

THE IMPORTANCE OF SPIRITUALITY AND
RELIGION FOR GERONTOLOGY

**There was something formless and perfect before the
universe was born.**

**It is serene. Empty. Solitary. Unchanging. Infinite. Eternally
present. It is the mother of the universe. . . .**

**It flows through all things, inside and outside, and returns
to the origin of all things.**

—Tao Te Ching, trans. Mitchell, p. 25

**We collect data, things, people, ideas, “profound
experiences,” never penetrating any of them . . . But there
are other times. There are times when we stop. We sit
still. We lose ourselves in a pile of leaves or its memory.
We listen and breezes from a whole other world begin to
whisper.**

—James Carroll

No wise person ever wanted to be younger.

—Jonathan Swift

This chapter will introduce the reader to religion and spirituality in mental health practice with older adults. It will provide statistical evidence for the value of spirituality and religion to older adults within the wider demographic portrait of aging. It discusses the history of mental health disciplines in relation to religion and religious values, and it identifies a few of the assumptions that make working with religious and spiritual beliefs difficult for practitioners. Key figures and ideas about aging consciously will be presented. The chapter will close with some clinical notes for the aging journey in life's second half.

The quote above from the Tao Te Ching suggests that the universe is purposeful and, although unknowable, has a dynamic quality of unity within it that mirrors the birth-to-death cycle of life. The second quote ponders the pace of life in postmodernity, which is so quick and full it fails to include the moments of profound experience when we begin to know ourselves and, hence, connect more deeply to the entire outside world. This is one of the benefits of aging suggested in the third quote by Swift. Although explanations for the selected quotes will not always be provided, in order to permit the reader to identify his or her own applications and meanings, examples of potential meanings are given here. Generally, you, the reader, will carry your own abundant ideas for what these quotes evoke in you.

AGING IN A POSTMODERN TIME

The founder of American philosophy and psychology, William James (1902/1961), associated old age with heightened religious involvement due to assumptive concerns about impending mortality (McFadden, 2005, 2015). It is important to recognize that old age then, when the average lifespan was about 50 years for those born in 1900, had a different meaning than old age today, when many people remain active into their 70s, 80s, and even 90s. In the early 20th century, people lived with acute illnesses that might lead to quicker deaths. Moreover, in the early part of the 19th century, the U.S. culture was permeated by a largely Protestant, Catholic, and Jewish sensibility that was well-integrated with daily life. That is beginning to change, but older adults remain the age group most connected to religious faith. The role of religion and spirituality has become increasingly recognized for older people in managing expected changes to physical health; related or unrelated challenges to mental health; social support network changes with deaths of peers, siblings, and spouses/partners; increasing awareness of mortality; questions about life meaning; and coping with other end-of-life and existential concerns (Ai, Ardel, & Wink, 2010; Nelson-Becker, 2006; Puchalski et al., 2009).

Although aging today contains within it greater numbers of opportunities and potentials than in past decades, there are also new kinds of vulnerabilities and risks for diminishment, morbidity, and ambiguous dying. The path of chronic illness leading to death is no longer a quick pathway as in sudden death, or a downward slope as in some terminal illnesses, but by contrast is often slower and more confusing, with many small ascents and descents within a gradual downward trajectory. However, it is important not to understand the second half of life as solely a gradual downward slide into death. In fact, that slope begins at birth. Instead, the goals of the second half of life suggest a much richer differentiation in terms of finding meaning and purpose and achieving growth. The potentials for positive aging are numerous and expansive. Investigation into positive aging is a newer focus of research. Increased vibrancy, wisdom, and legacy may be outcomes of increased years. Describing this richness and diversity of pathways enhanced by spirituality and religion as perceived by individuals is the aim of this book.

There are a number of prevalent myths about the aging experience that tend to assail a holistic and realistic viewpoint. Further, myths can be one of the most insidious forms of bias, as these represent prejudice against the success of living to an older age and constitute an impression of one's future self. The following are common understandings or myths:

1. Creativity diminishes with age.
2. People become more religious as they age.
3. Depression is more widespread in older people than younger ones.
4. Cognitive decline is concomitant with advanced age.
5. Older workers are less productive and thus less valuable employees.
6. Loneliness is more likely.
7. More exercise is always better. (Breytspraak & Badura, 2015)

1. *Creativity*. In terms of creativity, experimental innovators require decades to achieve their peak potential through a process of searching (Galenson, 2010). Their work builds gradually and incrementally. As an example, the highest prices commanded in the works of Cezanne were for pieces he executed in the last year of his life. This contrasts with a second creative type, conceptual innovators, who tend to plan their work using ideas and emotions and may make important contributions early in their careers.

2. *Religion*. Older adults represent the most religious demographic group, so it may be supposed that people become more religious as they age. However, the Religious Landscape survey (Pew Forum on Religion & Public Life, 2007) demonstrated that people move in and out of religious affiliation in very fluid ways. Nearly 28% of adults leave the religion in which they were raised to join another or remain religiously unaffiliated. If switching among different Protestant denominations (joining or leaving) are included, that percentage rises to 44 (Pew Forum on Religion & Public Life, 2007).

3. *Depression*. Prevalence of depression in the community is highest among those from ages 18 to 25 (8.9%) and lowest among those over age 55 (5.5 %) according to the National Institute of Mental Health (NIMH, 2012). Those figures do not include institutionalized older adults for whom depression rates are generally higher.

4. *Cognitive decline*. Neurologically there are changes in the aging of the brain, but cognitive decline is not inevitable. Baltes (1993) suggested that there are many forms of knowledge-building, memory retrieval, and wisdom development and much variation across individuals. My father, David N. Nelson, is an example of a 96-year-old who continues to live independently and retains excellent cognitive ability and memory recall.

5. *Older workers*. Older adults in the workforce tend to remain highly productive according to labor market research by Burtless (2013). This is partly because people with higher educational levels tend to stay longer in the workforce. Those who have more fragile health and less education are less likely to continue employment.

6. *Loneliness*. A longitudinal study of U. S. older adults followed between 2002 and 2008 who were questioned about loneliness (and thus focused on it), suggested that 13% were often lonely and 30% were sometimes so (Perissinotto, Stijacic, & Covinsky, 2012). However, other research by Carstensen's group indicates that at older

ages people cull their social networks to maximize emotionally satisfying relationships (Carstensen & Mikels, 2005). Thus, while loneliness is a concern, the portrait of loneliness looks different at older ages.

7. *Exercise.* There is no question that the single most important key to ongoing health is movement. In older adults, encouraging exercise appropriate to ability is important. However, recent research suggests there may be an upper limit to the amount of exercise that returns a positive benefit. The fastest running paces or walking rates indicated a higher mortality rate for heart attack survivors (Williams & Thompson, 2014).

So, although myths about the aging experience abound, let us not carry them with us into the pages of this book. Instead, we can peek at the promise and possibility in possessing the gift of long life, one that is balanced by consideration of a spiritual perspective. In fact, viewpoints about age and aging, such as reaching for the wisdom and spiritual power of our ancestors, those known and unknown, and living in a way that respects the earth and generations to come, are also prominent narratives. Age does require physical and psychological adjustment to observable change, but it also signals a much less visible and grander opportunity for expansion and deepening through following a spiritual path.

PRACTICAL AND ORIENTING DEFINITIONS

Brief definitions will be provided here, with more expansive definitions in Chapter 2. *Religion* is defined as formal engagement in religious activity, for example, involvement in religious ritual or other forms of religious participation (Dowling, 2007). In the social sciences, religion is often viewed as a subset of spirituality (Canda & Furman, 2010), but in the theological and religious disciplines, spirituality may be seen as a subset of religion. Religion is often distinguished from spirituality by its focus on behavioral manifestations of religious belief or values and social relationships among those who hold a common faith. It is particularly salient for those in the United States who are more likely to engage in religious activity compared with others in the Western world (Coleman, 2011; Coleman, Ivani-Chalian, & Robinson, 2004).

