

Spirituality and old age: community as an integrating factor

Espiritualidad y vejez: la comunidad como factor integrador

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Abstract

This article analyzes the role of spirituality in coping with old age. The proposal is to suggest that a committed institutional practice allows a better coping with old age, if the relevant social support networks are produced, and an authentic spirituality is lived in the community practice. Authentic spirituality is produced in this fusion of private and public religious practice. The article suggests after an analysis of the concepts of spirituality and religion the different coping strategies that are reinforced with the same religious practice. From there, suggestions are made for intervention in the religious sphere of community practice for the benefit of older adults.

Key words: religion, coping strategies, social intervention.

1. Introduction

Population aging is a well-known phenomenon, since the “appearance” or visibility of the elderly is inevitable. Thus, the increase in

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longevity poses challenges such as the integration of older adults into society and the confrontation of death at later ages, in addition, there are various ailments that create challenges in their material and spiritual care, therefore, the practice of spirituality has been prolonged (1). Spirituality in old age has, in many cases, ceased to be a matter of a few years to prepare for death, thus, spirituality and religious practice become part of the very prolongation within the life of the elderly (2). This prolongation poses communal and social challenges that raise the following questions: how to integrate into the community, what role is played in the community as it is an enduring stage of life, what ways of coping do the elderly have for their personal life, and how does the union of the elderly with their peers and younger people strengthen these means of coping with the challenges of age?

Therefore, the role of spirituality in coping with old age is analyzed the institutionalized and formal coping of people, which allows to play a dual role: the activity itself that produces the benefit to the elderly and the affective or “inner” cognitive aspect that allows a better coping with old age. Institutionalized practices, sometimes understood as those of “practicing believers”, are not limited only to community activities of religious life, however, community activity allows for greater intergenerational integration by being a means of intercommunication between people, where social and individual differences, at least ideally, are blurred. Thus, the proposal suggests that committed institutional practice allows a better coping with old age, as long as the relevant social support networks are produced, and an authentic spirituality is lived in the community practice. This also generates duties towards the elderly. Since religious practice is a human right, duties arise that must be met by all those involved in society.

2. Spirituality

How to define spirituality? Spirituality is defined as thoughts, feelings, and behaviors, to understand the transcendent of life and its

relationships, which implies the search for the sacred and the divine for the discovery of perceptions and essence (3).

Thus, spirituality is a meshing of individual and social practice (4), in this way, religiosity relates to the following:

With a system of beliefs and actions related to socially organized cults, with formal institutions and group practices within these, among which stands out the acceptance and following of such beliefs, practices, and traditional rituals of the doctrine as part of belonging to it (2, p. 42).

Some authors distinguish between the spiritual as the private and the religious as the social (4), in such a framework, the religious is associated with a formally established religion, with organized worship and group practices, while spirituality is the personal sense of existence of life and personal experience, which is not necessarily linked to the social or any dogma (2).

This dichotomy should be taken with caution: there is the private devotional religious practice, where the believer is considered within the community of believers, thus, the spiritual is made manifest in public behavior, so that devotion can be practiced communally, with the knowledge and sense of the spiritual, as shown by some empirical studies (5). Moreover, authentic spirituality starts from social conceptions and ends up as a religion, that is, a certain union with the transcendent, in other words, there is an interrelation between the spiritual and the social, although sometimes it is not entirely manifest (6). It is necessary to note the need for behaviors that signal spirituality, since a belief always implies activity and manifestation in works. This manifestation of works is for personal benefit (asking in a prayer for oneself) or collective benefit (a prayer for the community of the believer or for the whole world). On the other hand, people claim that they can be spiritual, without being religious, in such a framework, in religion, religion occurs in two senses:

The first link with God (the Cosmos, the first principle, etc.) is given to us by the existence received. The second bond is the

conscious recognition of that existence insofar as it is received....
The essence of the religious act consists in placing oneself in
the presence of God (the Holy) (7, p. 195).

Thus, religious and spiritual practice is the recognition of the connection with the holy and sacred, in this sense, religion is communion with the transcendent that is reflected in the earthly and factual world as a religious community. Religious community, therefore, is not the mere gathering of religious “peers” who share truths and morals, but a true representation of the connection with the Holy; this spiritual communion is between the various religious sub-communities: those who belong to groups dedicated, exclusively, to worship.

