others adapt religious teachings and principles to daily life (Krause 2004), seeking pastoral care, participating in organizational and non-organizational religious activities, and expressing faith in a caring God (Koenig,1994). Some of the dimensions of religion and spirituality identified by researchers include religious meaning, values, beliefs, forgiveness, public and private religious practices, religious coping, religious support, religious history, religious commitment, organizational and non-organizational religiousness, and social relationships with religious community members and clergy.

While a number of people have influenced my reflections on the importance of religion and spirituality in relation to the health and well-being of seniors, Florence's story serves as one case example that will be used in this paper to highlight the importance of religious coping, meaning and purpose, and social support. (The name Florence is a pseudonym used to protect the individual's anonymity.) When Florence was 62 years of age she suffered a cerebral aneurysm. The aneurysm was successfully treated by surgery, but both the aneurysm and the emergency treatment caused permanent damage. Florence spent the next six months in a comma. The prognosis was not good, and the doctors offered the family little hope for her recovery. Florence defied the odds. Two years later, shortly after her return from a holiday to Mexico, Florence informed a gathering of friends that it was her faith in a loving God that sustained her through the many challenges she faced during her long, difficult, and limited recovery. While her retirement years are perhaps not as she imagined they would be, it is her deep sense of faith in a loving God and a feeling of gratitude for life that inspire her to live each day as fully as possible, in spite of her many limitations. Her faith, along with the support and encouragement she receives from her spouse, family, and friends, are as integral to her continued health as is the medical attention she received.

Social Support

Krause notes that "[there] is growing recognition among health care providers that social and psychological factors may exert a significant influence on the physical and mental health of older adults" (2004,1215). Social health has been defined as the ability to adapt to social situations and to have and maintain satisfying interpersonal relationships (Donatelle et al.,, 2001). Some researchers have reported that older people who are involved in tightly knit social groups tend to

enjoy better health and live longer than those who do not maintain close social ties with others (Krause 1997, in Krause 2004,1215). Social relationships have been found to help buffer stressful situations (Idler, 2004; Krause, 2004); social support and social involvement have been linked to resistance to infectious disease (Koenig, McCullough & Larson, 2001), and social support has the potential to prevent the onset of depression, and speed recovery from depression (George,1992, in Koenig, McCullough & Larson 2001,283). Higher levels of social support from relatives or friends have been associated with earlier recognition of disease (Koenig,1997) and increased treatment compliance (Koenig,2004). Researchers have also found social isolation to be a strong predictor of poor compliance to pharmacological regimens because of a lack of reminders and a reduction in the motivation to comply (Carney, Freedland, & Eisen, 1995, in Koenig 2004, 1198).

Religious affiliations may also help relieve symptoms of anxiety and depression by offering a social network. It is interesting, and yet not surprising that Koenig reports a higher rate of depression in hospitalized as opposed to community dwelling elders (1994:143). Koenig explains that elders in nursing homes and hospitals often find themselves under the direction of institutional guidelines and schedules, which leave little room for personal autonomy, and freedom of choice. Further research is needed to determine the effect of one's environment on conditions such as anxiety and depression, as well as the ways in which religion and spirituality might assist seniors cope in these situations.

Valuable sources of social support can become lost when individuals relocate, or when they encounter interpersonal conflict. Conflict with clergy or members of a religious community has been associated with negative health outcomes (Jones, 2004). Negative social interactions in church have been associated with an increase in symptoms of depression (Krause, Ellison, & Wulff, 1998, in Krause 2004, 1221). Criticism, rejection, competition, and the violation of privacy can result in unpleasant social encounters (Jones, 2004). Krause warns that unpleasant social encounters in the church or other religious communities may be especially troubling to older people, since social relationships become increasingly important in later life (Krause, 2004). Krause highlights two reasons why church-based social ties can be especially important for older persons. First, this stage of life is associated with a change in roles, or for some, significant role loss, which includes loss of important social connections. Church-based social ties may rise to fill this need. The second reason Krause offers is that as people age, some experience a decline in both physical and cognitive functioning. As a result, they may require assistance with tasks they once took care of on their own. Church-based social support systems can be especially helpful in this regard. Church members often provide transportation to worship services, and they frequently take care of fellow members who are ill (Krause 2001, in Krause 2004, 1217).

