Spirituality and aging

Henry Waller

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SPIRITUALITY AND AGING

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Henry Waller, Jr.
June 2005
SPIRITUALITY AND AGING

A Project
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ABSTRACT

This research is a comparison study focusing on the elder population aged 60 and over. This study explored the potential implications of integrating spirituality as a treatment model approach into direct social work practice and suggests possible changes for social work curriculum. This study also explored the beneficial effects and values that spirituality and religion present when addressing the needs of this population. This study compared elders in two groups; elders 60 and over with spiritual/religious values compared to elders who do not share the same ideals. Thus, this study addressed the question as to which group of elders is better equipped to face the challenges of life and report higher levels of satisfaction.

Although, no one particular tool was found for obtaining spiritual assessment, this research was able to support the hypothesis that elders with spiritual and religious values reported higher levels of coping and satisfaction.
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In addition, this author wishes to acknowledge the Regional Council on Aging, Knolls West Residential Care, the Victorville Masonic Temple, and the High Desert Senior Citizen Centers whose members participated in this research study.
DEDICATION

This Author wants to thank his wife, Eva, for her continued support during graduate school’s trials and tribulations, his sons Jason, and Terrance, and daughter Briana, for helping me to keep a grasp on the true meaning of life and the importance of its interactions.

I Love You Guys!
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CHAPTER ONE

INTRODUCTION

Problem Statement

The aging population is ever increasing. People are living longer and as a result must contend with many of late life’s problems. As one maneuvers through the stages of life, one must face the challenges that life often brings. The daunting list of late life losses can be overwhelming to both the individual and the social worker that provides services to this population. This list includes the loss of physical abilities, status, independence, choice, quality of life, as well as the loss of life. To add to this, many of the aging population must deal with financial difficulties, isolation, as well as depression. “It is difficult to view life as a gift if one’s very existence is fraught with pain” (Kirshblum, 2003). The connection of church and religion, and its role in helping the aged population cope with their losses must also be examined.

Social workers must often confront and deal with theoretical and practical issues surrounding the aging process and spirituality. It is very difficult to obtain
reliability and validity when it comes to the question of spiritual assessment. There is considerable debate among social workers as to the type of spiritual assessment that should be used in the development of treatment plans. Questions arise as to whether spirituality should be assessed as a strength or a distraction from moving toward a desired goal. Cultural bias may also play a role as, when clients, workers and agencies are brought together, they embody such diversity that makes it difficult to interpret when spiritual practices may be ethically introduced into a case plan.

In order to consider this problem further, one must also consider how worker competence affects the outcome of assessments. Social workers are trained to view the needs of clients from a multidisciplinary standpoint that includes medical, psychological, financial and social perspectives. Social workers must be culturally competent as well to appropriately deal with each client’s cultural needs when assessing for change opportunities. As a result, spirituality is often overlooked by social workers, seen as insignificant or a private matter with which many social workers feel uncomfortable. Social workers must also be aware that there is no one
particular tool for spiritual assessment that is appropriate for every client or every worker. Spirituality is an important factor in the lives of clients and communities in which they live; therefore it is important for social workers to be competent when addressing these issues.

Social workers must therefore examine their own professional stance in the areas of self-awareness and experience of spirituality. This means becoming more sensitive to the losses experienced by our clientele and becoming aware of the need to validate those losses. These questions often threaten or shatter spiritual assumptions about the fairness of life, the nature of the world or even the goodness of whatever one believes and identifies as God (Doka, 2003-2004).

Canda (1989) notes that:

Ethical and practical demands require social workers to respond to religiously diverse clients and to understand human behavior in all its diversity. We need to be prepared to deal with individuals who believe in a personal God, an impersonal God, no God, or many Gods. Our professional conceptualizations and strategies
need to be attuned to both the universal and particular manifestations of religion and spirituality. (p. 37)

Therefore social workers must address the spiritual needs that arise when providing service. Again, social workers in the course of their work are often confronted with issues of loss and grief. When spiritual questions arise, they must be addressed with honesty and integrity. When providing spiritual support, one must journey with the client as he/she struggles with these questions. Thus, eschewing easy answers or banal affirmations, social workers must become active listeners, validating their struggles and their losses (Doka, 2003-2004).

Social workers as well as agencies will begin to see that addressing spirituality is both beneficial and relevant in the development of treatment/service plans.

Definition of Spirituality

The terms for spirituality and religion, are often used interchangeably, however important distinctions exist between the two. Spirituality has been defined for those in late adulthood as the desire to feel connected with others and the need to find meaning in life.
“Spiritual relates to our souls. It involves that deep inner essence of who we are” (Kirshblum, 2003).

Spirituality is related to one’s well being from personal growth, involvement in creative and knowledge-building life tasks, and wisdom. It is the recognition that the essence of human beings is not defined by their physical shell, but by their inner beings or spirits (Fry, 2000). Spirituality is the act of looking for meaning in the very deepest sense, and looking for it in the way that is most authentically ours (Miller, 1994). While spirituality is considered very personal, religion is communal.

Religion is a natural outgrowth of spirituality. Religiousness is related to one’s well being from positive relations with others, involvement in social and community life tasks, and generativity. Religion provides direction demonstrating how to act when one comes together in a group as well as directions on how to behave when one is apart. Religion provides a foundation for our faith and guides our daily activities (Kirshblum, 2003). This research addresses both spirituality and religion when providing treatment services for older adults.
Thus, the research question is "Do elders aged 60 and over with spiritual/religious values report higher levels of satisfaction compared to elders who do not share religious/spiritual values?"

Purpose of the Study

San Bernardino County agencies currently do not incorporate spirituality or religious practices when developing a treatment plan. The desire of this research is to remove the stigma attached and increase comfort levels and competence when addressing these issues. When working with elders aged 60 and over, social workers must first understand the effects and benefits those spiritual/religious values bring. Social workers must address clients' losses and other challenging life issues. Thus, to further understand this problem clearer interpretation must be obtained of the issues facing this population and intervention methods currently used. Social workers must assess for what is working as well as what is not working.

In this research, in order to address spirituality and aging issues, a comparison survey, using quantitative and qualitative approaches was utilized. Using a
convenience sampling, this study attempted to obtain a true representation of the aging population. Levels of measurement including nominal, ordinal and interval were utilized, especially the Likert scale. Also, open-ended questions were used to provoke more open discussion providing, for greater validity, understanding and interpretation of spirituality and how external forces affect this population.

When gathering data for this research, the areas of concentration focused on residents of San Bernardino County, High Desert regions. Areas of inclusion are Apple Valley, Victorville, Hesperia, Lucerne Valley, Phelan, Wrightwood, El Mirage, Oak Hills, Ore Grande, Helendale, Adelanto and Pinion Hills. A visit to local senior citizen centers in the area was made, requesting access and to set up a table for the purpose of direct contact or to leave questionnaires for senior citizen participants. In addition, the Regional Council on Aging was contacted for their assistance as well as assisted living facilities and other organizations with senior citizen participants. With the listing of names and addresses received, mailings were sent with formal
introductory cover letters advising of the survey and intentions for its use.

Various independent variables that influence spirituality were examined and explored. The two dependant variables guiding this research focused on "coping skills," to assess which group is better equipped to face the challenges of life, and "satisfaction," to determine which group reports a higher level. The terminology used, was clearly defined so that all who received and participated in the survey understood it.