An authentic religion is based on an experience of the unlimited and not on a series of rites that are transmitted from generation to generation, thus, with the experience of the unlimited whole, the Holy, the life of the person acquires sense and meaning, a life-giving sense. In this dimension, suffering itself continues to have meaning as an opening to the transcendent, which leads us to understand or glimpse why authentic religion functions as a coping strategy: it allows us to discover the meaning of life in the small “things” as well as in the great. Thus, in the face of a living’s limitation, one can understand that there are other possibilities for fulfillment.

Spirituality is a difficult union to discern between practice and contemplation, so that true religions see in practice a devotional act, part of the believer’s life. As the Rule of St. Benedict points out, “idleness is the enemy of the soul. That is why the friars should occupy themselves at certain times with manual labor, and at certain hours with spiritual reading” (8, p. 33). Thus, the divinity is served in the practical act which, at the same time, leads to reflection, worship, and prayer. The *ora et labora* of the Benedictines does not imply two separate compartments, for it is the union of human practical reality with transcendence: practical action, praxis, is adoration of the divine, it is recognizing the essential presence of the divinity in the things that are transformed and in the work itself, that is, it is repro-

ducing the constant creative action of the divine. The *ora et labora* is not only to recognize dependence on the world for survival, but to be integral to one's devotion to the Unlimited (8).

3. The community and the individual: coping synergy

In communitarian practice, individuality manifests itself in the presence of Transcendent Reality. With respect to God in the theistic religions, although there are differences to be considered in the various religious traditions (9), man, in his irreplaceable individuality, presents himself before God. Religion confronts the most radical You-You, since God is the giver of everything and the person who, par excellence, presents himself to man. This individual-collective dyad is a strength of institutionalized religions that is more limited in the private practice of spirituality, however, this position has not been held by all scholars. Some authors have found differences in benefit whether religious practice is individual or institutional activity:

In general, it is observed that when the term religiosity is considered only as a formal and institutional activity, weak associations with health and well-being variables are obtained. When this term is operationalized as an ideology or set of vital beliefs, the association is stronger, but much stronger if it is defined as a private and devotional practice. It seems that the most significant benefit of religiosity is related to general spiritual well-being rather than to specific religious activities, especially in late life (10,16).

In this way, institutional practice can be conceived as a strengthening of social networks (6), especially in the face of the phenomenon of marginalization, which increases and strengthens the means of coping with old age (4) in the context of Western religiosity. This is not the case, at least in the less Westernized areas of the East, where the role of the elderly is sometimes culturally established and less unfavorable in terms of the role respected by the community, even in

paradoxical situations such as the caste system in India (9). Due to marginalization, they are not “alone” in the sense of lack of support, but lack of information and encouragement, thus losing the sense of belonging to the social and religious community (6).

Strong community practice increases the spirituality of the person, which produces benefits in old age (4), likewise, community practice reinforces not only the sense of belonging, but also the sense of “private” belief. Seeing oneself as a believer within a larger group of people motivates private religious practice. Individuals, seeing themselves included in the community, reinforce their belief. Thus, for example, in Catholicism, community prayer reinforces the individual, asking for needs, but prayer for the community reinforces what is believed individually.

A related issue is how much one participates in community practice, in this sense, in a study in Mexico (4), it was found that 54% attended church four times a month, while 34% attended three times or less, or not at all, however, no significant connection was found between level of depression and loneliness with religious practice. Consequently, Rivera and Montero point out:

It seems that religious life is important for the elderly; however, at least in this study, this variable does not seem to benefit the elderly in terms of their mental health when defined by the degree of depression and loneliness experienced (4, p. 56).

The authors conclude that, at least in this study, it was not found that the elderly benefit from spiritual life, which shows that it cannot be affirmed that spirituality generates a benefit to the elderly (2), thus, the affirmations that spiritual practice always benefits should be taken with caution; despite this fact, it is suggested that, potentially, there must be a benefit of religious practice with the elderly, that is to say, it would be necessary to evaluate with more studies what is defended here, in spite of it, it can be pointed out that the community religious practice can help the elderly to solve problems in their daily life.

In this order of ideas, private practice can obtain psychological coping benefits, however, communal religiosity allows, in communal devotion and prayer, a sense of belonging to the religious social nucleus that can be as effective and perhaps more so than private practice. This assumes that communal practice is not just a repetition of rituals where people do not truly “believe” in the religious content or, in other words, in “mere attendance” or the use of religion yet another means of personal benefit (a utilitarian perspective). Religious activities can be divided into extrinsic and intrinsic: extrinsic activities consist in using religion to something else, while intrinsic activities involve living religion, where faith is the highest value in one’s life; in this paper, the latter argument is considered.

