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**Spirituality, Counseling, and Elderly: An Introduction**

**to the Spiritual Life Review**1

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Older adults comprise one of the fastest growing demographic groups in the United States

today, and are also described as the most spiritual and religious of all the age groups. Although

older adults have historically underutilized counseling services, this may soon change as a

result of the increase of older adults seeking services and changing attitudes toward therapy.

The spiritual life review is a modification of the life review—an efficacious and commonly

used counseling technique with older adults, and is suggested as one way to increase service

utilization and promote healthy development among spiritual older adults. A description of

the spiritual life review is given, along with a case study to provide preliminary evidence for

this technique’s utility. The limitations and ethical concerns associated with the spiritual life

review are also discussed.

**KEYWORDS:** older adult; well-being; psychotherapy; development; adults.

More so than younger adults, adults aged 65 and

older report that spirituality and religion are important

in their lives (Koenig, Larson,&Matthews, 1996).

After family and governmental support, religious and

spiritual groups are reported as the third most important

source of support for older adults (Blazer,

1991). In terms of spirituality and development for

older adults, views tend to be mixed. For example,

in cultures such as Hinduism and Brahminism, older

adults are expected to grow in spirituality as they age

and are revered as spiritual leaders (Blazer, 1991).

However, in Christian cultures, older age may be

viewed as a time of “spiritual despair” (Blazer, 1991,

p. 61). Although there are gaps in the literature on

spirituality, religion, and older adults in the field of

counseling psychology, we do know that 88.7% of

adults aged 55 and older describe themselves as having

moderate to high levels of both religiousness and

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spirituality (Musick, Traphagan, Koenig, & Larson,

2000). Only .8% of that same sample described themselves

as spiritual, but not religious (Musick et al.,

2000). In the United States, 95% of adult aged 65

and older pray frequently and 84% report that being

religious is “very important” in their lives (Barna,

1991). Barna’s national survey of 1005 individuals representative

of the United States population also reported

that 61% of older adults (*n* D 91) read the

Bible at least weekly and 69% attending some type of

spiritual or religious worship service weekly (Barna,

1991). This is similar to other national surveys that

find 52% of older adults attend some type of spiritual

or religious worship service at least weekly (Princeton

Religion Research Center, 1994). Although some literature

suggests that formal religious participation

declines as individuals age (McFadden, 1996), participation

in formal religious activities may decline

due to the diminishing physical health and limited

mobility that some elders experience as opposed

to changes in religious attitudes, beliefs, or both.

Regardless of the suggested declines in formal religious

activity, involvement in spirituality and personal

religion tends to remain stable or actually increase as

one ages (Reed, 1991).

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Researching religion and spirituality in older

adults is not without its challenges. For example,

McFadden (1996) describes difficulties with sampling,

research methods and designs, and psychometric

problems in measures of religion and spirituality.

However, one of the most critical issues encountered

in research on the psychology of spirituality is the

difficulty in separating “religion” and “spirituality”—

both as operationally defined variables of research

and in personal definitions for research participants.

In a recent issue of “The International Journal for

the Psychology of Religion,” Kenneth Pargament explored

the issue of whether researchers can truly separate

religion and spirituality in psychology (1999).

Although Pargament did not specifically discuss spirituality,

counseling, and older adults, his argument is

highly applicable to this paper. Pargament (1999) discussed

the difficulty of defining the concept of spirituality,

with some individuals describing themselves

as spiritual, but not religious, and others describing

themselves as both spiritual *and* religious. As an example,

in one recent study, 78% of the sample described

themselves as “religious,” whereas over 90%

of that same sample described themselves as “spiritual”

(Zinnbauer et al., 1997). Data such as these suggest

that religion and spirituality can be defined and

identified as separate but related entities, although

*how* to actually separate the two (or if that is even

desirable) is a difficult issue.

Many researchers conclude that both spirituality

and religion are multifaceted, are related to each

other, and can be defined in a multitude of ways

(McFadden, 1996; Miller & Thoresen, 1999). For the

purpose of this paper, Pargament’s (1999) approach

to defining religiousness and spirituality will be used.

Pargament (1999) describes *religion* as “the search for

significance in ways related to the sacred” (pp. 11–12)

and *spirituality* as “the search for the sacred” (p. 12).