Significance of the Project for Social Work

A study such as this is "doable" as there is a growing interest the area of spirituality. Of main concern is how will information obtained relate to social work practice? Needed, is input provided from social workers while in the development of treatment/service plans and building worker competence in the area of spirituality. Thus, the intent was to build greater communication as well as improved positive contacts when working with the aged population. An expectation for this research was that it be applied as a tool for not only
programs on aging, but also other programs such as mental health and children’s services.

The generalist model of social work practice would benefit from greater understanding of the elder client’s spirituality in areas of assessment, planning, and implementation. This research could also be applied as an aide in identifying needs of the elderly in the church and their religious practices. Pastors and other religious leaders would be better equipped when dealing with aging issues.

As previously stated, the aging population is ever increasing, living longer and, as a result, must contend with many of life’s problems. Therefore, to address these varying needs fully social workers must develop expertise in areas of religious and spiritual values for the aging population. While addressing similar questions and seeking answers, social workers must attempt to redefine their approach in areas of self-awareness, make connections to others, and the community. Therefore, one can see the relevance of broadening their scope to be ready and able to deal with aging issues as well as address issues of spirituality when it arises. It is hoped that this study can be used as a tool for work with
other groups and organizations focused on removing the taboos surrounding spirituality and its connection to social work practice.

The hypothesis of this research was that elders aged 60 and over with spiritual/religious values are better equipped to face the challenges of late life and report higher levels of satisfaction compared to those that do not share the same ideals.
CHAPTER TWO

LITERATURE REVIEW

Introduction

This literature review examines and explores the influence of spirituality for the elderly when facing many of life’s challenges. This chapter examines and explores previous research in the field providing guidance in the use of spirituality in social work practice. New models currently offered for use in obtaining spiritual assessments are presented, reviewed, and examined. Finally, other relevant research studies and their outcomes are provided as well as their significance to social work practice.

Theories Guiding Conceptualization

In the overall effectiveness of interactions with clients, San Bernardino County programs fall short when addressing religion and spirituality issues. When the client is affiliated with a church or religious group that can be used as a resource, social workers often overlook the use of spirituality as a potential value.

In Erikson’s last book (1986, p. 218-224) it is learned that the elderly reach a stage in life when they
must reconsider Trust and Mistrust verses Hope. In this phase, elders grapple with current religious beliefs and reconsider the religious practices of a lifetime. Thus, elders seek to reconcile opposing old-age tendencies toward trust and assurance on the one hand, and toward wariness and uncertainty, on the other (Erikson, Erikson, & Kinnick, 1986, p. 219). Religious involvement has become ritualistic, a source of continuity throughout their lives and throughout the generations. This continuity gradually became an object of faith, becoming something they feel they can count on, something in which they feel safe believing. Also found is that older people construct a "universal self" to replace "personal self" (Erikson et al., 1986, p. 219-221).

A majority of elders demonstrate some level of active concern with understanding humankind's place in the universe. In other words, needs change, as people get older. Therefore, many elders puzzle over the relation between organized religion and human life, concluding that since the whole idea of religion is to build better people to make a better world, then basic moral values are in fact, the essence of religion (Erikson et al., 1986, p. 222).
It has been suggested that a spiritual assessment should be performed at intake on all cases, consisting of more than a cursory view of religious affiliation. Social workers must become competent in these areas and learn to make appropriate referrals to clergy, and to music and art therapists, and develop connections in the community with local houses of worship (Kirshblum, 2003). Thus, addressing issues of spirituality could be beneficial in servicing the client population.

Hodge (2001a) notes that there has been a spurring of interest in the assessment of spirituality, as spirituality is a key strength in personal well-being. Hodge notes spirituality’s salience in a wide range of areas including mental health, coping ability, self-esteem, and realization of personal strengths. Spirituality has also been significant in recovery from divorce, homelessness, sexual assault and substance abuse. Hodge focused on the methodologies of assessment, quantitative verses qualitative, as well as the instruments used to measure spirituality. Hodge cited studies by Reed (1992); and Robbins, Chatterjee, and Canda, (1998), pointing out the problems inherent in quantitative assessment for spirituality. All argued that
spirituality was a "subjective interior reality" and difficult to quantify in any manner.

As reported by Moore (2003) in an editorial on Hodges study, Hodge’s own assessment, which appears to be qualitative with prompts, may seem very useful; however he is quick to advise that there is no one tool appropriate for every client or social worker. Spirituality plays an important factor in the lives of clients and their communities therefore, it is important for social workers to be competent when addressing these issues.

Wink (1999) in an editorial article addressed "End of Life Issues, Spirituality and Inner Life," informs the reader of recent changes in thoughts on religion and spirituality. In recent years, the meaning of spirituality has changed as many members of the baby boom generation choose to search for personal and transpersonal meaning outside the confines of organized religion (Zinnbauer et al., 1997).

Although there are a growing number of studies on the positive role of spirituality in coping with life threatening illness and bereavement, major problems still exist in interpreting these findings. It is difficult to
define spirituality in a way that is consensual for all parties. Wink (1999) points out that it is important to keep in mind that manifestations of spirituality may vary depending on one’s ethnicity, gender, social class and historical cohort.

Thus, after addressing all of these theories and concepts, issues of interpretation must be addressed for spirituality as well as to how age, environmental factors, health issues and cultural experiences shape beliefs. This research must also take into account and review studies that directly affect and influence social work practice.

Integrating Spirituality into Social Work Practice

Two models currently in practice and offered for use when obtaining spiritual assessment have been presented by Hodge (2001b), and Hodge and Williams (2002). These models are spiritual genograms and spiritual ecomaps. Both models provide a glimpse into the spiritual make up of the person as well as available resources.

Hodge (2001b) focused on spiritual genograms to depict religious beliefs and the spiritual closeness between family members. Thus, using genograms,
practitioners could explore spiritual connections, empowering clients to discover their own solutions (Rey, 1997). Hodge warns that clinicians should attempt to suspend their own values to the extent possible and with an attitude of curiosity and interest, seek to uncover and utilize resources from clients' worldviews, which they can use to solve challenges they face (Dunn & Dawes, 1999). Practitioners should attempt to adopt the vocabulary of their clients.

Practitioners should also be careful to safeguard clients' autonomy by monitoring their own and clients' responses to sensitive, value-laded issues to ensure that clients are assenting to the movement of the clinical dialogue. Social workers should be aware that religious counter-transference occurs commonly, especially when addressing areas in which value systems conflict (Genia, 2000). Social workers are human and as a result have their own personal views and biases. Once again, social workers must examine their own professional stance in the areas of self-awareness and experiences of spirituality. Social workers must be careful not to impose their beliefs and values onto the client, as this will jeopardize the therapeutic relationship.
It is recognized, that a client's spiritual and religious beliefs are often influenced and shaped by his or her family. Hodge offered the use of a spiritual genogram as a possible assessment method, highlighting the spiritual and religious strengths that may exist within one's family. Hodge also focused on the multi-generational connectiveness of the family to interpret current spiritual functioning.

A second study presented by Hodge and Williams (2002), assessed African American spirituality with spiritual ecomaps. In this case study, the researchers examined the forces of spirituality on the individual. Thus, in a qualitative line of questions the researcher was able to explore for spiritual strengths. Findings suggest that spirituality is a vital strength among many African Americans that can be operationalized in clinical settings to ameliorate problems. Yet, while interest in using consumers' strengths in clinical settings is increasing, there are few assessment instruments that identify spiritual strengths (Cowger, 1994; Hwang & Cowger, 1998). While providing treatment, studies of the use of ecomaps, were able to examine the environmental forces that have direct impact on African Americans,
these being God, rituals, faith community, and transpersonal encounters.