Florence's life was changed dramatically as a result of her aneurysm. She suffered her stroke when she was at work and she was not able to return to her profession. Withdrawal from her professional life was early and abrupt. Even under normal conditions retirement can lead to a loss of important social connections, loss of sense of self worth, and changes in roles and responsibilities. She was fortunate to have had family and friends close by, so they could provide her with daily support during the months and years of ongoing recovery from the physical trauma caused by the aneurysm and the ensuing treatments. Although Florence is not a

member of any particular denominational church, she does belong to a twelve step group. She has a strong faith and had attended different churches on a regular basis before her aneurysm limited her mobility. Both religious and non-religious social supports have been reported to be important for seniors, especially during times of change, physical illness, and disability. Co-members of a religious community or fellow parishioners offer regular and ongoing support. For Florence, involvement with a support group provided her with a social support network, along with a conceptual framework that helped her to face her weaknesses. Her involvement with other members of her twelve step group also provides her with a continued sense of belonging and importance in the lives of others.

Religion and Coping

While Florence's situation may be somewhat unique in relation to the physical challenges she faces as a result of the aneurysm, her response is not; religious coping has been reported to be more prevalent in groups that show high levels of religious commitment, such as the elderly (Pargament, 1997, 143). Susan McFadden adds that the physical, mental, emotional, social, and spiritual challenges that inevitably accompany the aging process can bring about a number of situations that require some kind of coping response (McFadden, 2004, 148). Among older adults, the coping strategy mentioned most often is religious (Koenig, George, & Siegler 1988, in McFadden, 1996, 167). "Religious coping" refers to the reliance on one's religious beliefs or practices as a means of dealing with some of life's challenges (Koenig, 1994, 30). Later life is a time that is characterized by significant physical and psychological diversity among members of the senior population (Koenig, 1994, 23). While some seniors experience good physical health and minimal change, others might be confronted with some form of physical disability, such as loss of vision, mobility, hearing, or cognitive ability. For Florence**,** belief in a loving God provides her with the strength to confront the limitations she faces as a result of her disability, as well as with the normal challenges of aging.

Religious coping methods have also been reported to have a positive effect on the physical, mental, and emotional health of seniors. Koenig, McCullough, and Larson maintain that older people who are religious tend to enjoy better physical and mental health than those who are not involved in religion (2001, in Krause, 2004, 1216). This may be partly due to religious practices such as meditation and prayer, which induce what is known as a "relaxation response" (Benson 1996, in Idler, 2004, 29). Religious coping methods, for some, may also help relieve anxiety and depression. Religious beliefs, attitudes and coping behaviours have been identified as contributing to reduced levels of depression, suicide, anxiety, and alcohol abuse (Jones 2004, 319; Idler & Kasl, 1992, Koenig, 1990, Krause, 1991). A correlation was also found between church attendance and a reduction in anxiety. Through a survey of approximately 3000 individuals, researchers at Duke University found that frequent church attenders experienced significantly lower rates of anxiety disorder compared with infrequent attenders, non-attenders or those with no religious affiliation (Koenig, 1997, 63). Anxiety in later life is often associated with a threat, such as a threat of continued pain, or fear of death, or fear of loss, such as loss of bodily function, separation, loss of love, and loss of rationality (Koenig, 1994, 249-250). Medical illness has been reported to be the most common cause of anxiety for seniors (Koenig, 1994, 249); the loss of physical function can be especially distressing, Harold Koenig explains, because the loss of physical abilities are often permanent and irreversible (Koenig, 1994, 25).

