

**The Chinese University of Hong Kong  
The Nethersole School of Nursing  
CADENZA Training Programme**

**Module II**

**CTP002: Promoting Psychosocial and Spiritual  
Well-being of Older People**

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# Chapter 3:

# Spiritual Care of Older Adults



# Course Outline

- Review of some concepts of spirituality
  - definition of spirituality
  - Chinese spirituality
  - spirituality and religion
- Clinical applications of spiritual interventions in older adults
  - spiritual assessments
  - spiritual interventions
- Existential issues in later life
- Promoting resilience and coping skills of older people

# Introduction

- Under the concept of holistic care (or ‘whole person’ care), the body, mind, and spirit are addressed.
- According to Wong, a lifelong development task is toward wholeness
- Therefore, developing spiritual maturity is a task for older people.
- The challenge of successful ageing is to discover positive meanings for life and death even when one’s physical condition is failing.
- Therefore spiritual care is the ultimate issue.

(Wong, 1998)

[http://www.meaning.ca/archives/archive/art\\_successful-aging\\_P\\_Wong.htm](http://www.meaning.ca/archives/archive/art_successful-aging_P_Wong.htm)

# Review of some concepts of spirituality

- **Definition of spirituality**
- **Chinese spirituality**
- **Spirituality and religion**

# Definition of spirituality

# Definition of spirituality

- There are numerous definitions of spirituality
- “Spirituality refers to that part of the person that is neither body nor mind, not tethered to the material universe. ”  
( Koenig, Lamar&Lamar, 1997, p14)
- As people created in God’s image, the spirit is that divine and immortal part of God that each of us shares with the Creator
- It gives us the capacity to seek, experience, and commune with God.

( Koenig, Lamar&Lamar, 1997)

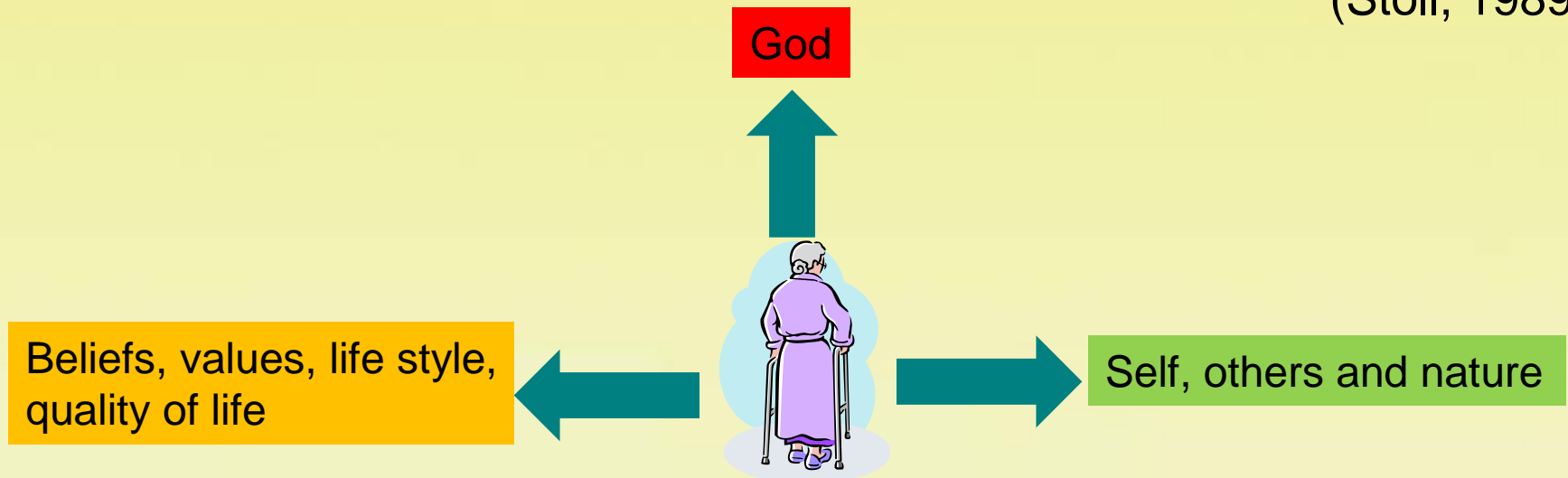
- *According to MacKinley, spirituality is an basic dimension of human which brings **meaning to life**.*
- *It is not defined as religion, but must be defined more broadly, as one's **relationship with God**.*

*( MacKinley, 2004)*



- Stoll (1989) suggested there were both **vertical and horizontal dimensions** to a person's spirituality.
- The vertical dimension deals with the person's transcendent relationship with higher being or God.
- The horizontal dimension reflects the experience of one's God through one's beliefs, values, life-style, quality of life, and interactions with self, others and nature.

(Stoll, 1989)



- Spirituality refers in :
  - Ø broader sense as enriching for meaning and purpose in life
  - Ø narrow sense as a transcendental relationship with God.
- Spirituality pertains to :
  - Ø man's inner resources,
  - Ø ultimate concerns,
  - Ø basic values,
  - Ø philosophy of life,
  - Ø regardless of whether it is religious or nonreligious.
- The National Interfaith Coalition on Aging (1975) defined “spiritual well-being as the affirmation of life in a relationship with God, self, community, and the environment that nurtures and celebrates wholeness.” ( Moberg, 2001 p.15)  
 ( Luk, Kwong,Wong,& Tsang, 2007 ; Moberg, 2001; Moberg, 1984)

# Chinese Spirituality

- Chinese religion is the interactions of three traditions: Confucianism, Taoism, and Buddhism.
- Folk religion and ancestor worship are widely practiced in Chinese society.
- It is practiced as an act of respect to - and seeking of blessing from - the ancestor.