Thus, spirituality and religiousness are both broad

constructs, with spirituality acting as the “heart and

soul of religion” (Pargament, 1999, p. 13). Therefore,

although religion and spirituality are not necessarily

interchangeable terms, they are related and will both

be discussed; however, the focus will be primarily on

spirituality.

**EFFECT OF SPIRITUALITY ON MENTAL AND**

**PHYSICAL WELL-BEING IN OLDER ADULTS**

An overview of spirituality and aging by Blazer

(1991) stated that for older adults, both spirituality

and religion are described as one of the most frequently

used coping and support mechanisms. For

example, following family and federal governmental

support, religious groups are an important source

of instrumental support (Blazer, 1991). When older

adults are asked a question directly inquiring about

use of religion and spirituality as a coping strategy,

approximately 90% report that they do utilize religion

and spirituality as coping strategies (Americana

Healthcare Corporation, 1980–1981, p. 83, as cited in

Koenig et al., 1996). Use of spirituality as a coping

mechanism may be even more prevalent in racialethnic

minority elderly than in white elderly, although

research in this area tends to be mixed (Musick, 1996).

Specifically for older adults, spirituality and religion

are associated with a myriad of mental health and

physical benefits. For example, spirituality has been

described as a buffer against depression, a way to

maintain meaning at the end of life, and a mechanism

for preparation for death and dying (Blazer, 1991;

Holt&Dellmann-Jenkins, 1992). Also, increased happiness

and life satisfaction have been linked empirically

with spirituality for older adults (Kelly, 1995;

Reed, 1991). Finally, spirituality and religion have

been related to higher levels of adjustment for older

adults (McFadden, 1996).

In relation to physical health, spirituality has

been linked to positive physical health and inversely

related to physical illnesses (Miller&Thoresen, 1999;

Musick et al., 2000; Richards & Bergin, 1997). Older

adults who are religiously committed tend to be physically

healthier, abuse alcohol less often, have lower

blood pressure, experience fewer strokes, and have

longer survival rates than those older adults not committed

to religion (Koenig et al., 1996). Thus, the literature

seems to suggest that there are positive physical

and mental benefits of commitment to religion and

spirituality for older adults. Therefore, it seems that

utilizing religion and spirituality in counseling with religiously

and spiritually committed older adults would

be useful, especially when discussing coping mechanisms

for dealing with mental health concerns or developmental

issues.

**COUNSELING, SPIRITUALITY,**

**AND OLDER ADULTS**

Older adults tend to underutilize mental health

services (Yang & Jackson, 1998), as do individuals

who are highly religious or spiritual (Worthington,

1988). For example, adults aged 65 and older make up

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approximately 14% of the U.S. population and have

rates of mental illness similar to other age groups,

but only 2–4% of patients in mental health clinics are

elderly (Eisdorfer & Stotsky, 1977). Further, older

adults seek mental health care from primary care

providers at a rate less than half of individuals under

the age of 65 (4.2% for those aged 65–74 and 1.4% for

those aged 75 and older, compared to 8.7% for those

under age 65; German, Shapiro,&Skinner, 1985). Research

has not specifically examined the utilization

patterns of spiritual and religious versus nonspiritual

or nonreligious older adults, however, it may be that

the overlap of older age and spirituality further decreases

the use of mental health services for spiritual

and religious older adults. Specifically, due to the fact

that older adults underutilize mental health services

more so than younger adults, and religious and spiritual

individuals underutilize mental health services

more so than nonreligious and nonspiritual individuals,

it may be that religious and spiritual older adults

underutilize mental health services at rates greater

than those older adults not endorsing religious or spiritual

values; of course, this hypothesis, which makes

intuative sense, should be empirically tested in future

utilization studies.

Several reasons why spiritual older adults underutilize

services may include stereotypes by the older

adult that counselors will ignore or ridicule spiritual

concerns (Worthington, 1988), or that psychotherapy

will not be useful for end-of-life issues (Zarit &

Knight, 1996a). Other reasons for underutilization by

older adults may include not being able to afford

counseling services on reduced incomes, or not being

able to physically attend counseling due to difficulty

in arranging or affording transportation (Yang&

Jackson, 1998). Additionally, physical ailments or increased

frailties may also impede the older adult in

attending regular counseling sessions.

