

Published: November 30, 2023

Citation: Butėnaitė-Switkiewicz J., 2023. Rooted in the Existential True Self: A Case Report about Potential of Religious Faith for Geriatric Psychological Counselling. Medical Research Archives, [online] 11(11).

<https://doi.org/10.18103/mra.v11i11.4768>

Copyright: © 2023 European Society of Medicine. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

DOI:

<https://doi.org/10.18103/mra.v11i11.4768>

ISSN: 2375-1924

CASE REPORT

Rooted in the Existential Self: Case Report about Potential of Religious Faith for Geriatric Psychological Counselling

Joana Butėnaitė-Switkiewicz, PhD

PI "Slaugančios Rankos", Lithuania

ABSTRACT

For older people, religious faith is a significant part of their identity. There is a lack of research that reveals the faith of practicing Roman Catholics as a multi-component phenomenon that can develop, through an internal perspective in personal and social context.

Aim: to explore how religious faith is experienced in the life of an older practicing Roman Catholic.

Methods: A qualitative approach was selected for this case study. Data was gathered through faith development interviews, and it was analysed using these methods: thematic narrative analysis, structural and content analysis. The faith of an older practicing Roman Catholic (woman, 84 years old) is analysed.

Results: The case study revealed that religious faith is meaningful to the practicing older Roman Catholic woman as a multi-component faith construct, consisting of internal and external aspects, the essential of which is the internal relationship with God, which forms an integral spiritual, moral and social identity of a person; through the course of life it becomes a continuously nurtured value at each stage of life; through faith development as a conscious, social and integrated faith in her life; through an internal psychosocial perspective providing internal psychological resources that help her overcome difficulties, maintain well-being in her life and give the meaning to her life.

Conclusion: The potential of religious faith in counselling the older practicing Roman Catholic lies in the awareness of personal feelings, beliefs, behaviours, the image of God, self-worth, early experiences, and the relationships related to religious faith in the context of a person's life.

Keywords: religiosity, spirituality, therapy, elderly, resilience

Yet I have never lost a sense of something that lives and endures underneath the eternal flux. What we see is the blossom, which passes. The rhizome remains. [1, p. 19]

Introduction

The concept of religious faith is a tricky one, often associated with the concepts of religiosity, spirituality, and faith. In a broad sense, faith is a universal human dimension: dynamic and social, but unique to everyone^[2]. It can develop cognitively, emotionally, and spiritually, realizing the reality and meaning of being^[3]. In this article, religious faith is a person's individual emotional, cognitive, and behavioural experience in relation to his being. Such faith which emerges from spirituality is expressed through Roman Catholic religiosity.

For older people, religious faith is a significant part of their identity. The results of the European values survey revealed that 93 percent of Lithuanian elderly consider themselves religious and believe in God^[4]. This is one of the highest indicators in Europe. Religious faith is not only a sociocultural phenomenon, but primarily a personal phenomenon for the practicing older Roman Catholic.

Religion was treated differently in psychology, which is reflected in contemporary approaches. W. James, the pioneer of the psychology of religion, studied personal religious experiences in solitude^[5]. Z. Freud pathologized religion as an illusion: a structure of fantasy from which a person must be freed if he wants to mature^[6]. On the contrary, C. Jung tried to be unbiased, but positively looked at religious symbolism, which helps to penetrate the collective unconscious^[1]. Psychology can be viewed through the diversity of religious experience as effects of the gods in the soul^[7]. Spiritual

pursuits integrate personality because they exist at a higher level of personality^[8]. A person's view about God encourages a person to act in a real and purposeful way in his life^[9]. However, individual's free will emphasizes that religious faith will be healthy, but the authoritarian one without it will become harmful^[10]. Additionally, religion can be used maturely or immaturely^[11]. This approach, which further extended religiosity according to an external or internal orientation, can be a pursuit of gain or a sincere faith^[12] or an open quest, exploring religious doubts, possible changes, and personal crises^[13]. Religion has a great influence on successful personal development through fostered virtues and rituals in different stages of life^[14]. The first developmental approach covering human faith as meaning-making was based on cognitive and moral development^[2], which scientists later expanded and applied practically in studies of various disciplines^[15].

The research acknowledges the positive effects of religiosity and spirituality on the physical and mental health of older adults^[16, 17, 18, 19]. The importance of religion in life and church attendance has a modest but a consistent ability to predict lower levels of depression over time^[20]. Older people who belong to religious institutions are less likely to seek treatment for their mental health^[21], use religiosity as coping strategies^[22]. Victims of repression use faith in God to overcome difficulties and have twice as much spiritual strength as non-repressed individuals^[23]. A person may become religious when faced with physical and psychological difficulties^[24]. Meanwhile, religious beliefs and church attendance reduce the need for and length of hospitalization^[25]. As a result, one can assume their faith in God as a way to enhance their psychological and spiritual well-being.

Religious faith is ambiguously related to mental health. A systematic analysis of 152 prospective studies showed that religiosity and spirituality predicted a decrease in depression over time in 49% of studies, an increase in depression in 11% of studies, and no significant effect in 40% of studies^[20]. This suggests how different aspects of religiosity may be differentially related to health benefits^[86]. Meanwhile, religious struggle related to internal tension predicts depression over time^[20]. Religiosity is more likely to be a protective factor for individuals with diagnosed mental disorders and less likely for individuals with physical illnesses^[20], has a positive effect on disability and depression outcomes in older adults^[26] and is affected by hope for greater life satisfaction^[27]. It's crucial to acknowledge the importance of it in the clinical practice of psychologists and other healthcare professionals.

Religious faith can cause stress, tension, doubt, and questions about God. Religious/spiritual struggles that are defined as tensions and conflicts over what a person holds sacred are divided into supernatural (perceiving deities or evil forces); intrapsychic (tensions over beliefs, moral issues, and ultimate meaning); and interpersonal (conflicts with other people on religious/spiritual issues)^[28,29]. Either religious struggle or positive aspects of religiosity, or both, may emerge^[20]. One in three individuals experience a religious/spiritual struggle in the past months^[30], and one in two in treatment for mood disorders experience similar struggles^[31]. Moreover, these struggles are experienced by people of different ages, genders, ethnic origins, religious denominations, and socioeconomic statuses^[32]. Nevertheless, individuals do not want to admit or talk about it because they see it as morally wrong or to be condemned by the environment^[33].

As a multidimensional construct, religiosity has both positive and negative effects on health^[34]. This can mean that a person can not only benefit from his faith, but it can also be harmful to him. Therefore, religious values practically influence psychotherapy^[35] and become important at the individual level when providing psychological support. Especially when the clients themselves want to discuss the issues related to religious faith together with a psychotherapist^[36]. Acknowledging a person's individual beliefs is the essence of psychological counselling in the context of religious faith: *First, before trying to explain a person's beliefs, behaviours, or thoughts, you have to get to know them, [...] see the world as they see it. This is the first task of a psychologist. Second, if you think you've got an explanation, that's a separate task, because for every person who thinks religion is an illusion or an escape from something, there's another who deeply believes in their own ontological reality*^[37, p. 22].

