Spirituality and the Successful Aging of Older Latinos

Jeanne M. Hilton and Stephen L. Child

Using face-to-face interviews and a self-report questionnaire, the authors investigated the contributions of spirituality and religiosity to the well-being and levels of depression of 60 Latino adults ages 50 to 84 after controlling for age, health, education, and economic strain. Religiosity and spirituality predicted well-being; however, increases in well-being were associated with lower levels of externalizing religiosity and higher levels of spirituality. Economic strain overshadowed all other variables in predicting depression. Thus, 2 factors predicted the psychological health of Latino elders: Economic strain predicted depression, and spiritual health predicted well-being. Several suggestions for implementing the findings are presented.

Keywords: Latino, spirituality, successful aging, well-being, depression

Now that baby boomers are beginning to retire, the United States can expect major changes not only in the economy but also in the health care system (He, Sengupta, Velkoff, & DeBarros, 2005). The aging U.S. population is becoming far more ethnically diverse. Although ethnic minority groups currently account for one third of the nation’s population, they will become the majority by 2042. Latinos are currently the largest and fastest growing ethnic minority group in the United States, and by mid-century they are expected to account for nearly 20% of the 65 and older population (U.S. Census Bureau, 2008).

Normal age-related decline takes its toll on individuals in terms of reduced stamina, gradual losses in intellectual functioning, and the emergence of chronic illnesses (National Institutes of Health [NIH], 2007). However, there is a difference between the severity of losses associated with normal aging and the severity of losses that are due to physical pathology (Beekman et al., 1995; Hill, 2005; Rowe & Kahn, 1987, 1998). For example, gradual losses in muscle mass, bone density, flexibility, and balance are an inevitable part of the aging process, whereas other conditions associated with aging, such as osteoporosis, osteoarthritis, diabetes, and dementia, are diseases rather than normal consequences of aging (NIH, 2007). Successful aging is the term commonly used to describe people who make lifestyle choices and engage...
in behaviors in adulthood that facilitate well-being, even in the presence of normal age-related decline (Rowe & Kahn, 1987). Successful or optimal aging involves delaying the losses associated with aging as long as possible and growing old gracefully with a sense of well-being. Successful aging occurs when an individual uses adaptive mechanisms and spiritual resources to compensate for physical limitations and environmental challenges, and in doing so, achieves a strong sense of well-being, quality of life, and personal fulfillment (Young, Frick, & Phelan, 2009).

Spirituality tends to increase with age (Atchley, 1999; Thibault, 1996) and plays a central role in the lives of many minority groups. Spiritual beliefs can provide comfort to older adults (mid-60s and beyond) who are struggling with poverty, chronic disease, and disability by providing meaning and relief from feelings of anxiety and depression (Christensen, 2008). Many religious traditions also offer hope of life after death, which can be particularly comforting (Koenig, George, & Titus, 2004; Steinitz, 1980). Generally, researchers have found that religious activity and/or spiritual beliefs positively influence the well-being of older adults (McFadden, 1995).

Religion and spirituality are particularly important in the Latino community (Campesino & Schwartz, 2006). There are many terms used to describe the religious and spiritual orientations of Latinos and other groups. According to Puchalski (2006), religion is a term used to describe a formal system of worship that is based on social interaction with others who share similar beliefs. Religiosity refers to a person’s dedication to, and activity within, an organized religion. Spirituality refers to a personal search for meaning in life through relationships with God, family, nature, and the arts. A spiritual belief system is based on a series of faith-based beliefs that are prevalent in a community or society but not formalized into a religion.

Many Latino immigrants arrive in the United States with strong religious and spiritual belief systems, anticipating what God will provide for them. The church is the first place they seek out for words of encouragement and support (Hoffman, 2006). Their religious orientation is largely Christian and overwhelmingly Roman Catholic, and they turn to the church for help with food and clothing and to find fellowship, solace, peace, and love (Hoffman, 2006).

Among Latinos, religiosity and spirituality are integrated into daily life, providing a constant source of strength in coping with life’s struggles (Campesino & Schwartz, 2006). Empirical research documents that religious attendance promotes well-being across multiple generations of Latinos (Levin, Markides, & Ray, 1996) and that it enhances physical health status among Latino women (Rojas, 1996). Latinos describe their spirituality in terms of intimate and reciprocal relationships with God, family, and community, and they report that these relationships play an important role in maintaining their health and well-being (Campesino & Schwartz, 2006; Martinez, 1999; Rehm, 1999).