Research advised that social workers must examine the relationship between God and the client, thus looking for strengths that flow from the clients' relationship with God that may affect his/her personal life, family life, and interpersonal relationships. When addressing rituals, social workers should explore for spiritual practices and rituals that are important to the client. This may include prayer, daily devotionals or scripture readings. Faith community addresses the level of involvement in church and parachurch activities. It examines the relationships and support systems in personal encounters and the feelings attached. Social workers must also take into account clients' beliefs that God has intervened at various times in their lives, as well as how these encounters have affected them (Hodge & Williams, 2002).

Hodge and Williams (2002) advised that collaboration with clergy might also assist social workers in their understanding of human practices. Pastors can function as a resource by helping workers discern appropriate and inappropriate beliefs and practices. The concept and use
of spiritual ecomaps is not just limited to African Americans. It can be adapted to many other populations and age groups.

Both of these approaches can be adapted and used as possible treatment methods when assessing the elderly for spirituality. Both approaches offer a glimpse at the individual as well as the environmental forces that affect him/her. Once again, social workers must be aware of and competent in any approach when attempting to tap vital spiritual strengths, which can be used to solve problems of elders.

Other Relevant Studies

A longitudinal study using quantitative methods addressed psychological wellbeing in relation to spirituality in late life of elderly in community settings compared to elders in institutionalized settings. The common belief is that religion and spirituality are playing an ever-increasing role in the lives of older adults and in their pursuits of physical and psychological wellbeing (Fry, 2000). The study addressed the influence of sociodemographic factors, traditional resource factors, and existential factors in
predicting the well-being between samples of community residing and institutionalized older adults. Participants came from three mid size cities in Southern Alberta. Religious preference was predominately Christian Protestant, primarily Baptist, 65%, Anglican 10%, Methodist 10%, with the remaining being Catholics and Mormons. Of those participants who volunteered, 90% were Caucasian. The sample was 2/3 female and 1/3 male, with a mean age of 71.9 for community residents and 69.2 yrs for institutional residents. The later sub-sample’s median length of residential care was 9.2 months. To remove bias, the Folstein Mini-Mental Status exam was given to all institutionalized residents; the median score was 27, which indicates that participants in the study were within the normal range of mental capacity.

Fry followed methods used in earlier studies provided by Beadbum (1969), Ainlay and Smith (1984), Holahan (1988), and Ryff (1995). Results indicated that the elderly in institutional settings reported lower levels of spiritual expression, psychological wellbeing, and poorer adjustment compared to elders in the community setting. Fry cited possible errors concerning population sampling and the use of volunteer respondents. Seen also
community outreach programs, newsletters from senior organization and housing project flyers. Open-ended questions were designed to evoke life and financial histories, and also to gather information regarding feelings toward poverty and its effects on their past, present, and perceived future in quality of life issues. The interviews also focused on areas of faith, religiousness and spirituality.

Findings suggested that spirituality was both being used as a way of viewing the world and of adapting to its harshness (Kushner, 1981; Pagament, 1997). Participants reported that their relationship with God was the pervasive thread in lives. Their self-concept, their opinions of others, and their purpose in life were guided by their belief in God’s individual, intimate concern for them.

Summary

In this literature review, examined and explored was the impact of spirituality on elderly when facing many of life’s challenges. Past research offered varying views and offered possible methods to integrate spirituality into a treatment model for providing service to the elder
population. Finally, past research provided insight into the hypothesis that elders aged 60 and over with spiritual/religious values are better equipped to face the challenges of life and report higher levels of satisfaction compared to those that do not share the same ideals.
CHAPTER THREE

METHODS

Introduction

This chapter covers the process, methods, and instruments used for the study design, the sampling and data collection process. This chapter will also discuss procedures implemented while protecting the human subjects that participated in this research. Data analysis presented supports guiding principles of this research.

Study Design

This research tested the hypothesis that elders aged 60 and over with spiritual and religious values were better equipped to face the challenges of late life and would report higher levels of satisfaction. To test this hypothesis, the research used a comparison survey using both quantitative and qualitative methods. Thus, the differences between sub-samples of elders 60 and over with spiritual/religious values compared to elders who did not share the same ideals was tested using bivariate analysis.
Limitations of a study such as this are that the sampling frame can only capture participants who utilize senior programs and services. In an effort to remove any bias from this study, it was decided that visits to local churches and synagogues not be made.

Additional limitations for this study were in obtaining feedback from the aged population. To promote a higher return rate, surveys were printed in a 16-inch font. This made the survey easier to read, especially for those visually impaired. Other limitations are not being able to obtain a true representation of the population, especially for non-white, minority and Hispanic groups. Personal interviews were desired using tape recordings; however, this was not feasible due to time limitations. This would also reduce confidentiality and anonymity. Elders are less likely to provide true information with others in their presence.

Sampling

In an effort to obtain a broad representation of the aging population, the study focused on residents of San Bernardino County, High Desert regions. Areas of inclusion were Apple Valley, Hesperia, Victorville,
Lucerne Valley, Phelan, Wrightwood, El Mirage, Pinion Hills, Oak Hills, Ore Grande, Helendale, and Adelanto. The High Desert region was chosen because these areas are now growing in population, creating vast changes in the delivery of social work services. Once considered rural and isolated, there has been a housing and business boom. Elders in these areas must also deal with and adapt to these environmental and economical changes. This research examined and explored practices and resources used by elders to meet these challenges of life.

The Department of Aging and Adult Services has an office in the Victorville area, therefore this researcher focused on areas in which the Victorville office provided coverage. Due to reasons of confidentiality and sensitivity, the researcher was not allowed to directly sample clients serviced by the Victorville Department of Aging Adult Services. Instead, visits to local senior citizen centers in these areas were made requesting access and to set up a table for the purpose of direct contact or to leave questionnaires for senior citizen participants. In addition, contact was made with the Regional Council on Aging for their assistance as well as assisted living facilities and other organizations.
providing service to senior citizens. With the listing of names and addresses received, mailings were distributed with formal introductory cover letters advising of the survey and intentions for its use, to the various locations.

In order to be realistic regarding sample size, the researcher expected a return rate of at least 40%. The researcher was able distribute 90 surveys to seniors in the high desert area, visiting 5 local senior citizen centers and organizations with senior citizen participants, to leave at least 10 to 15 surveys at each location. Other unpredicted problems were non-access to senior centers during the summer months due to the black out period in which these groups did not meet because of vacations.

Out of the 90 surveys distributed, 37 responses were received, thus providing for the expected return rate.

Data Collection and Instruments

To assess the challenges of late life that influence the study's focus, independent variables included age (interval), race/ethnic group (nominal), areas of the high desert region (nominal), health issues (ordinal),
low income problems (nominal), depression (ordinal), loss and death (ordinal), and isolation (ordinal). Also included was their current level of participation in religious/spiritual activities (ordinal). All of these variables have direct impact, inter-relate and influence the subject of this study. The two dependant variables guiding this research focus on "coping skills" to assess which group is better equipped to face the challenges of life, and "satisfaction" as one grows older, to determine which group reports a higher level. Both of these were measured using an ordinal scale. (See Appendix A)

A qualitative line of questions was also used to obtain greater insight and interpretation from elders 60 years and older, as to which practices and resources were useful to them during the aging process. Several questions were provided which addressed areas of both "coping" and "satisfaction" when facing various challenges of life. Finally, elders were asked for recommendations suggesting resources that social workers could possibly use when addressing end of life issues.
Procedures

Once approval was granted for research involving human subjects by the Department of Social Work Sub-Committee of the Institutional Review Board of California State University, data were gathered from individuals aged 60 and over. Data were collected during the summer months of 2004. Surveys were delivered to senior citizen centers in the high desert. Data collection was completed by September 30, 2004, at which time data entry was made into SPSS. Data analysis was conducted during the months of October and November 2004. The findings and results were then calculated and interpreted.