Oneadditional reason which older spiritual or religious

individuals may not utilize counseling services

is that the field of psychology has a history of rejecting

spirituality (Coon, 1992; Taggart, 1994) and in general,

psychologists and mental health professionals

are less religious than the clients that they see (Koenig

et al., 1996). It may be that psychologists and mental

health professionals would be less likely to ask about

or specifically address spiritual issues in counseling,

especially if psychologists considered themselves nonreligious

or nonspiritual. Many spiritual clients are

aware that psychology and psychotherapy have historically

neglected spirituality (Richards & Bergin,

1997), and therefore may not utilize psychotherapy

due to the perceived bias that psychologists will ignore

spiritual concerns. Additionally, those spiritual clients

who do utilize therapy may not verbalize spiritual beliefs

or concerns due to a lack of trust in the therapy

process or the therapist (Richards & Bergin, 1997).

One way to combat the issue of underutilization,

lack of trust, or both in the psychotherapy process

for spiritual adults is for psychologists and clients to

not dismiss the potential importance of spirituality to

the other person. Whether the therapist is spiritual

or nonspiritual, akin to issues of race/ethnicity and

gender, explicit discussion of spirituality at the beginning

of therapy may be important to building the

therapeutic relationship, facilitating trust, and building

therapist credibility (Richards & Bergin, 1997).

Additionally, the use of spiritually-based interventions

with the spiritual client may further enhance

the strength of the therapeutic relationship—a critical

component in predicting positive outcomes for

psychotherapy (Lambert & Bergin, 1994; Richards &

Bergin, 1997).

Although the current cohort of spiritual or religious

older adults or bothmayunderutilize counseling

and mental health services, practitioners need to be

prepared to meet the mental health needs of older

adults now and in the immediate future. People are

living to older and older ages, thereby increasing the

amount of years that mental health services can be

utilized (Zarit & Knight, 1996a). The rapidly aging

baby-boomer population will be the largest group in

the United States in the near future, with individuals

aged 65 and older reaching a projected 17% of the

population in 2010 (Treas, 1995), and this generation

of older adults may be more familiar with and open to

counseling, therapy, or both (Zarit & Knight, 1996a).

Therefore, with the potential increase in older adults

utilizing mental health services and the relevance of

spirituality and religion for older adults, practitioners

will need to prepare an arsenal of counseling techniques

and interventions useful for older adults.

In summary, some evidence exists that, at the

present time, spiritual older adults may underutilize

psychotherapy services. Despite the current underutilization,

growing trends in demographics and changing

attitudes toward therapy suggest that spiritual

older adults may begin to utilize therapy more often

than in the past, and that psychologists and mental

health professionals need to be prepared for this increased

service utilization with appropriate and efficacious

counseling interventions. One such intervention

found useful with older adults is the life review technique.

The remainder of this paper will be devoted

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to describing life review as a counseling intervention,

ways to use a spiritually-oriented life review (hereafter

referred to as “spiritual life review”) to facilitate

positive therapy outcomes with spiritual clients, and

the limitations and ethical concerns associated with

utilization of the spiritual life review.

**LIFE REVIEW TECHNIQUE**

The life review is one counseling intervention

which has been empirically shown to be useful

with older adults (Haight, Michel, & Hendrix, 1998;

Walters, 1990). The life review technique was initially

developed over 35 years ago by Robert Butler, and

was described as “a naturally occurring, universal

mental process characterized by the progressive return

to consciousness of past experiences, and, particularly,

the resurgence of unresolved conflicts” (1963,

p. 66). This process is common among older adults,

perhaps due to increased sensitization to nearness

of death, but happens among all age groups (Butler,

1963;Walters, 1990). In general, the life review is one

type of reminiscence therapy (Haight et al., 1998), but

is different from reminiscence in that it is an active,

rather than passive process. Specifically, memories are

recalled, evaluated, and then reintegrated into the individual’s

self-concept during synthesis (Webster &

Young, 1988). Developmentally, the life review facilitates

integrity as “a recalled and evaluated past

may lead to a new organization and acceptance of

self both past and present” (Webster & Young, 1988,

p. 320). In summary, the technique consists of asking

the therapy client existential questions such as “who

are you?” and “how have you lived your life?” for the

purpose of taking stock of the past and integrating life

experiences into the individual’s present identity (see

Butler, 1963, for a fuller description of the life review

process).