Community work should not only be reserved to the internal commissions of the community, as could be the preparation and education in the belief but should form networks of discussion and community coexistence that generate friendship among the participants. These networks are not only for the support of the elders, but the elders constitute elements of testimony of life that have repercussions for the benefit of all those involved (6).

The assistance in communion merges the private with the public and institutional, therefore, in the authentic believer the moment of union with the divine is merged, as it happens, for example, in Catholicism, with the “communion”, where the community prayer is a sharing among all and the presence of the Transcendent is recognized in community (6). In this sense, communal religious practice can be as effective as the private practice of spirituality.

Communal participation is union with the divine, so that assistance to the sick and vulnerable becomes, in many religions, a living prayer. Assistance is not a “social service”, since the activities linked to the religious, called assistance, are, undoubtedly, from outside belief, but within the religious spirit they are the manifest belief. Witnessing is an act of faith that shows others how living in this way opens the door to divinity.

The community is not an annex of individual spirituality, but a “living source” of true religion. The religious community participates

together with the divinity, which implies that, in each individual act of support to others, it is the whole community that participates in some way; therefore, religion can be constituted as an incentive to face the limitation of life itself. Social activity configures the sense of one's own personality, where the integration of both facilitates human existence. In this sense, the community and the individual are mutually configured. Individual and community practice influence each other:

It is the religious community that elicits, develops, informs, and sustains the religious conduct of each member of that community, just as, conversely, the efficacy of the respective religious community is nourished by the authenticity and strength with which it encourages the religious conduct of its individuals (11, p. 143).

In other words, the authentic spiritual, that encounter with the unlimited, calls for expression in community and the community becomes alive through the beliefs and activities of its members. The above shows that an individual intervention strategy leads to an institutional one and vice versa, where a community action must be transferred to everyone who is affected by the decision.

4. Coping strategies

Coping strategies, as can be seen in Tables 1 and 2, can be defined as “those constantly changing cognitive and behavioral efforts that are developed to manage specific external and/or internal situations that are assessed as exceeding or overflowing the individual's resources” (12, p. 27).

The coping strategies have diverse purposes (10), thus, the strategies seek to generate new situations adaptive to the challenges faced in the course of life, therefore, one of the major problems that require coping strategies is the feeling of loneliness (13); it should be

added that loneliness does not imply social isolation, because it is feasible and is one of the problems of religious practice in old age, where the elderly person feels alone with a large number of people, for example, in a religious rite. The above distinction leads to the problem of identifying the “feeling of loneliness” of the older adult to the fact of being alone, thus, there are older adults who like the private practice of religion, regardless of their condition of capabilities to take care of themselves in daily life. These strategies can be of the avoidance type by means of other activities, cognitive restructuring, and religious coping, where the subject resorts to a higher reality (4). In this context, a study has shown that religion is a coping strategy that is used more at older ages, and differences were found between single and married or widowed people (12):

Marital status showed differences in social support seeking, positive reappraisal and religion. More specifically, the results indicated that in the search for social support, singles applied this strategy [religious] more, possibly due to the existence of a greater social network structure... in religion, it was seen that widowers used this strategy more than married people, and the greater use of this strategy by widowers could be related to perceived self-efficacy... taking into account this decrease in perceived self-efficacy, one could also point to the fact that widowers use to a lesser extent than single people the positive re-evaluation of the situation as an adaptive strategy, since they do not perceive any control over the situation they are facing (widowhood) and therefore do not make new evaluations of it, which could make it difficult to positivize a harmful or maladaptive situation at this stage of the life cycle (12, p.30).

The above shows the importance of social networks, particularly in the religious community, where widowhood can be seen in the positive light of the permanence of the loved one beyond this life and the possibility of connecting them through prayer. Likewise, community remembrance of the deceased can function as a positive

reinforcer for the person in widowhood; thus, religion or community religious practice can soften and give meaning to the loss of the spouse. The search for meaning is a common axis in all religions, although some of them do not consider individual survival.

The search for the total meaning of human events can be called the search for the radical meaning that seeks a total answer (14); this search for the all-encompassing answer is the religious meaning (14). In such a framework, the person who considers himself authentically spiritual cannot remain with the vague sensation that something non-material exists, because an authentic spiritual position questions reality in its totality, why are we not pure matter, does it make sense, is it a self-deception? Even in skeptical questions, the questioning of the great “why” of life is raised, thus, “the religious sense is the capacity of reason to express its deep nature in an ultimate question” (14, p. 85). This occurs in private and public life: in the private sphere, most people have asked themselves the question of the meaning of their own life; on the other hand, at the public level, religious practice raises not only the individual meaning, but the meaning of human beings.