To improve the effectiveness of treatment, psychotherapy is increasingly responding to the clients' religious faith^[38]. In support of that, theistic psychotherapy was formulated, consisting of theological principles, theistic approach to psychotherapy and to personality^[35]. The counsellor tries to acknowledge his own and client's religious beliefs and integrate religious practices into the therapy^[39]. Therapists take the main positions towards religion: religious denial, exceptionalism, constructivist, and pluralist^[40]. It is recommended that psychotherapists should carefully monitor the religiosity of their clients when assessing its impact on a person with depression or at risk of depression^[20], and it would be beneficial to include it in psychological counselling.

Personal religious faith and subjective well-being is a relevant area for contemporary medicine and practice of specialists with older people. In further studies, it is proposed to analyse the religious faith during life^[41] with case or autobiographical methods^[42]. In particular, the internal personal perspective is missed, as a functional approach to religious faith prevails, where only external aspects (e.g., involvement in a religious community or rituals) are considered. Qualitative studies^[22, 43, 44, 45] are fragmentary and dependent on the historical, cultural, and religious contexts, so these results cannot be directly transferred to another context. There is a lack of research on older adults practicing the Roman Catholic faith in Europe, especially in the Eastern European countries, where for a long time there was the oppression of Communism, which prohibited the practice of the Roman Catholic faith. The way around this problem is to use research on the faith of practicing Lithuanian Roman Catholics through an internal perspective that would help to reveal the individual characteristics of the faith in personal, social, and cultural contexts. A sensitive way to do this is the case of the religious faith of a psychologically healthy person that would allow us to look at his faith as an adaptation phenomenon through a positive rather than a pathological perspective. It is hoped that this study will lead to new insights of what resources and difficulties practicing older Catholics may face. This will also potentially serve the counsellor or psychotherapist to gain self-awareness, to help the client to become more consciously and to integrate religious faith in his life, thereby ensuring a better quality of life and psychosocial support at this stage of life. Therefore, it is

reasonable to fill the gap with this case study about the religious faith of an older person who is a practicing Roman Catholic.

The article presents and discusses one case - the religious faith of an elderly practicing Roman Catholic: as a multicomponent construct, through life course, faith development and psychosocial perspectives. The purpose of this study is to examine how religious faith is experienced in the life of an older practicing Roman Catholic.

Methods

This article presents a case study illustrating the faith of one older practicing Roman Catholic. A qualitative research method was chosen, which makes sense for scientific research dealing with such sensitive issues as religious faith^[46]. This opens the possibility of a deep exploration not only of religious faith, but of its significance for the individual and psychological well-being.

The case study data was collected and analysed in several ways to include multiple perspectives on the phenomenon under the study. The data was collected through semi-structured interviews using *Faith development interview questions*^[47], observation and the researcher's diary. It is based on an autobiographical approach to faith, provides space for reflection on one's life and existential questions^[48]. This interview allows to study psychological resources and pathological tendencies related to faith, because it is recommended to use in clinical psychology and as a diagnostic tool in psychotherapy^[48]. *Faith development interview* consists of four blocks of questions: *General life review*,

Review of life-shaping experiences and relationships, Description of present wash and commitments and Religion and worldview^[47]. It was translated by mutual translation and with the consent of the authors adapted for use in Lithuanian for the research purposes.

During the study, the attention was focused on the life story, structural diversity, and the content of the person's faith. The collected data is sequentially read and analysed in three different ways.

1. *Narrative analysis* is intended to answer how the religious faith of an older practicing Roman Catholic manifests itself during his life. The objective is to analyse biographical data and reconstruct a life story, presenting the most important life stages, events and relationships that shaped the faith of an older person. A person's story is a rich source of data, thanks to which it is possible to reveal faith more deeply and the factors that shape it^[15]. The research used a thematic narrative analysis^[49], which allows to investigate the religious faith in the life history of an elderly person and to reconstruct it from the participant's own story.

2. *A structural analysis* aims to answer what characterizes the religious faith of an older practicing Roman Catholic in terms of faith development. This analysis is performed according to *Manual for Faith Development Research*, which indicates the analysed aspects of faith and their evaluation criteria^[47, 15]. The essential aspect of structural analysis is to think in structures that reflect *meaning-making*, the process of which may differ from person to person depending on the aspect of faith and the development of faith. Main aspects of faith are being qualitatively

analysed and described: perspective perception, social horizon, morality, authorities, world coherence, and function of symbols. Essential features of the research participant are described in terms of her religious faith.

3. *Content analysis* is designed to reveal how religious faith of the older practicing Roman Catholic is important from a psychosocial perspective. Thanks to this, the religious faith of a person and her internal psychosocial resources were revealed. The analysis was done inductively: open coding, axial coding, and selective coding^[50]. Codes are distinguished, various themes and concepts are formed, and two most important categories are refined: religious faith, which includes the themes related to a person's faith, spirituality, and religiosity, and internal psychosocial aspects in the context of religious faith, which include positive human functioning in the face of challenges and internal resources.

The study participant was selected through purposive sampling based on age and being a practicing Roman Catholic. The person was invited to participate in the study with the help of the nuns with whom she communicates. The meeting with the participant lasted about 2.5 hours in her house. The interview was recorded with a dictaphone and then transcribed and analysed using different analytical methods. The woman's name is fictional.

SOPHIA, an 84-year-old woman, is married and lives with her sick husband in a village. She is a former teacher. The woman addressed the investigator as a "*child*". Presumably, she identified the young researcher with her granddaughter. By participating in the study, the participant agreed to help the researchers, because her granddaughters once needed

her help. She gave the impression of a nice and intelligent woman. What struck me most was that her monologues were long, and she told what she remembered. The woman described herself as a "straightforward" person, "I can't be a hypocrite or pretender". During the interview the woman opened and revealed what she had never told anyone before. The woman answered the questions consistently and clearly. A little stereotypical self-evaluation was reflected. She underestimated herself because she was already a "grandmother".

I, the researcher, graduated in health psychology and gestalt psychotherapy. Since childhood, I have seen the faith of my grandparents as a positive part of their daily life. Having lost my childish faith at the age of twenty-one, I had to experience a crisis of faith and questions related to life and faith. In the fields of psychology and religion, I had to face the depolarization of religious faith and psychology. My studies and practice lacked knowledge about spirituality as important to the human psyche. This led me to research the faith of older adults.

The ethical principles integrated into this research are respect, benevolence, justice to the individual, ensuring confidentiality and anonymity. The essence of the research and its purpose were presented to the research participant, she was introduced to the research procedure, its confidentiality, and the possibility to withdraw from it. The participant gave a written consent to participate in the research interview. Her name and all identifying information have been changed or are being withheld. To ensure the quality of the qualitative research, the evaluation criteria for qualitative research are applied: the researcher's perspective, selection of research participants,

quoting of authentic material from interviews, consistent presentation of research and fulfilment of set goals and ensuring reliability^[51]. The credibility of the study was ensured by participating in the qualitative methods workshops and discussing the case with other researchers.

