

Catholic religion as a coping strategy for elderly people

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Afrontamiento de la muerte en personas mayores católicas

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Abstract

This study focuses on describing and analyzing the Catholic faith as a coping strategy, considering the experiences, addressing and attitude presented to death from a group of elderly Catholics. A qualitative methodological design was selected using the semi-structured interview. The interviews were conducted with 21 participants from the city of Granada (Spain) aged between 61 and 78 years, the majority being in the range of 65 to 70 years. The results show that the religious attitudes of older Catholics must be considered when dealing with death, which is also determined by their life experiences and death. For this reason, religion and spirituality offer ways to facing death through values, beliefs, meanings, and practices that allow us to anticipate and resolve critical situations. For this purpose, they are a very important means of positively facing the process of life and death.

Keywords: Death; Coping; Elderly people; Religious experience; Catholics.

Resumen

Este estudio se centra en describir y analizar las experiencias, el afrontamiento y la actitud que presentan ante la muerte un grupo de personas mayores católicas. Se seleccionó un diseño metodológico cualitativo mediante el uso de la entrevista semiestructurada. Las entrevistas se realizaron a 21 participantes de la ciudad de Granada (España) con edades comprendidas entre los 61 y 78 años, estando la mayoría en el rango de 65 a 70 años. Los resultados muestran que en el afrontamiento religioso de las personas mayores católicas hay que tener presente la actitud de las mismas la cual también viene determinada por sus experiencias ante la vida y la muerte. Por ello, la religión y la espiritualidad ofrecen modos de afrontar la muerte a través de unos valores, creencias, sentidos y prácticas que permiten anticipar y resolver situaciones críticas. Se constituyen como un medio muy importante para afrontar positivamente el proceso de la vida y de la muerte.

Palabras clave: Muerte; Afrontamiento; Personas mayores; Experiencia religiosa; Católicos.

1. INTRODUCTION

Facing the last stage of life and the proximity of death implies going through a wide succession of losses and facing the fears that all this entails (Del Rincón, Martino, Catá and Montalvo, 2008). Along with retirement, another fundamental change in the procreative age is facing the death and mourning of a loved one (spouse, family member or friend). Many older people can think about their own life and death, which they see as ever closer. Often, we are faced with the proximity of our own or someone else's death, which can be a great emotional shock or a strong relief. Herrero, De la Herrán and Selva (2019) refers to death as one of the most significant impacts on human life. Therefore, the emotions, feelings and attitudes that are generated are of great interest from the study of a set of individual and social attitudes. For this reason, we can say that coping refers to the attitude of "facing any danger, problem or compromised situation" (Royal Academy of the Spanish Language Dictionary, 2001). It includes, consequently, those behavioral and cognitive processes that are manifested to face the demands, both internal and external, of problematic situations in people's lives (Zabalegui Yarnoz, Vidal Melilla, Soler Gómez and Latre Méndez, 2002; Martins, 2019).

The factors that determine where a situation is stressful or not are the successive valuation of resources, problem solving capacities, self-criticism, social support, consequence... that leads to stressful reactions. It is, therefore, a question of certain behaviours and thoughts that cope with and adapt to a stressful situation in our lives. This definition has marked the research on coping strategies in the last 20 years, where the research on coping is related to the appearance of stressful situations, such as the example of one's own death or another person (Syracuse, 2010).

This term refers to both the, cognitive and behavioral, efforts that are carried out to face a harmful or negative situation, it is a response mode to face said circumstances,

to be able to handle both unpleasant emotional stress, internal demands, and external determinants of the appearance of stress (Stroebe, Schut & Boerner, 2017).