As used in many gerontological and geriatric studies, the concept of religion is more organizationally oriented, namely an organized system of beliefs, practices, rituals, and symbols designed (a) to facilitate closeness to the sacred or transcendent God, higher power, or ultimate truth/reality and (b) to foster an understanding of one's relationship and responsibility to others living together in a community (Koenig, McCullough, & Larson, 2001, p. 18). This refers to the beliefs, experiences, rituals, and ethical code shared by a community and transmitted over time (Canda & Furman, 2010; Nelson-Becker, 2003, 2005). Physical limitations imposed by poor health may lead to the declines seen in attendance at religious services among the oldest old. A further issue that may affect religious attendance of older people in adverse ways concerns the social-psychological context. Issues of guilt and challenges to a former identity, if an older person's circumstances and identity shift, can lead to fears about lack of acceptance. Familial constraints involving multifaith families may also serve as a limiting factor. Or, sometimes older people may simply feel they have outgrown faith community. On the other hand, pursuit of faith-based sources, such as prayer, scriptural text reading, and electronic religious media such as TV and radio may satisfy spiritual needs at home. Assisted living and nursing care facilities may provide onsite services or transportation to religious services, which also mitigates the decline in actual religious participation, even if formal attendance falters.

Spirituality in helping professions has a broader orientation and includes relationships with entities that are considered sacred, such as God/Universe/Higher Power, nature, or ourselves. People are viewed as relational beings with an underlying spirituality, though this is not acknowledged by everyone. Spirituality may include whatever is important in an individual's worldview, so it can expand to include deceased relatives, angels, guides, and other energies and forces determined by cultural background and personal belief (Nelson-Becker & Canda, 2008). The quest for meaning and purpose and to determine and achieve right action form two important aspects of spiritual development. Spirituality is not limited to alignment with theistic belief; it also may be subsumed in atheistic, nontheistic, panentheistic, polytheistic, animistic, mystical, and other conceptual and heart-centered structures.

PORTRAIT OF RELIGION AND AGING IN THE UNITED STATES

Roughly 84% of older adults from ages 60 to 69 who reside in the United States have reported maintaining membership in Christian religions, with an additional 5%

Table 1.1 Religious Attendance by Age (Data from the Religion and Public Life Survey, 2007)

Religious Attendance by Percentage and Number	Age in Years						TOTAL
	18-24	25-34	35-44	45-64	65+	Missing	
More than once a week	11.9%	13.0%	10.8%	14.1%	18.5%		13.8%
	42	66	62	148	98	5	416
Once a week	18.5%	24.0%	25.1%	27.2%	31.8%		26.0%
	65	122	144	286	168	7	785
Once or twice a month	22.4%	16.9%	17.4%	14.4%	12.3%		16.0%
	79	86	100	151	65	3	481
A few times a year	19.6%	17.5%	21.6%	18.1%	11.9%		17.7%
	69	89	124	190	63	6	535
Seldom	17.6%	16.9%	18.3%	16.4%	12.3%		16.3%
	62	86	105	172	65	8	490
Never	9.7%	11.6%	6.3%	8.8%	11.0%		9.3%
	34	59	36	93	58	5	280
Don't know/Refused	0.3%	0.2%	0.5%	1.0%	2.3%		0.9%
	1	1	3	11	12	6	28
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%		
	352	509	574	1051	529	40	3015

reporting membership in other world religions such as Islam, Hinduism, and Buddhism (Pew Forum on Religion & Public Life, 2007). These percentages increase slightly for adults aged 70 and older. Of Americans who are 65 and older, slightly more than half (53%) attend church weekly. Table 1.1 shows religious attendance by age from the Religion in Public Life Survey (Pew Forum on Religion & Public Life, 2007).

Moreover, 90% of Americans report believing in God, while 80% report a belief in the afterlife (Pew Research Center, 2009). Table 1.2 provides data from the Religion in Public Life Survey (Pew Forum on Religion & Public Life, 2007) on belief in God or a Universal Spirit. As can be noted, this does not vary widely across age cohorts, with 92.6% of those 18 to 24 in agreement, compared to 94.5% of those 65 and over. Fifty-nine percent of Americans express belief in God with no doubts. Atheism is still very rare in the United States, at about 3% of Americans in 2012 (NORC at the University of Chicago, 2013). A third important variable is importance of religion. According to the same study (Pew Forum on Religion & Public Life, 2007), 69% of adults aged 65 and older report that religion is very important to them; that differs from the 45.7% of those 18 to 24 who name religion as very important (see Table 1.3, Importance of Religion by Age). A similar question asking about the importance of spirituality was not provided in this survey.

This affirms a level of religiousness in the United States that is greater than that of several other Western countries, including Germany, France, and Great Britain (Greeley, 2001). These patterns of religious activity are dynamic and changing in response to variations in ethnic and racial composition. On the Association for Religion Data Archives website (ARDA, n. d.), for example, it is possible to compare changes in denominational affiliation in the United States overall and by county for 236 world religions between 1990 and 2010, although some modifications in how particular denominations have reported numbers of adherents need to be considered in conducting these comparisons. Those who self-identify as Protestant now represent

Table 1.2 Belief in God (or a Universal Spirit) by Age (Data from the Religion and Public Life Survey, 2007)

Belief in God by Percentage and Number	Age in Years						TOTAL
	18–24	25–34	35–44	45–64	65+	Missing	
Yes	92.6% 327	93.3% 474	94.1% 539	95.2% 1000	94.5% 500	31	94.3% 2840
No	5.4% 19	5.3% 27	3.7% 21	2.8% 29	2.5% 13	1	3.6% 109
Other	0.3% 1	0.6% 3	0.5% 3	0.4% 4	0.8% 4	1	0.5% 15
Don't know/Refused	1.7% 6	0.8% 4	1.7% 10	1.6% 17	2.3% 12	7	1.6% 49
TOTAL	100.0% 353	100.0% 508	100.0% 573	100.0% 1050	100.0% 529	40	3013

Table 1.3 Importance of Religion by Age (Data from the Religion and Public Life Survey, 2007)

Importance of Religion by Percentage and Number	Age in Years						TOTAL
	18–24	25–34	35–44	45–64	65+	Missing	
Very important	45.7% 161	60.0% 305	60.4% 346	61.0% 640	71.1% 376	19	60.7% 1828
Somewhat important	32.4% 114	21.5% 109	26.0% 149	25.2% 265	18.3% 97	9	24.4% 734
Not too important	13.1% 46	10.8% 55	8.6% 49	7.6% 80	4.3% 23	2	8.4% 253
Not at all important	7.7% 27	7.7% 39	4.7% 27	4.5% 47	4.9% 26	5	5.5% 166
Don't know/Refused	1.1% 4	0.0% 0	0.3% 2	1.7% 18	1.3% 7	5	1.0% 31
TOTAL	100.0% 352	100.0% 508	100.0% 573	100.0% 1050	100.0% 529	40	3012

49.3% of the U.S. population, while increasing numbers of Latin American and other immigrants have contributed to growth in the number of Catholics (now at 24.9% of the U.S. population; Dillon & Wink, 2007; Wuthnow, 1998; NORC at the University of Chicago, 2013). The General Social Survey (GSS) has been tracking changes in the religious landscape since 1972. More Americans report now that they have no religious preference than in previous surveys. In 2012, about 20% of American adults reported no religious preference, and this trend has accelerated since 1990 (GSS, 2012). However, this decline in people who identify with an organized religion does not indicate a decline in conventional religious belief. Although the data are given across all adults, they suggest that belief in God remains high while formal religious participation is falling off. Still, individual religious participation, sometimes described as private prayer, remains a significant activity for older persons. To a question asking what activities adults 65 and older complete on a daily basis, 76% reported praying (Pew Forum on Religion & Public Life, 2007). This ranked behind four other activities: talking with friends or family (90%); reading a magazine, newspaper, or book (83%); taking prescription medication (83%); and watching more than one hour of TV (77%).