In addition, the Regional Council on Aging was contacted for their assistance as well as assisted living facilities and other organizations with senior citizen participants. Questionnaires with formal introductory cover letters advising of the survey and intentions for its use were distributed along with self-addressed return envelopes.

A visit to local senior citizen centers in the high desert was made to meet with administrators to explain and discuss objectives of the survey and its intentions.
Requests to set up a table or to leave surveys for distribution for attending seniors were made, providing postage paid return envelopes to increase the return rate. Space was granted at Knolls West Residential Care to complete one on one interviews. The researcher invited residents to participate, explained the nature of the questionnaire and assisted with survey completion.

This study intended to keep names anonymous, therefore, no names or addresses were requested in the survey itself. For statistical purposes, requested was the area in which the participant resides.

Protection of Human Subjects

A statement of informed consent and a debriefing statement was included with the questionnaires. (See Appendices B & C) Participants were asked to enter the date and indicate with a check mark their understanding of the purpose of the study. The informed consent was to be returned with the completed questionnaire. The informed consent described the general purpose of this study, providing the name of the researcher, the name of the research advisor, the research advisor’s telephone number, and the name of the university in the event the
participants had any questions or concerns about the study. There was minimal to no risk to the participants. Furthermore, participation was voluntary.

Debriefing statements described the purpose of the study in detail, including the definition of spirituality and religion used by the researcher. Once again, the debriefing statement included the researcher's name and the research advisor's name and office phone to call if the participants have any questions, complaints or concerns. Additionally, the debriefing statement informed participants how to access a copy of the group results. Participants were asked to retain a copy of the debriefing statement for their own records.

The confidentiality and anonymity of participants was protected at all times. Returned surveys received a case number only and were kept in a safe place. All mailing envelopes and other identifying markings were destroyed upon receipt of the returned and completed questionnaire in the mail. Participants in the study were referred to by identification number only. Results were reported in-group form only.
Data Analysis

The levels of measurement included nominal, ordinal and interval variables. The use of Likert scaling also provided for greater accuracy. Using bivariate methods, this study tested and compare the two groups, the first being those reporting spiritual/religious values and the second being those that report non-spiritual and non-religious ties. Thus, one could infer which areas of the high desert reported the highest levels of spiritual/religious activities compared to lower or non-existent activities. One could also infer how age affects participation in these types of activities. Using chi-square methods the significance of associations were examined for nominal variables. With the use of "t" tests, this study tested independent variables such as age, to determine whether spiritual and religious values increase or decrease with age. With the use of Likert scales, this research was able to test levels of satisfaction and coping skills with independent variables such as importance of spirituality/religion in one’s life, and coping skills when dealing with the varying challenges of late life.
Summary

Using bivariate analysis, the hypothesis that elders aged 60 and over are better equipped to face the challenges of life and report higher levels of satisfaction was tested. Using quantitative and qualitative questions, differences between two sub-groups was tested using levels of measurement that include nominal, ordinal interval and Likert scaling. Chi-squared and t-tests were employed to examine the associations among variables.
CHAPTER FOUR
RESULTS

Introduction

Using bivariate analysis, two sub-groups of elders 60 years and older were compared regarding their spiritual and religious practices. The two dependant variables guiding this research focused on "satisfaction" with life as well as choices made and "coping skills" when dealing with challenges of life. Findings are presented for review. Second, a review of the qualitative line of questions used will be presented and reviewed.

Presentation of the Findings

As outlined in Chapter Three, questionnaires were distributed throughout areas of the High Desert. Responses to surveys were received via mail and reviewed. Each survey was given a number for statistical purposes. Out of the 90 surveys distributed, 37 responses were received providing for a 41.1% return rate.

Of those participants who responded, the oldest was 96 years of age with the youngest being 60 years of age. The average age was 73.9 years. Of the surveys received
37.8% were men (n = 14) and 59.5% were women (n = 22), with 2.7% (n = 1) not stating their gender.

Twenty quantitative questions were provided addressing frequency and level of participation in religious activities. Variables were defined and given a descriptive label. Value labels were given for each variable.

Demographics

Questions three through nine focused on background information regarding the High Desert population surveyed. To obtain descriptive insight into the make-up of the elder population surveyed, it was necessary to gather personal information and data on spiritual/religious preferences. The respondents were asked to indicate their current marital status.

As seen in the Table 1, results indicate the majority of respondents were either married (44.4%) or widowed (33.3%).
Table 1. Marital

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>2</td>
<td>5.6</td>
</tr>
<tr>
<td>Married</td>
<td>16</td>
<td>44.4</td>
</tr>
<tr>
<td>Widowed</td>
<td>12</td>
<td>33.3</td>
</tr>
<tr>
<td>Divorce or separated</td>
<td>6</td>
<td>16.7</td>
</tr>
<tr>
<td>Total</td>
<td>36</td>
<td>100.0</td>
</tr>
</tbody>
</table>

As to whether one lives alone or not, 54.3% (n = 19) lived with others, while 45.7% (n = 16) reported that they lived alone (see Table 2).

Table 2. Lives Alone

<table>
<thead>
<tr>
<th>Lives Alone</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>16</td>
<td>45.7</td>
</tr>
<tr>
<td>No</td>
<td>19</td>
<td>54.3</td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
<td>100.0</td>
</tr>
</tbody>
</table>

As seen in Table 3, the sample was primarily Caucasian 5.71% and African American (28.6%).
Table 3. Race

<table>
<thead>
<tr>
<th>Race</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>African-American</td>
<td>10</td>
<td>28.6</td>
</tr>
<tr>
<td>Latino(a)/ Hispanic-American</td>
<td>2</td>
<td>5.7</td>
</tr>
<tr>
<td>Native American</td>
<td>1</td>
<td>2.9</td>
</tr>
<tr>
<td>Caucasian</td>
<td>20</td>
<td>57.1</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>5.7</td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
<td>100.0</td>
</tr>
</tbody>
</table>

In Table 4, the largest group of respondents reside in area of Victorville 43.2% (n = 16). Except for the areas of Lucerne and Hesperia, outlying areas were under-reported.

Table 4. Area

<table>
<thead>
<tr>
<th>Area</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apple Valley</td>
<td>3</td>
<td>8.1</td>
</tr>
<tr>
<td>Victorville</td>
<td>16</td>
<td>43.2</td>
</tr>
<tr>
<td>Lucerne Valley</td>
<td>9</td>
<td>24.3</td>
</tr>
<tr>
<td>Phelan</td>
<td>2</td>
<td>5.4</td>
</tr>
<tr>
<td>Hesperia</td>
<td>5</td>
<td>13.5</td>
</tr>
<tr>
<td>El Mirage</td>
<td>1</td>
<td>2.7</td>
</tr>
<tr>
<td>Helendale</td>
<td>1</td>
<td>2.7</td>
</tr>
<tr>
<td>Total</td>
<td>37</td>
<td>100.0</td>
</tr>
</tbody>
</table>

To determine whether income level was a factor, questions addressed eligibility to receive supplemental
assistance including SSI, AFDC or other financial assistance. Results seen in Table 5 indicate, a substantial number of the respondents, 69.4% (n = 25) were found not eligible, enjoying higher levels of income.