The life review has the primary purpose of helping

the older client find integrity, the final task described

by Erikson (1963) as being important in

development. Erikson (1997) labeled the last development

crisis in older adulthood as “integrity vs.

despair” (p. 61), with the task for the older adult to develop

“a sense of coherence and wholeness” (p. 65), or

integrity. In order to develop integrity, the older adult

must look back upon his or her life experiences and

integrate those cumulative experiences, evidenced by

both an acceptance of one’s life and the emergence

of personal wisdom (Erikson, 1963, 1997; Webster &

Young, 1988). By contrast, despair is characterized by

remorse and doubt over how the individual spent his

or her life, and is also accompanied by a fear of death

(Webster & Young, 1988). Additionally, despair can

come about if prior stages of development (e.g., generativity

vs. stagnation) have not been successfully resolved

(Erikson, 1997). The life review can be useful

in bringing unresolved past conflicts into the present

for resolution, and helping the older adult move from

despair to integrity. Webster and Young (1988) remark

that use of the life review can provide the means

through which integrity can be achieved, thus, one of

the primary goals of the life review is to “help clients

reach a sense of acceptance or integrity” (Walters,

1990, p. 218).

Empirical research on the use of the life review

with older adults showed the technique to be efficacious

in preventing despair, as measured by depression

and hopelessness scales (Haight et al., 1998).

Also, the life review technique was empirically shown

to promote integrity, as measured by psychological

well-being, with the effect lasting for a year (Haight

et al., 1998), evidence for the utility of this technique

to facilitate the resolution of Erikson’s last stage of

development. Advantages to this technique include

its flexibility to accommodate many topics, applicability

to older adults of diverse backgrounds, and use

in either individual, family, or group counseling settings.

This paper will focus primarily on use of the life

review in the individual counseling setting.

With individuals, there are multiple ways to facilitate

the life review process. Walters (1990) describes

using imagery, requesting recollections from

the client, using music, pictures, or images from the

client’s past, or simply having the client tell stories

from different periods in his or her life. Two specific

ways to facilitate the life review include the “learning

from your past” and “personal sharing guided life review”

methods, which are fully described in Walters

(1990).Walters (1990) states that both of these specific

life review techniques are useful in eliciting recollections

of the past and helping the client with future

planning. An additional structured life review technique

utilizing “The Life Review and Experiencing

Form” can be found in Haight et al. (1998, pp. 127–

128).

No matter which life review approach is used, the

counselor’s task is to integrate the client’s images and

recollections of the past into the present therapy and

make those images relevant to the immediate present

or future activities or both. For example, many clients

will discuss past recollections which relate to “unfinished

business” or past difficulties (Walters, 1990).

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This unfinished business may be related to unresolved

conflicts or incomplete resolution of prior stages of development.

Discussion of how the older adult could

complete his or her business, resolve conflicts, or come

to grips with past difficulties brings the past into the

present, and is crucial to resolution of the integrity versus

despair stage of Erikson’s developmental model

(Erikson, 1963, 1997). The life review can also be useful

for those individuals with no (acknowledged) past

conflicts and only problems in the present. For the

client with immediate problems, a focused review of

ways of coping in the past, both those successful and

not successful, can be useful in rekindling the older

adult’s sense of his or her own ability to cope and

control.

**STRATEGIES TO INCORPORATE**

**SPIRITUALITY IN THE LIFE REVIEW**

The explicit incorporation of spirituality into the

life review process may be one way to facilitate utilization

of counseling services by spiritual older adults by

recognizing the importance of spirituality and openly

bringing it into the counseling setting. Additionally,

several concepts found within spirituality are consistent

with concepts important to development in older

adults. First, specifically discussing spirituality as part

of a life review may erode the misperception that a

psychologist would ignore spiritual concerns in counseling,

build trust, and facilitate the development of

the therapeutic relationship. Second, development in

Erikson’s model parallels certain pieces of spirituality.

For example, successful resolution of Erikson’s developmental

stages results in the emergence of human

strengths of hope, fidelity, care and wisdom (Erikson,

1963, 1997) which Erikson refers to as “the highest

spiritual aspirations” (1997, p. 58). Additionally, spirituality

has been defined as one way through which

individuals seek meaning and purpose in life (Reed,

1991), similar to the way that individuals seek meaning

and identity in different stages of development

(Erikson, 1963, 1997). In these ways, inclusion of spirituality

into the therapeutic life review can be a natural

and worthwhile endeavor.

Only one example of a spiritual life review was

found in a review of the literature. In this example,

Hateley (1985) described an adult education course

in which a structured spiritual life review was conducted.