Beliefs about religion vary even within the same tradition. It is helpful to recall that people have many reasons for joining a religious faith, and these reasons can include such aspects as geographic proximity, programs for social justice, or social connections (and sometimes status) that have little match with particular beliefs. Likewise, sometimes people's spiritual and religious beliefs evolve substantially, yet they choose to remain in their tradition. While individual beliefs evolve, the interpretation of beliefs and values in the larger polity may also develop, either in the same or a different direction. Sometimes this developmental process can be a result of cultural changes in the broader society. For instance, in 1975, the General Synod of the Anglican Church

of Canada (ACC) passed legislation enabling women to be ordained as priests; the Reform movement in U.S. Judaism ordained its first female rabbi in 1972. Although seemingly occurring in the 1st-century Christian church (Phoebe is noted as a deacon and Thecla, who traveled with Paul, may have been an apostle), there have also been examples of women holding religious office in earlier times and cultures. Lysimache was a priestess of Athena in ancient Greece, and women served as oracles, such as Pythia who interpreted the will of the deities. Women now serve as priests, ministers, and rabbis in many—though not all—Christian and Jewish denominations. For many religious bodies, such as Catholicism, the ordination of women remains controversial. Indeed, some denominations have lost membership over this sacramentalized leadership.

Although belief is an important aspect of religion, as suggested above, religion also involves other important aspects, such as social connection, acceptance, common goals for social engagement, and programs for those who are poor. The Beliefnet website (see Websites at the end of chapter) offers a Belief-O-Matic quiz that asks 20 questions about religious concepts such as the nature of God, the afterlife, human capacities, and other issues. Response items are very detailed and make clear distinctions. According to responses given, respondents are provided a religious group (or none) that most closely aligns with their beliefs. In my course on spirituality and aging, I invited students to take this quiz and advised the class about the result. Among twelve mostly social work students, six were ascribed to Unitarian Universalist, two were secular humanist/atheist/agnostic, one Catholic student aligned with Mormonism, one was Conservative Christian, one was Orthodox Quaker, and one was a Liberal Quaker. This diversity led to many respectful and interesting discussions throughout the semester, from which everyone benefited.

THE DEMOGRAPHICS OF OLD AGE

Those 65 and over represent 13.3%, or 41.4 million, of the U.S. population (an 18% increase since 2000) and are expected to grow to 21% of the population by 2040. Projections indicate that they will more than double to 92 million by 2060 (Administration on Aging [AoA], 2012). Persons reaching age 65 have an average life expectancy of an additional 19.2 years (20.4 years for females and 17.8 years for males). Thus, the greatest increase in the U.S. population will be among those age 85 and older. Further, there will be large increases in very vulnerable groups, such as the oldest old living alone, especially women, nearly half of whom now live alone; elderly racial minorities living alone who have no living children; and unmarried elderly persons with no living children or siblings (AoA, 2012). There is a need to understand and develop both formal and informal supports that will be accepted by this older group. Thus, spirituality and religion, already a key part of life for many aged persons, will likely play a role for continuing generations who slip into old age.

As with definitions of religion and spirituality, it is helpful to reflect on the term *aging* or *old age*. Generally, the meaning of old age is socially constructed. Aging is relative, and what *old* means changes as one moves through time. *Chronological aging* refers to aging that uses distance from birth as a marker. However, because people age differently depending on genetic composition, health habits, gender, and other variable factors, the term *functional aging* addresses the abilities people have at different points in time that could reinforce a plan for independent living or, in contrast, establish need for living in a congregate setting with supportive health assistance, such as a nursing care facility. As people become older, biological aging does lead to increased risk of frailty.

Three categories identified by Bernice Neugarten (1974) in the 1970s defined ranges of older adulthood. Young-old included people age 65 to 74, middle-old included people age 75 to 84, and 85 and older was considered the oldest-old category. Today more individuals are living to 100 and beyond as the group of centenarians steadily increases. Although the UN has no established definition for old age, generally an age 60 or over was considered old in developing countries and was tied to receiving retirement benefits, though developing countries would often define aging by altered social roles. A survey conducted by the Pew Research Center (2009) of 2,969 older and younger respondents suggested that the average beginning of old age was 68, yet in respondents ages 65 to 74, only 21% reported they felt old. In respondents 75 and older, 35% reported feeling old.

In view of the above considerations, what is the most respectful way to refer to people on the right-hand side (upper x axis) of the aging and health curve? A nonrandom Internet survey by NPR from May 19–28, 2014 led to 2,657 responses (Montagne, 2014). As with the variability in older persons themselves, there was no consensus. The preferred terms were *older adult* (42%), *senior* (32%), and *elder* (31%). Least-preferred terms were *geezer* and *geriatric* (both 71%), followed by *old-timer* (64%), *our seniors* (63%), and *silver tsunami* (55%). The result is that those who age successfully have survived, and survival alone is something to be celebrated.

INTERSECTIONALITIES AMONG SPIRITUALITY, GENDER IDENTITY, AND OLDER AGE

We are now more deeply aware that individuals carry many kinds of identities, which intermingle in ways specific to that individual. For instance, an older person who is disabled and a member of a particular cultural or ethnic group may express his or her spirituality in a certain manner. Often this expression is shaped by patterns of oppression or acceptance in the larger community. The idea of intersectionality emerged from revisionist feminist theory that challenged the idea of gender as the organizing principle of life.

Intersecting social identities come to the foreground in work with older persons who may be lesbian, gay, bisexual, transgender, or gender nonconforming (LGBT-NC). Multiple levels of oppression affect their experience of aging. If LGBT-NC persons have been participants in a religious faith community, it is likely they have had to hide or suppress their gender identity to avoid marginalization or even religious persecution. If they are persons of color, members of the LGBT-NC community, and members of a minority or world religion, then they may feel or be thrice-marginalized.

Orthodox religions have been traditionally unwelcoming to people who are openly LGBT-NC, basing this position on a narrow interpretation of religious text, although other religious faiths have been affirming. “Sacred religious texts have been used as weapons to legitimize harm, ostracism, and make claims about one’s lack of worthiness to engage the divine and supportive religious community” (Nelson-Becker & Sangster, 2015, pp. 8–9). Religious rejection has led to disillusionment by many in the LGBT-NC communities and some have abandoned traditional religious pathways. LGBT-NC individuals, in a large measure, have experienced a sense of religious loss; however, older adults, especially those aging with HIV, often find value in their spiritual and religious identities (Brennen-Ing, 2013; Fredriksen-Goldsen, 2011; Vance, Brennan, Enah, Smith, & Kaur, 2011).

Gender identity is a person's deeply felt, inherent sense of being a woman, man, blend, or alternative gender (Institute of Medicine, 2011). A few older individuals have tried to bury their gender variance from themselves, leading to great spiritual struggles throughout life. Current American Psychological Association practice guidelines recommend the need for trans-affirmative practice that is respectful, aware, and supportive of those who identify as transgender (Anderson & Kazak, 2015; Porter, Ronneberg, & Witten, 2013). Transgender older persons participate in a wide variety of religious and spiritual practices, having moved generally to a different spiritual or religious affiliation as they have transitioned identity (Porter et al., 2013). Reconciling a nonheteronormative sexual identity and a spiritual identity remains challenging for older persons.

A BRIEF HISTORY OF SPIRITUALITY ACROSS DISCIPLINES

The stance of academic professional disciplines toward religion has had a varied course from the last part of the 19th century across the 20th century and into the 21st. To a large extent, this has mirrored the inconsistent and conflicted relationship of North American society toward religion, even as the official political position has been one of separation between church and state. In early periods of the late 19th century and beginning 20th century, when some of these disciplines were developing as coherent educational programs, spirituality would have been subsumed within religion if it was seen as separate at all, so *religion* is the more precise historical term. However, in the current postmodern era, spirituality has the wider resonance across cohorts.

The mental health disciplines subscribe deeply to evidence-based research and research-informed practice. Therefore, the interlocutions between science and religion/spirituality matter. Francis Bacon insisted on employing an empirical approach to knowledge and testing propositions experimentally. Newton suggested that we lived in a clockwork universe designed and sustained by God. For them, science, nature, and religion were not incompatible. Nonetheless, there are at least four approaches to the relationship between science and religion, which are described by Barbour (2000) as conflict, independence, dialogue, and integration. The *conflict* position, emerging in the 18th-century Enlightenment period, regarded religion as an obstacle to reason and natural philosophy, known as science. At the same time, those with strong religious positions maintained that science held an incomplete knowledge. The *independence* position was a vista of separation: science and religion had two different authorities and neither could explain the other. The *dialogue* position held that both science and religion, while separate, have the potential to inform and enrich each other in an interactional manner. Finally, in the worldview of the *integration* position, religion is embedded in all human experience and thus is harmonious with science, even if all answers have not yet been discovered. These differing positions offer subtle, and sometimes unrecognized, influence in practice today.

