

ASSORTMENT OF AGEING WITH SPIRITUALISM

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Abstract—Interest in spirituality and aging has increased recently, owing to overwhelming evidence of positive health outcomes linked to spirituality and religious participation. Increasing longevity in modern society puts spiritual needs of older adults at the forefront of societal priorities. Understanding individual spiritual perspectives becomes increasingly important, the issues of loss, physical illness and mortality that are confronted in old age. There are multiple barriers to the proper assessment of spirituality in clinical practice and research. Integrating an individual's spiritual practice into their healthcare can help shape personalized medical care for older adults and improve health outcomes overcoming these barriers via improved training for healthcare professionals can improve healthcare and outcomes in older adults. Improvement of research tools and assessment methods, as well as the development of spiritual interventions, can offer more choices of healthcare to the individuals and their families that are consistent with their belief systems. An improved understanding and respect for individual spiritual practices can help shape personalized medical care for older adults, and improve health outcomes.

Keywords—Spiritualism; Ageing; Old Age; Assortment; Spirituality; Health Aspects; Future Spiritual Interventions

1. INTRODUCTION

Interest in spirituality and aging has increased recently, primarily owing to empirical research overwhelmingly demonstrating the various health benefits of spirituality and religious participation.[1,2] Interestingly, this trend of increased spiritual growth and religious activities in older age people continues in modern society, despite significant secularization of the society compared with 50 years ago. Spirituality moderates positive relationships with various measures of life satisfaction, psychosocial wellbeing, both physical and mental health, and is helpful in the quest for meaning and purpose in life.[4] Understanding an individual's spiritual perspective becomes increasingly important, given the issues of loss, physical illness, disability and mortality that are confronted in old age.[2]

2. SPIRITUALITY & AGING IN MODERN SOCIETY

Increasing longevity in modern society puts the spiritual needs of older adults at the forefront of societal priorities in providing care for the elderly. Historically, the elders of society functioned as transmitters of sacred knowledge and rituals. They established an awareness of the culture and roots that are necessary for the health and growth of the community.[4] With the growing population of older adults, the role of an elder in the society should be expanded, to enrich and give meaning to lives of its aging citizens.

Being a whole person implies having physical, emotional, social and spiritual dimensions. Ignoring any of these aspects can interfere with healing.[5, 6] In healthcare systems, many patients want their physicians to integrate religion; over 75% want their physicians to include spiritual issues in their care.[7, 8] Yet, frequently, families and healthcare providers of older adults are poorly prepared for integrating spirituality into the consideration of life and healthcare decisions. Overcoming these barriers toward proper assessment, and understanding and respecting an individual's spirituality can help shape personalized medical care for older adults, and improve health outcomes.

Although the concept of spirituality is multifaceted and does not lend itself to an easy definition, further research will depend on the use of stronger and non-ambiguous definitions and measures that will unify research efforts and determine success.[3] Spiritual interventions can help relieve psychological distress and fear of death, as well as the stresses of care giving for loved ones with chronic illnesses in later years.

As in all other domains of clinical research, spiritual interventions have limits, and must be applied with caution for both technical and ethical reasons. As scientific knowledge of spirituality expands, so does awareness of the need for further research, including the refinement of methodological procedures, expansion to new topics and extension to international cultures and diverse religions.[3]

3. SPIRITUALITY & SUCCESSFUL AGING

The notion that a spiritual perspective becomes increasingly important with aging adds a positive spin to the search for a 'positive death' or a 'spiritual journey'. [9] The concept of successful aging, which emerged from the 1990s McArthur Research Network on Successful Aging, brought about an interest in positive aging. Spirituality and religious participation are highly correlated with positive successful aging, as much as diet, exercise, mental stimulation, self-efficacy and social connectedness, stimulating an interest in the understanding of why spirituality has such positive effects on the quality of life and end of life. This attitude is more positive, and promotes self-enhancing behaviors and beliefs. Older adults who are