The course was held for an adult education

program sponsored by a Presbyterian church, with

45 students aged 20–80 participating, approximately

half were in the 40–50 age range (note: no descriptive

statistics were reported for the study). This descriptive

article reports that the participants in the course

qualitatively reported benefits of the spiritual life review

process. These benefits included providing motivation

for participants to further explore their spirituality

to increasing insight (Hateley, 1985). Although

no age-specific data were reported for the Hateley

(1985) study, overall participants reported developmental

gains such as increased personal insight and

enhanced spiritual well-being. In conclusion, Hateley

(1985) stated that one benefit of the spiritual life review

is that it may be used as a therapeutic tool for

most adults, especially those going through some type

of transition or adjustment. These transitions may be

particularly relevant for those adults moving through

developmental changes. Further, Hateley (1985) hypothesized

that the spiritual life review may be particularly

useful in the nursing home setting, a setting

where older adults are continually adjusting to

changes and challenges to their identity. Spiritual life

review could be used with frail individuals living in

the nursing home to help recall earlier spiritual coping

resources or facilitate empowerment (Walters, 1990).

Also, a spiritual life review done in an oral fashion

may be a particularly useful therapeutic intervention

for blind older adults, although this hypothesis has yet

to be empirically tested (Hateley, 1985).

There are many different ways for counselors to

approach the spiritual life review, and a counselor’s

own views of spirituality will undoubtedly color the

way that he or she begins the spiritual life review.

This section will describe several different approaches

counselors may take to consciously incorporate spirituality

while using the life review process with spiritual

older adults.

**SpiritualWell-Being**

One of the earliest sources for counselors to refer

to when searching for ways to approach spirituality in

counseling comes from the 1971 White House Conference

on Aging (Moberg, 1971). Participants at the

conference discussed older adults and their spiritual

well-being, with the discussion leading to the establishment

of the National Interfaith Coalition on Aging

(NICA). The NICA was charged to define and

adopt a definition of spiritual well-being for older

adults. This group, reflecting the views of many religious

leaders (including Roman Catholic, Eastern

Orthodox, Jewish, and Protestant), defined “spiritual

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well-being as the affirmation of life in a relationship

with God, self, community, and environment that nurtures

and celebrates wholeness” (NICA, 1975; as cited

in Blazer, 1991, p. 62). This definition could be one

starting point for counselors to begin the spiritual

life-review process with the older adult. However,

counselors should keep in mind that this definition

does include God, and not every older adult may subscribe

to a spirituality or religion that includes a single

God-figure (e.g., Buddhism, Hinduism). Therefore,

another option would be to ask older adults to define

what spiritual well-being means to them, only offering

the NICAdefinition if the individual has difficulty

formulating words to describe what he or she feels.

**Spiritual Needs**

Another starting place and guiding model for the

spiritual life-review may be assessing the older adult’s

spiritual needs. One early list of spiritual needs comes

from David Moberg (1971) who took part in the 1971

White House Conference on Aging and prepared

some of the background material for that conference

(Blazer, 1991). Moberg (1971) identified six areas

of spiritual need for older adults: (1) sociocultural

sources of spiritual needs, (2) relief from anxieties and

fears, (3) preparation for death, (4) personality integration,

(5) personal dignity, and (6) philosophy of

life (Blazer, 1991, p. 62). This list of spiritual needs

can be utilized by the counselor and client to determine

which needs may be goals for the spiritual life

review, or as a way to structure the review process.

Blazer (1991) suggested that spiritual needs are

actually dimensions of spiritual well-being, and that

these needs should be addressed by mental health

professionals working with older adults. In addition,

Blazer (1991) listed further dimensions of spiritual

well-being, including self-determined wisdom, selftranscendence,

meaning, accepting the totality of life,

revival of spirituality, and exit and existence.

An additional list of needs comes from Koenig

et al. (1996), who describe eleven different psychological

and spiritual needs relevant to psychotherapy

with older adults. The list of needs is as follows:

(1) meaning, purpose, and hope, (2) transcending circumstances,

(3) maintaining identity and self-esteem,

(4) integrity and worthiness, (5) continuity, (6) religious

participation, (7) expression of anger and

doubt, (8) loving and serving others, (9) cultivating

thankfulness, (10) forgiving and being forgiven, and

(11) preparation for death and dying. These needs can

be used to help the client and counselor formulate

goals and structure the spiritual life review. Also, all

of these lists of spiritual needs and well-being can be

integrated into the life review through either specifically

asking about the different needs, or by identifying

different needs in the stories that the client tells

during the review process.