History of Spirituality in Social Work

From the mid-20th century up until 1960 in the United States, there was very little interest in and research on the ways spiritual and religious concerns either facilitated or hindered an aging person's search for and achievement of a satisfying quality of life. Although never completely absent in social work, the field of religion and any formal relationship to social work had fallen out of favor. A few studies did emerge in

the medical, social, and behavioral sciences, especially psychology (see Allport, 1950; McFadden, 1995, 1996, 2015; Wulff, 1997), but academic disciplines typically avoided this area. Religion and spirituality were considered to be less amenable to empirical validation, other than investigating people's sociological habits in religious affiliation and practice such as prayer. There were, however, some ongoing trends. Abraham Maslow wrote about religion, values, and peak experiences in his 1964 book of the same name. He contemplated the attributes of individuals that could result in their highest expression of self. Although he has been linked with humanism, his work moved solidly into spiritual considerations with its focus on searching for the sacred in the ordinary and his development of a holistic way of thinking.

Social work had religious roots in the late 19th century in two compelling but competing organizations founded by contemporaries born in Illinois: Mary Richmond and Jane Addams. The Charity Organization Society, under the direction of Mary Richmond, consisted partly of visits by *friendly visitors*, also known as caseworkers, to those in poverty with a goal of improving their lives. Religious values were motivating factors, though socioeconomic conditions were more often direct reasons for poverty than assumptive individual deficits. One of Richmond's books, *Social Diagnosis* (1917), developed a foundation and principles for the social work profession and sought to ground the profession in the scientific method observed in medicine.

The settlement house movement was established in the United States by Jane Addams from her visit to Toynbee Hall in London and her travels in Europe. At Toynbee Hall, volunteers, who were usually from a higher social stratum than those with whom they worked, sought to engender social reforms that would reduce disparities, poverty, and other disadvantages. In expressive language, Addams tells of her dream "to build a cathedral of humanity capacious enough to house a fellowship of common purpose" (Addams, 1910/1981, p. 71). Hull House in Chicago, which Addams managed, was one of the most well-known and successful examples. Addams, also the winner of the Nobel Peace Prize in 1931, was a trailblazing pioneer for immigrant integration, education, and employment, as well as local public health needs such as better treatment of sewage and improved factory conditions. Both the Charity Organization Society and the settlement houses were founded on the need for social reform and motivated by Christian values of the era.

Social work in the early 20th century moved to align itself with behaviorism and greater empiricism, causing it to distance itself from its early religious values. In an address to social workers at the University of Chicago in 1980, Martin Marty, a Lutheran historian and professor, called on social work as a profession to return to its religious roots and recapture what might be important for modern times (Marty, 1980). Edward Canda explored religious values of social work professors in his 1986 dissertation, and this led to his career focus on the value of spirituality and religion in social work. Other scholars of spirituality, religion, and social work have followed his lead; further, many social work scholars not otherwise focused in this area now include questions on religion and spirituality in their research because of their value.

Three associations in social work have lent support for attention to spiritual issues. The Society for Spirituality and Social Work (SSSW) was founded in 1990 by Dr. Edward Canda to promote connections among people holding diverse spiritual perspectives. An implicit goal is to help social workers and others understand and develop spiritually sensitive practice. A related organization founded in 2002 is the Canadian Society for Spirituality and Social Work (CSSSW). These two organizations share conference leadership and host alternately as the North American Conference on Spirituality and Social Work. A third organization, the North American Association of Christians in

Social Work (NACSW), dates from 1956 and is more narrowly designed to “integrate the Christian faith with spirituality.” It also hosts a convention, promotes publications, and disseminates other resources.

History of Spirituality in Nursing

Spirituality in nursing traces its origins to ancient times and had a strong connection to religion (Paley, 2008a, 2008b). Florence Nightingale believed that a model nurse should take inspiration from both professional and religious callings. Although affiliated with the Church of England, she valued the contribution of Eastern religions. She also wrote that “Spirituality is intrinsic to human nature and is our deepest and most potent source for healing” (Macrae, 1995, cited in O’Brien, 2008, p. 45). In the 1930s and 40s, acceptable nursing practice included reading the Bible to interested patients; however, as nursing became a profession, everything that could not be subjected to scientific inquiry was seen as illusion. In the mid-1950s, spirituality began to be uncoupled from religion and boundaries between what was spiritual and nonspiritual grew murky. In fact, the concept of spirituality began to be seen as universal and stretched to the point that discussion of meaning and values was captured under the term *spirituality*.

The advance of spirituality in nursing in the 20th century somewhat paralleled that of social work, moving from early embeddedness, to greater distance, to later inclusion of spiritual viewpoints in the last two decades. Scientific inquiry, technology, education, and research were viewed as being of paramount importance (Barnum, 2006; Johnson, Tilghman, Davis-Dick, & Hamilton-Faison, 2006; O’Brien, 2011). However, in religious-affiliated universities especially, vespers (evening prayer) and other aspects of religion were included as a component of education until the 1950s (Johnson et al., 2006). Religion and belief were taught with regard to practical matters such as religious dietary restrictions. Two models developed side by side—the scientific model that addressed a biopsychosocial approach and the holistic model that more strongly embraced spirituality in the body-mind-spirit paradigm (Barnum, 2006). By the latter part of the 20th century, holistic care—especially body-mind connections—was gaining visibility and support. However, similar to the case in social work, this has not been universally adopted and some critiques have been issued about mixed or limited empirical support. The American Holistic Nursing Association (AHNA, n.d.) recognizes the totality of what is needed for healing and is particularly concerned with “the interconnectedness of body, mind, emotion, spirit, social/cultural, relationship, context, and environment” (para. 2).

History of Spirituality in Psychology

Psychology also became a distinct division of science in the late 19th century. As with other professions, its cohesiveness has been embattled and the result is pluralistic perspectives in most subspecialties. Division 36 of the American Psychological Association (APA), the Society for the Psychology of Religion and Spirituality, upholds diverse forms of research methods and interpretive frameworks in religion and spirituality. Division 36 officially took its current name in 1993, but it originated in 1946 with the advent of the American Catholic Psychological Association (ACPA). At that time this association had two primary aims, “(1) to bring psychology to Catholics and (2) to bring a Catholic viewpoint to psychology” (Bier, 1975, as cited in Reuder, 1999, para. 1). As views became less parochial, this group expanded to include other religious viewpoints and the name shifted to Psychologists Interested in Religious Issues (PIRI). After some years of debate this group was voted part of APA in 1976

(Reuder, 1999). Now, this division encourages use of outcomes and findings in clinical and other applied settings and seeks constructive dialogue and interchanges with religious perspectives and institutions. The division describes itself as “strictly nonsectarian and welcomes the participation of all persons who view religion as a significant factor in human functioning” (Society for the Psychology of Religion and Spirituality, 2014, para. 1). Most psychologists understand that the psychology of religion is not value free and operates under assumptions common to the ideological culture that may include apologetics (the defense of one’s own view) and ethnocentrism (the biased judgment of other views). See Wulff (1997) for an extensive discussion.

What follows is a very brief survey of some of the key figures that emerged out of the juncture between psychology and religion. Several early proponents of the discipline of psychology (newly formed itself from philosophy) also carried religious interests. G. Stanley Hall (1844–1924) was the first president of APA and became president of Clark College. He gathered scientific evidence for the role of physiological processes in religion, leading to study on fasting and sleep deprivation. His students, Edwin Starbuck (1866–1947) and James Leuba (1867–1946), both with wide interests and achievements in the developing field of psychology of religion, studied religious conversion and whether mystical experience could be explained in terms of psychophysiological processes, respectively. William James (1842–1910) represented a humanistic tradition. Instead of seeking a representative sample as did Starbuck on his questionnaires, he looked for rare cases where religious attitude was identified as the core approach in individuals. In some ways, his use of the term *religious* more closely paralleled modern use of the term *spiritual*. Rather than reductionist, his approach was descriptive. Sigmund Freud (1856–1949) was the founder of the psychoanalytic tradition. He regarded belief in a monotheistic God as a delusion satisfying infantile emotional needs; thus, all religious belief served psychological functions and could not in itself support truth claims. C. G. Jung (1875–1961) considered religion as a source of delusion and projections of psychic processes, yet also a symbol for transformation and wholeness. Jung was considered a depth psychologist, but his views also aligned with the humanists.

