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Spirituality and Aging in Social Work: State of the Art and Future Possibilities

Holly Nelson-Becker
Loyola University Chicago, hnelsonbecker@luc.edu

Edward R. Canda
University of Kansas Main Campus

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Spirituality and Aging in Social Work:

State of the Art and Future Possibilities

By

Holly Nelson-Becker and Edward R. Canda

The University of Kansas

Address Correspondence to the first author:

Holly Nelson Becker, Ph.D.
The School of Social Welfare
The University of Kansas
1545 Lilac Lane
Lawrence, KS 66044
hnelson@ku.edu

About the authors

Holly Nelson-Becker, MSW, Ph.D is Assistant Professor in the School of Social Welfare at the University of Kansas, Lawrence, Kansas. She is a Hartford Faculty Scholar in Geriatric Social Work (cohort 3). She was Assistant Chair and then Chair from 2001-2004 of the Interest Group in Religion, Spirituality, and Aging for the Gerontological Society of America. She is PI on a Practicum Partnership grant to increase the numbers of age-competent social workers. She is past Co-PI on a Hartford GeroRich grant to infuse aging in social work curricula and is a national Gero-Ed mentor. She has served as an institutional sponsor for a Hartford Geriatric Doctoral Fellow.

Edward R. Canda, M.A., MSW, Ph.D. is Professor and Director of the Ph.D. Program in Social Work at the University of Kansas School of Social Welfare, Lawrence, Kansas. He founded the Society for Spirituality and Social Work in 1990 and currently maintains the Spiritual Diversity and Social Work Resource Center via www.socwel.ku.edu/canda. In 1988-89, he was a Geriatric Education Fellow at the University of Iowa. Since 2000, he has served as dissertation methodologist for 3 Hartford Geriatric Doctoral Fellows and as an institutional sponsor for 1 Hartford Geriatric Social Work Faculty Scholar at the University of Kansas.

Spirituality and Aging in Social Work:

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Abstract

This article identifies the unique contributions social work has made to the study of spirituality and religion in relation to aging, based on respect for their diverse expressions. Definitions of religion and spirituality that particularly relate to late life are provided. The study of spirituality and aging is situated in four historical phases ranging from sectarian origins (1890s to 1920), to professionalization and secularization (1920s-1970s), to renewed interest (1980s to mid 1990s), to the current phase characterized by transcending boundaries. Interdisciplinary research by social workers is prevalent. Topics of study include a wide range of religious and nonreligious spiritual perspectives, cultural groups and life domains. There is an expansion of interest in international research and collaboration on spirituality and aging as well. Future research possibilities include functions of religion and spirituality for older adults, spirituality in relation to professional direct practice, professional ethics, macro level social work, and public policy. The state of the art provides a foundation for future expansion in detail and depth of studies on these topics as well as for greater refinement of relevant theory and methodologies for inquiry.

Introduction

The voices of many gerontological disciplines are growing and joining in interest about spirituality, like members of a chorus. Social work has a unique vocal range to add to this chorale. Our professional voice calls for special attention to both individual and environmental factors in human behavior, strengths and solutions as well as problems, human diversity in all of its contexts, and ideals for social justice. This article summarizes major trends of conceptual and empirical developments on connections between spirituality and social work, particularly in the United States. It will present definitions of religion and spirituality for social work, the historical and contemporary interface of the profession with spirituality and aging, and possibilities for future work.

Definitions and Relevance of Spirituality

Most studies of religion and spirituality in social work do not make judgments of rival truth claims about theology and the nature of reality. Rather, most studies uphold our profession's value commitment to honor and respect the diversity of spiritual perspectives and communities and their contributions to personal and social welfare in general and to positive aging in particular. Some studies also address the detrimental impacts that can result from certain religious practices as well as from neglect of spirituality by professional helpers.

Definitions of spirituality and religion in social work tend to reflect this inclusive approach. Although there is no uniformity in using these terms, there are some common features of the most widely used definitions (e.g. Bullis, 1996; Canda, 1997; Canda & Furman, 1999; Carroll, 1998 & 2001; Ellor, Netting, & Thibault, 1999; Nelson-Becker, 2003; Robbins, Chattterjee, & Canda, 2006; Van Hook, Hugen, & Aguilar, 2001).