As with every racial/ethnic minority group, Latinos have a unique culture that can positively influence their aging process. For Latinos, faith and family are extensions of each other and central to all that they do (Hoffman, 2006). The Latino culture embraces a faith that is more practical and experiential (and less
doctrinal) than the European Christian tradition. Latinos also prefer a more public
and communal expression of their faith that enhances their access to supportive
social networks (Hoffman, 2006).

Unfortunately, marginalized groups, including Latinos, often do not
have equal access to the economic resources necessary to secure optimal
health and well-being. The poverty rate of Latino Americans 65 and older
is 20% compared with 7% for non-Latino White Americans (U.S. Census
Bureau, 2007). Poverty translates into higher rates of chronic diseases for
Latinos compared with Caucasians (U.S. Department of Health and Human
Services, 2010), and chronic diseases are associated with greater levels of
depression (Blazer, 2002). Lower levels of education, economic strain, and
chronic health conditions interfere with successful aging by increasing levels
of depression and reducing perceived well-being (De La Rosa, 2000). The
question raised in the present study is whether religiosity and spirituality
contribute to successful aging in the Latino community by buffering the
negative impact of low education, economic strain, and poor health on
well-being and depression.

The aging process is associated with progressive losses that are often linked
to depression (Blazer, 2002). However, many older adults are able to maintain
an optimistic outlook and a sense of well-being despite these losses (Tornstam,
2005). Gerontologists refer to this process as successful aging (e.g., Bowling,
2007; Rowe & Kahn, 1987, 1998). Most of the successful aging research to
date has been conducted with Caucasians, at a time when the United States
is becoming more racially and ethnically diverse. Latinos are currently the
largest and fastest growing ethnic minority group in the United States and
will constitute 30% of the population by mid-century (U.S. Census Bureau,
2008). Research on the successful aging of this group is urgently needed.
Therefore, the purpose of the present study was to examine the relation-
ship, if any, among older Latinos’ religiosity and spirituality and their level
of well-being and to determine whether their religiosity and spirituality
serve as a buffer against depression. Spirituality has rarely been studied as
a predictor of successful aging, and it has not been directly measured along
with age, health, economic strain, and education among Latino elders. After
controlling for age, health, education, and economic strain, we developed
the following four research hypotheses to guide the study:

Hypothesis 1. There is a significant positive relationship between older
Latinos’ spirituality and their well-being.

Hypothesis 2. There is a significant positive relationship between older La-
tinos’ religiosity (internalizing and externalizing) and their well-being.

Hypothesis 3. There is a significant negative relationship between older
Latinos’ spirituality and their symptoms of depression.

Hypothesis 4. There is a significant negative relationship between older
Latinos’ religiosity (internalizing and externalizing) and their symp-
toms of depression.
Counselors and other mental health professionals undoubtedly know that religiosity and spirituality play an important role in the lives of their Latino clients. The findings from this study will help counselors better understand how to mobilize these clients’ spiritual resources as they guide the clients through the aging process.

**Method**

This correlational, quantitative study is based on original data collected from older Latinos, with the use of a self-report questionnaire and open-ended questions administered during a face-to-face interview. This process was used so that older Latinos could ask questions and get assistance with reading and answering the questions if they had limitations in vision, literacy, or hand strength/flexibility that were required to fill in the forms (Quinn, 2010). Selected parts of a larger questionnaire were used for this study, including background questions and published measures of well-being (Ryff, 1989), depression (Radloff, 1977), economic strain (Hilton & Devall, 1997), spirituality (Hodge, 2003), and religiosity (Allport & Ross, 1967). We analyzed the data using descriptive statistics and hierarchical multiple regression.

**Sampling**

Participants for the study were recruited in three western states by bilingual (Spanish/English) Latina research assistants using snowball sampling techniques. This approach became necessary after other methods of recruitment failed, including public service announcements; posted flyers; and contacts with leaders and potential participants at social service agencies, Latino resource centers, and churches. This difficulty in recruiting older Latinos has been widely documented in other studies (e.g., Eakin et al., 2007).

The only recruitment strategy that worked was when the research assistants asked their friends, families, and acquaintances in their home communities to distribute flyers describing the study and offering a $35 gift card for participating in a 1½- to 2-hour interview. Those who expressed interest were asked to contact one of the research assistants, who then screened the individuals for eligibility. To participate, an individual had to be (a) a self-identified Latina/Latino, (b) able to speak either Spanish or English, (c) 50 years old or older, and (d) coherent in answering questions during the screening process.