Some of the challenges that accompany the aging process such as loss of physical abilities and relocation to nursing homes can also contribute to feelings of despair, loneliness, and grief. Emotional health has been described as the ability to express emotions appropriately, control inappropriate expressions of emotion, and to express feelings of self-esteem, self-confidence, trust, and love (Donatelle et al., 2001, 4). A number of emotions have been reported to impact negatively on physical health. Some elders may feel angry, abandoned, or they may feel disconnected from family, friends, and their homes (Koenig, 1994, 29). "[Loneliness] is often cited as an important contributor to poorer health" (NIH 2001, in Jones 2004, 320). Hostility has been associated with hypertension and coronary artery disease and early mortality (Worthington et al, 2001, in Jones 2004, 322). Some elders might be overwhelmed with grief as a result of multiple losses (Koenig, 1994, 152). Others may be "emotionally disabled because of regrets over wrong decisions or guilt over negative interactions with parents or children that occurred long in the past" (Koenig, 1994, 34). Pastoral caregivers and ministers facilitate expression of emotion by providing seniors with the opportunity to discuss these important issues (Parkam,1995). Being present for and listening to seniors is a vital service, particularly in relation to supporting the expression of emotion.

Religious coping strategies might also include reading scripture, prayer, meditation, religious beliefs, and community support. These methods of coping have been employed by seniors to deal with stress, illness, disability, dying, bereavement, social isolation, and the impact that their changing role in society can have on their lives. Reading of scripture can be a source of emotional comfort for an elderly person suffering from pain or disability (Koenig, 1994, 41). Scriptural passages that provide role models for seniors, particularly in relation to dealing with suffering, have been reported to be a valuable coping strategy for some seniors (Koenig, 1994, 41). The story of Job or the gospel accounts of Jesus suffering on the cross can provide seniors with a framework for dealing with the suffering in their own lives. The importance of allowing seniors to read and reflect upon scriptures that are meaningful to them was mentioned in the research. Religious beliefs and involvement can influence perceptions about one's physical condition and they can act as a buffer against stressful events (Idler, 2004; Koenig, McCullough, & Larson, 2001; Pargament, 1997). Prayer and meditation may help relieve feelings of loneliness through a sense of connection with a loving God or a higher power. Prayer has also been found to help reduce depressive symptoms (Nooney & Woodrum, 2002, in Levin, 2004, 81).

In addressing the question "why prayer influences health," Jeffrey Levin identifies six possible relationships between prayer and health. These include the relationship between prayer and motivation, connection, meaning, hope, love, and transcendence (Levin, 2004, 84). Prayer can provide individuals with a sense of motivation to care for themselves, and in the case of seniors, the motivation to comply with prescribed medical treatments. Congregational prayer can engender a deep sense of connection to others and God, giving a sense of meaning and order to life (Levin, 2004, 84). Synder (2000) found that "hopeful thoughts and attitudes …are powerful determinants of an ability to withstand pain (in Levin, 2004, 85). In addition, prayer can help foster feelings of being loved by God and others, along with the experience of transcending the body, time, and space (Levin, 2004, 86).

In addition to prayer, meditation, and reading scripture, religious coping responses might include ritual, turning to God for guidance and strength, or trying to see how the problem situation might

be part of God's larger plan (Pargament, 1997, in Krause, 2004, 1218). Pargament describes religious reframing as a coping strategy with potential positive and negative outcomes. Religious beliefs can help individuals reframe and give meaning to suffering associated with traumatic events; "In the process of reframing, suffering may become something explainable, bearable, and valuable" (Pargament, 1997, 221). On the other hand, reframing negative events as punishments from God has been described as a negative religious reframing response.

Rituals for mourning and healing can also be a source of comfort, and they can assist individuals adapt (Idler, 2004, 29). In a study that examined contemporary approaches to spiritual healing, one respondent noted the significance of being directly involved in the creation of a ritual that honoured the passing of her mother, which included personally meaningful symbols (Marche, 2002). It may prove to be beneficial to their sense of autonomy and value to encourage seniors to participate in the creation of rituals that employ symbols that are meaningful to them. W.A. Auchenbaum's survey of age-based Jewish and Christian rituals reveals that there tends to be fewer age-specific rituals for older people than for younger Jews and Christians, fewer opportunities for women and girls to participate fully in the liturgical and institutional life of the religious community, and it is often the seniors themselves who suggest ways to recognize late-life transitions (1995, 212). In recent times, some clergy and lay people have developed rituals that recognize the distinctiveness of this stage of life.