Spirituality is a more general concept than religion. Spirituality typically refers to the human quest for a sense of meaning, purpose, and moral principles in relation to persons' and groups' deepest or most central convictions and experiences about the nature of reality. Spirituality manifests in perspectives that are theistic, atheistic, nontheistic, polytheistic, animistic, mystical, and other forms. Especially intense spiritual experiences often have a transpersonal quality, that is, transcending the ordinary limits of the body, ego, and linear space and time while imbuing daily life with beauty and significance (Canda & Smith, 2001). For example, transpersonal experiences include sensing a profound soulful connection with a loved one; awareness of deep connections with family of previous and future generations; leaving the body during a near death experience; disidentifying with the body and connecting with something greater during advanced age or preparation for death; harmonizing with nature; experiencing the nurturing support of God, angels, departed loved ones, and other spiritual beings or energies; or expanding awareness to encompass the universe. Spirituality develops through relationships with self, others, the universe, and ultimate reality --however a person or group understands this (Canda & Furman, 1999; James, 1909/1982). It can involve the following interrelated ideas: an irreducible core element of human nature; one of the biopsychosocial-spiritual dimensions that comprise humans; and transpersonal experiences. Spirituality is present in some way for every person and every culture, whether or not a person uses the term or affiliates with a religious community.

Religion is a narrower concept. It refers to an organized system of spiritual beliefs, values, and behaviors that is shared by a community and transmitted over time. Religion is about communal ties and practices that address the sacred. For example, in the

United States, most older adults grew up in the context of Christian or Jewish religious

congregations and related beliefs continue to influence them (Corbett, 1997; Nelson-

Becker, 2003). For many of these people, their understanding of spirituality (if they use

the term at all) is intimately linked to their religion and faith. However, as the baby

boomer generation moves into retirement and beyond, and the range of spiritual diversity

increases dramatically through immigration and refugee influx, more older adults are

relating to a wider set of religious and nonreligious possibilities (Canda & Furman, 1999;

Nelson-Becker, 2004; Roof, 1993; Wulff, 1997).

In this article, we will use the term spirituality to include diverse religious and

nonreligious spiritual perspectives and experiences. We use the term religion when we

highlight it as an expression of spirituality. Sometimes we will use the expression

'spirituality and religion' as a short form of 'religious and nonreligious forms of

spirituality.'

It is important to note that professional definitions of spirituality and religion are

best suited to promote professional dialogue, scholarly inquiry, and empirical research.

However, in addressing particular older adults, it is crucial to identify the terms and

meanings relevant to spirituality that make sense to them. Social work assessment and

practice with older adults place first priority on respecting the spiritual beliefs, values,

and practices of the clients themselves (Nelson-Becker, Nakashima, & Canda, 2006).

As human developmental theorists have pointed out, older adults may increase

attention on spirituality as they face challenges of mortality and illness that may shake

their sense of life meaning and divine plan or that may prompt them to seek greater

solace, inspiration, and social support from religious communities (Erikson, 1982;

Erikson & Erikson, 1986; Fowler, 1981, 1984 & 1986; Jung, 1960 & 1965). They also

may turn more to spirituality as they contemplate the positive legacy they wish to leave

behind, reflect on insights from their life's learning and share them with others, and

prepare themselves to meet death and whatever might be beyond death with dignity and

wisdom.

Historical Trends

In order to situate current scholarly study of spirituality and aging by the

profession of social work, it is useful to present a historical continuum, adapting the

timeline of Canda & Furman (1999) and Canda (2005) to a focus on gerontology. They

describe four broad phases. Work linking spirituality to aging in social work has

developed within the context of the interdisciplinary field of gerontology and the general

professional movement on spiritually sensitive social work. Focus on aging has tended to

follow after the emergence of each phase. These phases are a heuristic frame to represent

a general distillation of a complex and flowing process.

The first phase (the colonial period through early twentieth century) refers to the

sectarian origins of social work. The profession emerged out of the 19th century with

strong influences from religious and philanthropic concern for the poor and people

marginalized because of old age, physical disability, immigrant transitions, or mental

health problems (Nelson-Becker, 2005a). The social gospel movement taught that the

quests for social justice and personal salvation should be linked. The Charity

Organization Society in the US became one of the early philanthropic foundations for

social work with its use of friendly visitors. The settlement house movement, based on

Toynbee Hall in England, was spearheaded by humanistic reformer Jane Addams, who

sought to make all aspects (sanitation, housing, cultural) of urban life better for

immigrants. In 1886, before starting on this project, she spoke in religious metaphors of

envisioning "a cathedral of humanity capacious enough to house a fellowship of common

purpose" (Addams, 1981, p.71). Social welfare policies developed based on Christian and

Jewish and well as nonsectarian humanistic spiritual ideologies (Canda & Furman, 1999;

Cnaan, Wineburg & Boddie, 1999).