**Participants**

Sixty participants met the criteria for the study and were interviewed. The final sample included 22 men and 38 women. The age of the participants ranged from 50 to 84 years (mean age = 60.7 years, SD = 10.2). Years of formal education in the sample also varied widely, from 0 years to 25 years (M =
9.47 years, \(SD = 4.9\)). The median monthly after-tax household income from all sources was $1,500–$2,000, with a range of less than $500 a month to over $7,000 a month. The ethnicity of the Latinos was mostly Mexican (48.3%), with the remaining 20% Mexican American, 6.7% Spanish, 6.7% Salvadorian, and 15% from other South American countries. An additional 3.3% reported mixed Latino/non-Latino ethnicity; however, to qualify for the study, they had to self-identify as Latino. The majority of the participants (79.7%) were the first generation to arrive in the United States. Among the participants, 33.3% were retired, 8.3% were unemployed, 43.3% were employed full time, and 15.0% were employed part time (percentages do not total 100 because of rounding).

Women in the study accounted for approximately two thirds of the sample. The mean age of the women was 61.7 years compared with 58.9 years for the men. The women reported lower mean scores for health (3.6) than the men (4.3), and their total well-being score (61.9) was somewhat lower than that of the men (64.3). The women also had much higher mean scores on depression (18.7) than the men (6.5). The women and men in the study had similar mean scores for education (9.4 vs. 9.6 years), economic strain (2.1 vs. 2.6), religiosity (31.5 vs. 30.2), and spirituality (24.3 vs. 24.8).

**Data Collection**

Before collecting the data, the Latina research assistants completed a training process that included institutional review board (IRB) social–behavioral research certification, filling out the questionnaires themselves, and practice interviews with one of the researchers. After the training was completed, the research assistants collected the data through written, large-print questionnaires that were completed during face-to-face interviews in the participants’ preferred language. The interviews were conducted in a place that was convenient to the participants, most often their homes. The research assistants explained informed consent and told participants that they could take breaks if they became tired and could ask for help in reading or filling out the forms. Participants were also told that they could terminate the interview for any reason and that they would still be given the gift card. No one asked to terminate the interview. At the conclusion of the interview, the research assistants gave the participants the gift card, checked the questionnaires for accuracy to reconcile any missed responses, and collected contact information from participants who requested a summary of the findings.

**Measures**

Four older Latino adults pilot tested the questionnaire that was used for the study. On the basis of their feedback, we made minor adjustments in the wording of several questions, and then one of the Latina research assistants translated the questionnaire into Spanish and another back-translated the
questionnaire to English to check for fidelity (Miyabe & Yoshino, 2009). The 20-page questionnaire (large print) that was administered during the face-to-face interview included sections on background characteristics, medical conditions, health behaviors, global health, well-being, depression, successful aging, religion, and spirituality. The dependent variables for this study were well-being and depression. The independent variables were age and education (measured in years), health, economic strain, spirituality, and religiosity.

Well-being. We assessed overall well-being using Ryff’s (1989) 18-item Well-Being Scale. The measure includes six subscales that evaluate three items each on self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth. A 6-point Likert-type scale is used for scoring (1 = strongly agree to 6 = strongly disagree), with higher scores indicating a greater sense of well-being. According to Ryff and Keyes (1995), the six-factor scale is joined by a single higher order well-being factor. Concurrent validity was established using correlations with other similar measures (Ryff & Keyes, 1995). We used the overall well-being score for this study. Cronbach’s reliability coefficient for the measure was .62 in our sample.

Depression. We evaluated depression using the 12-item version of the Center for Epidemiologic Studies Depression Scale (CES-D; Radloff, 1977) designed to measure depressive symptoms in the general population. Each item asks how many days the participant experienced a particular symptom of depression in the previous week (0–7 days) for each of the 12 items. Concurrent validity, using clinical and self-report criteria, and evidence of construct validity have been reported by Radloff (1977). Cronbach’s reliability coefficient for this scale was .97 in our sample.

Health. We used one global question to evaluate the health of the participants: “I consider myself as healthy as most other people my age.” This decision was based on findings that single-item measures of self-rated health are highly correlated with physicians’ assessments of overall patient health (e.g., Wolinsky & Johnson, 1992). This item was rated on a scale of 1 (strongly disagree) to 6 (strongly agree).

Economic strain. We evaluated financial difficulties that the participants were having using a one-item global measure of economic strain (Hilton & Devall, 1997). The item asked participants how many days in the past week they were “worried that my income will not be enough to cover my future needs.”