In this sense, Alonso-Tapia et al. (2019) states that this term refers to both cognitive and behavioural efforts to cope with a harmful or negative situation. It is a way of responding to such a situation, of being able to handle unpleasant emotional stress and the internal and external demands that determine the appearance of stress. Coping allows emotional disturbance to be regulated, preventing the person's health from being affected. Authors such as Albadalejo, Villanueva, Ortega, Astasio, Calle y Domínguez (2004), Helgeson, Jakubiak, Van Vleet and Zajdel (2018) and Moyse (2019), mention that coping is not always positive, which leads to the appearance of fear or anxiety responses making people more vulnerable physically and psychologically.

Peralta (2002) states that the theoretical development of coping can be grouped into a personal style and a process style of assuming stress. Similarly, authors such as Krzemien, Monchietti and Urquijo (2005), Syracuse (2010), Martinčėková et al. (2018), Solaimanizadeh, Mohammadinia and Solaimanizadeh (2019), Generous and Keeley (2020) clarify the existence of three general coping strategies:

1. Suffering-oriented strategies, cognitive coping (assessment). This is an attempt to find meaning in what has happened and to value it so that it is as painless as possible.
2. Strategies focused on emotions, emotional coping, helping to regulate the suffering trying to be calm and maintain an emotional balance.
3. Problem-centred strategies, behavioural coping, help to manage specific problems by trying to change the problematic situation. They are strategies centred on the problem; therefore, it is about a behaviour directed to the reality of trying to manage the derived consequences.

These coping strategies are behaviours and thoughts used consciously by the person to control the effects of stressful situations or directly eliminate the stress created and felt (Cancio et al., 2018). Gantiva, Luna, Dávila and Salgado (2010) state that coping styles act as mediating variables of adaptation. Returning to Peralta (2002), the basic principles of coping depend on the context, so it is not a stable arrangement but a contextually oriented approach. Therefore, they must be separated from the results, since there are no good or bad processes since everything depends on environmental, social and personal factors. Some strategies are more effective and stable than others through the stressful situation and it depends on the assessment made to change or not change the situation. There are two main functions of coping: to focus on the problem or focus on the emotion. The first one is characterized by finding strategies directed to the subject's environment, whereas in coping with the problem directed to the emotion and to the reduction of psychological damage to avoid depression, strategies such as avoidance, distancing and minimization influence (Martins et al., 2019).

Coping with death is a key skill of a person that works with people in mourning. Chan, Tin and Wong (2017) affirm that professionals must know how to face existential challenges, for example, reconstruct and update the assumptions of life and death, emotional challenges in a professional and personal way managing their own emotions. Gamino and Ritter (2012) propose the demand for a skill towards the face death in professionals as a specialized ability to manage and tolerate problems with people who have suffered a loss, highlighting the importance of the ability to help by managing the impact of death on themselves.

According to Worden (2015), the help that is provided in the grieving process should follow the guidelines: help the bereaved to make the loss real, talking about it, help him identify and express feelings by accepting and working on the grief, facilitate the emotional compilation of the loss, help to find meaning in the loss and to live without the deceased, allow time to elaborate their own grief by interpreting their normal behavior, allow individual differences, examine coping strategies and identify pathological griefs and refer to specialists whenever be necessary.

There are no good or bad coping styles; it depends on the stress itself and the personality to use one type of coping or another appropriately (Schmidt Rio-Valle, 2007). The variety of strategies and their flexibility in coping with death are key to good adaptation (Vargas, Cervantes and Everardo, 2013). The adoption of one or another strategy will depend on various historical variables (history of strategies used before a loss), family (what has been learned from the family), personal (attending to personal characteristics) and circumstantial (depending on the type of loss) (Nomen and García, 2008). Taboada (2000) and Lapierre et al. (2018) recognize that moral and religious convictions will also determine what the appropriate behaviour will be when facing this fact, not only for those who are going to die but also for the loved ones around them.