Results

Religious faith as a multicomponent construct

Religious faith is a multi-component construct characterized by these aspects for an older woman.

A personal relationship with God is a fundamental aspect of a practicing woman's faith, shaping her spiritual, moral, and social identity. For her, God is a moral authority, and His actions are understood as real and beyond human powers. Although Sophia perceives God as deciding and helping, in the relationship she can experience her own weakness: "You see, I want to follow your path, but I am weak. Help me, I can't go alone. Then take me by the hand and lead me and lead me astray all." It helps to recover as an active person who turns to God, is thankful and behaves properly. Sophia perceives God as a real person who listens to her prayers and responds to them: "It is as if you see that God, is a living person. And you can talk to him."

Experience of the spiritual self. Through religious faith, the woman discovered her nonmaterial but spiritual identity. Sophia had a special experience while being in a coma: "I was in such a coma that I thought I wouldn't wake up. [...] I saw a tunnel, such a tunnel of lights and lamps. I was feeling the sense of inner peace and calm." She goes through a transcendental experience experiencing her

spiritual self in everyday life through poetry and helping others.

The meaning of a personal relationship with God is nurturing a deeper self through **moral values**. From the perspective of a believer, life itself becomes a value: *"life has the meaning for me, this is what I live for. That's all for me. If I didn't believe in God, I would be like an animal. There is no meaning, nothing. I'll die, I'll rot and that's it."* Faith is associated with the experience of holiness: *"If I didn't believe in God, I would have nothing sacred to me."* The participant has a strong moral identity arising from faith in God: obeying God's commandments, not sinning, confessing sins, and seeking and spreading goodness. In pursuit of a good woman demands a lot from herself in a relationship: *"I would like to be more forgiving. [...] to avoid being categorical, never say how everything should be. Well, to be more tolerant, more loving, to forgive others and say everything lovingly and benevolently."* After consciously reviewing her past, she realized the lack of kindness towards her mother and felt morally guilty: *"I should have stayed with her longer, supported her, held her hand."* She seeks to take positive action directed at the other: *"You visited that person, talked to him [...] He is satisfied and I feel good in my heart that he spread something - good, not hate, but good"*. Not only the life of the nuns, but also St. Faustina Kowalska is her example of mature faith.

Through **participation in social and religious activities**, her relationship with God becomes visible and forms her social and moral identity. The life of prayer is developing: *"In the past, maybe I used to pray in a traditional way, I was dissuaded [...] I read a prayer book like this, I said a prayer"*, and now prayer is like a sincere

conscious devotion: *"pray, God, to enlighten his mind. Lord, give him wisdom and reason [...] I prayed very sincerely, like a father, like a mother"*. During the Soviet period, religious worldviews were prohibited: *"It was said that there is no God, that it is a lie. That this is only a deception and only fantasy, only the uneducated can believe, and the educated cannot. However, they [priests] brought the books of scientists, we read them, and such a light as faith, so that it would not go out, faith smouldered in our hearts all the time."* The participant led a prayer group for many years and gained her social identity by being a part of it. Now Maria's radio illuminates and develops the woman's faith, reveals in this way contemporary problems and develops tolerance.

An approach to life itself reveals its own limits and temporality: *"We are on this earth only for a moment"*. Sophia believes in the continuity of life after death: *"Life goes on. I believe in everlasting life. [...] The light spreads. Well, life is a gate. We pass through that gate and go to the next life. [...] Only it will change, and we will live a different life"*. Death is perceived as resurrection or hell and determined by the moral identity: *"An account of what we did good, what we did bad, what we wronged, what we slandered, what we believed, everything we did good. We will have to show what kind of onion we have brought."*

Religious faith through a life course

The woman who maintained a relationship with Roman Catholic Church, religious faith existed at every stage of her life. Her faith is constant, little changing in its meaning during life: *"all the time I had strong ties with the*

church, religion, and faith". Sophia described herself as a religious person and a believer who didn't see the difference between these concepts. This represents her integral inner religious identity.

Sophia, born in 1932, spent her childhood during the period of Lithuanian independence, when it was possible to freely profess one's religious worldview. The basis of her religious faith lies in her childhood: *"since childhood, maybe from my parents, that faith came with me in my genes"*. Her faith was formed through examples of her parents: *"[Father] was a very good person. Very optimistic. They used to take us little ones to church. [...] I grew up in such an oasis. Well, that kindness, extraordinary kindness was spread in the family since my childhood."* During the second World War, she saw her mother's moral behaviour towards others: *"She had an extremely good heart. During the German occupation, [...] Russians with small children were accommodated in families. She gave them food. [...] Child, I forgive her. If I don't forgive others, God won't forgive me"*. Emotional relationships with authority and a non-superstitious faith in childhood helped her to shape her faith during life. Therefore, the woman nurtured her granddaughter's faith through empathy and understanding: *"Girls, the flower is alive, and she wants to live. When you pick it and drop, it will wither, but it wants to live. [...] We instilled that kindness, that kind of humanity in our children, granddaughters, and around us"*. In her youth, the woman married a man, for whom faith and its nurturing in the family were important. Sophia's faith was not affected by the Soviet ideology, although it was difficult

for her to come to terms with the prevailing ideology: *"I was in the party [when] I was the deputy head of extracurricular activities. I say: I will follow my husband, if I divorce, only then I can join it, and he won't let me do it by no means. I was already resisting, speaking out"*. She secretly performed faith practices: *"we listened to the Mass secretly. [...] I used to cover myself with a scarf like my grandmother did so that no one could recognize me"*. Invited by the priest, the woman participated and led prayer groups for many years. Unfortunately, now she was unable to participate in activities due to her age and health. Currently, she participates in Holy Mass, tries to maintain contact with nuns and other parishioners.

Religious faith as faith development

For the practicing older woman, religious faith is characteristically conscious, social, and integrated into her life. The older woman perceives herself as a person with her own worldview and experience: *"To speak my mind with great love that I think differently [than you]*. Sophia's faith-based communication and participation in groups is consciously ideologically compatible with her worldview. Her social horizon is based on the emotional and interpersonal relationships established in the prayer group: *"we talk and eat together, as they say, and we break bread and share it"*. The woman feels herself part of the religious community. She identifies her faith with the socio-political system that corresponds to her worldview: *"I was always in the right-wing, because [...] for me God and the church was everything. They are more real, more believing, [...] more virtuous and they don't change their worldview much"*.

Sophia's faith is characterized by a consistent, coherent, and critically evaluated worldview. Conscience helps her decide how to act. Her morality is based on interpersonal relationships, values, and religious symbols. The values are characteristic to the woman: "*honesty, virtue, faith, love, hope*", "*no greed, tolerance, more compassion to understand each other*". Considering her and other's feelings the participant understands justice in a balanced way: "*if a person did something very bad, I say, don't throw stones at him, don't condemn him or anything. I say with love that everything is fine, but I say that I would not act like this, since it seems unacceptable to me*". Differences in worldviews can be resolved through mutual tolerance, listening and prayer. Moral values help her to respect another person: "*because he is also a child of God*".