Spirituality. We assessed spirituality using the six-item Intrinsic Spiritual-ity Scale developed by Hodge (2003). The measure assesses the degree to which spirituality is a motivating influence in a person’s life and uses a brief introductory statement to explain that spirituality encompasses both theistic and nontheistic expressions of connectedness to an ultimate source of wisdom and comfort. The items are scored with a semantic differential scale anchored from 1 to 10. Sample items include “My spiritual beliefs affect . . .” (1 = absolutely every aspect of my life to 10 = no aspect of my life) and “Growth in my spirituality is . . .” (1 = more important than anything else in my life to 10 = of no importance to me). Responses to the six items are summed
and divided by 6 to produce a mean score. Hodge (2003) psychometrically evaluated the measure and found that it was both valid (mean unstandardized validity coefficient = 2.11) and reliable (Cronbach’s $a = .80$). Cronbach’s reliability coefficient for our sample was .73.

Religiosity. We used the Religious Orientation Scale (ROS; Allport & Ross, 1967) to assess religiosity as a motivating factor in a person’s life. The measure comprises an Intrinsic (e.g., living the religion) and Extrinsic (e.g., using religion for psychological and social reward) subscale. Each of the subscales has four items and is scored using a 6-point Likert-type scale ($1 = \text{strongly disagree}$ to $6 = \text{strongly agree}$), with higher scores indicating a stronger religious orientation. An example of an Intrinsic subscale item is “What religion offers me most is comfort when sorrows and misfortune strike.” An example of an Extrinsic subscale items is “A good reason for being a church member is that it helps to establish a person in the community.” Gorsuch and McPherson (1989) found that the ROS confirms the factors that emerged in several studies of religious orientation, but no other direct measures of validity have been reported. Cronbach’s alphas for the measure were .63 for the Intrinsic subscale and .68 for the Extrinsic subscale in our sample.

Results

Our study included 60 older Latinos. Ideally, we would need a sample of at least 102 participants to achieve the statistical power (.80) to detect medium effect sizes in the analyses (Cohen, 1992). Therefore, our analyses were not as sensitive in rejecting the null hypotheses as they would have been with a larger sample, and the results need to be interpreted with this limitation in mind.

Correlations among the variables in the study are presented in Table 1. Well-being and depression were significantly and negatively correlated, with

<table>
<thead>
<tr>
<th>Measure</th>
<th>1</th>
<th>2</th>
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<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
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<tbody>
<tr>
<td>1. WB</td>
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<td>2. DEP</td>
<td>-.31*</td>
<td>—</td>
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<td></td>
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<td></td>
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<tr>
<td>3. Age</td>
<td>.07</td>
<td>.21</td>
<td>—</td>
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<td>4. ES</td>
<td>-.18</td>
<td>.65**</td>
<td>.11</td>
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<td>5. HTH</td>
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<td>.10</td>
<td>.04</td>
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<td>6. EDU</td>
<td>.13</td>
<td>-.09</td>
<td>-.10</td>
<td>-.12</td>
<td>.40**</td>
<td>—</td>
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<tr>
<td>7. RE</td>
<td>-.34**</td>
<td>-.01</td>
<td>.08</td>
<td>.00</td>
<td>-.31*</td>
<td>-.27*</td>
<td>—</td>
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<tr>
<td>8. RI</td>
<td>-.22</td>
<td>.24</td>
<td>.28*</td>
<td>.12</td>
<td>-.16</td>
<td>-.28*</td>
<td>.57**</td>
<td>—</td>
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<tr>
<td>9. SPIR</td>
<td>.24</td>
<td>-.18</td>
<td>-.08</td>
<td>-.09</td>
<td>-.16</td>
<td>-.03</td>
<td>.10</td>
<td>.19</td>
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</table>

$M = 3.49$ | $1.19$ | $60.70$ | $2.42$ | $3.87$ | $9.47$ | $3.48$ | $4.08$ | $2.42$

$SD = 0.53$ | $1.55$ | $10.20$ | $2.43$ | $1.86$ | $4.74$ | $1.16$ | $1.04$ | $0.66$

Note. WB = well-being; DEP = depression; ES = economic strain; HTH = health; EDU = education; RE = religiosity—external; RI = religiosity—internal; SPIR = spirituality.

*p < .05. **p < .01.
a Pearson correlation coefficient of \(-.31, p < .05\). Externalizing religiosity and well-being had the only other significant correlation, with a Pearson correlation coefficient of \(-.34, p < .01\), indicating that decreases in well-being were associated with greater personal and social religious expression. Spirituality approached significance as a predictor of well-being, with a Pearson correlation coefficient of \(.24, p = .060\). Each of the remaining predictors (age, education, health, and economic strain) was not significantly correlated with well-being.

