Revisiting Spirituality in Aging

The concept of healthy or successful aging has largely focused on physical health and the absence of disease or illness (Blazer, 2006; Reichstadt, Sengupta, Depp, Palinkas, & Jeste, 2010; Rowe & Kahn, 1997). In an extensive review of quantitative studies on successful aging, Depp and Jeste (2006) noted 29 different definitions of this concept, with most focusing on physical health. The emphasis on physical health is attributed to early studies on aging conducted by the MacArthur Foundation (Berkman et al., 1993) and the subsequent work of Rowe and Kahn (1997). The outcome of these efforts characterized successful aging as staying engaged in life, maximizing physical and cognitive abilities, and minimizing risk and disability (Rowe & Kahn, 1997).

Over the past several decades, an effort to recapture a model of health care that encompasses a caring and service-oriented component has materialized, shifting the focus from a cure-oriented model reflective of the scientific advances in technology over the past century to a perspective that reflects the importance of addressing the whole individual and recognizes that spirituality, along with emotional, social, and physical dimensions, is an important component of aging (Puchalski, 2001). This emphasis on the importance of spirituality in health compelled Crowther, Parker, Achenbaum, Larimore, and Koenig (2002) to revisit the model of successful aging proposed by Rowe and Kahn (1997) and to look beyond the physical dimension. Subsequently, they added a fourth component that they believed was missing and would strengthen the model: positive spirituality.

Whereas religion is a system of beliefs, teachings, and practices that addresses issues or questions of a spiritual nature, spirituality transcends religious boundaries. Spirituality is multidimensional and involves a connectedness with the transcendent (e.g., God), the self, others, and the environment (Burkhardt & Nagai-Jacobson, 2002). Spirituality is a part of the human experience that involves cognitive, experiential, and behavioral dimensions (Anandarajah & Hight, 2001). Cognitively, spirituality reflects the search for meaning, a purpose in life, and the beliefs and values that guide an individual through daily life. Experientially, it involves feelings of hope, love, connection, support, and comfort, emotions that reveal the inner resources of the individual. Behaviorally, spirituality reveals how an individual externally expresses...
personal spiritual beliefs (Anandarajah & Hight, 2001). Some may find their spirituality within the context of or in association with religion, whereas others may not.

The addition of the dimension of positive spirituality, which encompasses both religion and spirituality, addresses the interconnectedness of the beliefs and values of the older adult and the community, and adds a missing and essential dimension to a model of successful aging (Crowther et al., 2002). Sperry (2006) noted that a developmental trajectory exists in an individual’s spiritual growth throughout life. As individuals approach the later years, they turn inward and self-reflect more than in earlier years. This increased ability to self-reflect provides the health care provider with the opportunity to explore an individual’s beliefs and values, which underlie the motivation and behavior for managing self-care.

Findings from a qualitative study on community-dwelling older adults’ perceptions of successful aging reflect this trajectory in spiritual growth. Individual interviews exploring the concept of successful aging with a selected sample of community-dwelling adults 60 and older found that participants placed less emphasis on the absence of disease and more emphasis on the importance of engaging in life and self-growth. Specifically, maintaining a positive attitude, having a realistic appraisal of self and accepting oneself, interacting with others, and giving to others were highlighted as important aspects of successful aging (Reichstadt et al., 2010). The importance of adapting to life changes and disability, as opposed to seeking freedom from disease and disability, was also noted.

Health care providers will be caring for an increasingly aging population with multiple and complicated chronic conditions. Suffering is inherent in illness and creates a crisis for examining one’s purpose in life, life’s meaning, and what is truly important. Egnew (2005) believes that the sharing of suffering in the context of the provider–patient relationship establishes a “connection” in which healing can occur, and this healing reduces the isolation of suffering, enables the patient to reformulate meaning and purpose, and offers the patient the ability to transcend suffering. Within this connected relationship, patients can be helped to recognize their own internal spiritual resources, and treatment choices can be grounded in the individual rather than the illness, thus maximizing function while also reducing suffering (Cassell, 1999; Egnew, 2005), all “with the goal of preserving intactness and integrity” (Egnew 2005, p. 260).

Developing this “connected relationship” requires that the nurse be intentionally present in the communication, suspending his or her own agenda, and focusing on the patient. Carefully listening to what is said and how it is said will provide insight into what the patient is thinking and feeling and what this may mean for the totality of the patient’s life (Burkhardt & Nagai-Jacobson, 2002). As spirituality reflects what is important and of value to the individual, exploring spirituality from a values clarification perspective is most helpful. Asking about meaning in life, personal strengths and connectedness with others, a higher power, self, or nature enables the nurse to explore how these values can influence decisions regarding health care choices and self-care (Burkhardt & Nagai-Jacobson, 2005). Assessing spirituality is as important as assessing the individual’s physical, emotional, social, and physical dimensions. Several online resources are available (access http://endlink.lurie.northwestern.edu; http://www.touroinstitute.com/6%20Spiritual%20Assessment%20and%20Care.pdf) to help nurses develop comfort and expertise in this area.

As nurses are caring for an increasingly older population with multiple chronic health problems, changes in health status can create a crisis for examining one’s purpose in life, life’s meaning, and what is truly important. With the knowledge of what is important to a patient, nurses are in a better position to support and assist the patient on this journey.

REFERENCES
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