The second phase from the 1920s to the 1970s was one of increasing

professionalization and secularization. Social work turned more toward social scientific

and psychological theories, such as behaviorism, Freudianism, Marxism, and social

functionalism rather than religious explanations for human troubles and solutions

(Robbins, Chatterjee, & Canda, 2006). Although some social work activities continued to

be affiliated with religious social services, including religiously sponsored programs for

elders in institutional care, professional organizations and education distanced from

religious connections, partly to avoid pitfalls of religiously-based judgmentalism and

proselytization. Social work services to older adults were increasingly delivered through

government-sponsored programs that wished to maintain church/state separation, such as

programs affiliated with Social Security (1935), Medicare (1965), and the Area Agencies

on Aging established by the Older Americans Act in 1965.

The third phase (from the 1980s to the mid 1990s) was marked by a renewed

interest in spirituality. Increasing numbers of scholars called for social work to return to

its early concerns with spiritual needs within the context of holistic understanding of the

person in environment and cultural and religious diversity (e.g. Canda, 1988;

Loewenberg 1988; Marty, 1980; Siporin, 1985; Joseph, 1988). Research in the area of

religion, spirituality, and social work began to grow significantly in quantity and range of topics (see Canda, Nakashima, Burgess, Russel, & Barfield, 2003 for numerous citations). This is the phase in which publications by social workers on aging and spirituality began to increase, although still small. For example, topics included the role of religious institutions in providing services for the elderly (e.g. Kimble, McFadden, Ellor & Seeber, 1995; Fillinson, 1988; Pieper, 1981; Thibault, 1995; Tobin, Ellor, & Anderson-Ray, 1986), the role of religion and spirituality in later life development (e.g. Guy, 1982; Mindel & Vaughan, 1978; Seeber, 1990); and the interface between religion and ethnic diversity (e.g. Abramowitz, 1993; Bubis, 1986; Delgado, 1996 & 1998; Heisel & Faulkner, 1982; Morrison, 1991). Studies on spirituality in relation to loss, death, and hospice also began, which sometimes included issues of older adults (e.g. Chung, 1990; Ita, 1995-96; Millison & Dudley, 1990; Nakashima, 1995).

Current State of the Art

The trends of research that began in phase three have continued and expanded in scope and breadth from the mid 1990s to the present, which is the fourth phase. Social workers recognized that the integration of body-mind-spirit was important in therapy and healing work (Derezotes, 1995). They developed ethical guidelines for incorporating spirituality into practice (e.g. Canda & Furman, 1999; Murdoch, 2005). In this way, they put in place mechanisms to avoid spiritual and religious discrimination, exclusivism, or oppression in policy and practice arenas. While acknowledging sometimes harmful effects of religion, the profession increasingly recognized spirituality and religion as environmental as well as internal resources. Support for bringing religion and spirituality into the helping relationship through referral to clergy or direct practitioner discussion

came through acknowledgment that religion and spirituality were meaningful to some individuals, especially for some older adults who faced debilitating illness, loss of friends/families, and economic hardship. Support for incorporation of spirituality in practice meant increasing understanding and recognition of the social work values of promoting well-being, respect, self-determination, and cultural and social diversity.

This fourth phase of connections between spirituality and social work is characterized by *transcending boundaries* (italics in original - Canda, 2005) of disciplines, spiritual perspectives, and nations. These trends are reflected in gerontological social work scholarship as well as the broader field of social work. This phase builds on a well-established foundation of guidelines for spiritually sensitive social work practice encompassing diverse religious and nonreligious forms of spirituality as well as international perspectives (e.g. Canda & Furman, 1999; Ellor, Netting, & Thibault, 1999; Nash & Stewart, 2002; Patel, Naik, & Humphries, 1997; Van Hook, Hugen, & Aguilar, 2001). There are now more than 800 publications on spirituality and social work across many topics and research methodologies. For example, in the most comprehensive (though not all inclusive) bibliography on spirituality and social work, approximately 480 English language publications were identified up to 1995; 288 publications were identified for the years 1996-2003 (Canda, Nakashima, Burgess, Russel, & Barfield, 2003).