While for some individuals, religion may help them to deal with life's challenges, some researchers have found that for others, religion can serve as a means of denial, as a form of defence, as a psychological crutch, or as a last resort to difficult situations (Pargament & Ano, 2004, 115). Harold Koenig notes that some mental health professionals have described religion as a source of mental inflexibility, emotional instability, and unhealthy repression of natural instincts (Koenig, 1997, 23). Ellis identifies a number of characteristics of religiosity that may have a negative impact on mental health (Ellis, 1988 in Koenig 1997, 26). These include discouragement of self-acceptance and self-interest, intolerance of others, inflexibility, the inability to deal with ambiguity and uncertainty, reliance on God while ignoring or denying reality, and the discouragement of individual actions necessary for resolving problems (Ellis, 1988, in Koenig 1997, 26). For individuals suffering from guilt or fear of punishment in the afterlife, religious beliefs may be a source of psychological distress. The prospect that religion might help and for others cause harm, suggests that caregivers need to be aware of these potentialities. The exploration of beliefs can lead to greater understandings of the effects of religious beliefs and has the potential to mitigate the harmful effects of religion. Ministers, chaplains, and pastoral care providers can offer spiritual support to seniors, by inviting them to explore the nature of their religious beliefs. In Florence's case, the support group she belongs to stresses the importance of dealing with suffering, giving voice to frustrations, expressing feelings of guilt and failure, being present to and listening to others, and the belief in a loving and caring God.

Meaning and Purpose

For many individuals religious beliefs also provide a conceptual framework for understanding the meaning and purpose of life. Because religious adherence is associated with a greater sense of hope, religiously active individuals are more likely to have a reason for living and for wanting to get better (Koenig, 2004, 5). Religions emphasize a shift of focus from oneself to others and

God or a higher power (Koenig, 1997, 67). Through a system of beliefs and ritual activities, religion provides a means by which attitudes can be changed and life circumstances reframed (Koenig, 1994a, 30). For Florence, feeling loved and valued, her spouse's hope and faith in God, and her will to live were important factors in her recovery and in the acceptance of her physical disability. She acknowledges her limitations, but she and her spouse do not allow her life to be ruled by them.

Hope, will, acceptance, and love are linked to spiritual needs. In an article titled, "A Jewish Approach to Healing," Kestenbaum suggests that illness "reflects a spiritual disease" and being well involves a balance of both love and will or power. To be well, a person needs to feel loved. A lack of well-being may be associated with feeling unloved, disconnected, or lacking a sense of empathy from others, or from God. For these individuals, what is required is empathy and bringing the presence of God to them. To be healthy, Kestenbaum writes, a person also needs to have a sense of his or her own uniqueness and power. For a person lacking in a sense of personal power, bringing love and nurturing to them may not resolve the deficiency. If illness, as Kestenbaum suggests, is a spiritual disease, then the work of healing as he describes it, involves first identifying what might be lacking for the individual. Is the person deficient in the will to get well or to live? Is he or she needing a sense of community? Do they lack hope? Helping the individual identify the cause of their distress is an important dimension of spiritual support.