For the elderly, death is a biological event and understanding it affects other aspects of this concept. They recognize that death is a final element of the life cycle affecting all living beings as something irreversible and inevitable caused largely as a failure of the body to function (Slaughter, 2005). Contextual factors such as religion, social bonds, family support or one's own personal reality can positively or negatively influence the way our elders deal with death by experiencing a greater fear of death rather than death itself (Neimeyer, Wittkowski & Moser, 2004; Ardelt & Koenig, 2006; Burke & Neimeyer, 2014).

Facing situations of stress such as coping with one's own death or another's death is part of human suffering and limitation, people who are religious tend to be oriented and very committed to the sacred (Yoffe, 2015). Religion offers them ways of facing and finding solutions to the serious problems that they face throughout their life cycle since they have religious values, beliefs, meanings and practices that allow them to anticipate and resolve critical situations (Pietkiewicz and Bachryj, 2016). The belief of Catholics alludes to the search for a meaning as a force that guides life,

heading towards different paths. Such a search does not have a universal meaning, since it can be directed towards psychological, material, social or spiritual objectives that can be positive or negative (Man-Ging, Frick and Baumann, 2018).

This study focuses on describing and analyzing the Catholic faith as a coping strategy, taking into account the experiences, addressing and attitude presented to death by a group of elderly Catholics.

2. METHOD

2.1 Context and participants

This given the specific nature of our subject of study, the selection criteria for our informants has been:

- The geographical location in the rural or urban context of the city of Granada
- Has to be 60 years old or older.
- Having suffered a death in the family environment (including family or friends) in the last 5 years.

The participants in our study were 21 elderly people (9 men and 14 women) between the ages of 61 and 78, most of them in the range of 65 to 70 years old, all of them Catholics, with a medium-high level of education.

2.2. Data collection technique and method

In order to respond to the research objective proposed in this study, we have resorted to the use of a qualitative methodology of a descriptive and hermeneutic nature, characterized by a deductive-inductive process. The present article starts from the qualitative-descriptive methodological proposal, which should be considered as an element of understanding, through the realization of interviews, which brings the researcher closer to the experiential knowledge of people and facts, the use of the qualitative survey technique has been employed. The method used has been the semi-structured interview designed ad hoc and validated through expert judgement since it allows for maintaining high quality in the information collected to be treated (Bisquerra, 2004). The aim and conduct of the study in this article were reviewed and approved along with the overall objective and methodology of its parent study by the Human Research Ethics Committee (CEIH) of Granada University.

The principal category of analysis considered in this paper is coping, which is composed of 14 questions, that allude to religious aspects, own and others' experiences in respect to death faced from a religious perspective and attitudes based on the Catholic religion they process.

2.3. Data collection and analysis process

The data collection process was carried out at the residence of the interviewees. This process was recorded on audio for later literary transcription and analysis, not being limited to a specific duration and leaving the participants to determine the time until theoretical saturation was achieved. To carry out the data analysis, a system of categories were constructed in a deductive, inductive and emergent way through the theoretical analysis and the information provided by the participants, and the constant comparative method was used for its validation. In addition, a validation process of the category system was carried out, which included the codification of five interviews by the researchers and four external specialists in the field and in qualitative studies in order to achieve its reliability.

The data obtained from the vision and perception of the older person have been analysed using Atlas.ti version 8 qualitative data analysis software in order to organize, reduce and analyse the information collected. To this end, we have divided the texts between the different categories of analysis (Muñoz, 2005) and carried out a content analysis presenting the descriptive results of the facts studied.

3. RESULTS

In order to understand how elderly people deal with death, we have differentiated three categories of analysis, the religious sphere (Catholic Faith), near-death experiences (Own and Others) faced from the Catholic perspective, and attitudes related with death (Own and Others) depending on the Catholic religion they process.

