

Review

Pandemic Disruptions of Older Adults' Meaningful Connections: Linking Spirituality and Religion to Suffering and Resilience

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Abstract: The COVID-19 pandemic has upended the lives of persons of all ages throughout the world. Older adults have been particularly susceptible to the virus and have died at higher rates than any other age group. Starting from the early days of the pandemic, gerontologists rallied to address a wide variety of issues affecting older people's lives. This paper reviews gerontological research that began shortly after the pandemic was declared and examines how a model of meaningful connectedness undergirding spiritual and religious experiences sheds light on the suffering and the resilience of older people during the pandemic. It notes that despite over four decades of research on the role of religion and spirituality in older people's lives, there has been little mention in major gerontology journals of the role of elders' religiousness and spirituality in their responses to the pandemic. The paper concludes with a call for gerontologists to pay closer attention to elder religiousness and spirituality and the many questions that need to be addressed regarding older people's experiences during the pandemic.

Keywords: COVID-19 pandemic; gerontology; resilience; suffering; meaning; connectedness; spirituality; religion



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On 28 April 2022, the World Health Organization declared that the COVID-19 pandemic had resulted in the deaths of 6,230,357 people worldwide ([World Health Organization 2022](#)). While the pandemic affected the lives of people of all ages, the toll on older adults has been particularly noteworthy. In the U.S., as the number of deaths neared one million, the Centers for Disease Control and Prevention reported that 75% of these deaths occurred among people ages 65 and older ([Centers for Disease Control and Prevention 2022](#)).

Undoubtedly, studies of the effects of the COVID-19 pandemic will continue for many years to come. These will range from biomedical investigations of the virus and its variants to research on how governments responded to the pandemic. Artists, musicians, poets, novelists and others are already engaging with themes of suffering and loss, resilience and resistance. Social scientists are busily collecting and analyzing data. People working on the front lines of health care continue to care for sick persons, some of whom suffer from “long COVID-19” with debilitating symptoms continuing after the initial infection. In other words, the COVID-19 pandemic has not completely disappeared. There is much more to learn from many fields of study and practice about the novel coronavirus causing COVID-19 and its effects on people of all ages.

1. Investigative Questions and Method of Inquiry

This paper investigates two major questions. (1) Given a long tradition of gerontological research and scholarship on religion and spirituality, did gerontologists—researchers and clinicians whose work addresses the lives of older people—examine the role of spirituality and religion in their studies of older adults' responses to the COVID-19 pandemic? (2) How can a model of spirituality and religion organized around the human yearning

for meaning and connectedness contribute to an understanding of elders' suffering and resilience during the pandemic?

To answer these questions, a systematic review of journal articles about the pandemic's effects on older people was conducted between April 2020 and April 2022. Specifically, all articles appearing in this time period in three major journals of the Gerontological Society of America (*The Journal of Gerontology: Psychological Sciences*; *The Journal of Gerontology: Social Sciences*; *The Gerontologist*) that examined how older people navigated through the pandemic were studied to determine if the researchers had addressed topics related to spirituality and/or religion. In some cases, related terms appearing in lists of measured variables (e.g., faith, church, remote religious events) were noted. A Special Issue of *Generations*, the journal of the American Society on Aging, received the same attention. In addition, the PsycInfo database yielded articles using these search terms: peer-reviewed journal articles, April 2020 through April 2022, ages 65+, COVID-19, religion (and variations on that word), and spirituality (also with variations). The same search terms were employed with Google Scholar. Finally, through the Oxford Academic Journals Saved Search Alerts function, frequent emails listing articles on "COVID-19", "older adults", "religion", "spirituality" appeared in my inbox from April 2020 through to April 2022.

The COVID-19 pandemic has had some impact on nearly everyone in the world, including the author of this paper. Thus, breaking a long-held tradition of omitting personal information from an academic paper, I offer a rationale for my selection of the organizing questions of the paper. As a Professor of Psychology for 27 years at a regional comprehensive university in the U.S., much of my scholarship and research addressed issues related to religion, spirituality, and aging. After retiring in 2012, I continued my membership in gerontological organizations and maintained interest in gerontological research. All of this piqued my interest in early spring, 2020, as I began to seek answers to my investigative questions. Also, through my marriage to a pastor in the United Church of Christ for over 50 years, I witnessed COVID-19's devastating effects when he was hospitalized for 10 days and spent several months recovering.

2. Gerontological Insights about Religion, Spirituality, and COVID-19

In a paper presenting reasons why gerontologists should care about older adults' spiritual sources of meaning and purpose, as well as their religious beliefs and behaviors, the authors cited data showing that 72% of persons in the U.S. ages 65 and older reported that religion was very important to them (George et al. 2013). Given the fact that from the middle of the 20th century onward, social scientists had consistently documented higher levels of religiousness among older persons worldwide, regardless of their faith traditions (Nelson-Becker 2018), one might have assumed that this would have been included in studies of responses to pandemic disruptions. Also, a consistent finding in pre-pandemic research affirmed the connection between religious involvement and physical and mental health.

Accounting for heterogeneity among older persons, researchers repeatedly found that regardless of gender, race, ethnicity, national origin, or religious affiliation, religious beliefs and behaviors offered a protective effect (see Levin 2017, for a review). Various explanations were suggested for these robust findings. For example, religious commitment is associated with lower rates of deleterious health behaviors such as smoking, drinking, and drug abuse. Activities such as prayer, meditation, and other private spiritual practices can elicit positive emotions that may support physical health (McFadden and Levin 1996). Public religious participation implies social connectedness, which according to sociologist Ellen Idler (2021) is the most health protective variable identified in decades of research.

The disconnect between findings from decades of research on religion, spirituality, and older adults' health, and the fact that 75% of the deaths from COVID-19 occurred among older people, is a topic that begs for research that has yet to be conducted. Nevertheless, gerontologists working in a wide array of disciplinary fields of research and practice did respond quickly to news of the pandemic, which by definition was personally affecting ev-

everyone worldwide, including the gerontologists. Soon after the World Health Organization declared on 22 March 2020 that the SARS-CoV-2 virus had spread quickly throughout the world and met its definition of a pandemic, the Gerontological Society of America put out a call for research on COVID-19's effects on older persons with the intention of publishing a Special Issue of *The Gerontologist*. The editors of that journal received 132 submissions from 25 different countries, resulting in two Special Issues.

In the first Special Issue of *The Gerontologist*, out of 14 papers, 3 briefly mentioned something about elders' religiousness or spirituality. One paper addressed elders' stresses and joys and noted that 11.5% of those surveyed said their faith gave them joy. Faith was the only source of joy that had a significant impact overall on feelings of joy and comfort (Whitehead and Torossian 2021). Another paper noted that one of the challenges for elders was restriction on social activities and it mentioned their inability to attend worship services (Heid et al. 2021). The third paper briefly commented on faith as contributing to a positive mindset and resilience. The authors stated, "Reliance on faith for coping was an important theme throughout these interviews, whether faith-related activities, receiving social support from a faith community or practicing their faith as part of their positive mindset" (Fuller and Huseth-Zosel 2021, p. 121).

