RELIGION IN GERONTOLOGY:
FROM BENIGN NEGLECT TO BELATED RESPECT

Aging and God: Spiritual Pathways to Mental Health in Midlife and Later Years, by Harold G. Koenig. Haworth Pastoral Press, Binghamton, NY, 1994, 544 pp., $79.95 (cloth), $29.95 (paper).


In the domain of religion there long has been a great gulf between most elderly people and the professionals who study and serve them. Over nine of every ten older Americans say religion is important in their lives, and nearly three-fourths say it is very important (Moore, 1995, p. 20). Along with other studies, the books reviewed in this essay demonstrate that religion has significant consequences for health and well-being. Yet most gerontologists tend to ignore religious faith and practice or even, in some instances, try subtly to impose nontraditional faiths or atheistic agnosticism upon elders with whom they work. Their lofty pride reflects an etic approach that views their clients or research subjects only from outside their frame of reference instead of the emic stance that views them from "inside" their own context and mentality. Gerontologists who do touch upon religion sometimes get caught in the "ecological fallacy" of making assertions about one unit of analysis on the basis of a different one they have examined (Moberg, 1973). Such biases are deplored by the authors of the volumes reviewed here and critiqued by several. Gerontologists and others need not be "religious" to benefit from or even to contribute to the adolescent field of "religious gerontology." (The term religious gerontology is somewhat misleading, for religion does not reside within any discipline; no field of scholarly or scientific investigation is either religious or nonreligious, and yet everything is influenced by religion.) These seven books represent major steps toward the maturity of the field. They also are significant resources for the overarching fields of gerontology and geriatrics. Three center on quantitative research, one on research methods, one on qualitative studies, and two on applied dimensions of the discipline.

Empirical Research

Cohesiveness and Coherence, by Ellen L. Idler, is an epidemiological study of 2,811 New Haven residents aged 65 and over in the 1982 Yale Health and Aging Project. Idler found that "public religiosity" (religious service attendance and knowing people in the congregation) was "directly and positively related to fewer chronic conditions, lower functional disability and depression and to better self-assessments of health among women, and to lower functional disability among men" (p. 217). The better health of the more religious people could be attributed in part to better health practices, but generally not to the social cohesiveness of having larger or more intimate social networks than the nonreligiously involved. The thoroughly indexed Aging and God, by Harold G. Koenig, first summarizes history of psychiatry and religion since ancient times (including Freud's influence), conflicting approaches in the mental sciences, and their overlap and complementarity. It next sketches various theories of human development, including Fowler's stages of faith development and Koenig's own theory of religious faith development, which focuses around intrinsic religious motivations of belief and trust in God and the growth of a mature faith born out of adversity and involving action. "Advances in Research" (Part III) is a collection of Veterans Administration studies on depression and medical illness, religious coping and depression, and religion and anxiety. With the exception of some complex nuances in relationship to anxiety (perhaps due to the masking of effects from people who turn to religion when stressed and to some expressions of religion that serve the neuroses of mentally ill people), the predominant relationships uncovered by numerous studies are clearly in the direction of the beneficial effects of religion (especially traditional Judeo-Christian beliefs and practices) on health.

Part IV, "Clinical Applications," presents 14 spiritual needs of physically ill elders that are intimately related to both physical and psychological health, hence ought not to be ignored by health professionals. It then summarizes interventions to meet psychological and spiritual needs, including the work of clergy and chaplains and uses of religion in psychotherapy. Parts V and VI cover special concerns in later life (the nursing home, Alzheimer's,
alcoholism, sexual dysfunction, family and bereavement issues, religious conversion) and "the final frontier" (hope for the dying, near death experiences, suicide, and physician-assisted suicide). All 23 chapters rest upon the solid foundation of Koenig's epidemiological research, psychiatric practice, theoretical expertise, and knowledge of and empathy for diverse faith perspectives.

In Research on Religion and Aging, Koenig annotates 291 research reports published between 1980 and 1995. Comments on each pertain to the study's objective, sample, methods, results, and conclusions with a comment (except for Koenig's own numerous articles) on its quality as fair, good, very good, or excellent. As in an earlier survey (Koenig, Smiley, & Gonzales, 1988), most of the research has found a positive relationship between religious beliefs, behaviors, and mental or physical health; this is despite a most ardent search for research demonstrating otherwise.

The dearth of published studies showing a negative relationship between religion and health (particularly mental health) in older adults... says as much as the abundant reports documenting a positive association (pp. xv–xvi).

Research Methods

Religion in Aging and Health, edited by Jeffrey S. Levin, emphasizes most of all the need for improved research methods more solidly grounded on theoretical foundations of the "why" of religion-health-aging associations. Its purpose is to explore the interface of the three areas and thus to establish a new scientific field, the epidemiology of religion. The introduction and eight chapters bristle with references to specific studies (only one has fewer than 49; the maximum is 192). Martin Marty's foreword calls the book "a jeremiad" that expresses a bitter lament on how the healing professions and scientists who study health and illness tend to overlook the major dimension of people's religious involvement.