Table 5. Income

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low income</td>
<td>11</td>
</tr>
<tr>
<td>High income</td>
<td>25</td>
</tr>
<tr>
<td>Total</td>
<td>36</td>
</tr>
</tbody>
</table>

The last two questions of this group focused on the subject of religious affiliation and identification. Slightly more respondents reported belonging to an organized religious group 56.8% (n = 21) than may not (see Table 6).

Table 6. Organized Religion

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>21</td>
</tr>
<tr>
<td>No</td>
<td>16</td>
</tr>
<tr>
<td>Total</td>
<td>37</td>
</tr>
</tbody>
</table>
As seen in Table 7, the largest group of respondents identified themselves to be Protestant (48.6%), more than double the other Christian denominations responding to this survey.

<table>
<thead>
<tr>
<th>Group</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protestant</td>
<td>18</td>
<td>48.6</td>
</tr>
<tr>
<td>Catholic</td>
<td>6</td>
<td>16.2</td>
</tr>
<tr>
<td>Other Christian</td>
<td>8</td>
<td>21.6</td>
</tr>
<tr>
<td>Jewish</td>
<td>2</td>
<td>5.4</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>8.1</td>
</tr>
<tr>
<td>Total</td>
<td>37</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Religious and Spiritual Participation

Questions ten through twenty focused on frequency of involvement and participation in spiritual activities, using an ordinal, Likert scale form of measurement. Frequencies were run for each variable. The questionnaire included three questions regarding the respondents' level of participation and involvement in communal religious or spiritual activities. Two of the three questions presented 8 degrees of involvement from which to choose. The categories ranged from "daily" activity to "not at all."
Respondents were questioned about the frequency of their current participation in communal religious or spiritual services. Findings suggest that a majority (64.8) of the respondents participate once a week or more (see Table 8).

Table 8. Communal Participation

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-3 times/week</td>
<td>21.6</td>
</tr>
<tr>
<td>once/month</td>
<td>10.8</td>
</tr>
<tr>
<td>once/week</td>
<td>32.4</td>
</tr>
<tr>
<td>2-3 times/month</td>
<td>2.7</td>
</tr>
<tr>
<td>5-6 times/year</td>
<td>21.6</td>
</tr>
<tr>
<td>not at all</td>
<td>10.8</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
</tr>
</tbody>
</table>

When asked about the frequency of respondent's participation in private, personal religious or spiritual practices, responses indicated overwhelmingly that daily activity with 73.0% (n = 27) was the choice of most respondents (Table 9).
Table 9. Frequency Private

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>daily</td>
<td>27</td>
<td>73.0</td>
</tr>
<tr>
<td>2-3 time/week</td>
<td>2</td>
<td>5.4</td>
</tr>
<tr>
<td>once/month</td>
<td>1</td>
<td>2.7</td>
</tr>
<tr>
<td>once/week</td>
<td>2</td>
<td>5.4</td>
</tr>
<tr>
<td>5-6 times/year</td>
<td>2</td>
<td>5.4</td>
</tr>
<tr>
<td>not at all</td>
<td>3</td>
<td>8.1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>37</td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

The last question addressed the respondents' current relationship to an organized religion or spiritual group with responses ranging from "active" to no involvement. As seen in Table 10, about a third (35.1%) identified with religious or spiritual group but had very limited to no involvement. Another third (32.4%) reported regular participation and a smaller group (21.6%) were active participants. Approximately ten percent reported no involvement.
Table 10. Current Relationship

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>active</td>
<td>8</td>
</tr>
<tr>
<td>regular participation identifies with, limited or none</td>
<td>12</td>
</tr>
<tr>
<td>limited or none</td>
<td>13</td>
</tr>
<tr>
<td>no involvement</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>37</td>
</tr>
</tbody>
</table>

Religious and Spiritual Perceptions

The final eight questions in this quantitative survey were divided into four categories of “strongly agree,” “agree,” “disagree,” and “strongly disagree.” Categories were collapsed and combined as necessary. Respondents were questioned as to their perceptions, thoughts and feelings in areas of importance and desires.

When questioned about spiritual affiliation being important to them, the majority (58.3%) strongly agreed or agreed (36.1%). Respondents were asked whether they were satisfied with life and the direction, it has gone. A large majority strongly agreed (38.9%) or agreed (36.1%). Asked whether spiritual/religious values helped them to cope when dealing with challenges of life 56.8% strongly agreed, and 43.2% agreed. In fact, there were no disagreements to this question. Asked whether there is
support from family or friends in times of crisis 66.7% strongly agreed, 30.6% agreed, and 2.8% strongly disagreed (see Tables 11, 12, 13, & 14).

Table 11. Affiliation

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>21</td>
<td>58.3</td>
</tr>
<tr>
<td>Agree</td>
<td>13</td>
<td>36.1</td>
</tr>
<tr>
<td>Disagree</td>
<td>2</td>
<td>5.6</td>
</tr>
<tr>
<td>Total</td>
<td>36</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 12. Satisfaction

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>14</td>
<td>38.9</td>
</tr>
<tr>
<td>Agree</td>
<td>13</td>
<td>36.1</td>
</tr>
<tr>
<td>Disagree</td>
<td>7</td>
<td>19.4</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>2</td>
<td>5.6</td>
</tr>
<tr>
<td>Total</td>
<td>36</td>
<td>100.0</td>
</tr>
</tbody>
</table>

43
Table 13. Coping

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>21</td>
<td>56.8</td>
</tr>
<tr>
<td>Agree</td>
<td>16</td>
<td>43.2</td>
</tr>
<tr>
<td>Total</td>
<td>37</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 14. Support

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>24</td>
<td>66.7</td>
</tr>
<tr>
<td>Agree</td>
<td>11</td>
<td>30.6</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>1</td>
<td>2.8</td>
</tr>
<tr>
<td>Total</td>
<td>36</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Of importance to this research was the question "as one grows older does their spiritual/religious practices become less important?" Responses indicated that only 8.3% (n = 3) strongly agreed, while 33.3% (n = 12) disagreed, and 58.3 (n = 21) strongly disagreed. Thus, spiritual practices continue to be important. As to whether or not present health condition affects their attendance at spiritual or religious practices in the
community, a third strongly agreed (11.4%), (22.9%) agreed, while two-thirds disagreed (34.3%) or strongly disagreed (31.4%) (see Tables 15 & 16).

Table 15. Spiritual Importance

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>3</td>
<td>8.3</td>
</tr>
<tr>
<td>Disagree</td>
<td>12</td>
<td>33.3</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>21</td>
<td>58.3</td>
</tr>
<tr>
<td>Total</td>
<td>36</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 16. Health

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>4</td>
<td>11.4</td>
</tr>
<tr>
<td>Agree</td>
<td>8</td>
<td>22.9</td>
</tr>
<tr>
<td>Disagree</td>
<td>12</td>
<td>34.3</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>11</td>
<td>31.4</td>
</tr>
</tbody>
</table>

Again, of high importance to this research, the last two questions involve social workers being trained and knowledgeable about various religious practices in the community. Question 19 asked whether respondents would
welcome the use of spirituality/religion as part of the help they receive. The responses indicated that almost all strongly agreed (58.3%) or, agreed (38.9%). As to whether people who work with seniors, should be trained and knowledgeable about various spiritual and religious practices in the communities they serve. A large majority (55.6%) strongly agreed or agreed (33.3%), indicating favorability toward this approach (see Tables 17 & 18).