This increasing interest in spirituality by social work mirrors increasing interest in the general public and many helping professions and behavioral sciences (Kimble, McFadden, Ellor & Seeber, 1995). It has been supported by a broader interest in society that confirms religion and spirituality remain important (Andrew Greeley, personal

communication, 1999). Fifty-eight percent of older Americans reported that religion is very important, the highest rating on a four-point scale in a recent Gallup poll (Princeton Religious Research Center, 2001). Twenty-nine to thirty-nine percent of Americans attend religious services on a weekly basis (McKenzie, 2001). While many Americans may not be attending religious services on a weekly basis, they are interested in many expressions of religion and spirituality, including exploration of Eastern philosophical and religious traditions. In the public policy arena, the growth of federal support for controversial faith-based social service programs affects services for older Americans (Cnaan & Boddie, 2002; Cnann, Wineburg, & Boddie, 1999; Sherman, 2001; Wineberg, 2001).

Research on spirituality has expanded in anthropology, medicine, nursing, religious studies, counseling, psychology, sociology and other related disciplines. Further, gerontological social work organizations and journals, such as the Hartford Foundation, AGE-SW, and the Journal of Gerontological Social Work have actively encouraged work that crosses disciplines. The Hartford foundation organizes interdisciplinary communications seminars for its award recipients and the Journal of Gerontological Social Work encourages transdisciplinary articles. A recent issue edited by H. Rick Moody (2005) highlighting religion and aging included articles by sociologists as well as social workers.

Research on religion, spirituality, and aging has been tracked by the Gerontological Society of America (GSA) interest group on spirituality since 1997 when there were 24 symposia/papers and 5 posters at its national conference. In 1998 there were 18 related symposia/papers and 23 posters; in 2001 there were 52 symposia papers

and 17 posters. In 2004, because of continuing high membership, approval was given for a status change to a formal interest group category. At the 2005 GSA conference, there were at least 71 sessions with religion in the title and 35 additional sessions that included the word spirituality in the title. While many presentations were not by social workers, social work does play a key role in the interest group. The first author represented social work as Chair of this multidisciplinary group from 2001-2004, and Amy Ai, also a social worker, has been Chair since 2005.

While this transdisciplinary trend increases cross-fertilization of ideas, it also makes it difficult to identify when authors on spirituality and aging are social workers, since they may publish outside our profession's journals and may not make explicit identification as social workers or with social work contexts. Between the years of 1988-2005, Social Work Abstracts listed 97 peer-reviewed publications using keyword search terms of religio*, spirit*, and eld* and 60 publications using the keywords religio*, spirit*, and old* . During the same period, Social Services Abstracts listed 192 publications using the three terms, religio*, spirit*, and eld*. However, many gerontological social work colleagues conducting research in this area are publishing in journals abstracted in PsycINFO but not in the previous social work related indexes, such as the Journal of Aging Studies. Between 1996-2006, the Journal of Aging Studies published three articles by social workers with titles that referred to some aspect of spirituality. Content analysis of all aging related publications would reveal larger numbers than these. Besides the horizontal transdisciplinary expansion, there has been a vertical expansion in the range of spiritual areas addressed within social work, such as connections between spirituality and aging regarding health, coping with life challenges,

assessment and direct practice, growth during the dying process, mental health, ethical guidelines, collaboration with church communities and caregiving (e.g. Ai, et al., 1998; Koenig, 2005; Morano & King, 2005; Murdock, 2005; Nelson-Becker, 2004, 2005b; Nelson-Becker, Nakashima, & Canda, 2006; Nakashima & Canda, 2005; Parker et al., 2003; Tirrito, 2000).

Growing internationalism has expanded our understanding of spirituality and aging as well as how we are called to help. Professional social workers in the USA and other countries are involved in country-specific, religion-specific, and international approaches to gerontological social work. For example, see the Aging Symposium and Spirituality Symposium of the 5th International Conference on Social Work in Health and Mental Health to be held in December, 2006, in Hong Kong (www.swh2006.com). Studies of elder immigrants in the USA also consider spirituality and aging in an international context (e.g. Pourat, Lubben, Wallace, & Moon, 1999). International collaborations are promoted by organizations such as the Society for Spirituality and Social Work (http://ssw.asu.edu/spirituality/ssw/), the Canadian Society for Spirituality and Social Work (http://people.stu.ca/~jcoates/cnssw/), the Gerontological Society of America, and the Spiritual Diversity and Social Work Resource Center (www.socwel.ku.edu/candagrant/HFCR.htm).