In the second Special Issue of *The Gerontologist*, 2 papers out of 16 included something related to religiousness or spirituality. The editors of that issue wrote one of these two papers and stated we need much more research to understand elders' responses to the pandemic. They noted that spirituality might protect people from the deleterious effects of social distancing (Resnick et al. 2021). That issue included many papers on how older people retained a sense of satisfaction with their lives, despite the constraints imposed by pandemic precautions. However, only one paper specifically mentioned religion. Its authors interviewed elders living alone in San Francisco with cognitive impairment. Interviews were conducted in English, Spanish, and Cantonese. A common coping strategy was "trusting God and remotely attending religious services" (Portacolone et al. 2021, p. 257).

In spring 2022, another national organization focused on older persons in the U.S.—the American Society on Aging—devoted its primary journal (*Generations*) to the many ways the pandemic had affected older adults. The guest editors of that collection of 15 papers stated that while younger people were more likely to experience COVID-19, older adults were more likely to die from the virus (Mockenhaupt and Williams 2022). The social disparities highlighted by the pandemic received attention from several contributing researchers and practitioners. For example, one paper stated that Black and Brown people were two to three times more likely to die compared to White people (Bailey and Harrington 2022). Another author examined the differences in mental health impacts of the isolation, loneliness, and trauma imposed by the pandemic, concluding that this demonstrated Dannefer's (2003) observations about cumulative advantage and disadvantage across the life course (Ramos 2022). Recognition of cumulative advantage and disadvantage has "greatly advanced gerontology by focusing on age differences and variability within and between cohorts that are attributable to persistent, population-based dynamics" (Easton and Kong 2021, p. 2087).

These dynamics of unequal opportunity made some older people more vulnerable to becoming infected and dying of COVID-19. Black and Brown elders had greater risk of exposure to the virus causing COVID-19 because of their housing (often with several generations living in small spaces) and jobs (many of which were defined as "essential" but poorly compensated). Decades of research have already shown that the constant stress of dealing with racism can lead to premature aging and worse health outcomes regardless of cause; this occurs in conjunction with unequal access to health care (Garcia et al. 2021). During the pandemic, not only were these older adults dying at a greater rate than their White counterpart, but also their communities were being afflicted nearly daily with examples of violence perpetrated on them because of their skin color. Missing from these papers on their experiences of the pandemic was any acknowledgement of the significance of congregational care in Black faith communities (Wimberly 2003) and the

importance of public and private religious and spiritual practices to African Americans, Latinos, and Native Americans ([Maldonado 1995](#)).

Quantitative, qualitative, and mixed methods studies by gerontologists all have pointed to the many traumas imposed by the pandemic on elders of all races. Loved ones died alone or with over-worked medical staff by their side when relatives could not visit hospitals or long-term care residences. Everyone was forced into some form of social isolation. The volunteer roles that had given so many older people a firm ground of meaning in their lives disappeared over night. Many older people experienced a major loss when they could no longer participate in their spiritual communities. Not only was the act of worship disrupted, but the friendly greetings before and after the service, and the singing and the silence in a familiar space, all vanished. Decades of research showing the importance of social connections nurtured within these communities took on new significance due to forced absence from them. Many pivoted to offer virtual worship and added other on-line opportunities for interactions such as prayer groups, Bible studies, and book clubs. Some congregations held parking lot meet-ups and drive-by communion services. Some elders learned how to use Zoom and various devices to connect not just to family members and friends, but also to their faith communities.

On 7 April 2020, the World Health Organization issued a document describing “practical considerations and recommendations for religious leaders and faith-based communities in the context of COVID-19” ([World Health Organization 2020](#)). It included advice on using technology to maintain community and continue worship, as well as suggestions for low-technology ways of engaging with people. However, many elders had no smart phones, tablets, or computers and they lacked Internet connections. Even though organizations serving them stepped up to try to provide the equipment and instructions on using it, many were still left out. In the U.S., this was especially true of African Americans, Latinos, Native Americans, people living in rural regions, and residents of care communities. Reports from other countries confirmed this challenge. For example, a paper on hospital chaplaincy in the Republic of Ireland noted how chaplains cared for patients, family members, and staff using tablets and other devices. However, the authors concluded that technology could not replace holding a hand at the end of life ([Byrne and Nuzum 2020](#)). Aged care chaplains in Australia also reported their weariness and frustration in responding to the COVID-19 crisis, as well as the creative ways they used technology to offer spiritual care to residents ([Jones et al. 2020](#)). Finally, a survey of chaplains in all fields working in 36 countries also noted the enormous disruptions in their usual work practices as well as their necessary embrace of technology to retain contact with patients, families, and staff ([Snowden 2021](#)).

In addition to all the disruptions caused by the disease itself and the requirements for isolation, during this time, major differences of opinion emerged about the pandemic, often splitting families into warring camps. Much of this tension was initiated and reinforced by social media. In the U.S., all of this became caught up in the maelstrom of ongoing political dissension. Some religious leaders urged people to defy mask orders and to continue gathering, singing, and hugging despite public health pleas for physical distancing. They supported vaccine refusal, and said that if you died of COVID-19, it was God’s will. One study showed that when states issued mandates for physical distancing, some highly religious people viewed that as impinging on religious freedom and so refused to follow COVID-19 mitigation strategies ([DeFranza et al. 2020](#)).

We cannot assume that older people were immune to the political turmoil that spilled into faith communities. Some of these individuals undoubtedly resisted lockdown policies and attended worship services throughout the pandemic, blaming others for the suffering caused by the virus, even as they also suffered personally and socially. All of this led Jeff Levin, one of the leading scholars of religion, spirituality, and aging, to declare this: “It is within the spiritual domain of life, in both its personal and institutional expressions, that the pandemic has exhibited among its most subtle and devastating impacts” ([Levin 2022](#)). Given this, what might we learn from this fraught time of elder suffering and resilience when some found great comfort in their spiritual and religious beliefs and practices and

others became caught up in the politicization of the pandemic? According to one paper, many elders just wanted to tune it all out (Fordyce and Smith 2022). Yet to be studied is whether their spiritual and religious beliefs and practices remained the same or became stronger, weaker, or different.

3. Meaning and Connectedness through Spirituality and Religion

Viktor Frankl, the Viennese psychiatrist who survived the horrors of imprisonment in Nazi concentration camps, and later developed an approach to psychotherapy called logotherapy, described spirituality as the human drive for meaning and purpose. The will to secure a sense of meaning and purpose in life can, he said, be sustained even through the most terrible suffering (Frankl [1946] 1984).