(Kwong,2002; Chan, Lam, Chun, Dai & Leung,1998)

# Chinese Spirituality of Life

- For Chinese, 'balance and moderation' are more treasured than achieving personal optimal levels of functioning and happiness.
- Group harmony is more valued than individual success.
- Contentment is the way to happiness.
- Among Chinese, happiness is found in harmonious relationships.
- A Chinese proverb says, "Everything will be prosperous when there is harmony at home."

( Wong,1998-2007)

[http://www.meaning.ca/archives/archive/art\\_Chinese-PP\\_P\\_Wong.htm](http://www.meaning.ca/archives/archive/art_Chinese-PP_P_Wong.htm)

# **Spirituality and religion**

- Spirituality is not identical to religion: Hill's study highlighted the differences:

Spirituality	Religion
Search for meaning in life	One's affiliation with an organised set of belief, values, traditions, and ritual
An encounter with transcendence	Primary function: to know God
Individual experience with personal transcendence, supra-conscious sensitivity, and meaningfulness	Formally structured religious institution

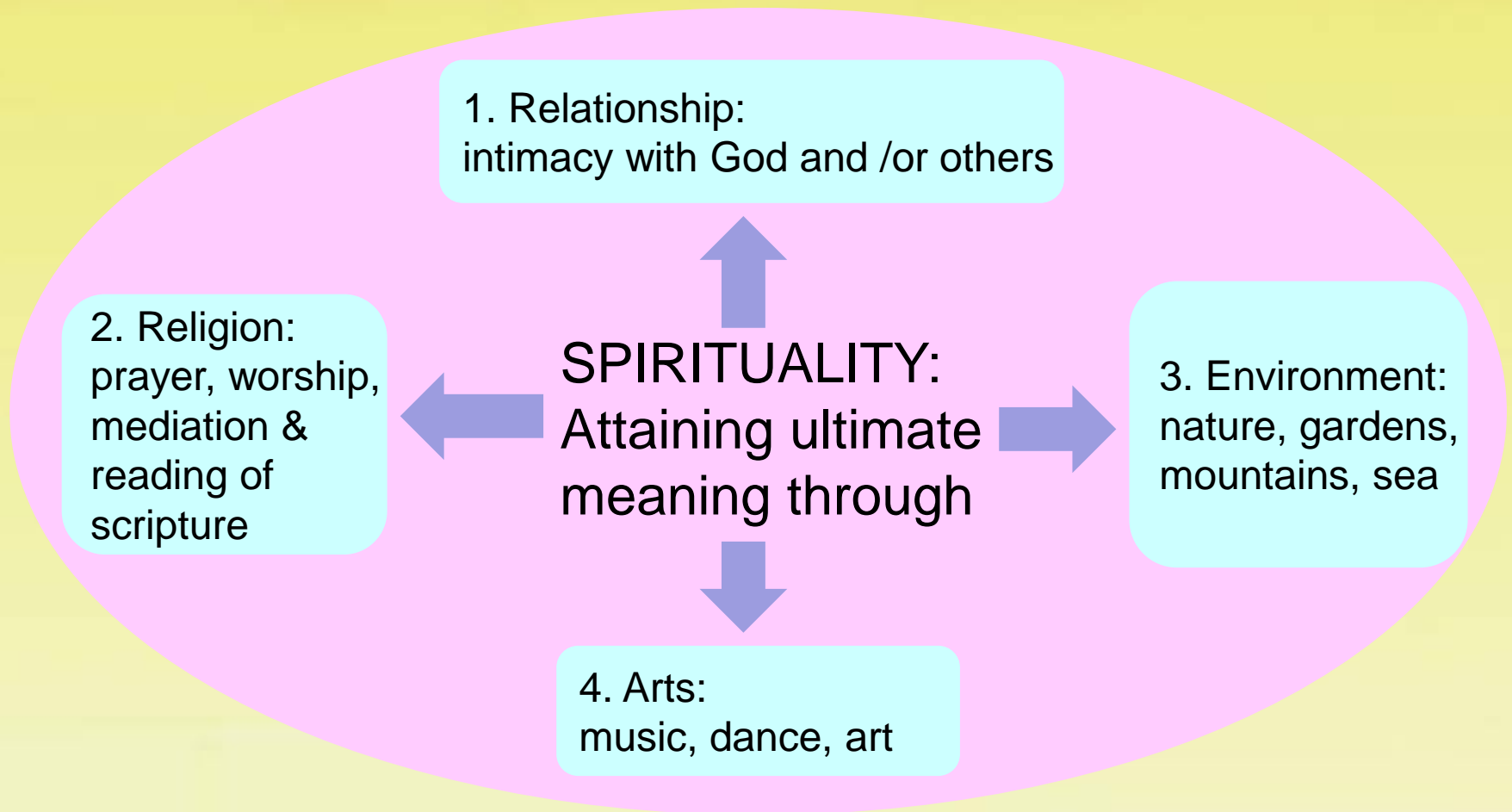
(Hill et al, 2000)

- MacKinlay described the relationship between religion and spirituality in a diagram (please refer to the next slide).
- She concluded that when we talk about the spiritual dimension, we are not only talking about religion; we are talking about spirituality, and religion is part of spirituality.