The experience of the first author in Costa Rica illustrates this. I presented at the 1st Congreso Internacional de Gerontologia in Costa Rica in October 2005. The Costa Rican population is approximately 80% Catholic and 20% Protestant (C. M. Castillo, personal communication, October 27, 2005). Given this high percentage of religious adherence, there is interest in, but still surprisingly minimal, support for spiritual

considerations in aging related care such as end-of-life care. There is one little-publicized hospice in the country and that is for children who are dying. Yet, professionals are increasingly interested in opening up discussions of spiritual care. My presentation on Espiritualidad y Preparacion para la Muerte en la Vejez (Spirituality and Preparation for Death in Aging) was moved from a smaller break-out room to the main conference room due to an unexpectedly large attendance. That suggests a hunger to learn from research in other countries and discern whether and how it may apply in a different national context.

What We Have Learned and Future Possibilities

As social work is one of the helping professions, it focuses on development of theory and empirical research that promote practice and policies for personal well-being and social justice regarding older adults and all people. Some empirical studies look in detail at personal experiences of older adults and caregivers. Others utilize larger scale surveys of group nomothetic patterns. Much of the current work on spirituality and aging is still at an exploratory stage. Although the volume of publications is increasing in number and pace during this fourth phase, there is still relatively little. Yet the work on spirituality and aging in social work helps our field to learn how to formulate the proper questions and develop next steps for research and practice. As the poet Rilke said, "Be patient toward all that is unsolved in your heart and try to love the questions themselves . . . . Live the questions now" (1954, p. 34-35).

Social work research on spirituality and aging has reinforced some of the broad insights of allied fields that individual older adults and their caregivers may benefit from spiritual meaning systems, prayer, religious coping strategies, and congregational support systems (J. Ellor, personal communication, November 21, 2005). On a larger social scale,

older adults as a group may benefit from religious institutions' sponsorship of programs and policies related to elder citizens and end-of-life care. Sometimes spiritual beliefs and behaviors of religious congregation members can be detrimental to older adults, as with excessive and inappropriate feelings of shame and guilt when approaching death. Social work research also makes a valuable contribution by addressing connections between spirituality and human diversity of all kinds and socioeconomic justice issues. Social work has a traditional emphasis on marginalized and vulnerable populations within the broader population of older adults. This is usually not a focus of study in other disciplines.

Overall, the trend of expanding research is heartening, but much more needs to be done. It is important for different disciplinary voices to triangulate perspectives and results from studies. By doing so, we will have better assurance about what we think we know. It is also important to approach research through many kinds of methods: historical, theoretical, quantitative (survey, experimental, quasi-experimental, etc.), and qualitative (individual and group interviews, case studies, ethnography, etc.). Although social workers have conducted research on religion, spirituality, and aging using all of these methods, the numbers and range of studies on any particular topic and by any particular method are small.

This leads to suggestions about further questions we still need to ask. Social work is less interested in intrinsic questions about the nature of spirituality in and of itself than in understanding its meaning and usefulness for clients. Regarding conceptual work, we need to examine generic models and definitions of spirituality and tailor them to specific populations and contexts of aging. We need to refine conceptual models and theories of

spirituality and positive life development for older adults (e.g. Larimore, Parker, & Crowther, 2002).

Some possibilities for further empirical research include functions of religion and spirituality, professional direct practice, ethical concerns, macro level practice, and public policy.

Functions of religion and spirituality. We are interested in how religion and spirituality are understood and utilized in different social contexts and ethnic groups within the USA and in other countries. How do older adults of color define and employ religion and spirituality? What are issues specific to gay and lesbian older adults in dealing with supportive or discriminatory and oppressive influences from religious communities? What are the mental health and spiritual growth implications when older people close to the end of life experience dreams or visions that seem to transcend the boundaries of time and space through contact with deceased loved ones, for example? What are the specific effects of spiritually-based complementary healing practices, such as prayer or meditation, for older age groups in the healing process? What role do religion and spirituality have in mental health, such as dealing with depression or suicidal thoughts among older adults? How can spirituality be used more effectively to enhance institutional care settings, such as with the Eden Alternative that brings older adults into closer connection with the beauty of nature (Thomas, 1994). What are the effects of attitudes and beliefs associated with different religious values, from conservative to liberal, on seniors in religious congregations and society in general?