Many scholars of spirituality, religion, and aging have been inspired by Frankl's writings about meaning. For example, McFadden (1996, 2000) emphasizes the motivational and emotional foundations of spirituality in that it moves people to seek meaning and then signals with emotion whether that meaning has been found or has slipped away. MacKinlay (2017) describes spirituality as ultimate meaning mediated through four types of relationships: with others and with God, with creation and the environment, with the arts, and with religion. In other words, McFadden notes the drives and feelings associated with spirituality, and MacKinlay speaks of the spiritual pathways to ultimate meaning. At the root of both approaches is the idea of spirituality as an experience of meaningful connectedness. According to McFadden, that sense of connectedness can be experienced within the self when, for example, a person reflects on meaningful events through life. People also speak of meaningful, spiritual feelings of connection with other persons, with nature and the human-created world, and with the sacred. Both McFadden and MacKinlay have conducted many interviews with older persons and have heard their stories of being motivated to seek the spiritual feelings of meaningful connection in their lives.

So what has happened to this drive for meaning among older persons during the pandemic? Although those studies remain to be conducted, we can speculate using McFadden and MacKinlay's descriptions of the types of connections that spirituality includes. If an elder was not grieving a loved one's death, or worrying about the next meal, finding safe housing, accessing healthcare or the myriad other challenges some endured in the last two years, he or she might have used the time and space afforded by withdrawal from social interactions to develop a new meaningful pursuit such as discovering connections within the self through poetry writing, art-making, journaling, etc. Lacking physical contact with others, some may have found joy in reading a book to a toddler grandchild using FaceTime or through happily sharing stories with friends through letter-writing, emailing, or texting. While not all of these connections might have felt spiritual at the time, upon reflection, some people may have reached the conclusion that they were, in fact, deeply meaningful. Gardening and outdoor walks whether around the neighborhood block (Finlay et al. 2021), or in wilderness areas, evoked spiritual feelings of meaningful connection to the natural world for many elders (Klaiber et al. 2021). Finally, pandemic isolation could not prevent older adults from praying, reading scripture, or meditating as a way of feeling connected to the sacred. Moreover, if they had access to technology and if their faith communities were using technology to connect with congregants, then through online religious services, they could experience meaningful connections not only with the sacred, but also with others who they could see on their screens.

As a personal note, when our congregation began online services, my husband and I connected with two very elderly women who had no tech. Every Sunday morning, 5 min before the service began, we each called them on our cell phones and then set our phones by small speakers on my husband's desk. They listened to the service through their phones. This was the first time in years they had been able to worship in "real time" with their congregation. After the service, each of us chatted for a while with our elderly friends, creating a kind of mini-coffee hour without the coffee. Through the many months of lockdown, these phone connections became deeply meaningful for all of us. On the first

Sunday of each month, when our congregation celebrated the Eucharist, often it was our “old lady friends” who reminded us to pick up small pieces of bread and cups of juice to have as people far and wide came to a virtual table.

Several decades before the end of the 20th century, spirituality came to be viewed primarily in terms of individual experience; it was privatized. However, this small story of Sunday morning telephone connections demonstrates that religion, as embedded in a community of shared stories, songs, rituals, and beliefs, brings people together in meaningful ways. Moreover, as Krause has written, “a religiously focused sense of meaning in life arises when people rely on their faith to derive a cognizance of order, coherence, and purpose to their existence” (Krause 2011, p. 28). This was particularly needed as the pandemic disrupted so many people’s feelings of order, coherence, and purpose. Gerontologists will need to study examples of spiritual and religious connectedness, but they will also need to document responses to the loss of these connections during the pandemic.

4. Pandemic Suffering

“Suffering” is not a word commonly found in gerontological research reports. A search in the PsycInfo database at the end of April 2022 for peer-reviewed journal articles focusing on people aged 65 and older, and published between 2020 and 2022, revealed 481 papers that mentioned suffering in some way and 884 papers that addressed resilience. Entering “COVID-19” as an additional search term yielded 34 papers with some reference to suffering while 159 papers noted the resilience of older people. A search for “suffering”, “resilience”, and “COVID-19” as experienced by persons 65 and older resulted in 27 articles.

Several decades ago, Ira Byock, a well-known palliative care physician, offered a succinct statement about why suffering is not more widely addressed by social scientists: “In modern, secular, western culture, suffering is assumed to be wholly adverse and devoid of value” (Byock 1996, p. 238). Citing Frankl, he went on to state that suffering entails a “felt loss of meaning and purpose in life” and that “pain and privation can be endured if it is for a purpose” (p. 242). The pandemic has offered a stark affirmation of this statement. Pandemic requirements for social distancing, masks, and vaccinations were embraced when people accepted their public and personal health purpose, but those who felt the requirements had no purpose or meaning rejected them. As will be noted later, interpretations of religious teachings played a role in creating these different perspectives on pandemic policies and practices.

The COVID-19 pandemic has also revealed the many ways human beings suffer and interpret their suffering. The physical suffering caused by COVID-19 has been widely documented, as has the psychological distress characterized primarily in terms of depression and anxiety. But what about the existential and spiritual dimension of suffering that Byock and Frankl noted? To understand that requires recognition that all the world’s religions have for millennia wrestled with the problem of suffering. In particular, followers of monotheistic religions encounter the core question of theodicy: How can God allow evil and suffering?

Religious perspectives on suffering become woven into culture and shape not only how individuals view their own suffering, but also direct how people should respond to the suffering of others. In one of the few gerontological studies of elders’ views on suffering, Black and Rubinstein observed that the people they interviewed saw suffering as human-created, and believed that God “comforted them, suffered along with them, or led them through or out of the experience with spiritual gifts, such as compassion or fortitude accrued through suffering” (Black and Rubinstein 2004, p. S22). In other words, they did not attribute their suffering to the divine. A later study of elderly African American men, who had endured the suffering of racism in multiple ways, confirmed the consolation of religious beliefs that led these men to reject bitterness and to live generatively, with empathy for the suffering of others (Black and Rubinstein 2009). It is important to note that within particular religions such as Christianity, beliefs differ on the meaning and purpose of suffering. For example, interviews of older Mexican Americans revealed differences

between Catholics and Protestants in how they viewed pain and suffering in themselves and others (Krause and Bastida 2009). The Catholic elders believed that pain and suffering were necessary for a religious life and that people needed to suffer in silence as Mary did for her son, Jesus. Older Mexican Americans who had left Catholicism for fundamentalist Protestant congregations believed they could turn to family members and friends in times of trial and not remain silent about their suffering.