( MacKinlay, 2006)



# Mediator of Spirituality



# **Clinical applications of spiritual interventions in older adults**

- **Spiritual assessments**
- **Spiritual interventions**

# Spiritual Assessment

# The importance of spiritual assessment

- A meaningful intervention is a result of an accurate assessment.
- The results of such an assessment are used to guide pastoral care or intervention.
- The assessment of spiritual needs can give a clinician, clergy person, or well-trained volunteer important information for spiritual care planning and intervention.
- To assess the spiritual needs of an older person, both quantitative scale and qualitative assessment are used.

(Brennan & Heiser 2004; Ellor & Bracki, 1995)

# The Difficulties of using Quantitative Assessment

- Spirituality is a subjective interior reality that is difficult to quantify
- The reasons:
  - Ø various spiritual traditions.
  - Ø The complex vocabulary and questions in many quantitative measures increase the probability of incorrect answer.
- This situation especially happen among elders with low education level.

( Hodge, 2001)

- Quantitative approaches cannot address the realities of disparate spiritual traditions.
- Therefore, spiritual assessment is best served with a qualitative approach.
- However, qualitative assessments are limited to a small number of participants.
- For an older person has rich and varied life experiences, **qualitative assessment is more appropriate.**

(Hodge, 2001; Brennan & Heiser, 2004)

# Qualitative Assessment Approaches

- Taking a religious or spiritual history is one of the approaches
- Technique:
  - Ø Use open-ended questions to explore spiritual and religion themes
  - Ø Create an empathic dialogue.
  - Ø The questions can be asked chronologically.
  - Ø In a comfort and natural ambience
- Spiritual assessment can be made at any time

(Hodge, 2001)

# Framework for spiritual assessment

## I. Initial Narrative Framework:

1. Describe the religious/ spiritual tradition you grew up in. How did your family express its spiritual belief? How important was spirituality to your family? Extended family?
2. What sort of personal experiences (practices) stand out for you during your years at home? What made these experience special? How have they informed your later life?
3. How have you changed or matured from those experience? How would you describe your current spiritual or religious orientation? Is your spirituality a personal strength? If so, how?

(Hodge, 2001, p.208)



## II. Interpretive Anthropological Framework

<b>Affect</b>	<ol style="list-style-type: none"><li>1. What aspect of your spiritual life gives you pleasure?</li><li>2. What role does your spirituality play in handling life's sorrows?</li><li>3. Enhancing life's joys?</li><li>4. Coping with life's pain?</li><li>5. How does your spirituality give you hope for the future?</li><li>6. What do you wish to accomplish in the future?</li></ol>
<b>Behaviour</b>	<ol style="list-style-type: none"><li>1. Are there particular spiritual rituals or practices that help you deal with life's obstacles?</li><li>2. What is your level of involvement in faith-based communities?</li><li>3. How are they supportive?</li><li>4. Are there spiritually encouraging individuals that you maintain contact with?</li></ol>
<b>Cognition</b>	<ol style="list-style-type: none"><li>1. What are your current religious/ spiritual beliefs?</li><li>2. What are they based upon?</li><li>3. What beliefs do you find particularly meaningful?</li><li>4. What does your faith say about personal trials?</li><li>5. How does this belief help you overcome obstacles?</li><li>6. How do your beliefs affect your health practices?</li></ol>

(Hodge, 2001, p.208)

<b>Communion</b>	<ol style="list-style-type: none"> <li>1. Describe your relationship to the Ultimate?</li> <li>2. What has been your experience of the Ultimate?</li> <li>3. How does the Ultimate communicate with you?</li> <li>4. How have these experiences encouraged you?</li> <li>5. Have there been times of deep spiritual intimacy?</li> <li>6. How does your relationship help you face life challenges?</li> <li>7. How would the Ultimate describe you?</li> </ol>
<b>Conscience</b>	<ol style="list-style-type: none"> <li>1. How do you determine right and wrong?</li> <li>2. What are your key values?</li> <li>3. How does your spirituality help you deal with guilt (sin)?</li> <li>4. What role does forgiveness play in your life?</li> </ol>
<b>Intuition</b>	<ol style="list-style-type: none"> <li>1. To what extent do you experience intuitive hunches (flashes of creative insight, premonitions, spiritual insights)?</li> <li>2. Have these insights been a strength in your life?</li> </ol>

(Hodge, 2001,p.208)

# Spiritual Assessment Tool

- There are several qualitative spiritual assessment tools used in clinical settings.
- FICA and HOPE are tools used to establish spiritual history.
- Spiritual history is encouraged to be compiled in a clinical setting.

# JCAOH

- The Joint Commission on Accreditation of Healthcare Organizations ( JCAOH) requires spiritual assessment in hospitals, long-term care facilities and home care to ask the following questions:
  1. Who or what provides the patient with strength and hope?
  2. Does the patient use prayer in his or her life?
  3. How does the patient express his or her spirituality?
  4. What does suffering mean to the patient?
  5. What does dying mean to the patient?
  6. How does the patient keep going day after day?

( Brennan & Heiser, 2004,pp3-12)

# FICA : Spiritual Assessment

- Christina M. Pulchalski developed an acronym, FICA, which can be used in performing a spiritual assessment

F	Faith, Belief, Meaning	What is your faith tradition?
I	Importance and Influence	How important is your faith to you?
C	Community	What is your church or community of faith?
A	Address/ Action in Care	How do your religious and spiritual beliefs apply to your health? How might we address your spiritual needs?