Koenig identifies a number of spiritual needs of physically ill elders which might also apply to physically healthy seniors as well (1994, 284-294). Elders need validation and support of religious behaviour, they need to love, be loved, as well as have opportunities to serve others. Koenig also identifies a need to express emotions, such as anger, frustration, and doubt. Seniors also require a sense of personal dignity and worthiness, which can be challenged if they feel like a burden to others, or when they undergo uncomfortable therapeutic procedures. Elders need support in dealing with loss. According to Koenig, they also need a sense of continuity. Drawing upon Atchley's "continuity theory," Koenig explains that elders are motivated toward internal psychological continuity and external continuity in their social environment. The basis of Atchley's continuity theory is that people seek to preserve long-held patterns of living, which for some include religious involvements and practices. Over time, patterns of thinking and behaviour develop that help to create the foundation from which they deal with life circumstances. Understanding this continuity is important for helping individuals appreciate the significance and meanings they give to the events in their lives (Atchley, 1995, 71). Illness and suffering often raises questions, such as "why me?" or "what is the purpose of my life?" (Koenig 1994; Kinsley 1996). Harold Koenig provides a solution-based approach. He notes that while such existential concerns are common, some patients get "stuck" in these spiritual struggles and without help they are unable to resolve them on their own (Koenig, 2004, 1197). Koenig recognizes that one also needs to be thankful; recognizing the positive aspects in one's life can help offset the negative effects of the challenges associated with aging. Seniors need to forgive and to be forgiven; religions provide a conceptual framework for understanding the importance of forgiveness. Koenig also highlights the need to prepare for death and dying. The elder may need to discuss their fears, deal with unresolved issues, and for some plan how they will live. Lastly, seniors, and especially those suffering from illness, need to find meaning, purpose, and hope in their situation. Koenig observes that suffering without purpose or meaning can quickly become unbearable; "the elder must find some purpose, meaning, or possible good in their illness to

make it bearable" (Koenig, 1994, 284). In some instances an individual's lack of meaning and sense of being without purpose has been linked to depression and suicide (Kimble, 1995, 137).

Kinsley (1996) notes that while modern medical culture places little emphasis on framing illness or considering illness from a spiritual, religious, or moral framework, "pathographies" written account's of an individual's experience with illness, have shown that "patients are often consumed by the search for meaning" (Kinsley, 1996, 185-186). Writing about one's illness, or in the case of seniors, the changes in one's life, may prove to be a useful activity in this regard (Kinsley, 1996, 193). Life review, oral or written, can facilitate the process of finding meaning, and it may help the elderly tell their story (Kimble, 1995, 139). Kimble adds that the life review with the elderly might include reflecting upon God's presence and love throughout their life, which may provide them with a source of comfort during difficult periods (Kimble, 1995, 140). He warns, however, that training and careful monitoring are required if one wishes to conduct a life-review with others. It is important, Kimble argues, to be able to recognize conditions such as depression, in which case a life review would not be conducted and the individual referred to a qualified health care professional.

Discussion

Chaplains and pastoral care providers can contribute to the quality of life of seniors in important ways. McFadden notes that pastoral counsellors and chaplains can help maintain and nurture connections between residents of care facilities and their local congregations. They can also assist in educating others about continued possibilities for religious care and religious coping, especially for those seniors suffering from physical and psychological illness (McFadden, 2004). The literature highlights the significance of providing opportunities for seniors to create and participate in rituals that are meaningful for them. This may become increasingly more important as residents in care homes come from diverse religious backgrounds. Further research is needed to identify ways that multi-faith needs and concerns are being addressed in residential settings. Do spiritual care providers need additional information about religious beliefs and practices from various religious perspectives? What tools and practices have pastoral care providers found to be effective when addressing multi-faith concerns?

Researchers also underscore the importance of not forcing or coercing individuals into participating in religious activities solely on the basis of their health benefit alone. Caregivers need to recognize and respect the various coping methods seniors use to deal with the challenges associated with aging. The research examined herein recognizes the importance of providing seniors with opportunities to explore issues related to spirituality and end of life concerns, while at the same time, allowing individuals the freedom to decide whether or not they want to participate.

Researchers also point to some of the ways in which pastoral providers can help to meet the spiritual needs of seniors. For example, yearly or semi-annual religious services that address issues such as aging, illness, death and dying may provide residents of care homes with a source of comfort and sense of community support. Family members or members of the community might be asked to participate in regular or special services. Intergenerational connections might be nurtured and maintained by finding ways to involve the younger generations in the lives of seniors. One way might be to set up a peer ministry team in which youth can volunteer. Pastoral

care providers may find it useful to establish a means by which they can share ideas in this regard. The development of weekly scripture study or discussion groups, with seniors volunteering to take turns leading the group and initiating discussions may interest some seniors. Groups that discuss multi-faith perspectives may catch the attention of seniors who want to learn more about the religious beliefs of others. This may be especially relevant to seniors who live in a care home or a seniors' residential complex that houses seniors from diverse religious backgrounds. Guest speakers from a variety of faith perspectives might also help enliven discussions. Rituals that incorporate elements of the faith perspectives of the residents may also help to include individuals from religious minorities into the regular worship of the community, whether in a hospital, residence, or a care home.