**Summary**

The Moberg (1971), Blazer (1991), and Koenig

et al. (1996) lists of important spiritual needs and dimensions

of spiritual well-being have both overlapping

and unique components. In particular, two spiritual

needs are seen across all the lists, and seem to be

important for counselors to discuss with adults who

identify as spiritual or religious or both: (1) dealing

with death, and (2) discussing meaning and purpose.

These lists are only suggestions for mental health practitioners

to utilize during the spiritual life review process,

and they may find that no structured use of these

list is needed.Nomatter which particular list or model

the mental health practitioner works from, all may be

useful guiding mechanisms when facilitating the spiritual

life review process with spiritual older adults and

conceptualizing spiritual needs.

**EXPLORING FUTURE DIRECTIONS**

Incorporating spiritual history in the life review

process is one way to facilitate spiritual well-being, a

sense of integrity, and increased life meaning for older

adults. Throughout the life review process, the client

and counselor will be exploring past history and determining

how to utilize the information garnered from

the past in the present (Walters, 1990). The spiritual

life review can then be used as a springboard to explore

future directions and actions for the older adult.

For example, if a spiritual life review has revealed unfinished

business for the client, then one possible future

direction for the counselor and client to take is

to complete the unfinished tasks that may be creating

despair. This may be in the form of asking spiritual

forgiveness for a past action, forgiving an individual

who had wronged the client in the past, or exploring

unresolved feelings around a particular incident.

The resolution of past unfinished business is crucial

to resolution of Erikson’s final stage of development,

allowing the older adult to achieve integrity and have

a sense of satisfaction. In other words, bringing the

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“unfinished” business to the forefront of counseling

may allow the client to “finish” the business, develop

integrity and a sense of satisfaction, and move on with

his or her life. This may be especially relevant if the

client is working through death and dying issues.

In a group counseling setting, bringing critical

spiritual life events into the open through life review

may help the client realize that he or she is not alone

in his or her struggle. Group leaders and members

may help each individual identify spiritual themes by

sharing similar experiences in their lives, facilitating

the feeling of spiritual community (Hateley, 1985). No

matter what the particular topic of the life review or

specific problem the client brings into counseling, the

purpose of the spiritual life review and counseling in

general is to help the client work through his or her

problem, discover ways to deal with the problem if

it occurs again, and explore coping mechanisms for

new problems which may arise in the future. Specifically

for older adults, the spiritual life review can help

deal with some common issues of later life, such as

the developmental task of finding integrity versus experiencing

despair (Erikson, 1963, 1997).

**CASE PRESENTATION**

Client M.S. was a 67-year-old Caucasian female

living in the nursing home setting. She had been diagnosed

with terminal diaphragm cancer approximately

6 months prior to her admission to the nursing home,

and recently learned that her chemotherapy had not

made an impact on her cancer. She had a history of

diabetes, from which she lost her leg approximately

5 years ago. In regards to her familial support system,

M.S. has two daughters, one who visits her on

a daily basis, the other who lives out of state. M.S.

lost her husband two years ago in a farming accident,

and described his death with active grief and tearfulness.

M.S. reported her religion as Christian, but did

not attend church on a weekly basis due to her weakened

physical condition. She stated that she prays and

thinks about her spirituality and faith often.

When M.S. began counseling, she was severely

depressed and reported suicidal ideation, indicative

that she was experiencing the despair described by

Erikson (1963, 1997). Following an initial crisis intervention

for M.S.’s suicidal ideation and building

a therapeutic relationship with her, therapy focused

on two primary concerns: (1) her terminal illness and

thoughts about death, and (2) coping with the pain

from her cancer. After identifying spirituality as a

primary coping mechanism, permission was sought

from M.S. to conduct a spiritual life review with her

and determine her readiness to discuss her spiritual

history.

After exploring M.S.’s personal definitions of

spirituality, an unstructured spiritual life review was

conducted. Through four sessions, the counselor and

M.S. progressed through her spiritual life, from her

childhood to the current day. She described her attendance

in church as a child as her first experience

with spirituality and religion, her struggle with what

her own spirituality meant to her, her break from formal

religion and move to spiritual prayer as an adolescent,

and more recently, her use of spirituality to

deal with her husband’s death and her own illness.

