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# SPIRITUAL CARE FOR THE ELDERLY: OFFERING THE OPPORTUNITY TO TALK ABOUT DEATH

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**ABSTRACT.** To speak of the Romanian village today is to consider a reality of life populated more and more by elderly people and children whose parents work outside the home, in town, or even abroad. The quality of life of the elderly remaining in the village is, in this context, a major concern for the political authorities and religious leaders. Indeed, many studies have shown that taking into account the religious and spiritual dimension contributes to the well-being of seniors.

Recent research in Switzerland has highlighted the fact that many elderly people who live in senior care facilities are interested in talking about death with someone they trust. This trusted person is not necessarily the priest or chaplain. For many residents, this role is given to someone within the elderly person's network of family and friends (spouse, daughter, niece, close friend, etc.). What happens when this network is empty and the elderly person is more isolated? We propose to think about how these observations can be transposed into a practice of spiritual care adapted to the context of the Romanian village.

**Keywords:** spiritual care, elderly, death, Romanian villages

The population in Romanian villages, as more generally in the world, tends to age. Overall, this shift in average age an be attributed to the increase in life expectancy. In Romanian villages, this is only part of the explanation, because it is also important to note that many young adults and people in the prime of life are leaving the village to work elsewhere. Therefore, the Romanian village of today is losing some of its vital forces. This results in more loneliness for many older people living in the countryside. It necessitates the development of a formal

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primary care system that, if necessary, makes up for the absence of informal caregivers (family members, friends). It also necessitates the consideration of how and by whom spiritual care is provided. In the countryside, it has often been the case that an older person is integrated into his/her extended family. In such a situation, he/she has a number of interlocutors to choose from if he/she feels the need to talk about existential issues. With whom would he/she be able to speak if relatives were completely absent? The traditional answer would certainly be to say that it is the task of the priest. Nevertheless, if we took the time to question each elderly person, would each choose a priest as an interlocutor for a discussion of existential issues?

Recent research in Switzerland highlights the fact that many elderly people living in residential care facilities are interesting in talking about spiritual and existential questions, such as those that surround the mystery of death. For such a topic, one might have thought that an elderly person would select the chaplain as their first choice of interlocutor. Surprisingly, when it came to choosing an interlocutor for talking about death, the majority of residents did not choose the chaplain. Most of the residents preferred, if possible, to discuss the topic of death with a person more intimately related to them: a wife or husband, a daughter or son, a niece, a friend, etc. However, when the network of relatives is lacking, the chaplain remains an important resource. What lessons can we draw from these observations as we reflect on the spiritual care of the elderly in Romanian villages today? Below we propose some elements to feed this reflection.

## Aging in the Population

The proportion of elderly is increasing in Europe and around the world. According to United Nations estimates, the age group 60 and above represented 12% of the world population in 2015 and is expected to increase to 22% by 2050.[1] The proportions are higher in Europe: close to 24% in 2015, close to 30% in 2030, and about 34% in 2050. In Romania, the estimates are similar to Europe for 2015 and 2030, but slightly higher (about 36%) in 2050.

One major reason for the increase of the number of elderly people is the increase in life expectancy. All regions of the world have experienced an increase in life expectancy since 1950 due in particular to the postponement of mortality. In Europe, improvements resulting in survival beyond age 60

[1] United Nations, Department of Economic and Social Affairs, Population Division, *World Population Ageing 2015*, ST/ESA/SER.A/390 (2015), 122.

now account for more than half of the total increase in longevity.[2] Projections for the coming decades predict that we will continue to see improvements for survival at older ages. This is largely due to advances in medicine and access to care, as well as improvements in prevention programs.

> "The accuracy of projections of life expectancy at older ages will depend on the degree of progress achieved in preventing or postponing mortality caused by many of the diseases associated with old age, in particular non-communicable diseases (NCDs) such as cardiovascular diseases, cancers, diabetes and respiratory diseases."[3]

An important consequence of this increased longevity is that the number of very old people, home-based and not very mobile, will increase significantly.