In contrast, the bivariate correlations between religion and spirituality and depression were nonsignificant, indicating that religion and spirituality had no influence on the depression of older Latinos in our study. Economic strain was the only predictor variable that was significantly associated with depression for this sample, with a moderately strong correlation coefficient of \(.65, p < .000\). The direction of the relationship indicates that increases in economic strain were associated with increased depression.

We used hierarchical multiple regression to examine the effects of the spirituality variables (internalizing/externalizing religiosity and spirituality; Block 2) on older Latinos’ well-being and depression, after controlling for the participants’ age, education, overall health, and economic strain (Block 1). The first analysis (see Table 2) was used to predict well-being, and the second analysis (see Table 3) was used to predict depression.

**Well-Being**

Hypothesis 1 (relationship of spirituality to well-being) and Hypothesis 2 (relationship of religiosity to well-being) were evaluated using hierarchical multiple regression. Both hypotheses were supported in the analysis (see Table 2).

The adjusted \(R^2 (.18)\) for the regression model that predicted well-being indicates that the predictor variables accounted for 18% of the variance in

<table>
<thead>
<tr>
<th>TABLE 2</th>
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<tbody>
<tr>
<td>Predictors of Well-Being Among Latino Older Adults</td>
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</table>

<table>
<thead>
<tr>
<th>Variable</th>
<th>Well-Being</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Step 1 (b)</td>
</tr>
<tr>
<td>Age Education</td>
<td>.09</td>
</tr>
<tr>
<td>Health</td>
<td>.13</td>
</tr>
<tr>
<td>Economic strain</td>
<td>-.04</td>
</tr>
<tr>
<td>Religiosity–external</td>
<td>-.18</td>
</tr>
<tr>
<td>Religiosity–internal</td>
<td>-.43**</td>
</tr>
<tr>
<td>Spirituality</td>
<td></td>
</tr>
<tr>
<td>(R^2)</td>
<td>.05</td>
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<tr>
<td>Adjusted (R^2)</td>
<td></td>
</tr>
<tr>
<td>(F)</td>
<td>-.03</td>
</tr>
<tr>
<td>(\Delta R^2)</td>
<td>.60</td>
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<tr>
<td>(\Delta F)</td>
<td></td>
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<tr>
<td>(DF)</td>
<td></td>
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</table>

\(*p < .05. **p < .01. ***p < .001.\)
TABLE 3
Predictors of Depression Among Latino Older Adults

<table>
<thead>
<tr>
<th>Variable</th>
<th>Step 1 b</th>
<th>Step 2 b</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age Education</td>
<td>.20</td>
<td>.17</td>
</tr>
<tr>
<td>Education</td>
<td>.07</td>
<td>.06</td>
</tr>
<tr>
<td>Economic strain</td>
<td>-.10</td>
<td>-.15</td>
</tr>
<tr>
<td>Religiosity–external</td>
<td>.64****</td>
<td>.64****</td>
</tr>
<tr>
<td>Religiosity–internal</td>
<td>-.09</td>
<td>-.10</td>
</tr>
<tr>
<td>Spirituality</td>
<td>.01</td>
<td>-.17</td>
</tr>
</tbody>
</table>

| $R^2$                     |          |          |
| Adjusted $R^2$            | .47      | .50      |
| $F$                       | .42      | .42      |
| $DR^2$                    | 10.30****| 6.31**** |
| DF                        |          | .03      |

$**p < .000.$

overall well-being. The model without Block 2 (internal/external religiosity and spirituality) was not significant (not a good fit). However, a significance level of .005 was reached when Block 2 was added. The standardized coefficients for externalizing religiosity ($b = -.43, p = .005$) and spirituality ($b = .34, p = .016$) indicate that externalizing religiosity was a stronger predictor of well-being than was spirituality. Internalizing religiosity did not predict well-being.

**Depression**

Hypothesis 3 (relationship of spirituality to depression) and Hypothesis 4 (relationship of religiosity to depression) were also evaluated using hierarchical multiple regression. Neither hypothesis was supported (see Table 3). The adjusted $R^2$ (.42) for the regression model predicting depression indicates that the predictor variables accounted for 42% of the variance in older Latinos’ depression in our sample. However, in this analysis, Block 1 (age, education, health, and economic strain) was highly significant ($p = .000$) and a good fit, but only one of the standardized coefficients for the predictor variables, economic strain ($b = .64, p = .000$), was significant. The model with Block 2 (externalizing/internalizing religiosity and spirituality) was still significant ($p = .000$), but these three variables did not add substantially to the explained variance. Adjusted $R^2$ (.42) did not change with the addition of Block 2.