Returning to the specifics of suffering in the time of the COVID-19 pandemic, we can observe both personal and social sources of suffering. The deaths of one million people in the U.S. alone have brought grief to untold numbers of persons, including almost 200,000 children in the U.S. whose parents or custodial grandparents died between April 2020 and April 2022 (Imperial College of London 2022). Whether they lived or died, many persons had to endure hospitalization apart from loved ones, a situation that multiplied the suffering caused by the pandemic. Social isolation and the emotional toll of loneliness increased among persons of all ages and were most acutely felt by elders living in cities compared to those in rural communities (Fuller and Huseth-Zosel 2021). The problem of loneliness among older people was magnified for those living in some form of long-term care where they were confined to their rooms with only occasional contact with harried staff outfitted in bulky protective coverings. This kind of stress and loneliness was especially acute for individuals with some type of dementia and their care partners (Masterson-Algar et al. 2022). Some care partners were so distraught by the way their loved ones were treated in nursing homes and other memory care residences that they brought their loved ones home to live once again with them (Nash et al. 2021). All of these personal sources of suffering were potentiated among older Black and Latino persons affected by structural racism that increased their risks of exposure and the kind of access they had to healthcare (Garcia et al. 2021).

On a social level, suffering came from many directions. Many articles documenting pervasive ageism unleashed by the pandemic appeared in scholarly journals and popular media. For example, elders' resilience was overshadowed by reports of their infection and death rates (Jen et al. 2021). Difficult decisions about distribution of limited life-saving equipment such as ventilators often focused on the age of the sick person (Colenda et al. 2020). Once the vaccines became available, some older people's internalized ageism led them to conclude they should not have priority in receiving it (Allen et al. 2021). Other social sources of suffering came from the social discord unleashed on many fronts during the pandemic period. Meaningful connections among friends and family members sometimes broke down over political disagreement not only about how to respond to COVID-19 mitigation policies, but also about other controversial issues such as race, gender, and sexuality. This has occurred not only in the U.S. but also in countries around the world and will be a topic for political scientists and policy makers to address for years to come.

The way the pandemic opened a Pandora's box of different forms of suffering affected nearly all types of social institutions, including faith communities. Some lacked knowledge and resources to be able to pivot to online connections with congregants. With no in-person worship services, the financial viability of some faith communities was severely affected. Also, the political divisiveness of the times did not always stay outside their doors, doors that were supposed to be closed to group gatherings. Some religious organizations refused to shut their doors and argued that mitigation directives impinged upon their religious freedom (DeFranza et al. 2020). In South Korea, the refusal to stop in-person worship led to major sources of infection, with one report stating that 60% of all infections in that country came from a particular religious group. Infections also spread widely among ultra-Orthodox Jews in Israel and among Muslim pilgrims in Malaysia. In addition to promoting in-person gatherings that became "super-spreader events", some religious organizations suggested that the pandemic was caused by the sins of other people, particularly LGBTQ persons. Anti-Semitic beliefs also spread during the pandemic with some people buying into the lie that Jews developed the virus in order to profit from the vaccines they developed (Dein et al. 2020). Others embraced false beliefs that Asians were to blame for all the

pandemic suffering. Some religious messages loudly proclaimed the vaccines should be rejected and that the recommendations of scientists and physicians should not be believed (Lee et al. 2022).

5. Pandemic Resilience

Earlier, I mentioned the two elderly women (ages 88 and 100) joining my husband and me for worship through the pandemic. They would undoubtedly score well on scales measuring resilience. The younger woman was blind; the older woman had to relocate to a skilled nursing community because she could no longer manage the wound on her foot that had festered for seven years. Both were pleased to get the vaccines when they became available. They amply demonstrated what gerontologists have long labeled the “paradox of well-being” as observed and measured in many older persons (Labouvie-Vief and Medler 2002). In other words, despite their many daily challenges, they continued to feel joy, express gratitude, and remain positive about the goodness of life. Another way of characterizing them comes from the work of Viktor Frankl. These women demonstrate the “defiant power of the human spirit” (Frankl 1967, p. 99).

A term commonly used by gerontologists to describe women like our friends is “resilience”. Originally used to describe children who overcame early traumatic experiences and developed healthy personality characteristics (Bonanno 2004; Cicchetti and Blender 2006), resilience has more recently been described in association with religious faith that supports people as they cope with tribulation (Pargament and Cummings 2012). Also, resilience has been described as leading to the positive emotions often associated with spirituality (Smith et al. 2012). In a paper reporting her research on the relationship between spirituality and late life resilience, Manning offered a three-part approach to resilience. She described it as “a process of recovery (how well individuals are able to bounce back from adversity), sustainability (the capacity to continue to move forward in the face of adversity), and growth (the ability to further develop as a response to adversity)” (Manning 2013, p. 569). The spirituality of the older women Manning interviewed was not their only pathway to resilience, for they had other resources, primarily their relationships with friends and family. Overall, however, Manning believed that their spirituality functioned as a “framework for making meaning” (p. 574).

Almost from the beginning of the pandemic, as gerontologists pivoted to assess older persons’ responses to grief over the deaths of so many and the privations associated with social distancing, numerous papers appeared documenting elders’ resilience. The editors of a special section of the *Journals of Gerontology: Psychological Sciences* noted that many of the papers depicted how “older age may proffer psychosocial strengths for dealing with adversity that have been acquired through experiencing life challenges and living through historical periods of population-wide stressors and considerable social change” (Martire and Isaacowitz 2021, p. e1). In other words, they were resilient.

Research conducted early in the pandemic concluded that resilient elders had more positive views of aging (Losada-Baltar et al. 2021), had a more optimistic outlook on life (Bruine de Bruin 2021), were less reactive to stressors (Klaiber et al. 2021), and demonstrated psychological strengths in the ways they reflected on their lives and expressed generativity toward others (Lind et al. 2021). Some of this research compared older adults to middle-aged adults and younger adults, finding that older adults seemed better at regulating negative emotions and maintaining positive emotional well-being (Knepple Carney et al. 2021). Compared to younger people, elders also had more positive social relationships (Birditt et al. 2021), less stress and negative affect (Young et al. 2021), and better psychosocial outcomes (Minahan et al. 2021).

Only a few of the many studies that poured out of gerontologists’ hastily assembled early pandemic research programs mentioned anything related to meaningful spiritual or religious connections. An exception was a paper by Whitehead and Torossian (2021) who conducted an online survey of 825 older people in the U.S. They coded qualitative responses to questions about sources of joy and stress and found that 11.5% of respondents

cited faith as a source of joy. The quantitative portion of their online survey revealed that faith was the only source of joy to have a significant effect in that it was associated with lower scores on negative affect. Similarly, a phone interview study of 76 elders' pandemic resilience and coping found that faith was an important theme, "whether faith-related activities, receiving social support from a faith community, or practicing their faith as part of their positive mindset" (Fuller and Huseth-Zosel 2021, p. 121).

Long before the pandemic, gerontologists attempted to explain the "paradox of well-being" they identified in their studies. How could so many older people demonstrate positive well-being when they often had multiple chronic, debilitating conditions, lived alone, grieved the deaths of loved ones, and had limited financial resources? What theory could account for this? Although James Birren (1999), one of gerontology's founders, repeatedly observed that gerontology is "data-rich and theory-poor", one theory has long been cited as having strong explanatory power regarding the many findings of emotional well-being in the face of late life physical, psychological, social, and economic challenges. According to Laura Carstensen's socioemotional selectivity theory (SST), as people perceive their future time is limited, they prioritize "goals about meaningful aspects of life" and make strategic decisions about their social connections, preferring those that are "emotionally meaningful and positive" (Carstensen et al. 2020, p. 1375). Defining those goals and the social connections that support them may be supported by beliefs and practices nurtured by religious faith and spiritual experiences. However, research documenting this is lacking.