The answer to this ultimate question is different: some identify it with the universe, others with God, others with the ultimate reality and various answers. However, although the answers vary, the religious and spiritual experience is a kind of contrast between the unlimited and the limited (5), therefore, the spiritual and its religious experience show man the infinite over the finite. People recognize that reality is encompassing in human reality, in this order of ideas, the infinite reality brings sense to the finite. However, the sense of the infinite is not obtained from a sum of finite realities:

All the sum of limited objects that we know can never come to know the unlimited. The unlimited is not known by juxtaposing limited things. The unlimited surpasses and somehow contains the limited. For their part, limited things are but expressions, in different forms, of the unlimited.... Man, in his moments of

experience-summit, comes to grasp that whole, as something superior to the sum of the parts (7, p. 171).

Some will say that it is the Cosmos, others that it is a personal God, but the basic idea is that there is a transcendence of the Universe and of man himself. People, including the elderly, when they speak of leaving themselves to the “will of God,” are not only referring to a kind of renunciation of activity and the tasks and challenges of age, but to recognizing that there is a reality that surpasses the world and of which they are a part, whether this reality is personal or not.

Thus, any measure of spirituality/religiosity in specific items falls short of the incommensurability of the question of religious meaning, however, studies allow us to find factors that affect the religiosity or life of religious people, which provide clues to their coping strategies.

For example, in the research of Mayordomo *et al.* (12), it was found that the level of education influences the ability to cope cognitively more effectively with stressful situations. On the other hand, people with higher incomes make less use of religion in coping with problems (12). Among the purposes of coping strategies are the following:

1. To have balance in emotions, tolerating the frustration of personal limitations. The sense and actions of the community allow combating frustration by helping or preventing the limitations of old age, for example, the accompaniment to avoid falls in religious service and communal activities would be a means of coping with the situation and readjust emotions by feeling supported in personal needs. Again, for this purpose, there is this public/private dyad, that is, if the attention is proportionate to the situation: neither less nor more than necessary for the fulfillment of a function.
2. Maintain an acceptable self-image without losing a sense of personal competence.
3. Maintain support networks.

4. Adaptive foresight. Considering possible difficult situations in the future, as well as taking advantage of crises as a means of change and personal development.

Therefore, the above elements can be found in Table 1 community practice of religions:

Table 1. Community practice

| Principle | Community religious practice |
|---|--|
| To have balance in emotions, tolerating the frustration of personal limitations. | Religious practice of the ritual equalizes people, converts them before the Superior reality one to one. This helps to perceive personal limitations, physical and mental, as part of existence where others also present other limitations. Participation in committees helps to feel that participation is appropriate. |
| Maintain an acceptable self-image without losing a sense of personal competence. | The participation in the rituals as children of God shows the idea of value for its own sake. One is loved as he/she is, without removing the need to participate and transform the world. |
| Maintain support networks. | Participation in parish councils, for example, generates new contacts that allow for assistance and support. |
| Adaptive predictability. | Support networks make it possible to foresee situations where support is required for changes. Thus, for example, in case of mobility difficulties, other religious members facilitate access and allow religious practice at home. |

Source: prepared by author.

Another way to approach coping strategies is with the SSO scheme: selectivity, optimization, and compensation (15). The first can be carried out in the face of losses or gains, since the person selects

attainable goals or changes to feasible goals; likewise, optimization: “means identifying the general processes involved in the acquisition, application and refinement of the means for the achievement of relevant goals” (15, p. 12). As can be seen in Table 2, compensation implies the necessary adjustments to achieve a goal, even if losses occur; in these three categories, religious practice in community can be effective:

Table 2. Coping categories

| SOC scheme | Community religious practice |
|---------------------|--|
| Selectivity | Elderly people in their spiritual realization, for example, may wish to participate in activities of social benefit and for the benefit of the community, even though they have mobility difficulties, typical of old age, they may choose to help with actions such as community prayer. |
| Optimization | Identify one’s own spiritual needs and the elements required for their exercise, seeking to make the most of them in consideration of the means. For example, the permanent diaconate of the Catholic church, which is common among the elderly, opens doors to a more intense participation in the religious life and the life of the elderly person. |
| Compensation | In the example of the mobility problem, communicating by phone with the participants and coordinating with them is beneficial. Another way of coping is to be supported by another person(s) to help with mobility. |

Source: prepared by author.