- For more information and details of the assessment, contact *The George Washington Institute for Spirituality and Health* at [www.gwish.org](http://www.gwish.org)

# HOPE Questions

- HOPE questions are a formal spiritual assessment developed by Gowri Anandarjah (2001). HOPE consists of four domains.

H	Sources of Hope, meaning, comfort, strength, peace, love and connection
O	Organised religion
P	Personal spirituality and Practices
E	Effects on medical care and End-of-life issues

(Anandarjah & Hight, 2001)

# A Spiritual Assessment Tool for Chinese Older People in Hong Kong

- Spiritual assessments have been criticised for cultural bias.
- Therefore, a local assessment is significant.
- A pilot project *Spiritual Care of Older Persons in Residential Homes* was launched by Haven of Hope Christian Service and YWCA in 2000.
- A spiritual care assessment form was developed to measure the spiritual well-being of Chinese older people.
- The assessment was done in three residential homes and one day care centre.

( Lo, 2004)

- The assessment form is used for observation purposes, not for predictive purposes.
- The data showed the spiritual inclination of the older person.
- The assessment form was designed in three parts:
  1. demographic data
  2. assessment of spiritual needs
  3. assessment on religiosity

( Lo, 2004 )



- Four spiritual domains are measured
  1. Self image
  2. Interpersonal relationship
  3. Relationship with god
  4. The meaning of life
- Forty-eight statements assess the spiritual needs of the older person
  - Each respondent is asked to rate each statement on a Likert scale from 1-to-4, where:
    1. = strongly disagree
    2. = disagree
    3. = agree
    4. = strongly agree

# **Techniques in making spiritual assessment**

# Attitude of the staff

- The worker must build trust and rapport with older person before the interview.
- Spiritual assessments and interventions are not used to impose interviewer's values, beliefs, or practices on another person.
- Assessment should be conducted in a relaxed atmosphere.
- The worker's primary role is to listen attentively and avoid unnecessary interruptions
- Respect older person's perspectives and privacy are also essential.

(Brennan & Heiser,2004; Hodge,2001; Rumbold,2007)

# Interview skills

- Worker can help clients discover, clarify and articulate their stories by:
  1. verbal following skills
  2. minimal prompts (e.g., “And then what happened?” “And...?” “But...?”)
  3. accenting responses (key words or short phrases repeated)
  4. embedded questions (“I’m curious about...”)
- The questions are not sequential but act as guides to the components of each domain.

( Hodge, 2001)

- Keeping sensitive to clues and following up with open-ended questions regarding the older person's spirituality may discover more about a elder's spiritual needs.
- It is more effective than formal assessment.

(Anandarajah & Hight, 2001)

# Process of assessment

- Spiritual assessment must be a process, not just an event.
- Informal spiritual assessment may be done at any time during the encounter.
- Formal spiritual assessment involves asking specific questions is done during medical interview.
- It can also be undertaken during any interaction with the patient.
- Involve all members of the interdisciplinary team through their interaction with the patient in a clinical setting.
- Specific religious care is best provided by a person from the same religion.

( Rumbold, 2007; Anandarajah & Hight, 2001)

# Spiritual Intervention

# Definition of spiritual intervention

- Any programme, policy, procedure, or protocol that addresses the spiritual well-being and needs of individuals.
- Such interventions may consist of activities.
- The aims are:
  - to strengthen, reinforce or promote inner spiritual and religious resources
  - to use existing personal spiritual resources to address well-being

( Brennan & Heiser, 2004)