**Discussion**

The results of the analysis indicated that externalizing religiosity and spirituality both predicted well-being, but they operated as distinctly different constructs. Spirituality was a significant positive predictor of well-being, as expected. However, externalizing religiosity was a stronger predictor, with
a higher standardized coefficient (–.43, \( p = .005 \)) than spirituality (.34, \( p = .016 \)), and its contribution was not in the direction expected. Higher levels of externalizing religiosity were associated with lower levels of well-being. The contributions of internalizing spirituality and the other predictors (age, education, health, and economic strain) to well-being were small and nonsignificant.

In contrast to what we expected, internalizing/externalizing religiosity and spirituality did not serve as a buffer against depression. Furthermore, levels of depression were not associated with the age, education, or overall health of older Latinos. Economic strain was the only predictor variable that had an effect on depression. This suggests that finding ways to reduce economic strain among older Latinos would be a highly effective strategy for relieving depression. These efforts could include help with money management strategies and connecting older Latinos to community resources.

The most surprising finding was not that spirituality had an effect on the well-being of older Latinos but that religion’s effect was limited to the externalizing dimension and that it was stronger and in the opposite direction. In other words, religion and spirituality were distinct constructs, measuring entirely different things. Although both predicted well-being, increases in well-being were associated with lower levels of religiosity and higher levels of spirituality. These findings suggest that both religiosity and spirituality need to be included in the spiritual assessments of clients.

The findings also suggest that it is important to distinguish between internalizing and externalizing religiosity when conducting spiritual assessments with Latino clients. The two dimensions operated differently in this study. The personal and social expression of religiosity predicted well-being, but intrinsic religiosity did not predict either well-being or depression. Given the reliance of older Latinos on the church for assistance with material and social needs, the stronger and negative relationship between externalizing religiosity and well-being may have reflected their greater reliance on faith-based organizations when they were particularly vulnerable.

However, it also makes sense that finding purpose and meaning in the challenges the participants were facing would contribute to their feelings of well-being. In other words, when older Latinos found a sense of meaning and purpose in what was happening to them, they were able to transcend their difficulties and report a greater sense of psychological well-being despite any external difficulties.

These findings are supported in the literature. Researchers have reported that both religion and spirituality can help ease emotional and physical pain (Keefe et al., 1997; Rippentrop, Altmayer, Chen, Found, & Keffala, 2005). A study on spirituality by Bengston, Silverstein, Putney, and Gans (2009) suggested that people who have found a sense of meaning in life tend to enjoy better physical health, experience fewer symptoms of depression, tend to be happier, and report higher levels of satisfaction with their lives. In another study, Gonzalez and Hilton (2009) found that older Latinos reported higher levels of religiosity (but not spirituality) when they perceived themselves
to be in poorer physical health than others their age. It appears that both spirituality and religion can help older adults cope with physical infirmity and other losses associated with aging.

The other major finding of this study was straightforward. The single item measuring economic strain overshadowed all other variables, predicting nearly half of the variance in depression. In essence, the only variable of significance in explaining depression in Latino elders was economic strain.

These findings suggest that economic strain and spirituality, two previously ignored factors in the literature on successful aging (Hilton, Gonzalez, Saleh, Maitoza, & Anngela-Cole, 2012), are important predictors of the psychological health of older Latinos. Economic strain predicts depression, and spirituality (religiosity and spirituality) predicts well-being. Neither of these factors has been included as dimensions in traditional models of successful aging (Hilton et al., 2012). One reason that they have not been included is that most of the research on successful aging has relied on quantitative measures, with researchers using their own definitions of successful aging to guide the measurement process (Bowling, 2007; Bowling & Iliffe, 2006). In qualitative studies, older adults consistently mention financial security and spirituality when asked to explain what successful aging means to them (Hilton et al., 2012; Hilton, Kopera-Frye, & Krave, 2009; Laditka et al., 2009).

**Implications**

The findings of this study provide some initial insights that can help mental health professionals and community leaders as they struggle to meet the needs of growing numbers of older Latinos. We offer several suggestions for implementing the findings in the context of the different settings in which older Latinos are likely to be served.

**Counselors and therapists.** All counselors, including marriage and family therapists, generally work from a strengths-based and systems perspective that addresses the multiple domains of the whole person. Many professionals also subscribe to the mission of the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC) and use ASERVIC’s (2009) Competencies for Addressing Spiritual and Religious Issues in Counseling to guide them in assessing and addressing their clients’ spiritual needs. The Association for Multicultural Counseling and Development offers additional competencies that can help professionals accurately evaluate the spiritual needs of their clients within a multicultural context (Arredondo et al., 1996). Spiritual assessments are an important part of practice, and they need to be tailored so that they are relevant for each minority group. The present study supports previous research on the importance of religion and spirituality for the well-being of older adults in general, and it provides some insights about the religiosity of older Latinos in particular.