3.1. Religious aspects: catholic faith

Contextual factors such as religion can positively influence the way our elders deal with death by experiencing less fear of one's own death (Neimeyer, Wittkowski, and Moser, 2004; Burke and Neimeyer, 2014), the Catholic faith provides them with the ability to deal with death according to their moral and religious convictions. Looking at the religious aspect of Catholics in our research, we see how the belief in a God helps most of them to mitigate the pain or anxiety that death or the process of dying can cause them:

- “Yes, it gives me a lot of strength, it takes away the pain because you believe you are going to go to a very good place. Because I have been calm all my life and have not hurt anyone, when death comes, I will go to a place where I will be safe “ (I11-3:6).
- “I feel good, I am prepared. I've completed everything. Life has prepared me for death and being a believer has helped me. I have always struggled with this subject and your study has helped” (I11-3:23).

- “I must say that each of my losses has brought me a little closer to God, very recently my brother died due to an accident at work, he died instantly, when I was told I was torn with pain. Imagine how I felt when I found that he was in the Forensic Anatomical lab I felt broken as a human being and I only said, “My God of mercy”, I felt a lot of pain thinking that he should not be there because he was pre-retired” (I13-5:6).
- “I am helped a lot by my Christian faith of death, making me see death from another perspective, with hope, with illusion and with joy nothing to do with pain or sorrow. We must keep in mind that the fact of dying always worries us because when a loved one dies, it feels like a tragedy but deep down you perceive it with a hope, an illusion, there is a different perspective” (I7-26:10).
- “It is demonstrated that whoever believes and is consistent with our faith, mitigates our pain since we see it as something natural. It sanctifies you. We must know how to focus our faith. We must have a positive feeling towards the love of God when this suffering takes place, we must channel all this to get closer to God and not to separate” (I13-5:8).

Authors such as Cohen et al. (2006), Karches et al. (2012), Puchalski (2012) and Hawthorne, Youngblut and Brooten (2017) suggest that religion and spirituality are very important resources in older people, being associated with less anxiety in periods close to death.

Another religious aspect related to faith is the belief or not in the existence of an afterlife, religious beliefs are, in most cases, precious support for people, being a means to rationalize their feelings and guide their behaviour, but there is also a lot of uncertainty, it is still a question (Frey, et al, 2018):

- “Yes, it is still a question since no dead person has come to give us a testimony of life after death as a believer, not based on science” (I7-26:17).
- “That is the question of humanity, on which religion is based on. I do not know” (I20-13:14).
- “No idea, from the religious point of view you think that you do not want everything to end, we are rational animals that have evolved more than the animals themselves, and in them, everything ends... I do not know, it is somewhat confusing” (I26-19:13).
- “Our religion says that yes, there are others who are agnostics who think completely differently, others who believe in reincarnation, I do not know, I do not have a clear idea about this” (I12-4:19).

There is also a positive religious confrontation (RPC) conceptualized as an expression of a sense of spirituality, it is a secure relationship with God, there is a belief that there is meaning to be found in life and with a sense of spiritual connection with others (Richter, 2017) or sometimes a statement:

- “Yes, that is why I am a believer” (I11-3: 24).

- “Because of my Catholic faith I think that yes, sometimes I have thought about it and I think that yes after I die there must be something else even though I don’t know what it is” (I17-9: 12).
- “When I have been in the ICU almost all this time they really did not know if I was going to die or if I was going live, I saw some very big meadows and I saw my family, I was always thinking about Portugal even though I have never visited the country before in my life. I think there will be another life in which I will be able to see my parents and brothers. I think so but no one knows” (I18-10:10).
- “Of course because I have had many experiences and I know that there is life after death. I believe that we are like butterflies and we have our life and our energy that changes our way of living, and I think when you die we will be transformed, I do not know what it is” (I24-17:14).
- “Or what we are, otherwise what meaning would my religion have” (I6-25:16).
- There is also a negative religious confrontation (NCP), feeling a spiritual disconnection (Richter, 2017).
- “No” (I1-1:28).
- “I believe that we have this life and there is no more” (I19-11:12).