Professional direct practice. We need to know how best to work with our clients around these issues. We will never have a standard one-size-fits-all answer, because older

adults in the USA and across the world vary so much by individual traits, family context, spiritual perspective, and culture. However, we can learn about how to learn from them what is meaningful, and what provides purpose and moral perspective in clients' lives. We can learn to refine the questions we need to ask in order to help older adults, and to understand their multi-storied, multi-motivated lives and the dominant societal discourses that have sustained or harmed them. In particular, we need to study the processes and outcomes of helping activities that draw on religious and nonreligious spiritual strengths and resources in order to identify what works well. This has not been done in precise detail so far. Perhaps such evidence based research could start by examining the range of helping activities that social workers have reported using so far (Canda & Furman, 1999). Nelson-Becker, Nakashima, and Canda (2006) have conceptualized eleven spiritual domains relevant to older adults, including such areas as spiritual affiliation, spiritual behaviors, spiritual experiences, social support, and therapeutic change factors, with questions that can suggest topics for further inquiry.

Professional ethics and personal stances. We need to know more about the ways that professional helpers' values, morals, and ethical principles affect therapeutic initiatives and feelings about work with older adults and their spirituality. For example, ethical guidelines have been developed for addressing spirituality in social work practice in general (Canda & Furman, 1999; Canda, Nakashima & Furman, 2004). How can these be adapted to particular issues and settings for work with older adults?

Macro level social work. We need to know more about how we can work with religious institutions and spiritual mentors of older adults in referral and collaboration, based on mutual respect and trust. How can we increase mutual sharing of knowledge

and resources between religious support systems, spiritually based healers and social workers? The organizational context and culture of particular human service organizations, such as Area Agencies on Aging, nursing care facilities, assisted living, and other institutional environments, visiting nurses agencies, and Medicaid/Medicare service providers can be examined for the ways they do or do not assess and respond to the spiritual perspectives, needs, goals, and resources of older adults whom they serve.

Public policy. Public policy that intersects with religion and spirituality for older adults is another area of interest. For example, how do charitable choice and faith-based federal policy initiatives affect older adults? How do particular religious denominations lobby for or against public policies relevant to older adults, such as stem cell research, physician assisted suicide, Medicaid and Medicare benefits, or Social Security? For example, see the United Methodist Church's statement on "Rights of Aging" (http://archives.umc.org/interior.asp?mid=1750, retrieved April 13, 2006) and the U.S. Catholic Bishops' statements (http://www.uscb.org, retrieved April 13, 2006). It would also be useful to explore policy statements and human rights initiatives of international organizations that pertain to older adults, such as in the United Nations and World Health Organization for their inclusion of religious and spiritual perspectives.

Conclusion

There is so much we don't know. In all of our study, we will likely never reach a much greater percentage of answers to our questions about how spirituality operates in the lives of older adults. As soon as we know something, or think we know something, we may realize that there is a much broader and deeper range of possibilities in the universe. This situation is something like Heisenberg's uncertainty principle in subatomic

particle physics, which says roughly, that measurable quantities of a particle can be arranged in pairs that have correlated fluctuations. If the nature of one quantity in the pair can be well-determined, then the other must be ill-determined. Or, if you can understand the position of one object in the pair, you will know even less about that object's speed (Greene, 2004; Hawking, 1988). For humans, the indeterminacy is much greater because of the complexity and diversity of our experience. Further, spirituality includes phenomena that elude quantification and direct measurement, such as the ineffability of the sacred and claims of nonphysical aspects of the spiritual realm. For many older adults, these mysterious or sacred aspects of life are precious. We need to conduct our studies in ways that honor their experiential realities and their sense of respect for their objects of faith and spiritual seeking.

Even though the domains of religion and spirituality pose difficult conceptual and measurement problems, that doesn't mean we shouldn't try (e.g. Nelson-Becker, 2005c). In addition to conventionally accepted empirical research methods, there are emerging research tools and methods that are focused on spiritual phenomena that could be applied to older adults, such as transpersonal research methods (Braud & Anderson, 1998). We need a further opening of the heart and mind. Social work joins her colleagues from its allied disciplines and professions in that quest.

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