Counselors and therapists often collaborate with other health care providers and community-based social service agencies to ensure that client needs...
are met. Partnering with religious and spiritual community leaders as well as service providers and health industry leaders in designing interventions could dramatically improve the effectiveness of the provision of integrated health care to older Latinos. The findings of this study can be used in these collaborations to help all parties better understand how the separate components of religiosity and spirituality contribute to successful aging and how they can be used as a resource in providing integrated care.

It is important to understand the strong link between economic strain and depression as an additional avenue to explore when counseling clients. Older Latinos may need more family support or referrals to community services in addition to therapy and medication. Partnering with senior services, a family economist, or a financial counselor in designing and delivering interventions would provide much needed expertise for addressing the financial issues and needs of older adults, especially those from racial/ethnic minority groups.

**Pastoral counseling.** Faith-based communities can use the information from this study and the literature to help address the overlapping spiritual, religious, and financial needs of older Latinos. Pastoral counseling can help older Latinos find purpose and meaning in the cultural challenges that they face, which will promote their well-being (spiritual component). It is important to recognize that religious community and material support are particularly important to older Latinos compared with other groups (religious component). Catholic priests and nuns are often the most trusted advisers and source of support outside of the Latino family. They play an important role in connecting Latinos to community resources, including support for their physical and emotional health. Finally, it is important to assess and intervene with older Latinos’ economic strain (financial component), which puts them at risk for depressive symptoms (Gutheil & Heyman, 2006; Hoffman, 2006; Mui, Choi, & Monk, 1998). One excellent source of evidence-based financial information and training for pastoral counselors is available online through eXtension (2012).

Faith-based organizations are trusted and may be the first line of support sought out by older Latinos (Hoffman, 2006). Therefore, partnerships need to be developed between faith-based organizations and other service providers that are less trusted by these older adults, including mental health professionals (Gutheil & Heyman, 2006; Mui et al., 1998). Keeping pastoral leaders informed about available services, giving them resource and educational materials in English and Spanish to distribute, and consulting with them about the specific needs of their parishioners would help move the trust that has been established within the church out into the community. Furthermore, faith-based organizations are natural gathering places for Latinos, and services and programming could be brought to them rather than expecting these individuals to come to the service provider (Hoffman, 2006). The faith-based setting is both comfortable and convenient for older Latinos, who also may have transportation issues.

**Researchers.** Scholars need to expand their models, definitions, and measures of successful aging to include economic strain and other measures
of financial health, spiritual health, and religiosity that have been appropriately adapted for racial/ethnic minority and older populations. Krause (2010) observed that there are few appropriate measurement instruments for Latinos and is currently working on creating culturally sensitive spiritual tools that practitioners can use for biopsychosocial–spiritual (Sulmasy, 2002) assessments of the whole person, through a project funded by the National Institute on Aging.

Policy makers. Policy makers need to be made aware of the short- and long-term costs and benefits of programs that are developed to support older adults from racial/ethnic minority and mainstream populations. Innovative statewide organizations dedicated to improving the quality of life for older adults can be of great help. For example, researchers have found that providing a conference on successful aging for providers (including academic, medical, counseling, and religious presenters) can have a profound impact on integrated health care (Parker et al., 2002).

A 5-year impact study of a program in South Dakota (which spread to nearby states) has demonstrated the potential impact of this approach (White, Drechsel, & Johnson, 2006). The program was delivered by more than 800 professionals and volunteer faith-based community leaders in more than 150 churches, representing 11 different denominations. The program was implemented in 60 cities and reached approximately 1,600 community members (White et al., 2006). This cost-saving approach made use of existing systems and delivered information and resources in a community setting that Latinos trust.

Recommendations

Additional studies need to be conducted of successful aging in older adults from racial/ethnic minority groups, especially with Latinos. As noted earlier, the challenges of collecting data from older Latinos are likely to make such studies relatively rare until researchers discover ways to overcome Latinos’ distrust of institutions (including universities) and the literacy issues that make them reluctant to interact with professionals. Despite the assurances provided by IRB protocols, many Latinos fear getting themselves or others in trouble with immigration officials.