Despite decades of inquiries into elders' spiritual and religious meaningful connections and their effects on physical and mental well-being (see Levin 2017, for a review), few gerontologists have connected the dots enough to demonstrate how spirituality and religious faith and practice might shape goals about meaningful aspects of life. An exception can be found in the work of Ramsey and Blieszner (1999, 2013) who interviewed older men and women in the U.S. and in Germany. Pastors nominated these elders to participate in the interviews because of their spiritual resiliency, a "capacity to turn suffering into personal growth" (Ramsey and Blieszner 2013, p. 12). All had experienced multiple losses (particularly during World War II) and numerous other forms of suffering. None viewed the world through rose-colored glasses. None saw themselves as being especially strong or virtuous. Rather, they felt gratitude for being gifted with a strong faith nurtured in spiritual communities. Their suffering was not separate from their resilience.

6. Lessons Learned

It is too early to state definitively what has been learned since the pandemic was declared in March 2020. Nevertheless, several observations can be made about older adults' suffering and resilience, and the ways they have sought to hold onto a sense of meaning and purpose, often through their connections with faith communities.

According to Jeff Levin (2022), despite the ways some religious institutions hindered the response to the pandemic, in many other ways they offered consolation for people's grief, not only about the deaths of loved ones, but also about losses such as time with growing grandchildren, opportunities for volunteer service, and celebrations of important personal and social events. Levin offered three lessons about how what he called the "faith sector" lived up to its calling to heal the world.

- Pastors and chaplains remained committed to doing whatever they could to serve "their flocks". Levin described how pastors and chaplains held fast to their pastoral role, adapting to different ways of connecting with hurting people even when physical presence was impossible.
- People in the faith sector retained their commitment to their ethical imperative. Levin observed how people in the faith sector spoke out against the hate-filled statements of some in the religious community and urged compassion for those being attacked. He noted how all the world's major religions embrace this ethical imperative in various ways.

- People in the faith sector also spoke prophetically, calling out injustice and cruel inattention to people's unmet needs. In fact, Levin went so far as to say that the pandemic has been a "natural experiment in moral theology, a global challenge calling us out of our moral indolence and demanding that we be compassionately present with those who are suffering and that we work to find ways to relieve their suffering" (p. 5). Surely many older people, whether sitting in pews or watching a service online, have heard and responded to calls to care for others and work to relieve suffering of all types: physical, psychological, and existential/spiritual.

Because the various types of dementia affect not just older persons, but also their younger family members and friends, the mortality and morbidity rates for persons living with dementia during the pandemic have awakened the need for reform in the sectors of society that serve them. Sadly, the stigma associated with dementia has persuaded some that persons with that condition have no way to experience meaning and purpose in their lives. Such an attitude dehumanizes people, resulting in the inequities of dementia care that the pandemic has cast in stark relief. This situation highlights two related lessons learned during this pandemic time.

- It is time to reimagine dementia. An international group calling itself "Reimagining Dementia: A Creative Coalition for Justice" believes that all forms of the arts can express the need for more just policies and practices directed toward persons living with some type of dementia (Kontos et al. 2021).
- Religious organizations of all faith traditions have a role to play in changing attitudes about dementia and improving the lives of persons living with this condition. This is a goal that some congregations have embraced as they pursue the goal of becoming dementia-friendly faith communities (McFadden 2021). Pastors and congregants in these communities recognize that spiritual care should be offered to all persons regardless of cognitive status and they seek innovative, creative ways of connecting regardless of the degree of impairment. For some persons living with dementia, connecting meaningfully with others cannot happen via a screen. They need personal contact with people who know that communication goes beyond words. When chaplains could not visit with residents in long-term care or patients in hospitals, some began to advocate for their role to be defined as essential just as family members have campaigned to be designated as essential, also.

Chaplains in a variety of settings were particularly challenged in offering care during the COVID-19 crisis. Out of this pandemic time came several important lessons about chaplaincy.

- As noted by several chaplains in The Netherlands, the pandemic actually raised the visibility of chaplains and reinforced the importance of their roles in offering comfort, facilitating meaning making, and connecting people in order to restore communities (Wierstra et al. 2020).
- Although being present in person remains the preferred approach of chaplains (Swift 2020), technology can be used well by chaplains to support staff in healthcare systems. An international survey conducted by researchers from the U.S., Ireland, the U.K., and Australia highlighted the contribution of chaplains to care teams and affirmed the efficacy of "telechaplaincy" (Tata et al. 2021, p. 26).
- Chaplains working in care systems need to be trained in crisis response. A survey of chaplains in Australia indicated that chaplaincy education needs to include training in appropriate responses to pandemic events (Flynn et al. 2021).

Four additional lessons come from observations of how religious communities have hindered and helped the cause of public health during the pandemic.

- Faith-based organizations have an important role in supporting public health (Barmania and Reiss 2020). Many studies prior to the pandemic concluded that social gatherings are the most health-protective aspect of religiousness; the pandemic demonstrated what happens when that source of meaning and purpose disappears. Religious

organizations can partner with public health and may have more success than any other social group in reaching underserved persons (Idler et al. 2022).

- It is time to address the skepticism and even sometimes the antipathy between public health and some faith communities so that trust can be built in the service of better health for all persons (Levin et al. 2022).
- Researchers and public health professionals must include religion in the mix of social determinants of health (Chatters 2000; Lee et al. 2022).
- Gerontologists—who represent a wide variety of disciplines—need to be educated about the important, evidence-based connections between religion and health (George et al. 2013).

7. Some Unanswered Questions

Many questions about older adults' responses to the pandemic remain to be answered by gerontological researchers and practitioners. For example, in a paper on mental health and religion in the time of COVID-19, Pargament and his colleagues (Dein et al. 2020) were particularly concerned about some Christians who embraced an apocalyptic belief that the pandemic was a signal of Jesus' imminent return. Groups promoting this belief adamantly refused public health mitigation strategies. These clinical psychologists urged researchers to examine whether apocalyptic beliefs about the pandemic helped or hindered people's coping with COVID-19. A related focus of inquiry should address the variables that predict whether people retain these beliefs once the pandemic subsides.