Levin deplores the "collective amnesia" of social scientists and biomedical researchers who ignore or overlook the positive role of religion in health despite some 400 published empirical studies on the topic (and possibly another 1,000 if psychological outcomes and health-related behaviors are included), all of which "point consistently, though not unanimously, to a positive health promotive role for religion" (p. xvi). He attributes this neglect to several factors: the antipathy to religion inherent in the modern scientific worldview; stereotypical barriers to research on religious factors in health among the gatekeepers to funding and publication; the body-mind-spirit pluralism that defies consensus; the mediocrity of some past research; and the failure to integrate factual findings into comprehensive theory.

That neglect of religion is attributed in Chapter 6, by Kimberly A. Sherrill and David B. Larson, to ATF — the Anti-Tenure Factor in religious research in clinical epidemiology and aging. Those who make religion a major focus of research suffer discrimination in publishing, promotions, and funding despite strong evidence that contradicts the erroneous but widespread negative stereotypes about relationships between religion and health. Clinically oriented studies, high quality research recognizing the multidimensionality of religion, epistemological sophistication, and multidisciplinary cooperation are recommended as steps toward overcoming ATF in the study of aging and health.

In "Neglect and Misuse of the R Word," Larson and Sherrill along with John S. Lyons critique the state of the art of systematic reviews of religious measures in health, men-
The paradoxical relationships between attachment and separation and among loneliness, spirituality, and solitude are analyzed by Barbara Pittard Payne and Susan H. McFadden (Chapter 2). They show how religious institutions and faith provide persons with opportunities for growth through diminishment that transforms the pain of loneliness into the glory of solitude.

The autobiographical case study of Richard B. Griffin’s “midlife transition toward spiritual freedom” (Chapter 3) is his spiritual history, including moving from the Jesuit priesthood to becoming municipal director of elder services in Cambridge, Massachusetts. There he is distressed at the lack of self-knowledge and spiritual discernment of so many people, and has been convinced that one of the most neglected aspects of old age in America is the need for spiritual development. This is followed by the case study of an elderly religious renunciate in India by Thomas, who shows how the religious renouncer gains “transforming empowerment and spiritual invigoration in the lives of the elderly.

Four chapters based upon the humanities clarify our understanding of the importance of religion in older people’s lives. Stephen Bertman and W. Andrew Achenbaum use the stories of Kings Oedipus and David to illustrate transforming empowerment and spiritual invigoration in old age. Spiritual dimensions of aging illustrated and taught by fairy tales are the theme of Allan B. Chinen. J. Gordon Harris provides biblical illustrations of spiritual well-being, maturity, and aging that demonstrate whole-ness in interconnectedness, and the disfunction of spiritual maturity from circumstances. The responsibilities, tensions, and ambivalences of the relationships of adult children to their aging mothers are described by Dena Shenk in “Honor Thy Mother: Aging Women in the Jewish Tradition”.

Discussions in a six-week course for older adults on “Images of Aging in Literature” revealed several spiritual themes and issues to Eisenhandler. Stories were “vehicles for the emergence of transcendent, and therefore, spiritual concerns” (p. 142), especially the quest for meaning, the value of life, and the reason for living. Participant observation also was the basis for Edward J. Quinnan’s study of elderly celibate men who were members of a Roman Catholic religious community. His interviews and observations revealed four ways in which religious and spiritual themes explained their life experience — as a boundary for self-identification through group membership, as a basis for intergenerational connection, as an interpreter of life events in one’s spiritual journey, and as a source of group cohesiveness through accounts connecting domains of spirituality, intimacy, and friendship.

“Generativity as Pragmatic Spirituality” is explored by Robert L. Rubinstein with the help of case materials from 161 older women, two examples of which are described. The “connections of the self with a future that will continue on after one is gone” (p. 171) have strong spiritual components, especially because they relate to the transition from late life to death.

Following discussion of religious beliefs about death, its acceptance among most elderly persons, and the adaptive task of preserving the self in normative aging, Sheldon S. Tobin, Elise M. Fulimer, and Gregory C. Smith report on a study of 115 mothers aged 58 to 96 who were caring at home for an adult offspring with mental retardation and who answered a “Death is . . .” sentence completion test. Those who said they are very religious or who can accept death were more likely to have greater subjective well-being. The mothers used prayer for coping and tended to mention God when talking about birthing and rearing a child with mental retardation, yet had difficulty using religious beliefs that are particularly useful in normative aging, wondering why God persists in letting them suffer.

