Most of the sample held to a Christian belief system but only a minority attended church worship or spoke to church ministers or members about matters of belief.

Many had questions about the Christian faith, for example concerning the nature of the person of Christ and the omnipotence and goodness of God, but were unused to external dialogue about these matters.

Discussion of spiritual beliefs did not come easily to most of the sample. But with repeated visits and discussion, the participants were able to articulate both their beliefs and doubts.

Strength of belief i.e. sureness with which participants held to belief in the efficacy of a spiritual power outside themselves was related to their adjustment to bereavement.

None of those with strong belief systems indicated depression or lack of perceived meaning in life.

Despite their lack of contact with local churches, most of the sample, including non-believers, would have appreciated contact from church following bereavement e.g. a card with a contact telephone number put through the door.

Background

A recent report of the Centre for Policy on Ageing has drawn attention to the neglect of religion and spirituality in British gerontology, and the clear implications for social policy. If older people have traditionally turned to religion to answer their existential concerns arising from ageing, what happens when, as is the case in contemporary Britain, the institutions of contemporary religion and their influence have declined so dramatically? There is evidence that this decline has also affected the older population. For example, a longitudinal study of older people in Southampton has shown that religion was perceived as less important in the participants' lives in 1988 than in 1978, and this reduced significance persisted through the 1990s.

However decline of religious practice does not necessarily mean decline in spiritual beliefs. British surveys consistently show large majorities of the population believing in some sort of transcendent power or God, and some form of afterlife. This applies to both younger and older people. The important change has been in the loss of respect for the authority of the Christian churches. Belief has become much more a matter of individual choice and preference. Mixing of beliefs from different traditions has also become common.
The apparent benefits of increased freedom in belief have to be set against the resulting isolation and lack of support associated with an organised structure of beliefs. It also has very practical implications in that, if a person's beliefs are less rooted in the community of a church or other religious organisation, there is likely to be less support available to those beliefs in time of crisis, which in turn limits the efficacy of belief in promoting well-being. This is the rationale for new non-denominational forms of chaplaincy which attempt to provide pastoral care and support to people whatever their beliefs.

Belief and unbelief

The sample showed an even distribution across the three categories of strength of spiritual belief that we employed. This referred to belief in an external power operative in their personal lives and in the world in general. Nine (32%) indicated low or weak spiritual belief, 11 (39%) moderate levels of belief, and 8 (29%) strong belief. All those of strong belief attended church, prayed and believed in life after death. None of those of weak or no belief attended church, prayed or believed in life after death. By contrast all of the moderate group prayed, but only a minority of them attended church or believed in life after death.

All nine people in the strong belief group, and nine of the eleven in the moderate group described their beliefs as religious, the remaining two described them as spiritual but not religious.

The term 'spiritual' appeared uncomfortable to some of the sample, perhaps because of the associations with spiritualism in the minds of this generation of older people. 'Religion' was defined as the practice of a particular faith. Although most of the sample has been brought up with a religious faith – virtually all of the sample, for example, has attended Sunday school – large numbers have doubts or misunderstandings about central tenets of the Christian faith, as the doctrine of the Trinity, the divine and human nature of Christ, and the power of God over evil. Many were troubled by the problem of a good God who could allow suffering. Yet very few outside the church attenders were in contact with ministers or spoke about issues of spiritual belief with church members.

Belief and adjustment to bereavement

A remarkably strong association was found between strength of belief and adjustment to bereavement. For this analysis we averaged scores on the measure of strength of spiritual beliefs for the two occasions and rank ordered them. All those of strong belief displayed scores above the norm for their age group on both personal meaning and existential transcendence.

None displayed above criterion depression scores or gave significant indications of mental health problems.

Depressive symptoms were concentrated among those of moderate to weak belief. A significant number of them also indicated below the norm scores on both personal meaning and existential transcendence. However it is noteworthy that some people of moderate, weak and no spiritual belief scored high on these scales too, which demonstrates the independence of the measures of personal meaning and spiritual belief.

This is the pattern of results we expected. It accords with previous studies, for example, which show that death anxiety is concentrated among those of moderate levels of belief, and justifies our particular interest in the moderate believers.

Of the 11 people identified as moderate believers, eight indicated low levels of personal meaning and all but one of these have displayed depressive symptoms during the second year after bereavement.

All provide evidence on the unsatisfactory nature of their beliefs and its association with low perceived meaning in their lives.

For example one 65 year old widow attends her local parish church in the hope of cultivating belief and envies believers their faith. She hopes someone is listening to her prayers, but is more inclined to believe in the operation of a 'cold fate'. As she grows older she feels she believes less and less, and in this thinks that she is contrary to the norm. She is disillusioned by human nature, and states that she is not at peace with her beliefs. Another participant, a widower who is also 65 years old, says that he likes to sit quietly in church but outside service times, having an antipathy towards church authority. He prays regularly, 'feeling he owes someone
something', and finds it helpful, especially following his bereavement. Although religion means more to him now that he is older – especially the moral teaching contained in the Bible – he cannot see God as a person or Jesus as God. He would like to understand more.