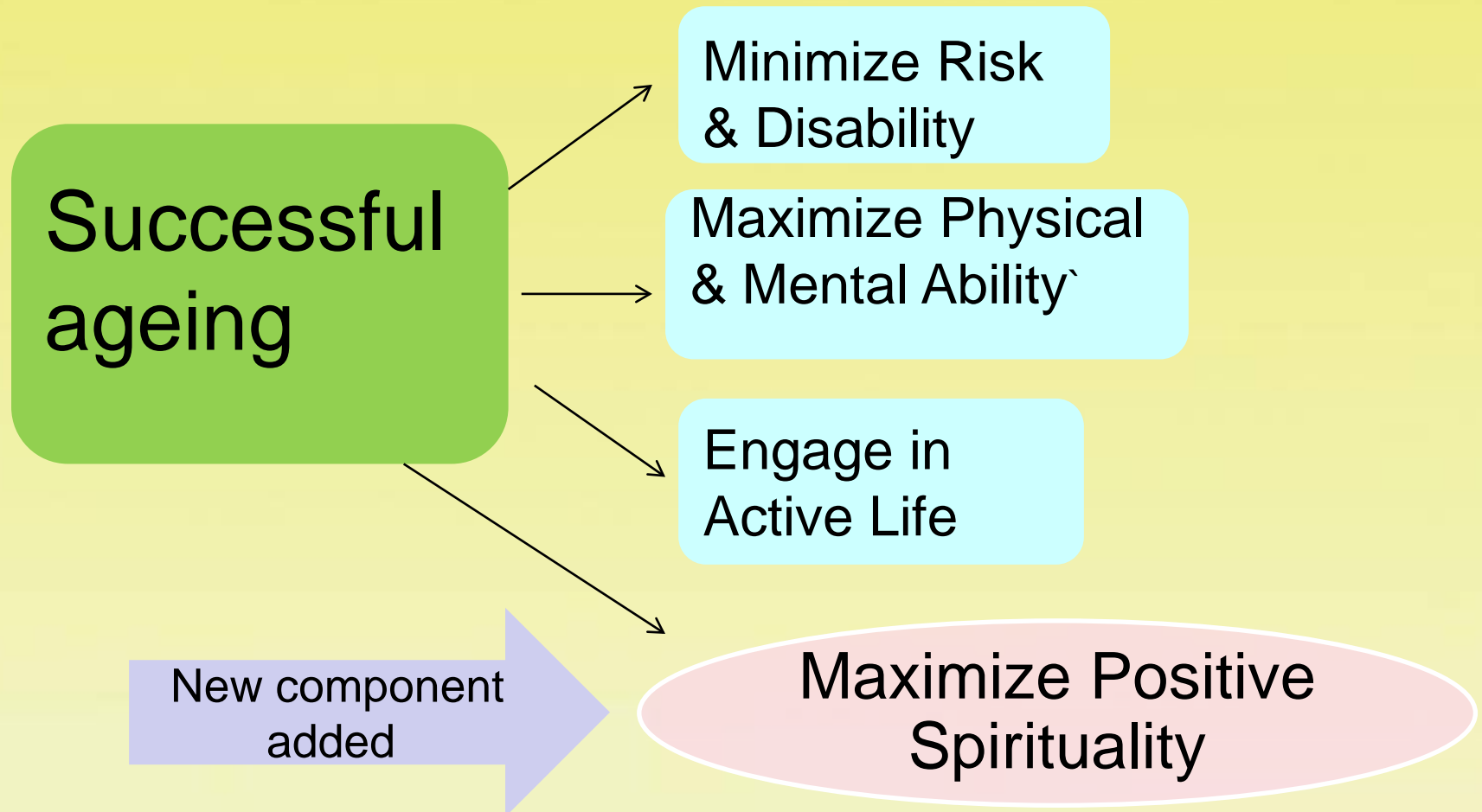


# The importance of spiritual intervention

- Crowther and colleagues (2002) suggested spiritual intervention is an important component for promoting successful ageing.
- They revised Rowe and Kahn's model of successful ageing, and added a fourth factor, positive spirituality, to the model.
  - The original three components of successful ageing by Rowe and Kahn are:
    - Ø avoiding disease and disability
    - Ø maintaining mental and physical function
    - Ø continuing engagement with life
- Evidence suggests that the addition of spirituality to intervention focused on health promotion has been received positively by older people.

( Crowther, Parker, Achenbaum, Larimore & Koenig, 2002, p.615)

# Revised Rowe and Kahn Model of Successful Ageing



# Types of spiritual intervention

- Spiritual intervention can be classified into three areas:

1. Personal connectedness
2. Spiritual Activity or Program
3. Use of personal inner strength or resources

# Personal Connectedness

# Personal Connectedness

- 'Presence' is an essential nursing intervention in the care of a dying patient.
- It refers to a relationship with the people we are caring for.
- In a study, patients were asked to describe the experience of feeling cared for. Two of the eight themes found were:
  - reassuring presence
  - time spent with the patient.
- An unbiased listener is precisely what some elderly patients want.
- Companionship is a spiritual aspect of caregiving.
- A therapeutic environment is a significant spiritual intervention.

(Schaffer & Norlander, 2009; Childress, 2005)

# How do we create a therapeutic environment?

1. Nurse's presence and touch
2. Listening
3. Empathy
4. Vulnerability: to experience the feelings of the client, and allow the client to touch the core of their person.
5. Humility
6. Commitment
7. Prayer

( Carson,1989)

# Spiritual Activity and Program

- **Reminiscence**
  - **Life review**
- **Intergenerational connection**
  - **Activity**

# Reminiscence Group

- Reminiscence is a technique for using an elder's natural desire to talk about the 'good old days' recalling past strengths and achievement as a means to enhance coping in the present.
- As members participate in reminiscing, they discover their identity in the past were a important part of their identity today.
- Reminiscence is little structure
- Life review is more structured and comprehensive.

( Erwin, 1996,)



# How to lead a reminiscence group?

- There are three types of reminiscence:
  1. *Informative reminiscence*
  2. *Evaluative reminiscence*
  3. *Obsessive reminiscence*

(Erwin, 1996)

# Reminiscence project in Hong Kong

- Due to the cultural differences, reminiscence is practiced more in Western rather than Chinese society
- It is useful to motivate the passive older persons to attend a reminiscence group
- Older people feel a sense of joy and pride when they share their positive achievements
- It facilitates mutual supportive network

(Chong, 2000)

# Techniques in Leading Reminiscence Groups

## *1. Member*

- Ranges between 8-10 members
- similar age range (over 65)
- gender (unisex group is more appropriate in Chinese society)

## *2. Content*

- focus on a developmental task
- marriage, food, common life experiences such as hardships of war, relocation from native land

(Chong, 2000)

### 3. *Process*

- It depends upon a participant's willingness to disclose their feeling and emotions.
- Chinese tend not to show psychological distress and hide emotion.
- Constraint of face-saving may increase their hesitation to disclose problems.
- Trusting relationships and rapport are important to facilitate deep sharing.

(Chong, 2000)

## *4. Positive identifying and Appreciating*

- To identify and appreciate the positive aspects of past experiences, especially the experiences that trigger sad emotions, unresolved conflicts or guilt.
- Difficulties encountered in Chinese culture:
  - Ø many Chinese older persons do not like to talk about the unhappy times
  - Ø reluctance to boast; mention the achievement and success is viewed as boasting

(Chong, 2000)

## *5. Leadership*

- Most Chinese older persons respect workers / professionals despite their younger ages.
- The role of the workers is to promote personal and group autonomy, so that members feel free to talk on topics in which they are interested and feel comfortable discussing.
- After the first session, the worker should encourage more decision making and build confidence in the participants to share their experiences.