The only recruitment strategy that worked in this study was to have Latina research assistants contact known associates in their own home communities where they were known and trusted. Also, communities with established Latino communities, such as in Tucson, Arizona, were more trusting, because Latinos held positions of leadership and authority in the community (e.g., principals of schools, representatives to the legislature). Communities with newer populations of Latinos and undocumented immigrants tend to fear and feel threatened by immigration officials. Strategies that did not work included recruiting through churches, social service agencies, Latino community centers, or Latino community events. According to one older Latino
who did not participate in the study, even the Latina research assistants were not trusted because they were young and associated with an institution not known in the community.

The measures and models used to guide research on successful aging also need to be evaluated for cultural relevance and revised accordingly. Researchers need to pay particular attention to how religiosity and spirituality are experienced, as well as the meaning that they have in the lives of different cultural groups. For example, religion is considered to be central to the cultures of both African Americans and Latinos, yet the expression and experience of religion in the two groups are likely to be quite different. There are no measures of religiosity or models of successful aging that have been designed to capture these differences. Likewise, Ryff’s (1982) measure of psychological well-being has rarely been used with Latino populations and may also need to be adapted for use with racial/ethnic minority groups.

Economic strain was a strong predictor of depression in this study, and it has been an important predictor in numerous other studies assessing different research topics and outcomes. The original 13-item Family Economic Strain Scale (Hilton & Devall, 1997), from which the global economic strain item originated, was developed for use with young families. Many of the questions refer to the care of children, which make the measure inappropriate for older adults. If financial health is added to current models as a dimension of successful aging, a reliable and culturally sensitive multi-item measure of economic strain for older adults will need to be developed.

**Limitations of the Study**

This study provides an important first step in identifying the role of religiosity and spirituality in the successful aging of older Latinos. However, this is just a beginning, and several major issues still need to be addressed, as discussed below. The findings of this study are not meant to be generalized to the larger population; rather, they provide some initial findings that can help direct future studies on the topic.

The sample for this study was limited to 60 older Latinos. As noted earlier, a sample of at least 102 participants is required to achieve the statistical power (.80) needed to detect medium effect sizes in the analyses (Cohen, 1992). Power is the probability of accurately rejecting the null hypothesis; in other words, as power decreases, the ability to find significant relationships diminishes. Reduced power does not diminish the legitimacy of the findings. It simply means that there may have been significant relationships that were not picked up in the analyses (Cohen, 1992; Green, 1991).

We need more studies with larger samples of older Latinos who originated from other Latin American countries, so that within-group comparisons can be made. Unfortunately, our sample size was small, and we had to resort to nonrandom sampling because recruiting Latinos was an
extremely difficult task, especially in communities where most of the Latinos were first-generation residents. Latinos, in general, resist interacting with agencies and institutions, including universities. Immigration issues may play a part, especially for new immigrants, but low literacy is also a factor. Older adults, especially older Latinos, tend to have lower levels of literacy than the general population (National Center for Education Statistics, 2006) and tend to feel intimidated by the literacy demands of the research process.

We recognize the issues of sampling bias inherent in soliciting participants from friends and associates of research assistants, as well as offering gift certificates as incentives for the interviews. We also acknowledge that we were not able to examine the impact of geographic influence on the participants because of the small sample size. Future researchers are encouraged to examine the impact of sampling location on demographic and statistical results. Moreover, the Latinos who participated in this study were relatively high functioning, which should be taken into account when interpreting the results, because older Latinos who were home-bound, in institutions, or in cognitive decline were excluded from the study.

Finally, we were not able to find measures that were developed for use with older Latinos, and the reliability coefficients for the measures of religiosity and well-being were fairly low. Therefore, the findings of this study are only a tentative first step and undoubtedly would be more reliable if we had access to measures that had been designed and piloted with the population of interest.

Nevertheless, the present study is an important first step in providing evidence-based information about the characteristics of successful aging in the older Latino community. The findings of the study can be used to encourage further research on the topic, and they provide some direction for the development of more culturally sensitive counseling and programming.

Conclusion

Projected increases in both the older population and the Latino population in the United States by the year 2050 underscore the need for more research on the aging of racial/ethnic minority groups, especially Latinos. Future research needs to include qualitative studies, especially in the area of theory building and instrument development, so that cultural differences and similarities can be evaluated. The need for culturally specific programming and interventions is going to skyrocket in the near future, as the U.S. population continues to age and become more diverse. Therefore, research and theory need to be developed now to guide evidence-based therapy and programming for older racial/ethnic minority populations. Counselors and therapists will need time to develop and evaluate the effectiveness of educational, prevention, and intervention strategies before the need for such strategies becomes critical.