3.2. Near-death experiences: own and others faced from the catholic perspective.

When talking about near-death experiences, it varies according to whether it is one’s own or another’s as well as their coping with the faith they process. The importance of the Catholic faith both one’s own and other’s experiences in the view of death is appreciable. Some of our own near-death experiences of Catholics have been:

- “I do not think anything, after a very bad operation I wanted death, I did not say it but I thought about it constantly because that was not life” (I14-6:11).
- “I have had several personal experiences, I have had a myoma, I have had many illnesses, among them cancer, I am missing a kidney... There have been many circumstances in my life that have brought me closer to that possibility, and that is why I am not afraid of death. I have been in the operating room many times and I have simply fallen asleep, I have had very close and possible experiences of death, but my attitude remains the same. Therefore, what I am and what I think is determined by all the experiences I have gone through” (I16-8:19).
- “I am not afraid to die. I have a chronic disease that has no cure but I have it so assimilated that I try to enjoy the present, when I get sick, I cling to my Catholic religion” (I24-17:13).

- “At the time my husband died and now when I was detected with cancer in October, I thought I might die, but I must say that thought lasted a day and a half since I thought that if I had to die I would die, that’s it, therefore I will die the day my body can no longer carry on. I continue with my life, it is something I do not think much about” (I9-28:12).

Similarly, all of our informants have experienced the death of loved ones, experiences that change depending on the age of the person who dies, whether there has been a previous stage of suffering caused by illness, whether the death was expected or caused by various external factors and clinging to faith as a means of overcoming pain:

- “I have felt very relaxed about the experience of death, especially when death was expected when my brother died at the age of fifty-two, my parents and grandparents... all these losses I have lived as part of life as I cling to my religious vision” (I14-6:17).
- “The most recent being the death of my father, it was a natural death, without pain, without suffering. He died when he was almost 90 years old and I was always looking after him, so my conscience is very clear. The death of my father did not cause me any pain. It was natural, just like when my grandfather died. I must say that I have been affected when young friends who left their young children died, which was due to a serious illness, there I can say that it has caused me much pain” (I1-1:34).
- “I remember the death of my grandmother, the death of my parents and that of my two brothers” (I10-2:17).
- “Well, two very painful ones. My husband, they killed him. I felt like a crazy person because it is something very difficult, that’s when you realize that you are nothing because he was full of life and a hard-working person, tireless... and when this happens to you you’re in shock... it’s been 17 years now, but remembering it is very difficult. You find yourself with a lot of problems, maybe, my children, my business... helped me to overcome the issue, since I had no choice but to accept it, but it’s very difficult. Moments when you realize the world is falling apart. We are nothing and we must live life” (I12-4:20),
- “Yes, my husband. I never left his side for five months and I slept with him at his side. Every morning i changed the sheets and washed him, at night i changed the sheets again, as he smelled of death. I would go to bed and tap him so that he would know that he was not alone, I stopped sleeping with him a day and a half before he died. December 1st arrived and the doctor told me that he was in a death agony state and they put him to sleep. On the second he died. Death is there, but I was left alone, my children lived away and I told them because we already knew what was going to happen. The night he died at two in the morning he took his last breath and I had my moment to say

goodbye to him, I took his hands and kissed him, I closed his eyes, I cried and prayed, three-quarters of an hour could have passed I said goodbye to him, I told him that I was not going to get angry with him but that I knew that sooner or later he was going to leave me. When I did everything I had to do, I called my son. My husband was not religious, but one day close to death he told me to call the priest. He also told me he was going to die because he knew he was very sick, he knew he was dying” (I23-16:7).

Many of them narrate the process of dying of their loved ones:

- “I knew people close to me who had taken a long time to die, and it was really painful to see and there are other people who even complain before they die, and then there are others who don’t, my two friends who have died young of cancer, had a long process and assumed death naturally, I would like to face death as my mother who was prepared and as my friends, if you are given time to prepare” (I22-15:23).
- “When I witnessed the final outcome it was treated as something serene when you see the gesture of fainting, but it is treated as a sweet death, it is the moment when the functions die, there is no consciousness, the soul goes to the other world” (I2-12:11).
- “He did not assume it, he was consumed little by little. She was very thin, when the doctor told her that things were not going to be too good she knew she was going to die and the truth is very hard, I think religion would have helped him face her own death from another perspective” (I6-25:27).