(Chong,2000)

- Click the following link to get the Practice Guideline on Reminiscence Therapy:  
[http://www.hkcss.org.hk/el/CP/remin\\_guide.pdf](http://www.hkcss.org.hk/el/CP/remin_guide.pdf)

# Life review

- Black and Haight (1992) used a metaphor to describe the relationship between life and life review.

Life is made up of a mass of tangled threads without patterns.



weaver

Life review is like a weaver that helps to form patterns and finally make the threads into a beautiful tapestry.





# Life review

- *Life review* is a psychoanalytically based intervention which *critical analyze of one's life history* with the goal to *achieve ego integrity*.
- Life review is
  - a necessary part of **successful aging**,
  - and is a means of **deriving meaning from the past and resolving old conflicts**,
  - then in turns can prepare an individual on facing death and lessen one's fear.

(Haight & Burnisde, 1993; Haight & Haight, 2007)

# Theoretical background

- Life review is theoretically grounded in the **life-stage developmental theory of Erikson**
- An individual must accomplish specific developmental tasks at each stage in order to traverse to the next stage effectively.

(Erikson, 1982; Haight & Haight, 2007)

# Life review is theoretically grounded in the *life-stage developmental theory of Erikson*

Erikson's psychosocial crisis stages	Age range /life stage
1. Trust v Mistrust	0-1½ yrs / infant
2. Autonomy v Shame & Doubt	1-3 yrs/toddler
3. Initiative v Guilt	3-6 yrs /preschool
4. Industry v Inferiority	5-12 yrs /schoolchild
5. Identity v Role Confusion	11-18 yrs /adolescent
6. Intimacy v Isolation	18-40yrs/young adult
7. Generativity v Stagnation	30-65yrs/mid-adult
<b>8. Integrity v Despair</b>	<b>50+/late adult</b>

*Erikson (1963) considered **life review** as a vital task in this stage, through which older people are allowed to **reintegrate past experiences and value the present with an eye on the future**. Hence, it promotes the attainment of **ego integrity and therefore avoids despair in late adulthood**.*

# Intergenerational connection

- A '*Grandfriend Project*' was implemented with the goal of providing meaningful relationships between preschool children and older adults.
  - Expression of generativity enhances purpose and meaning in life.
  - Feeling wanted and needed by the children.
  - Creating memories and bonds that continued to bring joy.
  - Connection with others gives the older person a purpose and meaning for existence.

(Eggers & Hensley, 2004)

# Activity

- The campaign '*Life is praiseworthy: let us applaud our elderly*' (生命的頌讚－為我們的長者鼓掌) was organised by the Haven of Hope Christian Services and YWCA in 2003 to acknowledge the life achievements of older persons.
- Older persons were invited to join, and a brief interview on their life achievements was held in advance.

(Lo, 2004)

- In the campaign, the life achievement of each older person was introduced.
- After the introduction of the particular older person, those present under 60 years of age gave them a standing ovation.

(Lo, 2004)

- The older person has accomplished much in his/her life. Their life experience must be valued.
- Value that person as a real person.
- No matter how small the task is, applaud and praise a person
- For details, please visit:  
<http://www.dyingtherightway.com/indexalpha.html?page=28&txtid=6>
- Applause is a simple and primitive way to touch the spirit of an older person; it is more important than material recognition.

(Long, 2010 ; Lo, 2004)

# Use of Personal Inner strength and resources

- **Religious Coping**
- **Religious resources**



# Religious coping

# The role of religion for older persons

- Religion provides the older person with a source of personal stability and a sense of continuity.
- It offers a source of intimacy and belonging through congregational support.
- Spiritual support from the Supreme Being.

*“Listen to me.....you whom I have upheld since you were conceived, and have carried since your birth. Even to your old age and gray hairs, I am he, I am he who will sustain you...” (Isaiah 46:3-4, Holy Bible)*

- Affirm the significance and sacredness of the individual and life, in spite of changes and loss.
- Religion as a power of coping in the most difficult situations.

( Emery & Pargament, 2004)

- Religious transformation shifts the focus of life from negative to positive, and inspires changes in personhood.
- The connection with a benevolent God provides strength in stressful situations.
- Religious concepts and beliefs tend to foster a sense of worth, identity, and value in older people.

(Crowther et al., 2002 ; Wong, 1998)

# Religious Resources

# Types of Religious Resources

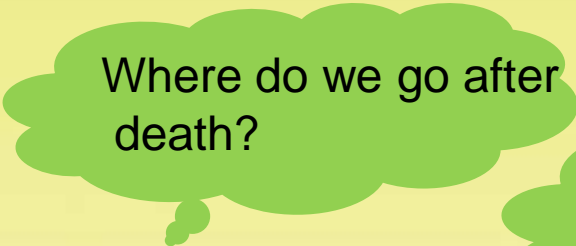
- Prayer support
- Medication
- Scripture reading
- Hymns / religious music
- Faith-based community support
- Clergy visits and companionship
- Ritual

( Lo, 2004)

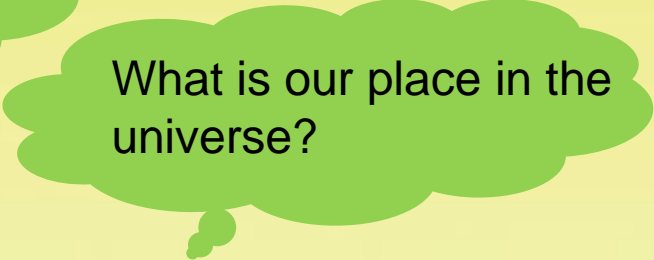
# Existential Issues

# Existential Issues and Spirituality

- Ganje-Fling and McCarthy (1996) described a person is spiritually 'awaken' as those who struggle with such **existential questions** as:



Where do we go after death?