What has become of the spiritual resources as described by Kuepfer (2020) using the themes of Self, Someone, and Space? People's personal sense of identity and purpose (Self) has been severely threatened by pandemic disruptions of work and leisure. Quarantine and social distancing depleted relational resources (Someone). Spiritual resources found in beloved physical spaces (Space) may have become stale. Although you may love your home and garden, if that is all you can see day after day, do they lose their spiritual nourishment effects? And if you cannot attend services in a building where you have worshiped for years, do you feel the loss of a significant source of spiritual well-being? Kuepfer also spoke about the spaciousness of time as a spiritual resource. However, in the last two years, when each day felt like every other day, and people all over the world complained about losing track of time, the spaciousness of the pandemic period may have become aversive for some individuals. One can hope that a research group somewhere in the world has been tracking all of this longitudinally.

Undoubtedly, readers of this paper can generate their own list of questions that need attention from researchers and practitioners who work with older adults. A few additional ones include these:

- Were the virtual religious activities available to some elders effective in helping them feel like they were still connected to their faith and their fellow believers?
- Given that the COVID-19 pandemic is the first worldwide major health emergency to occur in a time of widespread use of social media, how has this form of communication shaped the responses of faith communities and attitudes among religious and/or spiritual persons?
- Was there a change in the form and/or intensity of religious and spiritual struggles experienced by older people and were these struggles connected to their theodicy questions about suffering?
- How did care community residents hold onto their spiritual practices and religious beliefs during the time of extreme social isolation? Did these practices and beliefs contribute to resilience among persons who experienced the trauma of multiple COVID-19 deaths in the places where they lived?
- How effective was virtual pastoral care for elders regardless of where they lived?
- What were some ways persons living with dementia and their care partners maintained a sense of meaning and purpose in the time of COVID-19? Were faith communities effective in remaining connected to them?

- Can the meaningful connections disrupted by the pandemic be restored and reinvigorated and if so, what is the role of faith communities in making this happen?

Multi-disciplinary pandemic studies will proliferate in the coming years and many more questions will be posed and answered using a wide range of methods. It has been the intent of this paper, limited as it is by period effects, to encourage gerontologists to pay attention to the ways religious and spiritual beliefs and practices have influenced and supported older people's diverse responses to this time. Their spiritual resilience, which cannot be separated from their suffering, must be documented for in it, we may discover new ways of understanding sources of the "defiant power of the human spirit" (Frankl 1967, p. 99).

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References

- Allen, Laura D., Idalina A. Odziemczyk, Jolanta Perek-Bialas, and Liat Ayalon. 2021. "We should be at the back of the Line": A frame analysis of old age within the distribution order of the COVID-19 vaccine. *The Gerontologist* 61: 1317–25. [CrossRef] [PubMed]
- Bailey, Nikitra, and Ashley Harrington. 2022. The Economic Impact of the Pandemic on Older Adults. *Generations*. Available online: <https://generations.asaging.org/economic-impact-pandemic-older-adults> (accessed on 29 April 2022).
- Barmania, Sima, and Michael J. Reiss. 2020. Health promotion perspectives on the COVID-19 pandemic: The importance of religion. *Global Health Promotion* 28: 15–22. [CrossRef] [PubMed]
- Birditt, Kira S., Angela Turkelson, Karen L. Fingerman, Courtney A. Polenick, and Akari Oya. 2021. Age differences in stress, life changes, and social ties during the COVID-19 pandemic: Implications for psychological well-being. *The Gerontologist* 62: 205–16. [CrossRef]
- Birren, James E. 1999. Theories of aging: A personal perspective. In *Handbook of Theories of Aging*. Edited by Vernon L. Bengtson and K. Warner Schaie. New York: Springer Publishing Company, pp. 359–471.
- Black, Helen K., and Robert L. Rubinstein. 2004. Themes of suffering in later life. *Journal of Gerontology: Social Sciences* 59B: S17–S24.
- Black, Helen K., and Robert L. Rubinstein. 2009. The effect of suffering on generativity: Accounts of elderly African American Men. *Journal of Gerontology: Social Sciences* 64B: 206–303. [CrossRef]
- Bonanno, George A. 2004. Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely aversive events? *American Psychologist* 59: 20–28. [CrossRef] [PubMed]
- Bruine de Bruin, Wändi. 2021. Age differences in COVID-19 risk perceptions and mental health: Evidence from a national U.S. survey conducted in March 2020. *Journals of Gerontology: Psychological Sciences* 76: e24–e29. [CrossRef] [PubMed]
- Byock, Ira. 1996. The nature of suffering and the nature of opportunity at the end of life. *Clinics in Geriatric Medicine* 12: 237–52. [CrossRef]
- Byrne, Michael J., and Daniel R. Nuzum. 2020. Pastoral closeness in physical distancing: The use of technology in pastoral ministry curing COVID-19. *Health and Social Care* 8: 206–17. [CrossRef]
- Carstensen, Laura L., Yochai Z. Shavit, and Jessica T. Barnes. 2020. Age advantages in emotional experience persist even under threat from the COVID-19 pandemic. *Psychological Science* 31: 1374–85. [CrossRef]
- Centers for Disease Control and Prevention. 2022. COVID Data Tracker. Available online: <https://covid.cdc.gov/covid-data-tracker/#demographics> (accessed on 29 April 2022).
- Chatters, Linda M. 2000. Religion and health: Public health research and practice. *Annual Review of Public Health* 21: 335–67. [CrossRef]
- Cicchetti, Dante, and Jennifer A. Blender. 2006. A multiple-levels-of-analysis perspective on resilience: Implications for the developing brain, neural plasticity, and preventive interventions. *Annals of the New York Academy of Sciences* 1094: 248–58. [CrossRef] [PubMed]
- Colenda, Christopher C., Charles F. Reynolds, William B. Applegate, Philip D. Sloane, Sheryl Zimmerman, Anne B. Newman, Suzanne Meeks, and Joseph G. Ouslander. 2020. COVID-19 pandemic and ageism: A call for humanitarian care. *Journals of Gerontology: Medical Sciences* 75: 1786–87. [CrossRef] [PubMed]
- Dannefer, Dale. 2003. Cumulative advantage/disadvantage and the life course: Cross-fertilizing age and social science theory. *The Journals of Gerontology* 58: S327–S337. [CrossRef] [PubMed]
- DeFranza, David, Mike Lindow, Kevin Harrison, Arul Mishra, and Himanshu Mishra. 2020. Religion and reactance to COVID-19 mitigation guidelines. *American Psychologist* 76: 744–54. [CrossRef]
- Dein, Simon, Kate Loewenthal, Christopher Alan Lewis, and Kenneth I. Pargament. 2020. COVID-19, mental health and religion: An agenda for future research. *Mental Health, Religion, and Culture* 23: 1–9. [CrossRef]