In the early 20th century, the rise of behaviorism made studying religion unpopular. Proponents of behaviorism valued study of observable phenomena over consciousness. Although interest was never completely absent, Gordon Allport (1897–1967) began reigniting interest in religion with his work written in the 1950s. While focusing on immediate issues such as intergroup prejudice, Allport also held a strong interest in the effect of religion on individuals. He preferred using quantitative models to study complexities of personal and social existence, and he researched students and church members to look at religious faith in its everyday forms. He conceptualized an important distinction still in use today between intrinsic (religion valued for its inward components) and extrinsic (religion valued for its outward features, such as social support) aspects. As with other mental health disciplines, the interest in religion and spirituality has continued to expand and today there are many psychologists contributing to this field.

History of Spirituality in Counseling

The American Counseling Association formed in 1952. Prior to that, Frank Parsons’s vision of counseling was primarily vocational: adapting and matching work with personal values and aspirations. School counseling evolved from the 1930s through the 1950s. In the late 1970s and 1980s, counselors moved into mental health counseling roles with the establishment of U.S. Department of Veteran’s Affairs (VA) mental health

centers and specialized education. Within counseling, the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC; Miranti, n.d.), represents interests of counselors in this area. In 1961, Catholic counselors in the American Personnel and Guidance Association (APGA) formed their own National Catholic Guidance Conference, but one with an institutionalized affiliation with APGA. In 1977, this group became known as the Association for Religious and Values Issues in Counseling (ARVIC). In 1993, the division took on its current name under the American Counseling Association as ASERVIC. Although the Catholic heritage was an advantage in providing a sustaining strength in numbers, it was also a limitation because Catholicism had been somewhat dominant. Now, that is no longer the case and this division represents many religious, spiritual, and humanistic interests.

As a proxy for interest in counseling and spirituality, Powers (2005) reviewed articles, chapters, and books published in this area of counseling. From 1879 to 1929, nothing appeared in her databases. In each decade from 1930 to 1949, three articles were published. From 1949 to 1959, 13 articles and 5 books appeared. In the decade and a half from 1980 to 1994, there were 119 publications. From 2000 to 2004, Powers found 531 publications, evidence of both expanding interest and opportunity. One caveat is that some of these articles appeared in journals focusing on both pastoral care and counseling and so were assumed to be more oriented to pastoral care. Maslow's transpersonal work, the creation of ASERVIC, and increasing interest in multiculturalism, which included discussion of religious and spiritual values, were suggested as partial explanations of this interest. Absent from her search was inclusion of the keyword *religion* with *spirituality*.

Interdisciplinary Commonalities

Subdisciplines within professional disciplines and associations that held religious interests have had to contend with concern that they might favor one religious tradition over another or evangelize. However, most clinicians perceived themselves as less spiritual and/or religious than their clients, and they were confounded about how to consider questions about spiritual suffering or religion as a resource with service users (Jensen & Bergin, 1988). Thus as more religious and spiritual issues have found their way into therapeutic sessions in diverse settings, training has become an increasing focus for practitioners both in graduate education and postgraduation. The relationship between religion and the mental health professions has been convoluted, complex, and increasingly fluid.

Across all of the mental health professions, some common elements are seen in the emergence, near disappearance, and reemergence and continuing growth of professional religious and spiritual interests. This process can be thought of in four phases: (1) *sectarian origins* for social work and nursing, and *scientific empiricism* for psychology as well as counseling, to a lesser extent (late 19th century through early 20th century); (2) increasing *professionalization and secularization* (early 20th century to mid-century and the 1970s in some professions); (3) *renewal of interest in spirituality, religion, and their effects* (mid-century through 1990s); and (4) a phase of *transcending boundaries/integration* (1990s through the present) that suggests leaping over narrow disciplinary constraints and cultivating a professional transactionality that honors everyone's work in a new manner (Nelson-Becker & Canda, 2008). This last phase might also be named *leaping limits*.

Sectarian origins suggests that both nursing and social work were founded in times when individuals were marginalized because of age, health and mental health problems,

need to protect child welfare, and poverty. Philanthropic concerns and interests in social justice based on religious values stimulated development of these professions. Psychology, building on some of the claims and assumptions from philosophy, sought to explain human behavior through experience and observation. In the second phase of historical development, *professionalization and secularization*, these mostly fledgling professions moved to disidentify with religion and to gain stature through closer alignment to empirical approaches. The desire to remain a vital force in society during a time when the validity of religious faith was seen to conflict with science meant that taking the part of science was more likely to ensure survival of the profession. *Renewal of interest* was sparked by the work of a few eminent scholars, such as Allport and Maslow, publishing across professions, who understood the threads of religion and spirituality as important in human lives and thus legitimate areas of inquiry. The postmodern era suggests that transcending boundaries and collaborating across professions to discern the varying impacts of religion and spirituality can yield fruitful results. Holding slightly different lenses, each profession has a contribution to make.

Gerontology has provided a particular home for interdisciplinary inquiry and collaboration. The Gerontological Society of America (GSA) remains the foremost interdisciplinary scientific society and its interest group in Religion, Spirituality, and Aging was accepted as a formal interest group in 2003. The GSA includes anthropologists, biologists, counselors, economists, nurses, physicians, psychiatrists, psychologists, sociologists, social workers, and other behavioral and social scientists. Coinciding with horizontal transdisciplinary expansion, there has been a vertical expansion in the range of spiritual areas addressed in research and practice, such as connections between spirituality and aging in health, mental health, coping with life challenges, growth during the dying process, caregiving, collaboration with religious communities, and others (Nelson-Becker & Canda, 2008). This expansion of professional interest in spirituality and religion has mirrored increasing inquiry within the general U.S. population.

ASSUMPTIONS ABOUT RELIGION AND SPIRITUALITY

There are several reasons that providing room for discussions of religion and spirituality in the therapeutic process is difficult. As shown above, older adults are the single most religiously oriented group among all ages, but they are also usually very aware that religion and spirituality may not be comfortable to address in therapy. In my clinical work with older adults in Phoenix in the late 1980s and 1990s, I was frequently told that had I not asked the question about whether religion or spirituality mattered, patients would not have mentioned it. However, they found the freedom to talk about religion as resource or challenge valuable. Many clinical colleagues at the time would not address it because they worked for a public agency and worried about disapproval; however, my psychologist supervisor was supportive. Because of the range of the beliefs and the importance of protecting—not judging—individual belief, boundaries are also essential. The limits of these boundaries will be addressed in Chapter 3. One of the great concerns about addressing religion in therapeutic work is that clinicians who may be religious (or even those who are not) may try to proselytize (convert) others to their thinking. This, of course, violates free will and self-determination.

A second assumption may be that everyone who affiliates with certain faith traditions has fundamentalist and restrictive views when, in fact, older adults, too, may subscribe to some beliefs and not others within their tradition. In practice, local expressions

of religious communities may adhere more or less closely with the larger body. If a therapist or mental health practitioner knows something about the principles of a certain religious tradition, it may or may not apply. Thus, while educating oneself generally about major religious traditions can be very helpful, it is also not definitive.

Third, some mental health practitioners may assume that many religious traditions are stifling and rigid, while most spiritual expressions are beneficial. In fact, religions are not static and are affected by time passing and by culture. Many mainline Protestant Christian communities now ordain women and some also ordain people who are LGBT-NC (e.g., Community of Christ). Spiritual groups are subject to some of the same dangers as major religious traditions. Further, people who follow their own spiritual path can sometimes misperceive reality in ways that become a danger to themselves or others. Ultimately, it is best to surrender assumptions about spirituality, about religion, and about people who may say they are nonreligious and nonspiritual, for sometimes the latter may act in concert with the most extraordinary spiritual or religious values of all.