Table 17. Welcome Spirituality

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>21</td>
<td>58.3</td>
</tr>
<tr>
<td>Agree</td>
<td>14</td>
<td>38.9</td>
</tr>
<tr>
<td>Disagree</td>
<td>1</td>
<td>2.8</td>
</tr>
<tr>
<td>Total</td>
<td>36</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 18. Training

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>20</td>
<td>55.6</td>
</tr>
<tr>
<td>Agree</td>
<td>12</td>
<td>33.3</td>
</tr>
<tr>
<td>Disagree</td>
<td>4</td>
<td>11.1</td>
</tr>
<tr>
<td>Total</td>
<td>36</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Bivariate Analysis

Bivariate analyses were used to test the hypothesis that elders aged 60 and over are better equipped to face the challenges of life and report higher levels of satisfaction. Chi-square methods were employed as well as correlations in testing the significance of these associations. Bivariate correlations were run addressing similarities and differences.
### Table 19. Correlations

<table>
<thead>
<tr>
<th></th>
<th>Alone</th>
<th>Income</th>
<th>Organized Religion</th>
<th>Current Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Alone</strong></td>
<td>r</td>
<td>1.000</td>
<td>.167</td>
<td>.099</td>
</tr>
<tr>
<td></td>
<td>p</td>
<td>.844</td>
<td>.344</td>
<td>.570</td>
</tr>
<tr>
<td><strong>Income</strong></td>
<td>r</td>
<td>1.000</td>
<td>.108</td>
<td>.047</td>
</tr>
<tr>
<td></td>
<td>p</td>
<td></td>
<td>.531</td>
<td>.784</td>
</tr>
<tr>
<td><strong>Organized Religion</strong></td>
<td>r</td>
<td>1.000</td>
<td>.605**</td>
<td>.000</td>
</tr>
<tr>
<td></td>
<td>p</td>
<td></td>
<td></td>
<td>1.000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Affiliation</th>
<th>Satisfaction</th>
<th>Support</th>
<th>Spiritual Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Alone</strong></td>
<td>r</td>
<td>.299</td>
<td>-.155</td>
<td>.054</td>
</tr>
<tr>
<td></td>
<td>p</td>
<td>.086</td>
<td>.381</td>
<td>.763</td>
</tr>
<tr>
<td><strong>Income</strong></td>
<td>r</td>
<td>-.120</td>
<td>-.409*</td>
<td>-.345**</td>
</tr>
<tr>
<td></td>
<td>p</td>
<td>.493</td>
<td>.015</td>
<td>.042</td>
</tr>
<tr>
<td><strong>Organized Religion</strong></td>
<td>r</td>
<td>.368*</td>
<td>.142</td>
<td>.103</td>
</tr>
<tr>
<td></td>
<td>p</td>
<td>.027</td>
<td>.409</td>
<td>.549</td>
</tr>
<tr>
<td><strong>Current Relationship</strong></td>
<td>r</td>
<td>.556**</td>
<td>.264</td>
<td>.083</td>
</tr>
<tr>
<td></td>
<td>p</td>
<td>.000</td>
<td>.120</td>
<td>.631</td>
</tr>
<tr>
<td><strong>Affiliation</strong></td>
<td>r</td>
<td>1.000</td>
<td>.177</td>
<td>.118</td>
</tr>
<tr>
<td></td>
<td>p</td>
<td></td>
<td>.302</td>
<td>.498</td>
</tr>
<tr>
<td><strong>Satisfaction</strong></td>
<td>r</td>
<td>1.000</td>
<td>.600**</td>
<td>.010</td>
</tr>
<tr>
<td></td>
<td>p</td>
<td></td>
<td></td>
<td>.000</td>
</tr>
<tr>
<td><strong>Support</strong></td>
<td>r</td>
<td>1.000</td>
<td>-.042</td>
<td>.953</td>
</tr>
<tr>
<td></td>
<td>p</td>
<td></td>
<td></td>
<td>.807</td>
</tr>
<tr>
<td><strong>Spiritual Importance</strong></td>
<td>r</td>
<td></td>
<td></td>
<td>1.000</td>
</tr>
<tr>
<td></td>
<td>p</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**.Correlation is significant at the 0.05 level (2-tailed)
**Correlation is significant at the 0.01 level (2-tailed).

As seen in Table 19, the following variables were significantly correlated: spiritual importance and living alone, support and income level, satisfaction and income level, and both affiliation and current relationship/identification with belonging to an organized religious group.
The relationship of spiritual importance with whether one lives alone was found to have a negative correlation of -.497. Independent t-testing was employed which indicated that spirituality was more important for elders living alone (m = 3.88) than for those living with others (m = 3.00), (t = 3.242, df = 32, p = .003).

Having social support and/or satisfaction with one’s life were compared for high or low-income levels. Both had negative correlations, $r = -.345$ for support and $r = -.409$ for satisfaction. Independent t-tests were run which indicated respondents with low income (m = 1.73) had less support (t = 2.114, df = 33, p = .042). When compared with satisfaction, respondents with low income (m = 2.50) were less satisfied with their life as they aged (t = 2.573, df = 33, p = .015).

Religious affiliation and current relationship had positive correlations with organized religion. For affiliation, $r = .368$ and for current relationship, $r = .605$. Independent t-tests were run for both which indicated those with little to no affiliation (m = 1.73) had less group identity when not belonging to an organized religious group (t = -2.305, df = 34, p = .027). Similar results were obtained for respondents
not having a current relationship (m = 3.00), with an organized religious group (t = -4.492, df = 35, p = .000). Therefore, findings suggest that not belonging to an organized religious group may be associated with not having a group identity and belongingness, which affects participation in spiritual and religious activities.

Qualitative Results

Several open-ended questions were used to elicit responses and promote analysis of general themes and categorizations. The last set of questions provided for the respondents' opinion regarding available resources and spiritual/religious practices, as well as methods used when dealing with issues surrounding loss. Finally, elderly respondents were questioned regarding the use of social workers to assist when preparing for end of life issues (see Appendix A).

Question twenty-one of the survey, asked if they were able to make changes in their life, what changes would they make? A large majority (56.6%) of the respondents advised that they would not change anything. A small percentage (20.0%) advised that they would have
changed relationships through marriage or with their children. A few cited a change in resources used, health choices and/or religious preference.

Question twenty-two asked the question, what provided comfort in times of crisis or distress? Respondents over-whelmingly (42.2%) advised that prayer provided the most comfort during times of crisis. Family (15.5%), friends (15.5%), and church (11.1%) followed in order of response.

Question twenty-three focused on the definition of spirituality for one’s self. The prevailing feeling for many (24.3%) respondents was that spirituality provided comfort, satisfaction, and strengthened them during challenging times. Also found was that many (17.1%) reported that through prayer, they felt more connected to God.

Question twenty-four asked directly whether spiritual/religious practices increased or decreased throughout the years. Interestingly, a majority (57.0%) of respondents reported an increase in spiritual/religious practices as they drew nearer to the end stages of life. Decreased and remained the same received the same account totals of 17.1% (n = 6), with
none at all receiving 8.5% (n = 3) There were also a few noted decreases because of physical disability and limitations to attending church or other organized group activities. Interestingly, some reported a decrease because of their belief that if you divorced, you were not welcomed in church services and activities!

Question twenty-five asked for a two-part response. Respondents were asked if they were satisfied with their current level of spiritual/religious activity and how a social worker might help to improve these circumstances? Twenty-six responses were received. A majority (69.2%) of the respondents advising that they were satisfied with their current level of activity. The need for social workers also received the same split response. Half the respondents did not see a need for social workers while the other half desired assistance from social workers who could address areas of loving, caring, and prayer, as well as arrange for transportation, and provide connection to available resources.