- Easton, Scott D., and Jooyoung Kong. 2021. Childhood adversities, midlife health, and elder abuse victimization: A longitudinal analysis based on cumulative disadvantage theory. *Journals of Gerontology: Social Sciences* 76: 2086–97. [CrossRef]
- Finlay, Jessica M., Gabriella Meltzer, Melissa Cannon, and Lindsay C. Kobayashi. 2021. Aging in place during a pandemic: Neighborhood engagement and environments since the COVID-19 pandemic onset. *The Gerontologist* 64: 504–18. [CrossRef]
- Flynn, Eleanor, Heather Tan, and Anne Vandenhoeck. 2021. “We need to learn from what we have learned!”: The possible impact of COVID-19 on the education and training of chaplains. *Journal of Pastoral Care & Counseling* 75: 37–40. [CrossRef]
- Fordyce, Christine H., and Ginny Smith. 2022. Older Adults Share Their Pandemic Experiences. Available online: <https://generations.asaging.org/older-adults-share-their-pandemic-experiences> (accessed on 29 April 2022).
- Frankl, Viktor. 1967. *Psychotherapy and Existentialism: Selected Papers on Logotherapy*. New York: Washington Square Press.
- Frankl, Viktor. 1984. *Man’s Search for Meaning*. New York: Washington Square Press. First published 1946.
- Fuller, Heather R., and Andrea Huseth-Zosel. 2021. Lessons in resilience: Initial coping among older adults during the COVID-19 pandemic. *The Gerontologist* 61: 115–25. [CrossRef]
- Garcia, Marc A., Patricia A. Homan, Catherin Garcia, and Tyson H. Brown. 2021. The Color of COVID-19: Structural racism and the disproportionate impact of the pandemic on older Black and Latinx adults. *Journals of Gerontology: Social Sciences* 76: e75–e80. [CrossRef]
- George, Linda, Warren A. Kinghorn, Harold G. Koenig, Patricia Gammon, and Dan G. Blazer. 2013. Why gerontologists should care about empirical research on religion and health: Transdisciplinary perspectives. *The Gerontologist* 53: 898–906. [CrossRef] [PubMed]
- Heid, Alison R., Francine Cartwright, Maureen Wilson-Genderson, and Rachel Pruchno. 2021. Challenges experienced by older people during the initial months of the COVID-19 pandemic. *The Gerontologist* 61: 48–58. [CrossRef] [PubMed]
- Idler, Ellen L. 2021. Religion and aging in the global context of secularization: Patterns, processes, consequences. In *Handbook of Aging and the Social Sciences*. Edited by Kenneth Ferraro and Deborah Carr. San Diego: Academic Press, pp. 255–68.
- Idler, Ellen, John A. Bernau, and Dimitrios Zaras. 2022. Narratives and counter-narratives in religious responses to COVID-19: A computational text analysis. *PLoS ONE* 17: e0262905. [CrossRef] [PubMed]
- Imperial College of London. 2022. COVID-19 Orphanhood. Available online: https://imperialcollegelondon.github.io/orphanhood_calculator/#/country/United%20States%20of%20America (accessed on 29 April 2022).
- Jen, Sarah, Mijin Jeong, Hyun Kang, and Michael Riquino. 2021. Ageism in COVID-related newspaper coverage: The first month of a pandemic. *Journals of Gerontology: Social Sciences* 76: 1904–12. [CrossRef]
- Jones, Kate Fiona, Jennifer Washington, Matthew Kearney, and Megan C. Best. 2020. Responding to the “unknown assailant”: A qualitative exploration with Australian health and aged care chaplains on the impact of COVID-19. *Journal of Health Care Chaplaincy*. [CrossRef]
- Klaiber, Patrick, Jin H. Wen, Anita DeLongis, and Nancy L. Sin. 2021. The ups and downs of daily life during COVID-19: Age differences in affect, stress, and positive events. *Journals of Gerontology: Psychological Sciences* 76: e30–e37. [CrossRef]
- Knepple Carney, Amy, Allyson S. Graf, Grace Hudson, and Ellen Wilson. 2021. Age moderates perceived COVID-19 disruption on well-being. *The Gerontologist* 61: 30–35. [CrossRef]
- Kontos, Pia, Mary L. Radnofsky, Phyllis Fehr, Mike R. Belleville, Frances Bottenberg, Mary Fridley, Susan Massad, Alisa Grigorovich, Jennifer Carson, Kari Rogenski, and et al. 2021. Separate and unequal: A time to reimagine dementia. *Journal of Alzheimer’s Disease* 80: 1395–99. [CrossRef]
- Krause, Neal. 2011. Religion and health: Making sense of a disheveled literature. *Journal of Religion and Health* 50: 20–35. [CrossRef]
- Krause, Neal, and Elena Bastida. 2009. Religion, suffering, and health among older Mexican Americans. *Journal of Aging Studies* 23: 114–23. [CrossRef]
- Kuepfer, Jane. A. 2020. Boomers & aging: Seeing & recognizing spiritual resources. *Journal of Religion, Spirituality, and Aging* 32: 224–46.
- Labouvie-Vief, Gisela, and Marshall Medler. 2002. Affect optimization and affect complexity: Modes and styles of regulation in adulthood. *Psychology and Aging* 17: 571–78. [CrossRef] [PubMed]
- Lee, Mikyung, Heejun Lim, Merin Shobhana Xavier, and Eun-Young Lee. 2022. “A divine infection”: A systematic review on the roles of religious communities during the early stage of COVID-19. *Journal of Religion and Health* 61: 866–919. [CrossRef] [PubMed]
- Levin, Jeff. 2017. “For they knew not what it was”: Rethinking the tacit narrative history of religion and health research. *Journal of Religion and Health* 56: 28–46. [CrossRef]
- Levin, Jeff. 2022. Human flourishing in the era of COVID-19: How spirituality and the faith sector help and hinder our collective response. *Challenges* 13. Available online: <https://www.mdpi.com/2078-1547/13/1/12> (accessed on 29 April 2022). [CrossRef]
- Levin, Jeff, Ellen L. Idler, and Tyler J. VanderWeele. 2022. Faith-based organizations and SARS-CoV-2 vaccination: Challenges and recommendations. *Public Health Reports* 137: 11–16. [CrossRef]
- Lind, Majse, Susan Bluck, and Dan P. McAdams. 2021. More vulnerable? The life story approach highlights older people’s potential for strength during the pandemic. *Journals of Gerontology: Psychological Sciences* 76: e45–e48. [CrossRef]
- Losada-Baltar, Andrés, Lucia Jiménez-Gonzalo, Laura Gallego-Alberto, Maria Petroso-Chaparro, José Fernandes-Pires, and Maria Marquez-González. 2021. “We are staying at home”. Associations of self-perceptions of aging, personal and family resources, and loneliness with psychological distress during the lock-down period of COVID-19. *Journals of Gerontology: Psychological Sciences* 76: 310–e16. [CrossRef]
- MacKinlay, Elizabeth. 2017. *The Spiritual Dimension of Ageing*, 2nd ed. London: Jessica Kingsley Publishers.