The woman's religious faith is characterized by an inner authority based on a conscious attitude and traditions: "*there was never a lie and there was no deception anywhere*". Through warm interpersonal relationships, Sophia serves as a guide to her children and grandchildren in religious matters: "*I am like an ace.*" [*laughs*] *I teach them, I advise them*", "*Children, Sunday, have you been to church? In which church? Which hour?*". Her inner authority is based on the persons who raised and love her. She has her own authorities in her environment which she follows.

Religious faith through a psychosocial perspective

The older woman's religious faith through a psychosocial perspective helps to assess what kind of internal psychosocial resources are and how faith helps in everyday life.

The personal relationship with God gives a **sense of safety** and a feeling of trust - God cares and protects: "*Help me and I trust in You [God]*". Therefore, she and her needs are visible to God: "*You [God] see all my problems. You know what I need.*" Trust in God helps her to be persistent, but at the same superstitious: "*God, help me to be successful today, [...] if I don't go [to church], I won't be successful*".

Practicing her religious faith, the participant experiences **satisfaction, and positive emotions**: emotional balance, inner harmony, and joy: "*the church affects me a lot. [...] You pray and talk out of boredom. [...] it seems you become lighter, purer, it seems like you want to hug the whole world and kiss it because everyone is so beautiful and good. [...] The heart seems to be recovering, and cleansed*". The woman wants to change her thoughts and behaviours: "*Here, more at the sunset stage of life various thoughts come and it is necessary to change the way of thinking. You need to change your actions.*" Fostering positive feelings and moral identity helps her to stay young at heart.

Sophia's relationship with God creates a **sense of togetherness and connectedness** and helps to be empathetic to those around her: "*In every person is the face of Christ. This here, I think, is Christ. It is God's creation. It is He who walks beside me. See only the good in Him. There is a lot of good in every person, even in an alcoholic.*" Integrating the truths of the Gospel into her daily life changes her behaviour towards another: "*cast away the one who has no sin. And we can neither condemn nor condemn anyone but help someone with love*". Her faith helps to understand and to accept others as different

personalities. Faith strengthens not only her spiritual, but social identity through ***closeness to each other and gathering***: *"Community means a lot to me. I really miss the community. I go to church because there is a community."* The prayer group satisfies her need to belong, communicate and not to feel alone.

Sophia's moral self is nurtured through ***altruism, love, and forgiveness***. This encourages her to live according to moral values and in relationship with God: *"let's try to overcome that evil with goodness. [...] You should pray for those who despise you, who persecute you, who abuse you"*. God teaches her to understand her mistakes and to seek for forgiveness: *"Forgive me, Lord, do not be a judge, no one will come out of your judgment righteous. Like a father putting his hand on weak shoulders, lead me out of all the wrong ways."*

For Sophia, faith gives her ***an acknowledgment of mortality***. She is negotiating with God why she got the disease: *"My God, I didn't touch a flower or a beetle. I felt sorry for everyone. Why did this happen to me? Why me? Then it seemed to me like an answer: that you will not die, but you will get even closer to me, you will know me even better, you will worship me even more. And I prayed and prayed: God, let me live at least another 10 years. I would still like to live."* Sophia recognizes her own mortality as the hope that life continues after death. Preparing to die helps to accept and understand that life is temporary: *"You are an ordinary person. Death will come anyway, go get ready for God. It seems to me, I'm not afraid at all."*

The woman stays ***open to experience*** through acceptance of herself and external

circumstances. She is strongly motivated from the inside by religious and social activities, which unite her and give her satisfaction: *"This is my neighbour: how you don't get tired of going to church every day? I say: I'm not bored, I'm refreshing myself. It seems to me that if I didn't go to church, I don't know what I would become."* Poetry and prayers open it up to a deeper experience in the church: *"just like in church, they play guitars and sing. It seems to me that my heart rises into my chest."* With God, she accepts such difficult external circumstances as her illness: *"I experienced such suffering, pain and despair, tears, but I entrusted everything only to God. It may have helped me to survive."* Sophia accepts external circumstances in accordance with accepted and indisputable truths inherited from her parents.

For a practicing elderly woman, religious faith helps to overcome crisis, strengthen well-being, and give the meaning to life. Sophia, who suffered from an oncological disease and tick-borne encephalitis, testified how faith helped her to overcome these diseases and recover: *"I didn't think that I would stay alive either. [...] Well, now I'm going to church or somewhere else, I'm thinking: God, help me"*. Accepting real difficulties as a cross given by God gives strength: *"I accept it as my destiny, as it is given to me [...] Everyone has his own cross, and God measures by the shoulders that I can still lift."* Faith gives her a positive meaning to suffering: *"[God] wants a person to get closer to God through that suffering"*. Contrary, Sophia preventively strengthens her psychological well-being and spiritual self: *"Youth is joy, happiness, calmness, confidence, if you have it in your heart, then you are young."* A

personal relationship with God gives her the meaning to her life and fulfils her vocation: *"Life is a gift from God and you need to enjoy it, so how it can be meaningless. Still, God created a person and gave a task to everyone."*

Discussion

Religious faith as a multicomponent construct

It is important to remember that religious faith is a living phenomenon in the life of a practicing person^[44] and is integrated into various areas of life^[22]. The older woman is characterized by a real, sincere, and pious faith, not using religion as a pursuit of gain^[12]. Spiritual identity is discovered with the help of religious faith: *A quiet whisper in the soul is not a sound, but an inner feeling, psychologically attributable to intuition, related to the beauty of nature and the experience of peace*^[52, p. 63]. This need can establish a relationship with God: *And yet, in those quiet evenings, words like prayer like thanksgiving, like admiration for the One who created such perfect beauty, came out to me.*^[53]

From the psychological point of view, religious faith is an internalized dialogue between the person and God^[45]. In the stories of believers, the image of God remains positive and acquires such descriptions as: life compass, childhood friend, protector, conversation partner, source of energy, person who transforms bad things into good, source of survival^[45]. In the counselling context, it is necessary to pay attention to what the image of God is, and what feelings and relationships with God are. Due to the negative image of God, religious faith can be an obstacle to developing a deeper personal relationship with God and revealing one's spiritual self.

The meaning of the Roman Catholic's religious activity lies in her moral and social identity; she nurtures moral values through interpersonal relationships. Similarly, the morality of older Protestants is formed through the cultivation of a Christian life and individual help: *Number one, let God be your guide. I didn't follow Him every time, but that was the main thing. Live close to the Lord, and when you make a mistake, admit it*^[54, p. 11]. Religious activities are also significant for centenarians: *This is something in my old age that I can continue to do*^[54, p. 10]. Older individuals with a strong value system are better equipped to deal with the issues of mortality and life than individuals without these values^[22]. Nevertheless, the woman is facing with moral struggle, to be what better and feels guilty that was not enough good own to mom. Moral struggle causes tension and guilt because she is not followed higher one's standards^[29]. In counselling it is important to notice moral and other religious/spiritual struggles, evaluate, normalize, and reflect, on how psychologically negatively functioning and reveal resources to overcome difficulties^[55].