## Elderly People in Romanian Villages Today: The Current Picture

Ten years ago, Nancu and colleagues could write, "The rural area has 9.7 million inhabitants (44.8% of the country's population), of which 2.4 million are age 60 and over."[4] This meant that large proportion of Romanians lived in the countryside, and that a quarter of the population living in rural areas of Romania was at least 60 years old. These authors also note, "demographic ageing in Romania is more obvious in the countryside than in town."[5] This was due to a drop in fertility in rural areas and the fact that young people have been leaving the villages to look for work in urban areas or abroad. Consequently, Nancu and colleagues predict that the proportion of elderly and retired people in Romania's rural population will be over 50% in the future.[6] Already, today, in Romania, around 60% of people age 65 and over live in the countryside. This is one of the highest percentages in Europe: only the Republic of Moldova, Bosnia and Herzegovina, and Liechtenstein have higher percentages of elderly people living in rural areas.[7]

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2 United Nations, Department of Economic and Social Affairs, Population Division, *World Population Ageing 2015*, 50.

3 United Nations, Department of Economic and Social Affairs, Population Division, *World Population Ageing 2015*, 56.

4 Daniela Violeta Nancu, Liliana Guran-Nica, and Mihaela Persu, "Demographic Ageing in Romania's Rural Area," *Human Geographies: Journal of Studies and Research in Human Geography* 4 (2010): 35.

5 Nancu, "Demographic Ageing," 36.

6 Nancu, "Demographic Ageing," 37.

7 United Nations, Economic Commission on Europe. *Older Persons in Rural and Remote Areas*. Policy Brief on Ageing no. 18, UN ECE/WG.1/25 (March 2017), 2. http://www.unece.org/population/ageing/policybriefs.html

It is generally observed that older people in rural areas may face the risk of social isolation and loneliness, especially when they experience reduced mobility and difficulties in maintaining their social networks. Loneliness and reduced access to social networks have a negative impact on access to healthcare and social care. The UNECE Policy Brief on Ageing no. 18 published in March 2017 notes:

> "With the out-migration of younger people, it is not only care facilities that are at risk of disappearing, but also, for example, shops, community centres and post offices. These closures increase the risk of older people becoming socially isolated and negatively impacts upon their overall quality of life, possibilities to find sources of informal support and the community vitality in a broader sense."[8]

This is particularly true in many Eastern European countries where "internal rural-urban migration and international out-migration has led to the depletion of informal care networks."[9]

This report from a United Nations commission highlights the importance of community and informal support for the elderly. Interestingly, it does not mention the role that religious communities play in providing support to older people. Admittedly, the situation is very different from one country to another and religious communities are not necessarily important actors in all contexts. This may explain their absence in a report that discusses the situation of older people in rural areas around the world. However, one can reach the same conclusion by reading the article entitled "Aging in Romania: Research and public policy" published by Bodogai and Cutler in 2013 in *The Gerontologist*.[10] In their report, which is not limited to the situation of elderly people living in the countryside, these authors draw attention to the need to rethink the organization of the care system for the elderly:

> "Thus, there are major inadequacies in the organization of the social service system for older persons: too few public services, insufficient budget funds, insufficient collaboration between public and private services, and frequently overlapping services."[11]

However, even in this article, which deals very specifically with the situation in Romania, there is no mention of churches or religious communities. Yet, churches are prominent throughout the territory of Romania; priests and pastors of parishes provide a pastoral presence to a large number of elderly people.

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8 United Nations, Economic Commission on Europe, *Older Persons in Rural and Remote Areas*, 12.

9 United Nations, Economic Commission on Europe, *Older Persons in Rural and Remote Areas*, 15.

10 Simona I. Bodogai and Stephen J. Cutler, "Aging in Romania: Research and Public Policy," *The Gerontologist* 54, no. 2 (2013): 147–152. DOI:10.1093/geront/gnt080

11 Bodogai and Cutler, "Aging in Romania," 151.

Moreover, it is now well known that religiosity is associated with longer life. In their review on spirituality, religiosity, aging, and health in global perspective, Zimmer and colleagues show that religiosity not only promotes better physical health but also better mental health.[12] Religion, or spirituality, seems to have a positive impact on cardiovascular conditions, chronic pain, depression, anxiety, stress, and wellbeing, among other things. Religious people tend to self-assess, have better overall health, and have less need for hospitalization. Much of the literature on religion and health concerns the elderly, and it is important to recognize the importance of spiritual care to the support of these people.