During sessions, prayer and spiritual-focused imagery

and relaxation were found to be coping resources in

the past, and were used to deal with M.S.’s present

acute pain and crises. After the spiritual life review

was complete, M.S. and the counselor discussed her

current situation, and what was learned from the spiritual

life review that would be applicable to the here

and now. Although M.S. and the counselor realized

that M.S. had a short amount of time left to live,

she wanted to be able to deal with her day-to-day

depression and pain. Specifically, spirituality-focused

prayer, imagery, and reminiscing were used to work

through active physical pain and her struggle with the

question, “why should I live like this?” For example,

whenever M.S. would experience severe pain during

session, she was encouraged to focus on a comforting

spiritual image (the Virgin Mary) and speak ritual

prayers to distract herself from the pain. These two

mechanisms were uncovered through the spiritual life

review, and were ways that M.S. achieved a sense of

peace, meaningfulness, and integrity throughout her

life.

M.S. died of cancer before therapy had formally

terminated and any formal outcome measures were

gathered; however, M.S. made several significant improvements

in her emotional status since the beginning

of treatment. First, nursing staff and her family

reported that M.S. had a more positive outlook

on life, and did not discuss suicide anymore. Second,

M.S. reported subjective feelings of improvement during

sessions. For example, a 1–10 scaling system was

used (with 1 being *no pain*, or *completely content*, and

10 being *excruciating pain*, or *wanting to commit suicide*)

to describe her level of pain and also her level

of emotional distress. At the beginning of therapy,

M.S. stated that her physical pain was between 8 and

10, and her emotional distress was approximately the

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same rating. At the time of her death, she reported

her physical pain ranged from 5 to 8 and her emotional

distress averaged 6. M.S. did not rate herself

as feeling “much better”, however, she felt improved

enough to want to continue therapy and try to work

through additional emotional and developmental issues.

Though M.S.’s death resulted in premature termination

from therapy, her family reported to the

counselor that M.S. “died peacefully” and they felt

therapy had been useful.

**LIMITATIONS AND ETHICAL CONCERNS**

In the case presented, M.S. appeared to benefit

from the spiritual life review as a therapeutic intervention

and would be one example of a case in

which spiritual life review was successful. However,

like other therapeutic techniques, the spiritual life review

may not benefit or be comfortable or both for

some older adults. Also, not all counselors will be

qualified to conduct spiritual life reviews with spiritual

older adults. Therefore, this section will briefly

delineate some of the limitations and ethical concerns

associated with the spiritual life review.

**Limitations**

Not unlike other psychotherapies or therapeutic

interventions, the spiritual life review technique may

have limitations in utility with certain older adults. For

example, not all older adults will believe in religion or

spirituality and, therefore, may not benefit from discussing

spirituality. Additionally, an older adult who

has only recently discovered spirituality or religion

may not have a spiritual history or be aware of his

or her spirituality in the past; therefore, the spiritual

life review may need to be modified to have the older

adult look back on events in his or her life in light of

their recent spiritual awakening.

The spiritual life review may also not be applicable

to some types of problems encountered by

older adults. The counselor needs to make a judgement,

with the client, on whether a spiritual life review

would be helpful for the specific reason he or

she is coming to counseling. For example, the spiritual

life review may not be helpful for an older adult

coming to therapy for a specific phobia (e.g., claustrophobia).

Whether or not the spiritual life review

would be helpful for the individual client’s concerns

would, of course, vary on individual bases.

Additionally, for some individuals, the life review

may not result in positive feelings or increased life satisfaction,

and may actually have the opposite result

(Walters, 1990; Weingarten, 1988). This may be particularly

true if the spiritual life review is attempted

prematurely, when the client may not be emotionally

or cognitively ready to work through a spiritual life

review and would oppose the intervention. For example,

if the spiritual life review is attempted prematurely,

the client may experience extreme distress

and resist the intervention by changing the topic or

openly telling the counselor that he or she does not

want to discuss the topic at the present time. Also,

certain memories may elicit feelings of guilt, anger,

sadness, or despair (Edinberg, 1985), and rather than

working through these feelings, some clients may feel

that the technique is not working and may prematurely

terminate. The relationship between the counselor

and client is important at this point, as a strong

therapeutic relationship discourages premature termination

and allows for exploration of difficult issues

(Walters, 1990). The development of the therapeutic

relationship at the beginning of counseling is critical to

therapy outcome (Lambert & Bergin, 1994; Richards

& Bergin, 1997), and beginning a spiritual life review

before fostering a therapeutic alliance may cause resistance

for spiritual clients. This is especially true of

clients who are less likely to discuss highly personal

and sacred issues, such as spirituality, with counselors

who are unfamiliar and therefore not trusted. Accordingly,

counselors should discuss the spiritual life review

with the client prior to beginning the review, for

the purpose of assessing readiness of the client and

to gather explicit consent from the client to engage in

a spiritual life review. In the case of client who does

not benefit from beginning a spiritual life review, it is

essential that the counselor, together with the client,

determine the best course of action (e.g., whether to

discontinue the life review, or continue the life review

at a latter point in therapy).