We should not be blind if a person's faith is ineffective at a certain stage of age but look deeper in his inner psychological and spiritual life. Religious faith as an individual emotional, cognitive, and behavioural experience in relation to one's being, can be formed not only through positive but also through painful stories. A crisis in life can also mean a crisis of faith. At this stage, faith may not be effective because of internal obstacles that prevent him from processing the difficulty and reassessing his being. Therefore, even a non-religious client can benefit from discussing his values and relationship with his being. It shapes the identity, regardless of whether he professes a particular religion. It is

also important to remember that faith develops, an egoistic perspective, a person's understanding that his faith is the fairest, can pass to a conscious one, which can mean a crisis of faith.

Religious faith through a life course

For the practicing older Roman Catholic, religious faith was important and significant from her childhood to old age. Similarly, older adults confirmed: *I think church has always been a part of my life or Church has always been [important]* [54, p. 10]. Individuals who considered themselves religious were religiously socialized early on^[45]. Sophia's positive foundation of religious faith in childhood, which was shaped by the historical, cultural environment and by secure attachment and emotional early relationships. For religion to be healthy, there must be free will on the part of the individual, which makes authoritarian religion harmful^[10]. A person who has adopted a punitive image of God early in life may be at risk of feeling worthless, disobeying, or ceasing to follow faith later in life^[56]. Therefore, a full-fledged basis for religious development is provided by emotional relationships between the child and persons who convey the image of God and develop a realistic personal identity and worldview. It is important to remember that faith is a lifelong and social process, even in old age. Religious faith is an open search^[18], forming person of life context. In the context of faith, a person may experience a crisis, stagnation, or regression, which he is not always able to overcome with the help of himself or his loved ones. Therefore, one cannot expect a natural "quality of faith" based on age alone^[45, p. 49].

From the participant's life story, religious faith has remained a core value that has been

constantly nurtured throughout her life. Faith received from parents in childhood is significantly associated with lifestyle and behavioural risk factors affecting the development of chronic diseases later in life^[57]. Older woman was helped to preserve their faith and its meaning by constant religious practice, support of relatives, and involvement in a religious community. Possible obstacles to the faith may be a lack of religious education, domestic concerns, Soviet ideology, and violence related to it (interrogations, imprisonment)^[58]. These obstacles were overcome by the woman's strong spiritual, moral, and social identity and real examples of individuals with strong faith.

In the life stories of some individuals, manifestations of religious faith are missing at a certain age, because the focus is on other important values: household, family, or work^[58]. For some people, not practicing a religious faith causes a feeling of shame: *I didn't go [to church] much, [...] and I'm ashamed of myself.* [54, p. 11]. This emotional aspect is related to religious struggles^[29], which is important to express the essence of this struggle in counselling. During life, a person may develop a double relationship with faith, for example, due to the desire to be recognized in communist society and be forced to publicly deny the faith due to social fear of being punished^[58]. Further development of faith cannot take place due to this internal conflict and duality, which reflects the dual and delicate state of personality^[58], manifests itself as passivity, fear of humiliation and death, unwillingness to experience pain and lack of will^[59].

Religious faith can be discovered at a certain stage of life and influenced by mystical religious experience, the example of significant individuals

and the spread of religious education, determined by historical, cultural, and political change^[58]. The transcendental experience, characterized by intuitive and mystical experiences, strengthened the spiritual self, and deepened her connection with God. Experiences convince a person when he feels and perceives, and then willingly rationally explains his experience^[60]. Bill, who has rejected traditional religion and faith in God, has a transcendental experience in the hospital: *A great peace came over me and I thought: No matter how bad things seem, everything is good. Order with God and His world*^[61, p. 63]. Such experiences create an objective reality that has a personality-transforming effect^[62]. Individuals with secure parental attachment are more likely to experience gradual conversion^[63]. In contrast, results differed in how individuals with insecure attachment experience sudden conversion by seeking a connection with God^[64]. Therefore, it is important to recognize these experiences and to distinguish between mental illness and transcendental experiences during counselling. Transcendental Assessment Tool helps to understand whether an experience is a delusion or part of a transcendental experience^[65]. It is necessary to answer how a person's feelings, beliefs, personal characteristics, early relationships, and experiences have shaped his current faith over the course of life. Religious faith as an open search forms human faith in the context of personal crises^[13], so it's worth to explore religious doubts, questions to God and the complexity of being in psychological counselling and psychotherapy.

Religious faith as faith development

The older woman is characterized by a conscious and social faith that is integrated

into her life. She consciously reflects and integrates her faith as part of her personality through an inner authority that is based on moral values and traditions. When a person reflects on their faith, there is openness to understanding the complexities of faith, but it can also bring to light the awareness of conflicts and paradoxes in faith^[2]. Similarly, a mature religious person's approach towards religion is dynamic, open and to realize discrepancies and differences in worldviews^[11]. High intelligence, self-awareness, self-confidence, autonomy, and dignity are positively related to the development of faith^[66]. An older person consciously assumes personal responsibility for his beliefs, lifestyle and critically evaluates himself and the world^[67]. Although faith itself is formed in early adulthood, for most individuals' faith may never become conscious, and only for a few in late adulthood^[2]. The development of faith can be hindered by an overconfidence in one's own rationality and criticality^[68]. Wise individuals can develop their faith because they have a more complex emotional structure and conflict resolution strategies based on dialogue rather than power^[69]. It is observed that individuals with secure attachment show higher stages of faith development^[70].

In psychological counselling, a safe relationship with a counsellor can help individuals open and talk about their faith, thereby encouraging them to become more aware of their faith. It is important to pay attention to how a person can reflect on his faith. The person's religious faith in deep feeling may be intensely advanced, but his ability to verbalize is rather poor^[67]. To what extent can he perceive his own and the other's perspective, whether he can look through another person's eyes or notice the prevailing ideology. It is meaningful to pay

attention to the social context with which a person identifies himself when talking about his faith: with family, friends, value groups, or is he open to other traditions. How much does the person feel his inner authority to believe and how does he choose the authorities of faith? How does he integrate faith into his life: is it inherited from his parents, is it adopted from friends or other social groups, is it a critically evaluated faith?^[67]

Religious faith through a psychosocial perspective

For mature adults, orientation in life is helped by a clear personal ideology that remains stable during life; sensitivity to the suffering of others since childhood; transforming bad situations into positive ones; future goals are socially oriented^[71]. Compared with different denominations, older Jews indicate that spirituality helps them accept diversity, while Protestants emphasize support in everyday difficulties and situations^[72].