What is our place in the universe?



Why are we here?



How should we live?

- The major component of spirituality and religion is concerned with the existential issues of the meaning of:
  - life,
  - death and
  - suffering.

(Wong, 1998)

# Concept of personhood

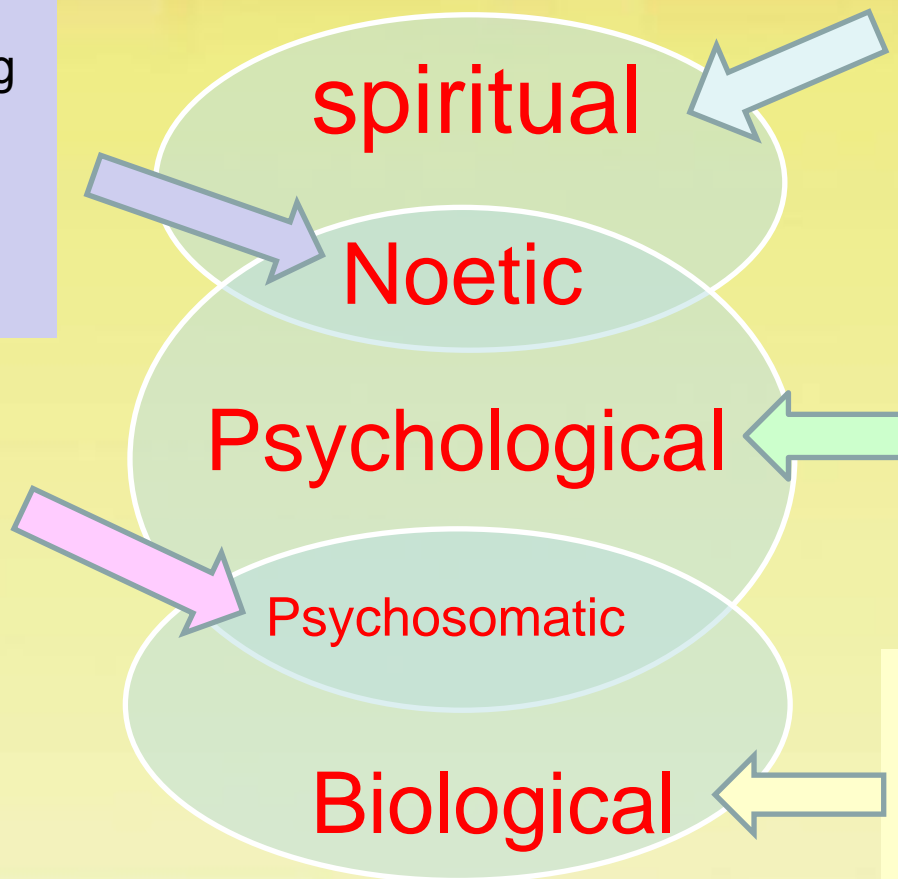
- According to the concept of logotherapy from V. Frankl, Wong describes the concept of personhood in a diagram (shown in the next slide).
- Frankl introduced the 'neotic' dimension, which refers to the spiritual dimension in such areas as:
  - quest for meaning,
  - self-transcendence
  - taking heroic stand in the face of suffering
- Wong's view of the spiritual overlaps with the neotic dimension, but contains another level of components:  
*awareness of the spiritual realm, capacity to know God, and encounter with the Transcendent*



# Wong's schematic representation of personhood

- Will to Meaning
- Moral Understanding
- Spiritual Beliefs and Values
- Positive Attitudes in Suffering

- Emotional States
- Stress Reaction
- Physical Pain
- Sensation



- Awareness of the Spiritual Realm
- Capacity to Know God
- Encounter with the Transcendent

- Perception
- Learning & Meaning
- Higher Cognitive
- Social Processes

- Physical Health
- Biological Drives
- Biochemical Process

For details, visit the following :

[www.meaning.ca/archives/archive/pdfs/wong-spiritual-care.pdf](http://www.meaning.ca/archives/archive/pdfs/wong-spiritual-care.pdf)

- Wong concluded that:
  - it is difficult, if not impossible, to discuss ultimate meaning without being religious
  - a person cannot go very far on a spiritual journey without having to grapple with questions of meaning such as:
    - *“Why are we here?”*
    - *“Where did we come from?”*
    - *“What is the ultimate purpose of the world?”*
    - *“What will happen after death?”*
  - Religion tends to offer most satisfying and coherent answers.

( Wong, 1998)

# Existential Issues among Older Person

- Facing death
- Coping with the loss of achievement, work, social status, activities, loved ones
- Helplessness which reduces self-worth
- Physical illness and limitations
- Decreases in social support networks
- Adjustment to retirement
- Becoming a burden
- We are going to discuss two common existential topics affecting older persons: suffering and meaning.