THE LEGACY OF AGING IN MODERN TIMES

The last 15 to 30 years have seen an expansion of interest in aging, religion, and/or spirituality. *Conscious aging* describes groups that seek to embrace aging and its potentials for both service and insight/wisdom, which can lead to expanded living. As used by H. R. Moody (2003), conscious aging stands in contrast to successful aging achieved through adaptation. Conscious aging suggests an increasing ability to be with what is as one ages and to possess equanimity. Moody (2003) saw conscious aging as a “holistic line, a pathway characterized by an increasing integration of divergent element of an individual’s self, both rational and emotional, to yield a more complex structure” (p. 142). This is difficult work, however, and does not appeal to all. Another proponent of expanded opportunity in aging was Gerald Heard, who wrote *The Five Ages of Man* (1963). According to Heard, a post-individual psychological phase occurs in stage five. This signals a leap of expanded consciousness and repair of inner conflicts that leads to wisdom. Those achieving this second maturity would be recognized by society as sages. However, he assessed society to be mostly stuck at the previous (fourth) transitional age of individualism and imbalance.

Some of the key writers in this area of conscious or developmental aging include Ram Dass, Rabbi Zalman Schachter-Shalomi, Jay Goldfarb, Tom Valente (wisdom) and Roshi Joan Halifax (who teaches compassion in dying at the Upaya Zen Center). Other supporters have included Mary Catherine Bateson and Robert Atchley. H. Rick Moody, formerly education director for AARP, has written newsletters on human values in aging, bioethics, and teaching aging for many years. Retired in 2013, his plan was to complete or begin at least five books (H. R. Moody, personal communication, March 14, 2014). Rabbi Zalman Schachter-Shalomi developed a series of trainings based on the idea of “sage-ing”: growing older wisely, creatively, and well. Sage-ing International is now an organization with the mission of changing society’s current belief system from aging to sage-ing—that is, from simply becoming old to conscious aging. This group believes the wisdom of conscious elders is urgently needed; the goal of the sage-ing program is to support that development. Sage-ing is described as both a philosophy and a set of psychological and spiritual practices (The Vision of Sage-ing, 2012).

Huston Smith, professor emeritus and author of *The World’s Religions*, wrote about his own experience of compromised aging with osteoporosis in his 2009 autobiography, *Tales of Wonder*. His life work had been somewhat directed by his birth in Dzung Zok,

China to two Methodist missionary parents. Side by side and interwoven in his small village were Buddhism, Confucianism, Taoism, folk religion, and Christianity. He became an informal practitioner of many of these, including Hinduism and Islam, but he never left Christianity. Now in his mid-90s and living in an assisted living facility, he commented that he enjoys his fellow residents, tries to do what good he can for them, and repeats a religious chant, “Jesus have mercy on me, a sinner,” many times a day that for him is “better than any pill” (p. 111).

Although most of the individuals and groups above work locally and a few on a global level, there is another group of singular individuals chosen by history to live a part of their lives in very public political or social justice capacities on the world platform. This group of now-retired high-visibility volunteers was organized by Nelson Mandela in 2007 and consists of former world leaders. Called The Elders (2014), they are an independent group of global leaders who work together for peace and human rights. They are now chaired by Kofi Annan. No longer holding public office, but having earned international trust, they can act independently outside the influence of vested interests and with full integrity. Among their number are counted Mary Robinson, Jimmy Carter, Desmond Tutu, and Graça Machel. Their principle goal is to work toward peace and human rights along diverse paths consistent with their skills. Mandela summed up their mission in these beautiful words “support courage where there is fear . . . foster agreement where there is conflict . . . inspire hope where there is despair” (The Elders, 2007).

Overall, legacy need not be the known totality of what one leaves behind writ large. The danger of this thinking is that only those whose actions have been recorded in history, discovered and detailed in media, or who have garnered awards and criticism through their participation on a world stage in political or cultural processes have created legacy. Rather, legacy may be inscribed in the small gifts given and remembered, such as a grandfather showing a grandson how to hold a tool or a grandmother showing a granddaughter how to create a valued family recipe. It can be a special name bestowed or the tone of voice radiated with speech. Legacy can be given intentionally or extemporaneously. Because it is known by what is remembered, it is not always in the control of the giver. In the perceptions of the receiver, it is always present as long as the memory is held.

NEW DIRECTIONS

Internet and Other Online Interface Programs

The proliferation of online formats for connection such as Facebook, MySpace, Skype, Twitter, and other voice over Internet protocols (VOIP) have led to greater connective opportunities for older people. E-mail had its origins in a file sharing system developed at MIT in 1961 and began to be widely adopted in the 1980s. ARPANET (which sounds a bit like AARPnet, but bears no connection to AARP) is credited as being the forerunner of e-mail. (AARP is the American Association for Retired Persons organization founded in 1958 by a retired teacher which has a mission of enhancing quality of life for older adults. It has become a public policy advocate for seniors.) Increasing older adult use of computers was affirmed through a review of 151 articles published between 1990 and 2008 in 11 databases (Wagner, Hassanein, & Head, 2010). Communication and social support were deemed to be the primary uses of computer connectivity by seniors. Information about all aspects of aging, caregiving, and spiritual opportunities also reside on the Internet. Many national and local faith-based

organizations have a presence there. Each chapter in this text will include some websites that might offer value to mental health practitioners or their older clients.

Although these newer formats can expand opportunities for many older adults to benefit from increased contact with relatives, friends, and other communities, some of which may be religious, there is also danger. Older people are frequently targeted in financial abuse and other scams. Many older people have succumbed to slick promises of having won a lottery or claims about a relative traveling abroad who has lost all of her money and is in urgent need of having several thousand dollars wired to her. Earlier decades brought face-to-face forms of abuse; that risk remains alongside the expanded risks of Internet abuse.

Spirituality and the Brain

The study of neuropsychological experience related to spirituality and neural mechanisms of spirituality is expanding our understanding about the potentials and processes of the brain. A number of researchers believe that the brain and body hold latent reserve capacity (Bulkeley, 2005). Essayist Michael Murphy (1992) suggests that “we live only a part of the life we are given” (p. 3). This is supported by research underway to explore brain functions and how they can be altered over time, both for therapeutic effect and for recovery from traumatic brain injury or accidents. But the process of aging superimposes additional changes to the brain that can include neurodegeneration: these changes challenge fluidity of neurocognitive processes and lead to cellular deconstruction, alongside opposite movements of cellular activity stimulated by learning. The Nun Study was a longitudinal study from 1991 to 1998 of sisters from the Notre Dame order across the United States (Snowden, 1997; Tyas et al., 2007). It was notable because the nuns had kept tests and other records from the time women joined the order and the nuns generously made available their brains for autopsy, so good data were available for comparison of factors over time. Although neurofibrillary tangles and senile plaques that are identifiers of dementia were present, many of these nuns did not exhibit features of that illness. Odds of developing dementia were shown to increase with age, but only for those with little education (Tyas et al., 2007). It may be that these nuns were superperformers and slipped into lower, but still functional, mental states as they aged. The potential of religious and spiritual practices to serve a protective effect are intriguing.

Several studies using brain scans of such diverse groups as Franciscan nuns, Buddhist meditators, Sikhs, Sufis, and yoga practitioners have been completed to map neurochemical changes using single photon emission computed tomography (SPECT; Newberg & Waldman, 2009). Results were compared to control groups of nonmeditators and nonreligious people. Some parts of the brain were activated while others become quiescent. Of note was the anterior cingulate structure of the brain that appeared to be essential for empathy, compassion, and fear reduction. Buddhist meditators and Franciscan nun study participants showed increased blood flow in certain parts of the brain compared to baseline; they could evoke God-consciousness experiences through meditation, prayer, and ritual. Separate studies by Newberg and his team have revealed that spiritual practices, even those not associated with religion, enhanced neural functioning of the brain to improve physical and emotional health. Moreover, intense and long-term contemplation of God or spiritual values seemed to permanently change sections of the brain that affected mood, perceptions of the self, and the external world. Newberg asserted that while thinking about the big questions of life that religions and philosophies typically address, the brain grew. A dualistic separation of the material body and thoughts of the mind was advocated by Descartes

in his view of reality, but a holistic perspective that acknowledges the co-influences of the body and mind—and even the spirit—suggests a more functional approach for older people seeking treatment from psychotherapy and medicine. Certainly the capacity for reflexive self-awareness is one of the unique features of consciousness and what helps us all understand who we are—and how we can change if we wish.