Florence's experience with illness has brought to my attention some of the issues that accompany aging. The physical and neurological challenges Florence faced when coming out of the coma highlighted the importance of the human will and the strength of the human spirit to face life's challenges. Kestenbaum notes how one's will to live or conversely, their lack of will to live, can have a significant influence on the wellbeing of the individual. While in rehabilitation, Florence spent her days in a state of immobility. She was completely dependent on others. The support of her partner, family members, and friends was instrumental in helping her face and overcome the physical challenges she faced as a result of her aneurysm. For stroke victims or frail seniors with limited mobility, the company and care of others may help to brighten their day. The importance of community support may also help to reduce caregiver burnout. Caregivers with little community support may find the challenges of caring for sick loved ones arduous and exhausting. Florence's faith also provided her with the strength to cope with the many challenges she faced. Exploring the meaning of illness may help to identify the individual's perceptions of illness. This may be especially important if the illness is viewed as punishment or if the senior is afraid of death and dying. Taking the time to listen and explore issues of faith may help to disclose spiritual concerns. Discussing religious beliefs such as beliefs concerning the afterlife may help to relieve fears and anxieties.

The following examination of some of the literature related to aging, religion, and health identifies additional questions requiring furthering investigation. Conversations with pastoral care providers have identified a significant gap between what is possible in terms of the spiritual care of seniors and the involvement that religious specialists have in the health care of patients, especially in hospitals. In spite of the efforts made by social scientists to identify the significance religion can have on the health and wellbeing of individuals, there continues to be a tendency in North America at least to seek biomedical solutions when addressing health related issues. It was brought to my attention that spiritual care providers are often not included in some hospital's "team" approach to managing the health of patients.

Furthermore, the current research tends to focus on seniors located in urban hospital settings. I would be interested in finding out what religious supports are available for seniors in rural communities? In what ways might a religious community help rural seniors cope with the challenges of aging? Or, do seniors find themselves moving to urban centres in order to access quality health care services? If so, what impact, if any, does relocating have on the religious and spiritual dimensions of life, particularly in relation to established community supports?

What are the experiences of elders joining a religious organization in later life? Pargament mentions that it is not unusual for some elders to become dissatisfied with their religious organization and change their affiliations in later life. Fuller identifies a growing trend in North American culture to identify oneself as "spiritual" rather than "religious." In what ways, if any, are the spiritual needs of the non-religious seniors being met?

It would also be worth examining the ways in which religion is important as an ongoing lifelong experience. Florence's involvement with religion was not something that developed since her aneurysm, but an integral part of her life. Her involvement with religion and her support group gives her a view of the world that enables her to accept and cope with her suffering. It also provides her with a community of like-minded friends who are willing to support her through her illness.

Given the projected increase in the senior population, what more, if anything needs to be done? If the senior population is expected to rise and the need for caregivers increase, it may also be important to examine the ways in which religious communities and government agencies are currently meeting the care needs of seniors on physical, mental, emotional, psychological, and spiritual levels.

Conclusion

The literature examined herein on aging, religion, and health suggests that religious and spiritual care can impact on the well-being of seniors on a number of dimensions of health. Religious involvements may provide an important framework for seniors to explore the meaning and purpose of their lives, develop or maintain support systems. For some, religion can provide a means of coping with the challenges that accompany aging, such as chronic pain, isolation, dependence, and disability. Religious coping methods such as prayer, reading of scripture, ritual, meditation, and talking with caregivers, ministers or clergy can have psychological, physical, spiritual, and emotional benefit. While Krause warns that religion should not be pursued for health benefits alone, recognizing the interrelationships among the various dimensions of health is important for a multi-dimensional understanding of religion, health, and aging.

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