- Maldonado, David. 1995. Religion and persons of color. In *Aging, Spirituality, and Religion: A Handbook*. Edited by Melvin A. Kimble, Susan H. McFadden, James W. Ellor and James J. Seeber. Minneapolis: Fortress Press, pp. 119–28.
- Manning, Lydia K. 2013. Navigating hardships in old age: Exploring the relationship between spirituality and resilience in later life. *Qualitative Health Research* 23: 588–75. [CrossRef]
- Martire, Lynn M., and Derek M. Isaacowitz. 2021. What can we learn about psychological aging by studying COVID-19? *Journals of Gerontology: Psychological Sciences* 66: e1–e3. [CrossRef]
- Masterson-Algar, Patricia, Maria Cheshire Allen, Martin Hyde, Norah Keating, and Gill Windle. 2022. Exploring the impact of COVID-19 on the care and quality of life of people with dementia and their carers: A scoping review. *Dementia* 21: 648–76. [CrossRef]
- McFadden, Susan H. 1996. Religion, spirituality, and aging. In *Handbook of the Psychology of Aging*, 4th ed. Edited by James E. Birren and K. Warner Schaie. San Diego: Academic Press, pp. 162–77.
- McFadden, Susan H. 2000. Religion and meaning in late life. In *Exploring Existential Meaning: Optimizing Human Development Across the Life Span*. Edited by Gary Reker and Kerry Chamberlain. Thousand Oaks: Sage Publications, pp. 171–83.
- McFadden, Susan H. 2021. *Dementia-Friendly Communities: Why We Need Them and How We Can Create Them*. Philadelphia: Jessica Kingsley Publishers.
- McFadden, Susan H., and Jeff Levin. 1996. Religion, emotions, and health. In *Handbook of Emotion, Adult Development, and Aging*. Edited by Carol Magai and Susan H. McFadden. San Diego: Academic Press, pp. 349–65.
- Minahan, Jillian, Francesca Falzarano, Neshat Yazdani, and Karen L. Siedlecki. 2021. The COVID-19 pandemic and psychosocial outcomes across age through the stress and coping framework. *The Gerontologist* 61: 338–239. [CrossRef] [PubMed]
- Mockenhaupt, Robin, and Edna K. Williams. 2022. Elucidating Impacts, Navigating the New Normal in a Pandemic. *Generations* 46. Available online: <https://generations.asaging.org/elucidating-covid-impacts-navigating-new-normal> (accessed on 29 April 2022).
- Nash, Whitney A., Lesley M. Harris, Kimberly E. Heller, and Brandon D. Mitchell. 2021. “We are saving their bodies and destroying their souls”. Family caregivers’ experiences of formal care setting visitation restrictions during the COVID-19 pandemic. *Journal of Aging and Social Policy* 33: 398–413. [CrossRef] [PubMed]
- Nelson-Becker, Holly. 2018. *Spirituality, Religion, and Aging: Illuminations for Therapeutic Practice*. Los Angeles: Sage.
- Pargament, Kenneth I., and Jeremy Cummings. 2012. Anchored by faith: Religion as a resilience factor. In *Handbook of Adult Resilience*. Edited by John W. Reich, Alex J. Zautra and John Stuart Hall. New York: The Guilford Press, pp. 193–210.
- Portacolone, Elena, Anna Chodos, Jodi Halpern, Kenneth E. Covinsky, Sahrü Keiser, Jennifer Fung, Elizabeth Rivera, Thi Tran, Camilla Bykhovsky, and Julene K. Johnson. 2021. The effects of the COVID-19 pandemic on the lived experience of diverse older adults living along with cognitive impairment. *The Gerontologist* 61: 251–60. [CrossRef]
- Ramos, Katherine. 2022. Mental health impacts of the COVID-19 pandemic. *Generations* 46. Available online: <https://generations.asaging.org/mental-health-impacts-covid-19-pandemic> (accessed on 29 April 2022).
- Ramsey, Janet L., and Rosemary Blieszner. 1999. *Spiritual Resiliency in Older Women: Models of Strength for Challenges through the Life Span*. Thousand Oaks: Sage Publications.
- Ramsey, Janet L., and Rosemary Blieszner. 2013. *Spiritual Resiliency and Aging: Hope, Relationality, and the Creative Self*. Amityville: Baywood Publishing Co.
- Resnick, Barbara, Sheryl Zimmerman, and the Gerontological Society of America COVID-19 Task Force. 2021. COVID-19 recommendations for research from the Gerontological Society of America COVID-19 task force. *The Gerontologist* 61: 137–40. [CrossRef]
- Smith, Bruce W., J. Alexis Ortiz, Kathryn T. Wiggins, Jennifer F. Bernard, and Jeanne Dalen. 2012. Spirituality, resilience and positive emotions. In *The Oxford Handbook of Psychology and Spirituality*. Edited by Lisa J. Miller. New York: Oxford University Press, pp. 437–54.
- Snowden, Austyn. 2021. What did chaplains do during the COVID pandemic? An international survey. *Journal of Pastoral Care & Counseling* 75: 6–16. [CrossRef]
- Swift, Chris. 2020. Being there, virtually being there, being absent: Chaplaincy in social care during the COVID-19 pandemic. *Health and Social Care Chaplaincy* 8: 154–64. [CrossRef]
- Tata, Beba, Daniel Nuzum, Karen Murphy, Leila Karimi, and Wendy Cadge. 2021. Staff-care by chaplains during COVID-19. *Journal of Pastoral Care & Counseling* 74: 24–29.
- Whitehead, Brenda R., and Emily Torossian. 2021. Older adults’ experience of the COVID-19 pandemic: A mixed-methods analysis of stresses and joys. *The Gerontologist* 61: 36–47. [CrossRef] [PubMed]
- Wierstra, Iris Roosmarijn, Gaby Jacobs, and Carmen Schuhmann. 2020. Present in times of crisis: The impact of COVID-19 on activities, visibility, and recognizability of chaplains in a healthcare organization in the Netherlands. *Health and Social Care Chaplaincy* 8: 191–205. [CrossRef]
- Wimberly, Anne E. Streaty. 2003. Congregational care in the lives of Black older adults. In *Aging, Spirituality, and Religion: A Handbook*, 2nd ed. Edited by Melvin A. Kimble and Susan H. McFadden. Minneapolis: Fortress Press, pp. 101–20.
- World Health Organization. 2020. Practical Considerations and Recommendations for Religious Leaders and Faith-Based Communities in the Context of COVID-19. Available online: <https://www.who.int/publications/i/item/practical-considerations-and-recommendations-for-religious-leaders-and-faith-based-communities-in-the-context-of-covid-19> (accessed on 17 April 2021).

-
- World Health Organization. 2022. WHO Coronavirus (COVID-19) Dashboard. Available online: <https://covid19.who.int/> (accessed on 29 April 2022).
- Young, Nathaniel A., Christian E. Waugh, Alyssa Minton, Susan T. Charles, Claudia M. Haase, and Joseph A. Mikels. 2021. Reactive, agentic, apathetic, or challenged? Aging, emotion, and coping during the COVID-19 pandemic. *The Gerontologist* 61: 217–27. [[CrossRef](#)] [[PubMed](#)]