Immigration, Religion, and Older Adults

People have immigrated to live with their families in the United States at older ages in recent years. This is likely to continue. If people have difficulty connecting to their ethnic and cultural community, then language isolation can be a concern. Along with this trend, it is likely that the numbers of older people who come affiliated with world religions also will increase. This means that the image of religion in America that has generally meant salience for Catholicism, Protestantism, and Judaism will expand to include larger numbers of adherents of Hinduism, Islam, various schools of Buddhism, Bahá'í, Zoroastrianism, and many other religious groups that most of us know little about. In the UK, this diversity has meant greater complexity and difficulty in addressing religion and spirituality in the public sphere (Nelson-Becker, 2011). However, this also provides opportunities to learn how faith can enrich as well as hinder the lives of older people.

CLINICAL ASPECTS OF LATER-LIFE SPIRITUAL JOURNEYS

We all hold an inner blueprint that diagrams and details the journey we make to become fully everything we are. However, that journey is never a straightforward path. In fact, it often twists and turns, rises, and descends or even drops at points precipitously. We achieve clarity through asking questions concerning what is our path instead of someone else's and suffering the reality of obstructions. We learn what summons us by footpath through plateau, mesa, marsh, or forest where in certain places our movements are easy, in others quite difficult. The first half of life is about learning societal rules, even laws, and forming an identity (Rohr, 2011). Further, developing security from which we can later explore and understanding the role of gender are formative tasks. Some of this is facilitated in nourishing ways by our institutions of government, education, and religion, but at some point they can each become boundaries or obstacles. In a systems view (Bertalanffy, 1969), unless we are infused by new and positive energy (Eros) we all may wind down in entropy (Thanatos). We have all likely observed people walk into a room and transform it through their laughter and inner brightness. We also witness people we might prefer to avoid because of their cynicism, criticism, and demands. In doing so we fail to see their need, much less meet it. These reactions form part of ourselves that, if we desire, we can transform.

In the second half of life, about age 50 and beyond, people have answered some of their beginning identity questions—with whom they will partner, what education or training they will receive, and what occupation or occupations they will select. Some people grow into rigidity and fail to grow out of it. In trying to achieve perfection, they are unforgiving of mistakes in themselves or others. However, as Huston Smith (2009) and Ken Wilber (2001) suggest, maturity is about drawing larger circles that contain everything that is smaller or has come before. This is where therapists can help older people connect the subparts of their narratives. Greater inclusiveness, rather than exclusivity (the ideal of perfectionism), is the goal of the second half of life. In these

later decades, people may transcend the learning of the first half of life, but it is not rejected. Rather, all is included.

The great myths and legends of history are important because of their capacity to hold contradictions in relationship and to suggest we look closely at paradox. They do not often tell of historical truths, but the truths they tell are timeless. “Deep time orients the psyche, gives ultimate perspective, realigns us, grounds us, and thus heals us” (Rohr, 2011, p. xxx). Deep time is a way of speaking about an expansive view of time that unites past, present, and future elements such as psychological time, cosmological time, and Kairos (spiritual time). Here, consistent with quantum mechanics, time is not an arrow going one way into the future but is circular and recursive. At the end of life, if dying individuals discuss vivid and present time connections with deceased loved ones, they have entered deep time. By contrast, mostly we live in shallow or superficial time, which keeps us on the surface of life, dealing with practicalities of daily living, getting by. At older ages, there is always a potential to heal and go deeper. In that process of healing, environments, too, may feel the effects and respond through enhanced learning that takes the circle wider. The stories we tell to our grandchildren may just as well be for ourselves.

SUMMARY

This introductory chapter provided data on what it means to age in the United States in this decade and the volatile relationships that the mental health professions have had with this topic. It has set out a few of the current issues that will define the intersections between aging, religion, and spirituality. Finally, the chapter closes with

discussion of what new things aging can open up for us in the second part of life. Indeed, the opportunity to age is a gift that not everyone receives. Whatever age you are and whatever background you bring, you can help older people to live more consciously and more fully in the life that they have.

QUESTIONS FOR DISCUSSION

1. What are some of the benefits and challenges within the changing demographic portrait of aging in the United States?
2. What are challenges to spiritual identity in vulnerable aging populations, such as those who are LGBT-NC?
3. Compare and contrast trends across the mental health professions in their relationship to religion and to spirituality. What were some of the commonalities and differences in historical connections to religion?
4. What are some reasons to be cautious in discussing religion and spirituality with older clients? What assumptions may professionals and older people typically have about religion? About spirituality? How might they be similar or different?
5. What are spiritual stories? How can we create opportunities to listen for them in therapeutic work?
6. In what ways does the growing number of aging persons suggest a need for more training and education in working with religious and spiritual issues? What do you want to learn?

INTRODUCTION TO MEDITATION EXERCISES

There are many forms of meditative practice. Some meditation styles are connected with a particular spiritual or religious tradition; some are very general and not associated with any kind of tradition at all. Some meditative practices are developed by an individual for his or her use alone. Although idiosyncratic, these can be no less effective. Through application of learning theory, we understand that some people learn best by using one type of sensory input rather than another, such as visual, auditory, and kinesthetic styles. This is apparent in classroom teaching where multiform teaching tends to have good results.

What are the potential effects of meditation? One effect most needed in our current society is stress relief and relaxation. This is one reason why Herbert Benson's relaxation response material released in the mid-1970s and generally viewed as an adaptation of transcendental meditation became so widespread: It met a growing need. Other uses of meditation beyond relaxation,

important though it is, include accessing deeper levels of information and connecting with one's truest sense of self. The purpose of this brief introduction here is not to provide background research on meditation, though some of this is available elsewhere in this text, but instead to provide experiential opportunities for students to try different kinds of practices in order to assess styles that may prove useful. A further benefit can emerge from participating in a class together and inviting students to share their responses. In my teaching, I have found that meditative exercises can have very different results among students. When they are willing to discuss their responses, it is very clear that what one student may find frustrating or difficult can be very rewarding for another. Moreover, students reported that they looked forward to and appreciated the beginning moments of this class, which often began with a meditation. Meditation can be done at the beginning or end of a class, and this text introduces many styles throughout the chapters.

MEDITATION: BREATH

This is a short meditation that can be done anywhere and often. It may be done alone or silently in the company of others. Attention to the breath can also be given for a moment at one's desk. First, one pauses to concentrate on breathing in and out deeply, just noticing the breath, relaxing into it, and letting go of all other thoughts to clear the mind. This creates space for destressing and for

change. There are many possible variations on this practice. You may breathe in and out by counting, pausing between breaths. To aid in conscious breathing, you may say to yourself, "Breathing in, I know that I am breathing in. Breathing out, I know that I am breathing out" (Hanh, 1991). This practice can produce a grateful feeling for life and for living in the present moment.

EXPLORING YOUR SPIRITUALITY: INTRODUCTION

Exploring your spirituality is a series of exercises at the end of every chapter designed to expand your understanding of who you are as a spiritual being and, at the same time, extend your spiritual repertoire. Although there are many kinds of exercises and rituals originating in different religious traditions that could be included, this text limits exercises to those that would fit under the broad umbrella of spirituality in order to help practitioners, especially those for whom this might

be like traveling to a foreign country with little fluency in the native language. The goal of these exercises is to increase presence or groundedness and present moment awareness, to offer play, and to suggest areas of creative expansion. All of this should occur within a context of curiosity. Learning to pose good questions is an art, but one that can greatly assist both ourselves and our clients. A good question can open up everything and be a fresh path to clarity.