For the older woman, religious faith gives a sense of safety and confidence in the personal relationship with God. Individuals relinquish control over their lives in the hope that their faith will be sufficient to help them manage the difficulties^[22]. Meanwhile, with the help of religious faith, a person seeks to protect himself and others. Similarly, older people express the desire to rise above the current difficult life situation, which they cannot change, to overcome difficult moments in life and to focus on greater meaning^[45]. Religious faith as a problem-solving method helps overcome adverse situations^[22].

The older woman feels emotional balance and a positive attitude. Religious faith provides personal stability and higher self-esteem^[22]. It

is associated with achieving and maintaining good health, provides comfort and well-being^[44]. Prayer has a positive effect on psychological well-being^[73] and helps to find the meaning and purpose in life^[22]. In contrast, religious faith that God will intervene in illness and heal, if the faith is strong, can be ineffective because the person remains passive about their health^[22]. Instead, it should be used as a resource to overcome difficulties, especially in partnership with God^[22].

Faith shapes the woman's spiritual, moral, and social identity through a sense of togetherness, empathy, and mutual understanding. Religious faith of older people consists of interpersonal relationships in everyday life, which they understand as a way of being in the world, caring for others and being close to them^[44]. A person is guided by the dogmas of his faith, which lead to behavioural changes: acquiring positive communication habits and good behaviour with others^[44]. Their religious experiences directly affect their lifestyle^[44].

The Catholic woman is aware of death as a process: negotiation, hope and reconciliation. Acknowledging death helps to accept external circumstances and feel safe in life^[74]. Religious believers come to terms with death more easily and think calmly about their own mortality: *I am ready to go out whenever He [th0e Lord] is ready and calls me. Until then... I'm enjoying every day*^[54, p. 12]. During counselling, a personal relationship with God can help to express the needs of love and support and feelings such as anger, sadness, or doubts during the loss^[45]. Most older people express their inability to control the fact of death^[22], but the expected transition after death is not feared, but dignified^[75]. In contrast, it may lead to less fear of death,

but the fear of dying remains^[76]. The believers' view of eternal life helps them come to terms with their own mortality^[22]. During psychological counselling, it is important to discuss the client's approach to death and related feelings, and if there is a need to help prepare for death.

The older woman experiences openness to her being through acceptance of herself and external circumstances. Self-acceptance reflects the natural interest that comes from the person's own experience (e.g., spiritual self-experience in solitude or nature), experienced through work, poetry, and worship in the church^[74]. Self-acceptance is influenced by the inner motivation for change in the older person himself, finding the meaning and purpose in life^[44]. This motivation affects the process of faith internalization, which integrates the perception of faith with internal causality, personal value and desire for action arising from oneself, and strengthens mental health and resilience^[77]. Mindfulness practices would be a very valuable part of psychological counselling for older adults. They would learn the skills of openness to experience in everyday life and deepen their experience of faith. Adoption of unquestionable dogmas inherited from parents or religious teachings may mean partial internalization of faith and be characterized by internal conflicts, tension, shame, anxiety or seeking self-approval^[77]. Cognitive therapy can help to review and change their unquestionable beliefs.

Religious faith strengthens the woman's physical, psychological, and spiritual well-being. Prayer itself is a way to be happy^[80]. It is important to note that in a person's life, religious faith exceeds religious practice, it

has a positive effect not only on the person himself, but also on those around him^[44]. The study of centenarians revealed that although they perceive their death as a limitation of life, faith gives life purpose: *Well, God put us here for a purpose that He wants us to fulfil. I guess I haven't done it yet. It depends on God's schedule*^[54, p. 12]. Faith in God, spiritual values and the meaning of suffering can help endure even severe trauma^[23]. The woman is cooperating with God in times of trouble^[78]. In contrast, a person may be characterized by procrastination, when they leave everything to God or when they try to solve problems on their own^[78]. RCOPE questionnaire can assess religious coping strategies^[79]. A psychologist can help to recognize religious coping strategies, false beliefs, and religious/spiritual struggles that prevent overcoming difficulties.

Although individuals satisfy their various needs, existential and spiritual needs remain forgotten, which can lead to an existential vacuum and meaninglessness^[81]. The meaning of life is rooted in woman's faith in God. Such faith is more than a doctrine, but something that gives the meaning to her existence and helps him integrate experiences into her life^[44]. Faith can perform various functions in the life of a believer: to be oneself by living by faith; to be close to the world through one's religious activities; to be with other persons in accordance with religious beliefs^[44]. Religious faith helps to discover the meaning of life, to deepen its understanding, to integrate faith with life. Therefore, when counselling various older persons, both religious and non-religious, it makes sense to explore their spiritual needs to search for life meaning, hope and continuity in their life stories. It can help them face the transience of life,

existential difficulties, and self-realization. In psychological counselling, it makes sense to determine what function faith plays in a person's life.

This study was limited to a case study examining the religious faith of one elderly practicing Catholic woman. Unfortunately, the case study as an investigation strategy, does not provide possibilities to generalize investigation the results at all population. Nevertheless, it provides meaningful theoretical insights into the examined case of older Roman Catholics in the context of faith and psychological counselling. One of the limitations of the study is the target sample, which includes only a concrete practicing elderly Catholic woman who has been religious all her life and lived in a country where the Roman Catholic faith was particularly restricted. It would be useful to interview more diverse older persons with different trajectories of faith expression during life, from different social contexts. Compared to other studies, the case study emphasizes that not only the content of faith is important, but also how faith is talked about and how the woman's faith was formed over the course of her life. This illustrates one of many possible applications of the counselling practice of older persons by fostering their psychological well-being. This would help reveal the specifics of religious faith, how their faith helps and hinders adaptation in old age. Whereas it is beneficial to develop a faith survey instrument for use in psychological counselling that can be applied to both religious and non-religious clients to discuss their faith through a life course, faith development, and psychosocial perspective. In the future, it is worth researching how psychologists/psychotherapists perceive religiosity, spirituality, faith, what their attitudes

are towards religious/spiritual persons, and what challenges they face when providing psychological help. Further research into aspects of religious faith would reveal more information about an individual's mental and spiritual well-being in the context of psychological counselling.

Conclusions

The case study revealed that religious faith is meaningful to the practicing older Roman Catholic as a multi-component faith construct consisting of internal and external aspects, the essential of which is the internal relationship with God, forming a whole spiritual, moral and social identity; during the course of life manifested itself as a continuously cherished value at every stage of life; through the development of faith as a conscious, social and integrated faith in one's life, through an psychosocial perspective, providing internal psychological resources that help a woman overcome difficulties, maintain well-being in life and give meaning to life.

The potential of religious faith in counselling the older, practicing Roman Catholic lies in the awareness of personal feelings, moral struggles, beliefs, behaviours, image of God, self-image and self-worth, early relationships, and experiences related to religious faith in the context of the life. Further research is needed that integrate an individual's religious faith and psychological well-being in counselling practice.

Conflict of Interest Statement:

The author has no conflicts of interest to declare.