## Spiritual Needs and Spiritual Care of Elderly People

The *Guidelines on chaplaincy and spiritual care in the NHS Scotland* of the National Health Service Scotland define "Spiritual care" and "Religious care" as distinct terms:

> "Spiritual care is usually given in a one to one relationship, is completely person centred and makes no assumptions about personal conviction or life orientation. Religious care is given in the context of shared religious beliefs, values, liturgies and lifestyle of a faith community. Spiritual care is not necessarily religious. Religious care should always be spiritual."[13]

In Romania, however, the distinction is not so clear; spiritual care means, for many people, especially the elderly, religious care. Nevertheless, we must not forget that not everyone considers himself/herself as belonging to a church or a religious community. That is why it is important not to talk only about religious care, but also to recognize that people who do not wish to come into contact with churches still have the right to receive spiritual care. In other words, both religious and non-religious people can express spiritual needs.

Jackson and colleagues write that they have found no definition of "Spiritual need in older people who are living in residential care or receiving home care" in the 335 relevant papers resulting from their literature review on spirituality, spiritual need, and spiritual care in elder care.[14] That is why they propose the definition given in a practical guide for nurses.[15] They explain that

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12 Zachary Zimmer et al., "Spirituality, Religiosity, Aging, and Health in Global Perspective: A Review," *SSM-Population Health* 2 (2016): 373-381.

13 National Health Service Scotland, *Guidelines on Chaplaincy and Spiritual Care in the NHS Scotland*, (Glasgow, UK: NHS Education for Scotland, 2009), 1.

14 David Jackson et al., "Spirituality, Spiritual Need, and Spiritual Care in Aged Care: What the Literature Says," *Journal of Religion, Spirituality & Aging* 28, no. 4 (2016): 284, DOI: 10.1080/15528030.2016.1193097

15 A. Narayanasamy, *Spiritual Care: A Practical Guide for Nurses* (Lancaster, UK: Quay/BKT, 1991).

this definition seems "relevant to aged care settings."[16] The definition given in this practical guide consists of a list of needs. Spiritual needs are

> "The need to give and receive love; the need to be understood; the need to be valued as a human being; the need for forgiveness, hope and trust; the need to explore beliefs and values; the need to express feelings honestly; the need to express faith or belief; the need to find meaning and purpose in life."[17]

Unfortunately, when we read this definition, it is so broad that it we may find it difficult to distinguish spiritual needs from psychological needs. This stems from the fact that there is a tendency in the world of health to confuse spirituality and wellbeing. This trend is more pronounced in secularized societies. Danish researchers have highlighted this very convincingly.

La Cour et al. (2012) asked 514 adult Danes about their understanding of the word "spirituality."[18] Through factor analysis on the structure of the answers, they distilled six different understandings: (1) spirituality as positive dimensions in human life and well-being; (2) spirituality as New Age ideology; (3) spirituality as an integrated part of established religious life and religious traditions; (4) spirituality as a vague striving, opposed to religion; (5) spirituality as selfishness; and (6) spirituality as ordinary, secular inspiration in human activities. This result leads them to conclude, "A common understanding of the concept 'spirituality' does not exist in a modern secular context such as that of Denmark."[19] This also leads them to recommend the use of the term spirituality in scientific research only for understandings (2), (3) and (4):

> "A coherent use of the term spirituality in future research might therefore comprise spirituality understood as a *context-bound experience of relatedness to a vertical transcendent reality*. With this in mind, we might suggest that only three of the six understandings of spirituality found in this study qualify as research themes. These are spirituality understood as New Age ideology, as integrated part of established religion, and as striving towards a vaguely defined higher reality, opposed to religion. Conversely, spirituality understood as positive human feelings or relations, as selfish attitudes or as common inspirations is not recommended as a coherent topic for research."[20]