Even though some come from strong religious backgrounds, they are reluctant to make contact with a church themselves. An 82 year old widow describes her warm memories of the Methodist preachers she saw as a child. But she has many questions about Christianity, considering the Bible not necessarily to be God’s word and regarding God as not perfect. She is also unsure about life after death. Yet although she prays night and morning, which helps her feel calm, and in the past gave practical help at her local church, she has no contact now. Another 79 year old widow had a grandfather who was a minister, but found religious services boring as a child, and has not been a regular attender since. She went to a special service at a church after her bereavement, but it did not meet her needs. Nevertheless she still prays, although, as she says, she is not sure who is listening.

Some had encountered difficulties sustaining their beliefs following the loss of spouse. A widow of 63 years has suffered a double bereavement of mother and husband, the latter after seventeen years caring for him with chronic illness. She became depressed and admits her faith was initially shaken by these events. She thought that she would get more comfort from her faith, yet at the same time she considers that she could not have coped without it.

She has continued to attend her local parish church throughout, and thinks well of it. Her depression has now diminished, and she has a high sense of personal meaning, although her strength of spiritual belief remains moderate. She has questions about God and in particular cannot understand how He allows cruelty. Still she believes that God is ‘stronger than the world’s wickedness’.

Most of our participants of moderate or low belief had little or no contact with their local churches. As noted already, many had difficulty articulating both their beliefs and doubts, but appreciated the opportunity to be encouraged to do so. It is significant that most of the sample – including therefore also those of weak or no belief – would have appreciated some pastoral interest expressed in them by their local church following bereavement. A form of contact, which all would have accepted, would have been a card with a contact telephone number put through their letter box.

Conclusion

Examination of these case studies of moderate believers provides suggestive evidence on the importance of doubts about belief to low personal meaning in the current generation of older people. Moreover lack of integration in religious structures appear related to depressed responses following bereavement. Isolation from religion of origin is likely to be a common experience and one which some at least regret.

Yet there is still hesitancy on the part of health and welfare agencies to engage with the churches. Religion remains something of a taboo subject and one which professionals find difficult to approach in a sensitive and appropriate manner. Practice is often limited to ticking a faith or denomination box, without further enquiries into the implications for practical help and counselling. Re-engaging with older people is not an easy task for churches either. As our interviews also illustrate, some people have concerns about the authority they have experienced exerted by the clergy in the past, and there is no uniform acceptance of the character of religious service or liturgy. Yet, compared with young people, older people have at least had a religious education – most have attended Sunday school – which provides a starting point for contact and further exploration. Profound questions concerning the nature of belief and the meaning of life arise as people age, yet most commonly questioning appears to be experienced in isolation rather than in dialogue with another person.

The study demonstrates that, although not without difficulties, it is possible to engage older people in discussion of their spiritual beliefs, especially if the interview is rooted in their accounts of daily experience. Our data provide a striking demonstration of the association between beliefs and experience of well-being. There are important issues here for religious organisations and we are attempting to elucidate some of them in further research.
We are continuing to investigate older people's views of belief and the role of religious organisations and broadening the scope of our work to include not only different Christian denominations but the major faith communities living in Britain today, and forms of spiritual and meaning giving fellowship which exist outside of the major religious traditions.

About the study

The principal objective of this project has been to investigate how religious, spiritual and other beliefs and understandings about existential meaning, i.e. the purpose of our lives, contribute to quality of life in old age. At the same time we have been concerned to see what support systems exist for these belief systems, and to consider what the implications for service delivery might be.

We decided to begin our investigation into this subject in the context of one of the major common losses of ageing, bereavement of spouse.

We reasoned that this was an area of ageing experience in which spiritual help might be thought to be most relevant and where questions about help from religious based organisations would be most appropriate. Because of the sensitivity of the subject matter we employed an experienced and qualified counsellor.

Our initial study was an exploratory one and we have not attempted to provide representative data, but rich descriptions of the issues that arise relating to belief and support for belief following bereavement. We therefore chose to use a case study methodology, following up cases over a one year period, interviewing three times, beginning after the first anniversary of the death, then six months later, and finally after the second anniversary. For each case we have investigated evidence on the person's adjustment to bereavement, the role of belief systems in that adjustment, and support for those belief systems. In addition we have considered each individual's need for counselling and support, including pastoral care.

Our cases were drawn from GPs' and funeral directors' lists in three cities/towns in the South of England. Acceptances were low (34%), but comparable to other studies on bereavement, and it proved particularly difficult to recruit men to the study. Over a period of four months we recruited 28 people to the study, and have been successful in interviewing three times, over the one year study period, all but two of these people.

The age range of our sample was from 61 to 89 years, with a mean age of 74 years. The sample varied considerably in physical health, including a significant number with physical and/or mental health problems. All of our sample came from a Christian background.

This study has been conducted by a group of researchers at the University of Southampton and Southampton University Hospitals NHS Trust with previous experience of research in the fields of ageing, adjustment to bereavement, religious questioning in later life, pastoral care and counselling. They comprise:

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