Question twenty-six dealt with losses, and methods used to cope. A little more than half of the respondents reported having suffered a recent loss. Over-whelmingly (71.4%), respondents reported that they received comfort
through their connection to the church. Through these spiritual and religious practices, they received a sense of faith and hope, thus strengthening their beliefs. A second guiding factor was their relationships with family and/or friends (21.6%). All of these reported areas helped them to cope with losses and challenges of life.

Question twenty-seven was the final question, asking elders how social workers can help to prepare for end of life issues, and what recommendations they would suggest. Responses indicated that a majority (35.0%) of elders just wanted someone to listen to them, talk with them and provide a sense of comfort. They were not seeking direction or advice and did not want anyone giving orders or talking down to them. Recommendations are that social workers be educated and become more knowledgeable about the spiritual and religious practices for the communities they serve.

Summary

Overall, survey results indicate and support the hypothesis that spirituality and religion plays an important role in the lives of many aging adults. Therefore, social workers must develop in areas of
self-awareness, educating themselves about the varying needs of the communities they serve.
CHAPTER FIVE

DISCUSSION

Introduction

This research explored the potential implication of integrating spirituality as a treatment approach into direct social work. The beneficial effects and values that spirituality and religion present when addressing the needs of this population was reviewed for its significance, when comparing elders 60 years and older with spiritual religious values to elders who do not share the same ideals. The literature review provided supports this study’s conclusions as well as suggested outcomes. The hypothesis that elders with spiritual and religious values are better equipped to face challenges of life and report higher levels of satisfaction were analyzed and interpreted cautiously, addressing limitations of the sample size along with the characteristics of this population in mind.

Discussion

This research focused on elders 60 years and older residing in San Bernardino, High Desert regions; desiring to understand their spiritual and religious preferences.
This research desired also to understand how social workers could be of use when addressing end of life issues. As suggested in research presented by Erikson, Erikson, & Kivnick (1986, 218-224), findings supported the concepts of Trust and Mistrust verses Hope. A majority of the respondents viewed their spiritual and religious practices as a source of continuity throughout their lives. These practices helped elders to cope with losses and challenges of life. Strong correlations were also found to support the connection between belonging to an organized religious group and coping. This also provided for both relationship and identification.

Findings also supported autonomous relationships with family, and friends. Viewed as important, these interpersonal relationships played an important role in the lives of many elders. Therefore as suggested by Hodge (2001a), religious beliefs are shaped by family thus providing strength and connectiveness, and improving one's ability to cope.

Of interest, to this research was the negative correlation when comparing spiritual importance to whether one lives alone. Findings suggest that spiritual and religious values were seen as more important to those
elders that lived alone. Living with family or others was not seen as a factor affecting ones ability to cope or satisfaction with life. Instead, elders living alone were more concerned regarding their choices made in life, feeling the need to participate in spiritual and religious practices, thus building their affiliation and connection to God.

Finally, although a majority of elders advised that they would welcome social workers using spirituality and religion as part of their method of practice, elders reported a need for social workers to be sensitive and able to address areas of loving, caring and prayer. Elders also warned that if social workers were to be of assistance, needed was training regarding the needs of seniors facing end of life issues. Social workers must also be aware of religious counter-transference that commonly occurs. Elders warned that they did not need someone who would talk down to them, but instead someone who listens to them, talks with them, provides a sense of comfort, not imposing their own values upon them. This is a time in which social workers need to help empower their elder clients, tapping into their clients' current and
available spiritual strengths that can be used to resolve problems that they are facing.

Limitations

Fry (2000) reported limitations regarding population sampling and the use of volunteer respondents. This research also met with similar problems and outcomes. Research began during the summer months of 2004, a time in which many senior facilities started their blackout period. In other words, this was a time for vacation and access to representatives and services was very limited. This could account for the low return rate of questionnaires from outer surrounding areas of the High Desert. Senior citizens centers and other programs that granted permission for this research, allowed only for questionnaires to be placed in their front lobby or vestibule. Therefore, seniors accessing these services, finding the distributed questionnaires left out in the open on a table in a communal area, completed questionnaires only by chance.

Wink (1999) advised that manifestations of spirituality may vary depending on one’s ethnicity, gender, social class and historical cohort. This, too,
was evident in responses to the questionnaire. There was a racial imbalance, thus making it difficult to determine or test satisfaction and coping skills of diverse groups.

Other problems affecting this research were that homebound clients unable to access senior services and programs, due to health related issues, transportation, and/or lack of resource were not captured in this study, as desired. Instead, respondents were from a more active population. It may be assumed that those who responded had more interest in the areas of spirituality and religion, which leads to a bias in the findings. In addition, the length of the questionnaire may have been seen as deterrent to a higher return rate.

Additionally, this research met with resistance to access because of confidentially laws as well as HIPPA laws now in place. Therefore, listings of names and mailing addresses were not provided by agencies. As Fry (2000) suggests, a more controlled setting is desirable. This research would also suggest a longitudinal study with wider boundaries for assessment.
Recommendations for Social Work Practice, Policy and Research

The NASW Code of Ethics (1999) directs social workers to recognize the importance of human relationships. Social workers must remember that relationships between and among people are important vehicles for change. As social workers engage elders as partners in the helping process, they should seek to strengthen relationships among people in an effort to promote, restore, maintain, and enhance their well-being. Therefore, social workers must be prepared to meet the diverse needs of this aged population.

Social workers are directed to develop in areas of competence (NASW, 4.01b) striving to become and remain proficient in professional practice and performance of professional functions. Social workers should critically examine and keep current with emerging knowledge relevant to social work (NASW, 1999). There has been growing interest in the use of spirituality as a treatment approach but we cannot forget the connection of church and religion, and its role in helping the aged population cope with their losses.
As found in qualitative results, respondents cited that they would make few changes in their lives, and that prayer provided the most comfort during challenging times. Respondents' spiritual and religious practices provided the necessary strength as they emerged through the stages of life. Erikson reports in his theory of Life Span Crises, that the final stage is Integrity versus Despair. Respondents to this study appeared to achieve satisfaction within their lives because of their spiritual and religious connections.

Interestingly, discovered was that as one ages, spiritual/religious practices increased. In order for social workers to be useful when dealing with end of life issues, suggested is that they become more sensitive to their aged clients' needs. In order to build trust and communication, social workers must demonstrate honesty and integrity, and openly respond during times of loss and grief. They must be ready to respond to issues involving loving, caring, and prayer. Social workers must also become knowledgeable about available resources within their communities to assist their aged clientele. This may involve making arrangements for transportation to get to church or other organized senior activities. It
may also involve assisting the client with reconnecting with family and/or friends.

The main prevailing response given by respondents, which is often difficult for social workers to comply, is the need for social workers to just sit down and listen to them, talk and just provide some sense of comfort. Realizing, that social workers are trained to be "change agents," this is not a time in which elder's desire or need direction or advice. They have already lived their lives and are most likely set in their ways.

Again, as suggested and found in this study, there is no one particular tool for use in spiritual assessment. Social workers may employ methods introduced by Hodge (2001b) and Hodge and Williams (2002), but these methods were also flawed, warning social workers about religious counter-transference and advising of the need to safeguard the autonomy of clients served. Once again, social workers are directed to examine their own professional stance in areas of self-awareness and experience of spirituality if they intend to work with this population. Social workers must be prepared to work with the spiritual/religious as well as the non-religious without bias, scorn or ridicule. Education and knowledge
of the diverse communities they serve is a major factor when using spiritual assessment as a method of treatment.