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16 Jackson et al., "Spirituality, Spiritual Need, and Spiritual Care," 284.
17 Jackson et al., "Spirituality, Spiritual Need, and Spiritual Care," 284.
18 P. La Cour, N. H. Ausker, and Niels Christian Hvidt, "Six Understandings of the Word 'Spirituality' in a Secular Country," *Archive for the Psychology of Religion* 34 (2012): 63-81.
19 La Cour, Ausker, and Hvidt, "Six Understandings," 77.
20 La Cour, Ausker, and Hvidt, "Six Understandings," 80.

Indeed, understanding (1) confuses spirituality and wellbeing, and understandings (5) and (6) confuse spirituality with psychological attitudes or behaviours. Also, note that only understanding (3) gives a religious interpretation of spirituality.

Vachon, Fillion, and Achille (two psychologists and a nurse) present a similar viewpoint to that of La Cour and colleagues. In the context of a literature review on end-of-life care, they write:

> "We might therefore define spirituality as a 'developmental and conscious process, characterized by two movements of transcendence; either deep within the self or beyond the self.' Those two movements may be experienced by the same person, or not."[21]

This means that a need should be considered "spiritual" in the true sense of the term, only if it concerns a search for *relatedness to a vertical transcendent reality*. If it meets this criterion, then spiritual care would support for this search. Among the spiritual needs of the elderly that may require the support of a spiritual care, we shall focus on one in particular: the need to talk about death.

## Talking about Death: Results from Recent Research in Switzerland

To talk about death is a spiritual need of the elderly. We found this to be true in an exploratory study we conducted in two care homes in Switzerland.[22] In our study, we collected questionnaires and in-depth interviews. Sixty-six seniors agreed to complete the questionnaire: 51 residents (46 long-term residents, 5 short-term residents) and 15 people living in apartments attached to one of the care homes. All of these seniors identified primarily with Protestant or Catholic religious tenets. Among them, 30 residents agreed to participate in an in-depth interview. Of these, 21 self-identified as Protestant, seven as Catholic, one as Orthodox, and one as Atheistic.

About half of the seniors who answered the questionnaire (n = 66) thought it important (score of 7 or more, out of a maximum of 10) to be able to talk about the end of life with someone they trust. When asked who this trusted person would be, 20 residents (38%) identified a family member, 12 identified a friend (23%), and 11 identified a chaplain (21%), one or two people identified a trusted volunteer or staff member. It is interesting to note that among those

[21] Mélanie Vachon, Lise Fillion, and Marie Achille, "A Conceptual Analysis of Spirituality at the End of Life," *Journal of Palliative Medicine* 12 (2009): 56. DOI: 10.1089/jpm.2008.0189

[22] Pierre-Yves Brandt et al., "Vieillir en institution en Suisse romande: La prise en compte de la spiritualité pour favoriser le bien-être," Working paper n°12, ISSR, Université de Lausanne, Lausanne Switzerland, 2017. https://www.unil.ch/issr/files/live/sites/issr/files/shared/Publications/WP_WorkingPapers/WorkingPaper_12_ISSR_FTSR_UNIL.pdf

who identify the chaplain as their trusted interlocutor of choice, only five communicate with the chaplain regularly. The other six do not have regular contact with the chaplain, but think he is the appropriate person with whom to talk to about end of life issues. It should be noted that of the 20 residents who identified a family member as their chosen trusted person (often a son or a daughter), only three participants indicated that the chaplain could also meet this need for them. Similarly, of the 12 who identified a friend as their chosen trusted person, only three indicated that the chaplain could also serve in this capacity for them. In fact, although a few residents identify several trusted persons, the majority of them mention only one.

However, when we interviewed the professional caregivers, they told us that most residents do not talk about the end of life spontaneously. A nurse explained that some people talk about death "very easily according to their life story, their experiences," These are the ones who "have come close to death, who have seen loved ones die in front of their eyes (...), who have made suicide attempts." Most of the residents never talk about end of life spontaneously.