Although most religions offer invitation to all, some religious exercises specifically build on knowledge of that tradition and would be less meaningful apart from it. Second, ethical issues can arise when knowledge is borrowed or given without permission. A caution for this is knowledge may be misapplied in dangerous ways. This can occur either when knowledge is partial or when ethical intentions are not in place. If you are a therapeutic practitioner who has a religious tradition, explore it and let it teach you all that it can. Following the mystic guides who have emerged from each tradition is often a good place to begin. A sampling of these include the Sufi ascetic, Ibrahim ibn Adhan; Mohammed; the Christian convert Dionysius the Areopagite; the Buddha; Jewish mystics such as Hillel and Maimonides; Christian mystics such as Bernard of Clairvaux, Teresa of Avila, and Ignatius of Loyola; as well as many others. There are also modern mystics including Sri Aurobindo Ghose, Thomas Merton, and others living today who have chosen and shared their

mystical path. Much of the mystical tradition is written and provides ancient wisdom. This wisdom offers the potential for transcendence, moving beyond the self with only the stars as constraint, and for immanence, connecting with the ocean inside your inner core.

The spiritual exercises offered here are a beginning entry to deepening experience. They are also intended to offer something to those readers who may consider themselves to be nonspiritual and nonreligious. These include those who call themselves atheists and agnostic. A positive frame for these individuals might be humanism, and thus humanists who would subscribe to a philosophy of belief in the virtues of humankind, a commonality to which most therapists would subscribe. Overall, to work with spirituality and religion in older adults it is helpful to be able to recognize their presence. These exercises are designed to help the reader see the spiritual side of life by exploring a few of its features for themselves.

EXPLORING YOUR SPIRITUALITY: BASIC QUESTIONS

The following questions are offered for self-reflection:

1. What is the greatest source of meaning in your life? Describe it. How do you contribute to this source and draw from it?
2. Do you believe in God, a Sacred Source, a Higher Power, or a Transcendent Power? If yes, try to describe this force. If no, try to describe what you do believe about the foundations of the universe.
3. Have you ever had an experience beyond your ordinary experience or an experience where suddenly all life became vibrant and colorful? Try to draw or form something about this experience, either in a representational or nonrepresentational (abstract) way. Use colored pencils, watercolors, modeling clay, or any other available medium.
4. Are you a member of any religious or spiritual group? If so, how does it add to your life or disturb you?

5. What are the sources of nourishment in your life? Discuss your connections with the natural world, friendships, or other aspects of daily life that give you a sense of peace and place in the world.
6. What does your level of physical health mean to you? In what way do you take it for granted, or does it affect how you function in life? What spiritual significance does it have, if any?

The following questions related to continua are for both self-reflection and action:

1. Think of religion and spirituality together at one end of a continuum of what gives meaning to your life. The other end can be anchored in what you define as generating your highest meaning. This latter end can be principles like love, hope, beauty, peace, goodness, or people such as family or friends, or anything else that encourages you to get out of bed each morning. Where would you place yourself on this continuum

- today? At a specific time of your choosing in the past?
2. Imagine a second continuum or axis with religion at one end and spirituality at the other. Again, consider where you would place yourself on this continuum. Perhaps you would not be on it at all. Where would your place be? There is certainly a place for you.
 3. Imagine a third continuum, this one representing where you are today compared to your religious and spiritual belief system at age 8. This continuum may be short or

long, depending on the amount of space you want to place between yourself and your earlier beliefs. Where would you see yourself?

If you would like to do so, draw the three separately on a sheet of paper, writing your name, the place, and date. If you are in a group where trust has been established, you might do this together for each continuum and discuss, using your bodies as the markers. I have done this in a classroom by asking people to line up along the four walls according to anchor points set for all.

EXPLORING YOUR SPIRITUALITY: CONNECT WITH NATURE

Many of us live in cities and have begun to lose our connection to nature. Although the natural world is still around us, it may become invisible in the press of demanding and eventful lives. However, immersing ourselves in the natural world, soaking in all that is present to our senses there, has a capacity to nurture us deeply.

1. First, determine what your need is right now. What is it that you are missing? To learn this, you might try stilling your thoughts. See what image or idea comes up.
2. Spend time outside. It may include taking a short walk, hanging laundry and feeling the breeze in your face, or watching the squirrels or rabbits play. Smell the fragrance of fresh rain or newly mowed grass. Touch a tree and try to listen for what it tells you. Capture this tree wisdom in your imagination and try to hear what it would say.
3. Let the colors of the outdoors pop for you. Listen for the music of birdsong and

imagine what you hear in it. (At <https://www.allaboutbirds.org/how-to-listen-to-bird-song-tips-and-examples-from-the-warbler-guide/> you can learn what to listen for in distinguishing different bird species.)

4. If you have a garden or houseplants, notice what you enjoy about nurturing and caring for them either indoors or outside. What are the differences? How do the different seasons of the year affect your gardening?
5. What do you, in turn, return to the natural world? How do you try to live in a *greener* way? What do you conserve or recycle or what will you conserve or recycle? How do you live in a way that will enhance or preserve nature connections for others?
6. What do you know now that you didn't know before this short exercise?
7. Write or journal about your experience. What learning came out of this for you?

WEBSITES

American Holistic Nurses Association
<http://www.ahna.org/>

This organization promotes holistic healing across body-mind-spirit distinctions. It promotes holistic health care and learning.

Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC)

<http://www.aservic.org/>

This division within counseling offers resources such as white papers, teaching modules, and well-developed competencies.

Beliefnet

<http://www.beliefnet.com/>

This website contains a vast array of information on many different religions and life sectors. It provides information for specific religions, for broad application of spirituality, as well as how religion may affect other parts of a person's lifestyle. This website has a strong connection to religion and is meant to serve as an online safe place to explore faith.

Canadian Society for Spirituality and Social Work

<http://www.stu.ca/~spirituality/index.html>

This Canadian organization supports interactions between social workers interested in spirituality, makes conference proceedings and papers available, and provides notices of events of interest to its membership.

Division 36, Society for the Psychology of Religion and Spirituality, American Psychological Association (APA)

<http://www.apadivisions.org/division-36/index.aspx>

This division of the APA offers newsletters, other publications, and event notification.

The Elders

<http://www.theelders.org/>

Described in this chapter, this website details the current work of world leaders to collaborate for peace and human rights. They bring much credibility through their former high visibility positions on the world stage and their global understanding of what is needed today to build a more just environment for all.

Human Rights Campaign

<http://www.hrc.org/resources/faith-positions>

This site provides an overview of faith positions on LGBT-NC status within organized world religions.

Indie Spiritualist

<http://theindiespiritualist.com/>

This may be of particular interest to 20- and 30-somethings as it includes musings and recommendations from a punk and hardcore music aficionado with a background of addiction that often made him his own worst enemy. He approaches spirituality in an authentic way that has much in common with traditional understandings but uses a modern lens. Though this may be surprising to some, it represents an alternative way of thinking about spirituality that may be appealing to those practitioners who are grounded in pop culture.

National LGBTQ Task Force Institute for Welcoming Resources

<http://www.welcomingresources.org/multifaithlinks.htm>

This site provides information about welcoming resources within many different faith traditions, with links for additional resources on spirituality.

Sage-ing International: Wisdom and Spirit in Action

<http://sage-ing.org/>

This website is built on the Sage-ing movement begun by Rabbi Zalman Schachter-Shalomi. It is devoted to conscious aging. It names as its purposes to

- support each other in growing into the role of sage—the wise elders so desperately needed in our families, our neighborhoods, and our world;
- offer workshops and creating inspirational and educational materials;
- empower elders to serve our communities and the world;
- and invite our members and friends to be in community with each other.

The Scale of the Universe

<http://htwins.net/scale2/>

This website presents the universe in a scale that humans can conceptualize, both macro-and-micro levels. A scale like this can show just how significant older adults really are (e.g., there are billions of cells in your body, and all they care about is you).

Society for Spirituality and Social Work

<http://societyforspiritualityandsocialwork.com/>

This site connects social workers with interests in developing spiritually sensitive practices. Resources include website links, syllabi, and other information.

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