In any case, coping allows for healthy aging, that is, one that does not present serious deficiencies or pathologies. On the other hand, in disability there is the opportunity to show the best of community practice in the individual benefit of the assisted person and as a public witness of solidarity. In assisting the elderly with mobility difficulties who attend religious services, the communitarian sense of religious practice is evident, where that particular/social dyad appears.

It is, but it is unified by the belief, thus, the spiritual care of the elderly is constituted according to what was seen in the theme of spirituality in formative praxis; it is praxis as an action of care, but formative with respect to the testimony of one's own faith. Now then, the elderly (12) usually face the losses proper to old age, to a greater extent, by the accommodation to the new circumstances (16). In such a framework, the elderly readjust their goals to "replace their objectives with more realistic ones, which helps to optimize resources and to have greater control of the situation" (11, p. 29). However, it is pertinent that this realignment of goals be supported by others; when the realignment of goals occurs in conjunction with a greater individual and collective practice of spirituality, the adjustment of changes is less painful for the elder. Therefore, being supportive in the religious sphere is crucial to achieve a better success rate with respect to the forced changes that the elderly have, making religion a significant coping element for the elderly compared to youth (13).

Although there are usually differences between men and women, both share religion as a coping strategy, especially in single people and widow(er)s (13). Nevertheless, it should not be forgotten that negative effects on religiosity, such as a scrupulous mentality, can occur (17).

5. Bioethical considerations: What should be done?

Having reviewed the subject of old age and ways of coping with it, it is possible to point out some ethical and religious consequences (6).

1. The religious/spiritual sense is connatural to the human being: the conditions of exercise must be adapted to the different ages, which is a duty, above all, of the groups of the great religions to provide material and physical conditions for its exercise. The physical areas of worship must be adapted to facilitate access to all people, especially those with mobility

problems. This is connected above all to the principle of quality of life. The concept is dynamic, so that the spiritual needs of the different actors, such as the family and the religious community, should be adjusted to the needs of the patient.

2. Private devotion requires attention from others: when there are problems of visual impairment, glasses, or materials, such as audio books, should be provided to facilitate religious practice. In public practice, these tools should be adapted to all people, therefore, the promotion of private devotion should be given from the public, which boosts the spirituality and religiosity of the elderly. The above is like the concept of advance directives. It is crucial for the community and the individual to be able to express and anticipate changing circumstances and to signal what is desired to be done with respect to their religious practice. This must be congruent with the principle of solidarity subsidiarity. Solidarity means having the right to support from the community and family. Subsidiarity: the elderly should be helped in their self-realization only by what is necessary for them to be able to carry out their religious practice on their own.
3. Community/individual integration is crucial for a successful intervention of the rights and duties of religious and spiritual persons: the conjunction of both is essential to achieve a better accommodation and resolution of access to better living conditions, i.e., to have better coping skills. This connects with the principles already noted of subsidiarity/solidarity. The first support should come from the smaller community: one's own relatives, but sometimes there are no relatives to provide the necessary support. In this case, the community itself must resolve, as far as possible, the difficulties of its members, for example, through parish assemblies (in the case of Christianity) before appealing to or relying on higher and external structures. The role of the elder must be reconstructed in consideration of the principle of solidarity/subsidiarity within the family which, ultimately, is a small community that allows to

project it towards the wider community, for a restitution of the value of the elder.

4. Communal religiosity and spirituality, at times, is indiscernible: it is possible to evidence a public practice where people have no experience of the religion and vice versa, but in any case, it raises obligations and rights. Rights such as participating in worship implies the obligation to respect its rules, for example.
5. Balance the role of women and men in society: stop considering the role of women as a private sphere and provide them with social and community roles together with men. It is true that there can be differences in roles without discrimination, but for the principle of justice it must be discerned in which circumstances discrimination is generated and in which it is not.
6. Strengthen coping strategies with the active participation of society. Coping strategies are individual, but cannot always be exercised due to spiritual, mental or physical difficulties. Avoid the two extremes: leave everything to individuals, but do not substitute for them unnecessarily.

6. Conclusions

Religious experience is a personal experience that is made manifest in the public and private spheres. In any case, these manifestations constitute coping tools for individuals that should be encouraged as part of respecting human dignity.

Private and public religious experience and practice often occur in parallel. Attending to these two types of practices is a duty of all those involved in religious belief because of the principle of solidarity.

Coping strategies are broader than religious practice and have shown benefits in the elderly. But, apart from effectiveness, religious practice is recognized as a fundamental human right that should, consequently, be promoted and respected.

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