In the final chapter of Aging and the Religious Dimension, Lars Tornstam theorizes that human aging “encompasses a general potential toward gerotranscendence, . . . a shift in metaperspective, from a materialistic and rational vision to a more cosmic and transcendent one, normally followed by an increase in life satisfaction” (p. 203). He summarizes the background of this theory, presents evidence to support it, gives empirical questions implied by it, and lists findings from a survey of 912 Danish elders. Two major dimensions (cosmic and ego transcendence) were identified in the survey, both of which are correlated with life satisfaction. The higher the transcendence of a respondent, the less essential is social activity for life satisfaction, a finding that has important implications for disengagement, activity, and interactionist theories.

**Applied Gerontology**

With the help of journalist Ronald S. Miller, Rabbi Zalman Schachter-Shalomi has written From Age-ing to Sage-ing to describe his vision of “spiritual eldering,” an admirable concept in tune with the rising tide of interest in personal religion. In contrast to the sectarian approach of “religious eldering,” which provides people with specific beliefs, practices, and rituals and easily separates some believers from others, “Spiritual eldering implies an inner search for God, a self-directed flowering of the spirit that unites all people in a common quest, no matter what their affiliation” (p. 39). (One wonders whether such unity can ever be possible when all persons pursue their self-directed interests.) Three chapters set forth his theory. Four are on personal transformation and four more on social transformation, and how these two processes allegedly occur through spiritual eldering. An appendix provides “Exercises for Sages in Training.” Laudatory linkages made with Gaia, Buddhism, Hinduism, Sufism, and various New Age concepts and groups clearly place Schacter-Shalomi’s mystical vision outside of mainstream Judaism and Christianity.

**Humanity Comes of Age,** by Susanne S. Paul and James A. Paul, shows how ageism infuses all aspects of global society, including discrimination by the World Bank and international relief agencies. It contributes to exploitation of the poor, discrimination against women, deterioration of family life, problems of housing and health care, unemployment, income insecurity, and numerous other blights on humanity worldwide. Advocating “productive ageing,” Paul and Paul call upon churches to get out of their lethargy in relation to the world’s increasing longevity and to abandon their paternalistic focus upon only the frail elderly. The nine chapters set forth realities and issues related to the “ageing explosion,” and include many practical suggestions for action. This book could serve well as a consciousness-raising supplement to gerontology textbooks and help to overcome much of their current parochialism.
Conclusions

These studies point to many “lessons” for the development of a genuinely wholistic orientation within gerontology and geriatrics. Among them are:

1. Religion and spirituality are far more important independent variables than many, if not most, of the others that conventionally receive research attention. Even when crudely measured, they are significantly related to measures of health and well-being.

2. The religious commitments and connections of older people provide rich opportunities for enhancing therapy and services to improve their well-being. (However, when they are forced upon people, they violate human dignity and often do more harm than good.)

3. Researchers studying relationships between religion and other variables have diverse ideologies, religious values, methodological approaches, theoretical orientations, professional obligations, and philosophical assumptions. These can enrich gerontology through the cooperative research triangulation of working with people from other disciplines than our own and of using diverse theories, methods, and techniques of investigation on dissimilar types of subjects to expand the scope of gerontological knowledge and wisdom.

4. Most gerontologists can share in the rich agenda for research set forth in these works by including appropriate religious and spiritual variables in their investigations. When carefully conceptualized, the findings will reveal amazing relationships, almost always demonstrating the functional value of even defective forms of conventional American religions. They also will contribute to the maturation of Religious Gerontology.

References


There is little effort to theorize. Rather, these studies, and many others which continue to accumulate, await appropriation by those who may follow the leads of the other three volumes reviewed in this essay, that are more theoretically inclined.

For Haim Hazan’s Old Age: Constructions and Deconstructions, tennis-match-spectator skills are needed to absorb the analysis. A model, a theory, or policy, constructed by welfare workers, social scientists, or policymakers, is reviewed; then, each construction is dismantled. He argues that the operant age status system, especially as it dominates and restricts opportunities for the elderly, inaccurately portrays the essential qualities of the elderly. The inaccuracy is rooted in the fears of gerontologists and others as they desperately seek to avoid confrontation with death. Hazan’s postulated grasp of old age is a “form of self-awareness” emanating from those on the “verge of death” (pp. 4–5).

Thus, for Hazan the current state of knowledge of aging is “a type of masking — often simply an academically celebrated form of necessary social ignorance” (p. 93). In brief, Hazan seeks to debunk the images of the elderly advanced by the early, post-World War II gerontologists, images confirmed by much of the research of recent decades. Hazan charges that the outcome, if not the intent, has been to denigrate and to isolate the elderly.

A sociology of knowledge emerges. For Hazan, knowledge is not only “out there” in social structures, but “in there,” in the minds of the elderly, as they escape roles forced upon them. An awesome task for gerontologists results. Heaped upon the necessity of studying the “multifaceted corpus” of data about society are the assignments of penetrating the minds of the elderly as well as continually monitoring academic temptations to control the elderly.

Constructing the Life Course, by Jaber F. Gubrium, James A. Holstein, and David R. Buckholdt, claims to move...