The chaplain whom we interviewed says very similar things. He also finds that this topic of discussion does not arise so easily in his interviews with residents. There are certainly some exceptions. Some residents talk constantly about death. For these residents such talk is "the expression of a weariness of life." Other residents with "Christian hope" also speak freely of it. Nevertheless, it is often only upon the occasion of the demise of a resident that the theme of death comes into the conversation.

These observations are in tension with the statement by half of the residents of the importance of being able to talk about death with someone. We need to recognize that this is an important topic for many seniors; yet, many find it a difficult topic to address. Thus, even though the questionnaire shows that residents most often identify a trusted family member as a conversation partner on the topic of death and dying, the interviews temper any conclusions we may draw as to the frequency and depth of these conversations, as they show that the dialogue is sometimes difficult. For example, one resident says she realizes that her children do not like her talking about this subject and she has stopped "bothering them with that." Some caregivers also pointed out that family members of deceased residents often found themselves in a state of helplessness because they had never addressed the issue of last wishes with the deceased. Thus, if there is a request to initiate conversation on this topic, the invitation does not necessarily find the expected echo of assent.

Therefore, when a resident does not talk about the end of life issue, it is not always easy to know if it is because he/she believes that this topic is not important or because he/she finds it difficult to talk about. What is important to remember is that many of these elderly people say they prefer to discuss this topic only with one trusted person. Some residents will find this person

within their circle of relations or friends. The chaplain can also play this role, both for those individuals who recognize him/her as the privileged interlocutor for this topic and as a supplement in the absence of a person of trust (for those who do not identify a trusted interlocutor among their relatives).

## Elderly People in the Romanian Village Today: Suggested Considerations for Spiritual Care

To conclude, we draw some considerations from this study, which we think could be applied to the situation of the Romanian village of today. If we take seriously the fact that having the opportunity to talk about death is a need felt by many older people, then we must ensure that the elderly who live in the villages have this opportunity. Residents in the care homes studied in Switzerland primarily chose family members as interlocutors. If the elderly people living in the village are surrounded by their families, they are more likely to find among their relatives a trusted person with whom they can talk about end of life issues. However, when older people are very isolated, without the close presence of a family member or a friend, things become more complicated. Sometimes even if relatives are in close physical proximity, intimate relationships are not possible with them, or the topic of death too difficult. In these cases, having the opportunity to talk with somebody well versed in spiritual matters to spirituality can be a welcome resource. Knowing that at present, priests bear the responsibility for most of the spiritual care in rural areas, this underscores their duties in this regard. Priests are responsible to visit elderly people at home and / or to find volunteers who can provide spiritual support. This presupposes that priests, pastors, and volunteers have received in active listening.[23]

"If doctors treat 'life', priests treat the 'heart'", said the Rev. Taio Kaneta, Chief Priest of the Tsūdai-ji Zen Temple, on 17 March 2015, during *The 3rd World Conference on Disaster Risk Reduction in Sendai*, Japan. This presupposes a competence of listening and spiritual accompaniment, as we have just said. It also presupposes the residents' willingness to accept priests at trusted partners in conversation.

In the context of the Romanian village, the role of the priest or pastor is not only spiritual; it is also clearly religious, in the sense that the priest or pastor acts as the minister or representative of a church. This can present an obstacle to village residents who wish to receive spiritual care, some residents do not want to have anything to do with church representatives. Although these individuals may have disconnected from organized religion, they still may have spiritual concerns or may wish to talk about the end of life with someone who is able to listen and attend to their concerns. If residents have no relatives

[23] A. Manzano et al., "Active Listening by Hospital Chaplaincy Volunteers: Benefits, Challenges and Good Practice," *Health and Social Care Chaplaincy* 3, no. 2 (2015): 201-221.

in proximity or in trusted relationship, and they are averse to connecting with representatives of organized religion (priests or pastors), to whom can they turn for spiritual care?

This obstacle to receiving spiritual care is an issue that should be discussed by the spiritual care experts who providing pastoral care and religious support, such as priests and pastors, in collaboration with those who are responsible for primary care in rural areas.

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