Funding Statement:

None

Acknowledgement Statement:

None

References:

- [1] Jung C. *Memories, dreams, reflections*. Vintage, 2011.
- [2] Fowler JW. *Stages of faith: The psychology of human development and the quest for meaning*. San Francisco: Harper & Row, 1981.
- [3] Oakes KE. Reflection on religiousness and mental health, *Counseling and Values*. Vol. 44, p. 113-117, 2000.
- [4] Atlas of European Values, 2017. Accessed 15 10 2023.
<https://www.atlasofeuropeanvalues.eu/maptool.html>.
- [5] James W. *The Varieties of Religious Experience*. Cambridge: Harvard University, 1985.
- [6] Freud S. *The Future of an illusion*. New York: Liveright, 1928.
- [7] Hillman J. *Re-Visioning Psychology*. New York: HarperCollins, 1977.
- [8] Emmons R. *The psychology of ultimate concerns: Motivation and spirituality in personality*. New York: Guilford, 1999.
- [9] Adler A, Porter A. *What life should mean to you*. New York: Macmillan, 1950.
- [10] Fromm E. *Psychoanalysis and Religion*. New Haven, CT, US: Yale University Press, 1950.
- [11] Allport G. *The individual and his religion*. New York: Macmillan, 1950.
- [12] Allport G, Ross J. Personal Religious Orientation and Prejudice. *Journal of Personality and Social Psychology*, vol 5, no. 4, p 432-443, 1967.
- [13] Batson C, Schoenrade P, Ventis L. *Religion and the Individual*. New York: Oxford University Press, 1993.
- [14] Erikson E. *Identity and the life cycle*. New York: International Universities Press, 1959.
- [15] Fowler JW, Streib H, Keller B. *Manual for faith development research*. Bielefeld, Atlanta: Center for Biographical Studies in Contemporary Religion, Center for Research in Faith and Moral Development, 2004.
- [16] Koenig HG, McCullough ME, Larson DB. *Handbook of Religion and Health*. Larson: Oxford University Press, 2001.
- [17] Musick M, Traphagan J, Koenig HG, Larson D. Spirituality in Physical health and aging. *Journal Adult Development*, vol. 7, p. 73-86, 2000.
- [18] Oman D, Lukoff D. Mental Health, Religion, and Spirituality. In *Why Religion and Spirituality Matter for Public Health*, Cham, Springer, 2018, pp. 225-243.
- [19] Pargament KI, Koenig HG, Tarakeshwar N, Hahn J. Religious coping methods as predictors of psychological, physical and spiritual outcomes among medically ill elderly patients: A two-year longitudinal study. *Journal of health psychology*, vol. 9, no. 6, pp. 713-730, 2004.
- [20] Bramm AW, Koenig HG. Religion, spirituality and depression in prospective studies: A systematic review. *Journal of affective disorders*, vol. 257, pp. 428-438, 2019.
- [21] Ng TP, Nyunt MSZ, Chiam PC, Kua EH. Religion, health beliefs and the use of mental

health services by the elderly. *Aging & mental health*, vol. 15, no. 2, pp. 143-149, 2011.

[22] Shaw R, Gullifer J, Wood K et al. Religion and spirituality: A qualitative study of older adults. *Ageing International*, vol. 41, no. 3, pp. 311-330, 2016.

[23] Gailienė D. *Ką jie mums padarė: Lietuvos gyvenimas traumų psichologijos žvilgsniu*. Vilnius: Tyto alba, 2008.

[24] Payman V, George K, Ryburn B. Religiosity of depressed elderly inpatients. *International Journal of Geriatric Psychiatry: A journal of the psychiatry of late life and allied sciences*, vol. 23, no. 1, pp. 16-21, 2008.

[25] Koenig HG, Larson DB, Hays JC et al. Religion and the survival of 1010 hospitalized veterans. *Journal of Religion and Health*, vol. 37, no. 1, pp. 15-30, 1998.

[26] Lavretsky H. Spirituality and aging. *Aging Health*, vol. 6, p. 749-769, 2010.

[27] Pahlevan Sharif S, Amiri M, Allen KA et al. Attachment: the mediating role of hope, religiosity, and life satisfaction in older adults. *Health and Quality of Life Outcomes*, vol. 19, no. 1, pp. 1-10, 2021.

[28] Exline JJ, Rose ED. Religious and spiritual struggles. In *Handbook of the psychology of religion and spirituality*. The Guilford Press, 2013, p. 380-398.

[29] Exline JJ, Pargament KI, Grubbs JB, Yali AM. The Religious and Spiritual Struggles Scale: Development and initial validation. *Psychology of Religion and Spirituality*, vol. 6, no. 3, p. 208, 2014.

[30] Wilt JA, Grubbs JB, Exline JJ, Pargament KI. Personality, religious and spiritual struggles, and well-being.

Psychology of Religion and Spirituality, vol. 8, no. 4, p. 341, 2016.

[31] Murphy PE, Fitchett G, Emery-Tiburcio EE. Religious and spiritual struggle: Prevalence and correlates among older adults with depression in the BRIGHTEN Program. *Mental Health, Religion & Culture*, vol. 19, no. 7, pp. 713-721, 2016.

[32] Abu-Raiya H, Pargament KI, Krause N, Ironson G. Robust links between religious/spiritual struggles, psychological distress, and well-being in a national sample of American adults. *American Journal of Orthopsychiatry*, vol. 85, no. 6, p. 565, 2015.

[33] Pargament KI, Exline JJ. Shaken to the core: Understanding and addressing spiritual struggles in psychotherapy. In *Handbook of spiritually integrated psychotherapies*, American Psychological Association, 2023, p. 119-133.

[34] Bergin AE. Religiosity and mental health: A critical reevaluation and meta-analysis. *Professional Psychology: Research and Practice*, vol. 14, no. 2, p. 170-184, 1983.

[35] Bergin AE. Psychotherapy and religious values. *Journal of Consulting and Clinical Psychology*, vol. 48, no. 1, p. 95-105, 1980.

[36] Post BC, Wade NG. Religion and spirituality in psychotherapy: A practice-friendly review of research. *Journal of Clinical*, vol. 65, p. 131-146, 2009.

[37] Sutter M. Serpant Handling Getting to know the people you study with Ralith Hood. *Eye on Psi Chi*, pp. 22-27, 2018.

[38] Murray ED, Cunningham MG, Price BH. The Role of Psychotic Disorders in Religious History Considered. *Journal of*

Neuropsychiatry and Clinical Neurosciences, vol. 24, no. 4, p. 410–426, 2012.

[39] Richards PS. A theistic integrative psychotherapy. In *Spiritually oriented psychotherapy*, Washington, DC, American Psychological Association, 2005, p. 259–285.

[40] Pargament KI. *The psychology of religion and coping: Theory, research, practice*. New York: Guilford, 1997.

[41] Hill PC, Pargament KI. Advances in the conceptualisation of and measurement of religion and spirituality. *American Psychologist*, vol. 58, no. 1, pp. 64–74, 2003.

[42] Coleman PG. Religion and age. In *Sage Handbook of Social Gerontology*, London, SAGE, 2010, pp. 337–361.