Last, because the spiritual life review is only now

being suggested as a specific intervention which may

be efficacious for spiritual older adults, empirical research

has not been conducted to determine whether

this type of life review is preferable or more efficacious

for spiritual older adults than a general life

review. The case presented above provides clinical evidence

for the utility of the spiritual life review with

one spiritual older adult; however, objective outcome

data that was unattainable for this specific case study

should be collected for future cases to demonstrate

empirically-defined positive outcomes.

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**Ethical Concerns**

Before incorporating the spiritual components

to counseling, counselors need to have training relevant

to using spirituality during sessions. Similar to

working with clients of other diverse backgrounds

(e.g., ethnicity, gender), counselors need to be prepared

to work ethically and knowledgeably with diverse

spiritual clients (Miller, 1999a). For psychologists,

the American Psychological Association (APA,

1992) ethical guidelines specifically state that counselors

should not practice outside their competency

boundaries, and should have training in working with

diverse populations before working with clients belonging

to those groups. The topic of spirituality is

one of these training areas (Miller, 1999a; Richards

& Bergin, 1997), as is working with older adults in

general (Zarit & Zarit, 1996).Within training on how

to use spirituality, other ethical issues need to be discussed.

For example, imposing values on the client is

unethical (APA, 1992). Counselors have long recognized

that counseling is not a value-free process, and

the personal nature of spirituality and religion may

pose particular difficulties for counselors. Again, adequate

training should address these issues and ethical

concerns. Keeping this in mind, this paper has only

scratched the surface on how spirituality may be utilized

in conjunction with the life review process with

older adults . Mental health practitioners are encouraged

to read additional literature on both spirituality

and older adults (e.g., APA Working Group on the

Older Adult, 1998; Miller, 1999b; Richards & Bergin,

1997; Zarit & Knight, 1996b) and to conduct research

on the utility of spiritual strategies with older adults

in counseling.

**CONCLUSION**

Spirituality seems to be important in many older

adults’ lives, and may play a critical role during counseling.

This paper has proposed that the life review

technique, which has been demonstrated to be efficacious

with older adults in counseling, can be utilized

with spiritual older adults by specifically focusing on

spirituality. In general, the life review is a useful technique

for older adults dealing with developmental issues

of integrity versus despair, and the case presented

illustrates some issues related to despair which may

be common to many older adults (e.g., loss of spouse,

chronic and terminal illnesses, geographic distribution

of support networks). As an extension of the general

life review, the spiritual life review would appear to be

a flexible technique for counseling with older adults

that can be used in both the individual and group format.

Several lists of spiritual needs for guiding the

spiritual life review are available for use (e.g., Blazer,

1991; Koenig et al., 1996; Moberg, 1971), with common

themes among the lists of death and dying, and

meaning and purpose. These lists are not all-inclusive,

and counselors may want to modify the spiritual life

review on an individual basis with each older adult

seen in counseling. Also, there are several limitations

that counselors need to consider before incorporating

a spiritual life review into work with older adults,

such as the spirituality of the client and the client’s

readiness to discuss his or her spiritual history in therapy.

Outcome measures such as depression screening

measures or symptom checklists would allow counselors

to objectively assess whether incorporation of

a spiritual life review is facilitating positive therapeutic

gains, and subjective assessment of the technique’s

utility should be gathered from the client throughout

the process.

As counselors prepare for the upcoming changes

in U.S. demographics, incorporating treatments and

techniques that are demonstrated to be efficacious

for older adults to their arsenal will become increasingly

important. Although further empirical research

needs to be conducted on the utility of the spiritual life

review with older adults in counseling, the case presented

here suggests that some older adults may benefit

from discussing their spiritual histories to achieve

integrity, combat despair, and be better prepared for

their futures.