( Wong, 1998)

# Suffering

# Suffering

- If existential issues are not resolved, it will tend to suffering.
- Suffering has three components: physical, emotional, and existential or spiritual.
- Symptoms of an existential vacuum :
  - a sense of meaninglessness
  - feelings of boredom
  - apathy
  - indifference

(Schulz, Herbert, Dew, Brown, Scheier, Beach, Czaja, Martire, Coon, Langa, Gitlin, Stevens & Nichols, 2007; Wong, 1998)

# Intervention for Suffering

- Suffering is a subjective feeling
- Measure of suffering determined by:
  1. patient's experience of suffering
  2. patient's direct and indirect expression
  3. caregiver's perception of patient's suffering
- Compassion is one intervention for suffering.
- Patient suffering and caregiver compassion are closely related.

(Schulz et al., 2007)

# Compassionate care as an intervention

- Compassionate care is the basis of healing ministry.
- Compassionate care is patient-centred , not just disease-centered.
- Compassion makes a difference in care.
- However, without proper self-care and spiritual support, and without the necessary inner resources, the caregiver will reach the point of physical and psychological fatigue.

( Wong, 2005)

# Meaning of Life for Older People



- “Man is not destroyed by suffering; he is destroyed by suffering without meaning.” ( Frankl, 1984)
- Another existential issue is the meaning of life

# What is 'Meaning'?

- 'Meaning' in life is both a spiritual and an existential issue.
- Frankl asserted that the 'will to meaning' is a significant and universal human motive.

(Frankl, 1984; Wong, 1998)

# 'Meaning' in Successful Ageing

- Successful ageing depends on a person's capacity to maintain a meaningful life in spite of physical decline, personal losses, and ageism.
- Personal meaning is a major factor in life satisfaction.
- Existential acceptance may be more acceptable to the older person than active striving.

( Wong,1998)

- The *Ontario Project on Successful Aging* concluded that *successful older people* are more likely to report *positive meanings of life and death* as a sources of happiness and life satisfaction.
- “The result suggested that successful ageing is 80% attitude and 20% everything else.”

( Wong, 1998-2007)

[http://www.meaning.ca/archives/archive/art\\_successful-aging\\_P\\_Wong.htm](http://www.meaning.ca/archives/archive/art_successful-aging_P_Wong.htm)

# Source of Meaning

Meaning of life	<ul style="list-style-type: none"><li>•To be of value</li><li>•Live with dignity</li><li>•To be remembered</li><li>•To be needed, wanted and loved</li><li>•Serving/ helping others and leaving a good legacy is more worthy than being economically productive</li></ul>
Positive attitude towards life	<ul style="list-style-type: none"><li>•Being positive and grateful</li><li>•Be cheerful</li></ul>
Positive attitude towards death	<ul style="list-style-type: none"><li>•Christian faith in God</li></ul>

[http://www.meaning.ca/archives/archive/art\\_successful-aging\\_P\\_Wong.htm](http://www.meaning.ca/archives/archive/art_successful-aging_P_Wong.htm)

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# Source of meaning for Hong Kong older people in residential home

- A study by Haven of Hope and YWCA found that the sources of meaning for Hong Kong older people are:
  1. being helpful
  2. good health
  3. family responsibility
  4. family connection

( Lo, 2004)

# **Promoting resilience and coping skills in older people**

# What is Resilience?

- Resilience implies an ability not only to cope with traumatic situation but also respond with flexibility to the pressures of everyday life.
- Resilient people 'bounce back' after life throws them against a hard situation.
- Different older people have different coping abilities when facing the same crisis.
- Resilience is the important factor in coping.
- Developing inner resources is a way to promote resilience.

(Ramsey & Blieszner, 1999)



- A qualitative study on eight Christian older women found that three fundamental elements of spiritual resiliency are:

- Ø community

- Ø affective experiences

- Ø close interpersonal relationships

( Ramsey & Blieszner, 1999)

# Inner resources/ spiritual strengths of older persons

## 1. Courage

- Not all fears are groundless and there are plenty of things that are reasonable to fear.
- There is no substitute for courage
- We must find ways of facing old age, not just fear it.

(Oppenheimer & Writer, 1999)

## 2. Company

- For companionship we naturally look to people of our own age, but the older we get, the fewer of these remain.
- Unless we can establish companionship between generations, old people will be lonely.
- When we develop companionship with them we should stop stereotyping and treat older persons as individuals.

(Oppenheimer & Writer, 1999)

### 3. Faith

- For Christians, the basis of encouragement is what God expects of us and what God has been willing to undergo.
- Faith can seize upon our best qualities and give them a chance.
- A dynamic spiritual belief system enables us to believe that somehow tomorrow will not be beyond our capacities, at the same time knowing that we will find the resources to go through and cope with inevitable change.

(Oppenheimer & Writer, 1999; Stoll, 1989)

## 4. Hope

Hope that is generated in:

- the spiritual, or relationship with God
- positive human relationships also encourages the feeling that ‘there is a way through.’

( Stoll, 1989)

5. An individual's relationship with the Ultimate.
6. Ritual.
7. Faith-based communities.
8. Cognitive schemata associated with spiritual belief systems e.g., understand that one is loved unconditionally, find spiritual purpose in life.

(Hodge, 2001)

# Conclusion

- Spiritual development is the main task of older people.
- To understand the specific spiritual needs of older people, an accurate assessment is needed.
- Through personal and group intervention, the spiritual well-being of older people will be improved.
- Since we believe that everyone has inner resources, the main task of spiritual care is to nurture the inner spiritual resources of older people.

*For this reason we never become discouraged. Even though our physical being is gradually decaying, yet our spiritual being is renewed day by day. ( Bible, II Cor. 4:16)*



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# The End of Chapter 3

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