[43] Mukherjee SB. Spirituality and Religion: Elderly's Perception and Understanding. *Indian Journal of Gerontology*, vol. 30, no. 3, pp. 336–354, 2016.

[44] Oliveira ALBD, Menezes TMDO. The meaning of religion/religiosity for the elderly. *Revista brasileira de enfermagem*, vol. 71, pp. 770–776, 2018.

[45] Suchomelová V. Spirituální potřeby seniorů v sociální péči. *Czech & Slovak Social Work*, vol. 16, no. 5, p. 39–53, 2016.

[46] Nolan JA, Whetten K, Koenig HG. Religious, spiritual, and traditional beliefs and practices and the ethics of mental health research in less wealthy countries. *International journal of psychiatry in medicine*, vol. 42, no. 3, p. 267–277, 2011.

[47] Streib H, Keller B. *Manual for faith development research*. Bielefeld: Center for Biographical Studies in Contemporary Religion, 2015.

[48] Keller B, Klein C, Streib H. Das faith development interview. Zur Exploration von Spiritualität im psychotherapeutischen Setting. *Spiritual Care*, vol. 1, pp. 35–43, 2013.

[49] Riessman CK. Narrative Analysis. In *Narrative, Memory & Everyday Life*, Huddersfield,, University of Huddersfield,, 2005, pp. 1–7.

[50] Szadejko K, Vellani D. *Introduzione alla Metodologia e Statistica della Ricerca Empirica*, Modena: Ilmiolibro, 2017.

[51] Elliott R, Fischer C, Rennie D. Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal for Clinical Psychology*, vol. 38, p. 215–229, 1999.

[52] Trimakas KA. *Tikint bręsti: egzistencinio apsisprendimo psichologija*, Kaunas: Lietuvos katechetikos centro leidykla, 1998.

[53] OB. Praregėjimas. *Katalikų pasaulis*, pp. 13–14, 1989.

[54] Heinz M, Cone N, da Rosa G, Bishop A, Finchum T. Examining supportive evidence for psychosocial theories of aging within the oral history narratives of centenarians. *Societies*, vol. 7, no. 2, pp. 1–21, 2017.

[55] Pargament KI, Exline JJ. Religious and spiritual struggles. 2020.

[56] Özişik S. *Intergenerational Changes in the Religiosity of Turkish Islamic Immigrants in Contemporary Germany* (dissertation). Universität Bielefeld, Bielefeld, 2015.

[57] Linardakis M, Papadaki A, Smpokos E, Sarri K, Vozikaki M, Philalithis A. Are religiosity and prayer use related with multiple behavioural risk factors for chronic diseases in

- European adults aged 50+ years? *Public health*, vol. 129, no. 5, pp. 436-445, 2015.
- [58] Butėnaitė J. Trajectories of religious faith in life perspective. *Contemporary research on organization management and administration*, vol. 7, pp. 29-46, 2019.
- [59] Riemke HC. *The Psychology of Unbelief*. New York: Sheed and Ward, 1962.
- [60] Trimakas KA. Psichologinis žvilgsnis į tikėjimą. *Aidas*, pp. 354- 363, Spalis 1974.
- [61] Wilson WG. *Alcoholics anonymous comes of age*. New York: A. A. Publishing, 1957.
- [62] James W. *The varieties of religious experience*. London: Penguin, 1982.
- [63] Bloom P. Religion is natural. *Developmental Science*, vol. 10, no. 1, p. 147–151, 2007.
- [64] Kirkpatrick L, Shaver P. Attachment theory and religion: Childhood attachments, religious beliefs, and conversion. *Journal for the Scientific Study of Religion*, vol. 29, no. 3, p. 315–334, 1990.
- [65] Lucas S. Assessing Transcendental Experiences vs Mental Illnesses. *Journal of Pastoral Care & Counseling*, vol. 71, no. 4, pp. 267-273, 2017.
- [66] Keller B, Streib H. Faith development, religious styles and biographical narratives: Methodological perspectives. *Journal of Empirical Theology*, vol. 26, no. 1, pp. 1-21, 2013.
- [66] Keller B, Streib H. Faith development, religious styles and biographical narratives: Methodological perspectives. *Journal of Empirical Theology*, vol. 26, no. 1, pp. 1-21, 2013.
- [67] Butėnaitė J. Praktikuojančių vyresnio amžiaus katalikų tikėjimo tipai. *Gerontologija*, vol. 17, no. 4, p. 89–200, 2018.
- [68] Parker S. Faith Development Theory as a Context for Supervision of Spiritual and Religious Issues. *Counselor Education and Supervision*, vol. 49, no. 1, pp. 39-53, 2009.
- [69] Baltes PB, Lindenberger U, Staudinger UM. Lifespan theory in developmental psychology. In *Handbook of child psychology: Theoretical models of human development*, Hoboken, Wiley, 2006.
- [70] Hart JD, Limke A, Budd PR. Attachment and Faith Development. *Journal of Psychology and Theology*, vol. 38, no. 2, pp. 122-128, 2010.
- [71] McAdams D, Diamond A, de St. Aubin E, Mansfield E. Stories of commitment: The psychosocial construction of generative lives. *Journal of Personality and Social Psychology*, vol. 72, no. 3, pp. 678-694, 1997.
- [72] Cohen HL, Thomas CL, Williamson C. Religion and Spirituality as Defined by Older Adults. *Journal of Gerontological Social Work*, vol. 51, no. 3-4, pp. 284-298, 2008.
- [73] Meisenhelder JB, Chandler EN. Spirituality and health outcomes in the elderly. *Journal of religion and health*, vol. 41, no. 3, pp. 243-252, 2002.
- [74] Butėnaitė J. Roman catholic faith of older people as a source of psychological resilience. *Contemporary research on organization management and administration*, vol. 8, pp. 32-46, 2020.
- [75] Cohen AB, Koenig HG. Religion, religiosity and spirituality in the biopsychosocial model of health and ageing.

Ageing international, vol. 28, no. 3, pp. 215-241, 2003.

[76] Tornstam L. Late-life transcendence: a new developmental perspective on aging," in *Religion, belief, and spirituality in late life*, New York, Springer, 1999.

[77] Ryan RM, Rigby S, King K. Two types of religious internalization and their relations to religious orientations and mental health. *Journal of personality and social psychology*, vol. 65, no. 3, pp. 586-591, 1993.

[78] Pargament KI, Kennell J, Hathaway W, Grevengoed N, Newman J, Jones W. Religion and the problem-solving process: Three styles of coping. *Journal for the scientific study of religion*, vol. 27, no. 1, p. 90–104, 1988.

[79] Pargament KI, Koenig HG, Perez LM. The many methods of religious coping: Development and initial validation of the RCOPE. *Journal of clinical psychology*, vol. 56, no. 4, pp. 519-543, 2000.

[80] Day D. *The long loneliness*. New York: Harper and Row, 1952.

[81] Frankl VE. *Žmogus prasmės akivaizdoje: rinktinė*. Vilnius: Katalikų Pasaulio Leidiniai, 2010.