Conclusions

The hypothesis guiding this research was found to be true. Analyses were run using quantitative and qualitative questions to test differences between the two sub-groups. Results support the hypothesis that elders 60 years and over with spiritual/religious values are better equipped to face the challenges of late life and report higher levels of satisfaction compared to elders that do not share the same ideals.
APPENDIX A

QUESTIONNAIRE
Spirituality and Aging

For the purposes of this study spirituality is more broadly defined than religion.

Spirituality is defined as “the human search for meaning, purpose and connection with self, others, the universe, and ultimate reality, however one understands it. Spirituality is related to one’s well being from personal growth, involvement in creative and knowledge-building life tasks, and wisdom. This may or may not be expressed through religious forms or institutions.”

Religion is defined as an “an organized structured set of beliefs and practices shared by a community which is the natural outgrowth of spirituality.”

Please circle the appropriate number, check the appropriate response, or fill in the blank.

1. What is your present age? __________ (years)
2. What is your gender? (please circle one number)
   1. Male  2. Female
3. What is your marital status?
   1. single  2. married  3. widowed
   4. divorced or separated
4. Do you live alone?
   1. Yes  2. No
5. What is your race/ethnic group? (please circle one)
   1. African-American
   2. Latino(a) / Hispanic- American
   3. Asian American/ Pacific Islander
   4. Native American
   5. Caucasian
   6. Bi-racial / Multi-racial
   7. Other (specify: _________________________)
6. In what area of the High Desert do you reside? (please circle)
   1. Apple Valley    7. El Mirage
   2. Victorville    8. Oak Hills
   3. Lucerne Valley  9. Ore Grande
   5. Wrightwood     11. Adelanto

7. Low income (please circle)
   Yes  Eligible for Supplemental Security Income SSI, AFDC, or other financial assistance
   NO   Not eligible for SSI, AFDC or other financial assistance

8. Do you belong to an organized religious group?
   1. Yes           2. No

9. What is your current religious affiliation or spiritual orientation?
   (please check your primary affiliation/orientation)
   ___ Protestant    ___ Catholic    ___ Other Christian
   ___ Jewish        ___ Muslim      ___ Buddhist
   ___ Hindu         ___ Atheist/Agnostic
   ___ Traditional Native American
   ___ Other (Specify: ____________)

10. How frequently do you currently participate in communal religious or spiritual services (e.g., attending church, temple, worship group or other situation of communal activity)? (please check one response)
    ___ daily         ___ once/week
    ___ 2-3 times/week ___ 2-3 times/month
    ___ once/month     ___ 5-6 times/year
    ___ once/year      ___ not at all
11. How frequently do you currently participate in private or personal religious or spiritual practices (e.g., mediation, prayer, chanting, visualization, reading scriptural texts, etc.) (please check one response)
   ____ daily        ____ once/week
   ____ 2-3 times/week  ____ 2-3 times/month
   ____ once/month     ____ 5-6 times/year
   ____ once/year      ____ not at all

12. Indicate your current relationship to an organized religion or spiritual group. (Please check one response).
   _____ Active participation, high level of involvement
   _____ Regular participation, some involvement
   _____ Identification with religious or spiritual group, very limited or no involvement
   _____ No identification, participation or involvement with religious or spiritual group
   _____ Disdain and negative reaction to religion or spiritual tradition

13. Spiritual/religious affiliation is important to me. (please circle one).
   4. Strongly disagree

14. I am satisfied with my life and the direction it has gone. I would not make any changes. (please circle one).
   4. Strongly disagree

15. When dealing with challenges of life (e.g., deaths, loss of physical abilities, independence, choice, quality of life), spirituality/religious values helps me to cope. (please circle one).
   4. Strongly disagree

16. I have family and/or friends to call upon in time of crisis. (please circle one).
   4. Strongly disagree
17. As I grow older spiritual/religious practices are less important to me. (please circle one).
   4. Strongly disagree

18. My present health condition affects my attending spiritual or religious practices in the community. (please circle one).
   4. Strongly disagree

19. When contacted by anyone that provides assistance during a crisis, I would welcome the use of spirituality/religion as part of their help. (please circle one).
   4. Strongly disagree

20. People who work with seniors should be trained and knowledgeable of various spiritual and religious practices for the communities they serve. (please circle one).
   4. Strongly disagree

Please continue on to the next set of questions on the following page.
The following questions require written feedback. They are designed to aide social workers in better serving our diverse population. (please explain your answer in the space provided).

21. If you could change things in your life, what would you change? Why? (e.g., relationships, environments, resources used)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

22. What provides you the most comfort in times of crisis or distress?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

23. How would you define Spirituality for yourself, and what role does it play in your life?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
24. Have your spiritual/religious practices increased or decreased throughout the years? Why?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

25. Are you satisfied with your current level of spiritual/religious activity? How could a social worker be of assistance to provide greater improvement?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

26. Has there been a recent loss in your life (e.g., deaths, financial loss, health, or emotional support)? What methods do you currently use to cope with these losses? Is this method working?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

27. How can social workers help elders to prepare for end-of-life issues? What recommendations would you suggest?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
APPENDIX B

INFORMED CONSENT
Spirituality and Aging

The study in which you are being invited to participate is designed to explore and compare spiritual and religious values and their impact on elders when facing many of life's challenges. Henry Waller Jr., an MSW student, under the supervision of Dr. Rosemary McCaslin, Professor of Social Work, is conducting this study. The Department of Social Work Sub-committee of the Institutional Review Board at California State University, San Bernardino, has approved this study.

In this study you will be asked to respond to questions regarding your opinions about and attitudes towards spirituality and religious practices. This task should take you about 20-30 minutes to complete. All responses will be held in the strictest confidence by this researcher. Your name will not be recorded with your responses. Results will be reported in group form only.

Your participation in this study is totally voluntary. You are free to withdraw at any time during the study. For your records, please keep the attached debriefing statement, which describes this study in greater detail. In order to ensure accurate results, I ask that you do not discuss this study with other participants.

If you have any questions or concerns about the study, please feel free to contact Dr. Rosemary McCaslin at (909) 880-5507.

By placing a check mark in the box below, I acknowledge that I have been informed of, and that I understand, the nature and purpose of this study, and that I freely consent to participate.

Please return this completed informed consent with your completed questionnaire in the enclosed stamped envelope within two weeks of receipt.

Thank you.

Place a check mark here

Today's date: ___________________________
APPENDIX C

DEBRIEFING STATEMENT
My name is Henry Waller Jr., an MSW student, under the supervision of Dr. Rosemary McCaslin, Professor of Social Work. The questionnaire you have just completed was designed to explore and compare spiritual and religious values and their impact on elders when facing many of life’s challenges. Recent findings have reported that social workers are not adequately prepared to deal with the spiritual and religious issues of the elder adult population. The findings of this study will explore the potential usefulness of integrating spirituality into direct social work practice. The findings of this study will be used to further examine the beneficial effects and values that spirituality/religion presents when addressing the needs of elders aged 60 and over.

Thank you for your participation and for not discussing the contents of the questions with other participants. If you have any questions about the study, please feel free to contact my faculty supervisor Dr. Rosemary McCaslin at (909) 880-5507. You may obtain a copy of the study by contacting the circulation department of the library at California State University, San Bernardino at (909) 880-5090, after June, 2005.

Henry Waller Jr., MSW student
California State University, San Bernardino
REFERENCES