more religious tend to demonstrate greater wellbeing than those who are not.[10] Spirituality appears to play an important and adaptive role in aging that seems to lead to a better quality of life and life satisfaction, as well as longevity in the older. FUTURE PERSPECTIVE:-The public health significance of spirituality and positive aging is rapidly growing, with an increasing elderly population. The cost of care for the victims of mental and physical illnesses will increase exponentially in the next several decades. It is important to understand the interaction between spirituality, and physical and mental health in older adults. Learning to use and enhance spirituality may help improve health outcomes and disability, while enhancing the healing process. Another opportunity to understand the phenomenon lies in the practice of employing spiritual beliefs in promoting and coping with death and dying, especially in the palliative and long-term healthcare settings and hospices. Training of healthcare professionals in assessing and integrating spirituality into healthcare should be a priority for interdisciplinary training programs via the development of a comprehensive curriculum for medical schools, schools of nursing and social work, allied health and clinical pastoral programs.

Future spiritual interventions that aim to enhance coping and reduce stress in various populations must consider spiritual diversity, and develop targeted programs that offer choices of healthcare based on individual spiritual beliefs, thus creating a basis for personalized healthcare. Future research should test culturally appropriate interventions tailored to the needs of different populations, which combine methods demonstrated to be effective in reducing stress and improving wellbeing and coping. A comprehensive multidimensional model that combines psychological, social, genetic and neurobiological factors, based on previous research and theory, is needed to guide future research in the area of spirituality. Integrated use of spiritual interventions enhancing individual resilience to stress, and the mind–body approaches to stress reduction are likely to improve overall functioning and wellbeing in older adults. [11]

4. CONCLUSION

Interest in spirituality and aging has increased recently. There are multiple barriers to the proper assessment of spirituality. Overcoming these barriers via improved training for healthcare professionals can improve healthcare and outcomes in older adults. Improvement of research tools and assessment methods, as well as the development of spiritual interventions, can offer more choices of healthcare to the individuals and their families that are consistent with their belief systems. An improved understanding and respect for individual spiritual practices can help shape personalized medical care for older adults, and improve health outcomes.

REFERENCES

- [1] Koenig HG, McCullough ME, Larson DB: Handbook of Religion and Health. Oxford University Press, NY, USA (2001).
- [2] Dalby P: Is there a process of spiritual change or development associated with ageing? A critical review of research. *Aging Ment. Health* 10, 4–12 (2006).
- [3] Moberg DO: *Aging and Spirituality: Spiritual Dimensions of Aging Theory, Research, Practice, and Policy*. The Haworth Pastoral Press. Binghamton, NY, USA (2006).
- [4] Gallup G: Assessing religion in US on three levels. *Emerging Trends* 21, 2–4 (1999).
- [5] Astrow AB, Puchalski MC, Sulmasy DP: Religion, spirituality, and healthcare: social, ethical, and practical considerations. *Am. J. Med.* 110, 283–287 (2001).
- [6] King DE, Bushwick B: Beliefs and attitudes of hospital inpatients about faith healing and prayer. *J. Fam. Pract.* 39, 349–352 (1994).
- [7] Daaleman TP, Nease DE Jr: Patient attitudes regarding physician inquiry into spiritual and religious issues. *J. Fam. Pract.* 39, 564–568 (1994).
- [8] Armbruster CA, Chibnall TJ, Legett S: Pediatrician beliefs about spirituality and religion in medicine: associations with clinical practice. *Pediatrics* 111,e227–e235 (2003).
- [9] MacKinlay EB, Trevitt C: Spiritual care and ageing in a secular society. *Med. J. Aust.* 186, S74–S76 (2007).
- [10] McFadden S: Religion and well-being in aging persons in an aging society. *J. Soc. Issues* 51, 161–175 (1995).
- [11] Seifert L: Toward a psychology of religion, spirituality, meaning-search, and aging: past research and a practical application. *J. Adult Dev.* 9, 61–70 (2002).