3.3. Attitudes to death: own and others depending catholic religion.

The attitude has a cushioning effect after unexpected news in the face of imminent death. It is a provisional defence that will gradually be replaced by a partial acceptance (Kübler-Ross and Kessler, 2015). When living through near-death experiences it is very important to know one’s attitude towards death, whether religion has affected both one’s own and another’s, and all these experiences have influenced one’s view of death. Similarly, the positive attitude of elderly Catholics is determined by the implementation of faith-centred strategies to maintain emotional balance (Pietkiewicz and Bachryj, 2016).

An attitude is a psychological phenomenon that is formed and developed throughout life and shows a disposition that influences a person’s response in a certain way. For a certain attitude to exist, there must be something for one to react to, it may be positive or negative, and it must manifest itself with a certain intensity. Every attitude has, from the point of view of its structure: an affective component, a cognitive component and a behavioural component. In this way, attitudes are related to behaviours, emotions, feelings, beliefs, needs... (Grau et al., 2008). In this category, we include the attitude that our Catholic informants have in the face of death.

In the first place, when we speak of our own death, the majorities assume a change of thought and attitude with the passing of the years, as you grow older and enter the third age you think about it more:

- “Perhaps because as a child I was the spectator of the hearses that passed in the street and as an adult, I have experienced it first hand with a relative, friend or companion, Therefore I have accompanied the relatives, but I have never thought about my own death during that stage, but, I have now since I am getting old, retired, and somehow I think it is coming” (I1-1: 17).
- “I think so, first because you have had a series of experiences regarding death and apart from that in retirement it seems like it is preparing you for it, a little, what is left is retirement and you are almost waiting to die. It is possible Also, death is associated with disease and as you get older obviously the disease is also closer” (I10-2:10).
- “Yes, of course. When you are young, you live your life and have other expectations, your work, your children, your friends, and of course you don’t think about this. As life goes by, a series of strategies come along, which make you think that we are nothing” (I12-4:9).
- “When you are full of life and vitality, you have many projects and you do not have time to think about death, since you have other much more important concerns, but when you reach my age of seventy-two, you don’t want it going through your mind, not even once, you think the average age is eighty-five, at best I have twelve years left. You think about death as a result of age, I imagine that when I am ninety years old it will not go away from your mind. It has a great influence on the thought of death (I19-11:10).

That thought is also influenced by the lived experience:

- “I don’t know, maybe it is the experience I have had and how I have faced death in my work, that psychological death that we talked about at the beginning of the interview, and that social death for reasons of my work, and above all the physical death that when the patients were of an age that is why I see it as so natural and so normal” (I15-7:11).
- “I have always seen it in a natural way, mainly because since I was a child I have it very close due to the family environment in which I was and the experiences in which I have grown up” (I17-9:16), “I believe that more than age it’s more about experiences, one has lived, the situations with which you go finding yourself and sometimes you even see as friends much younger than you go dying...” (I20-13:8).
- “Because of my work, constantly taking care of the elderly and to see the state they reach I believe that death is a relief, in most cases it is a relief” (I24-17:12).
- “I have thought that it is something that must happen, but the experience makes you see it differently, it depends on the episodes if they are traumatic,

if you have not seen anyone die, now I see it with a different perspective, with more tranquility” (I25-18:15).

Or even the education received:

- “Yes, because of my experience of life and perhaps also because of my way of being, along with the education received in my family” (I12-4:38).
- “I have always had it unfortunately since I was fifteen years old because when I entered the academy death is a motto, we are prepared to go to war and fight, to defend some values and a nation, in the face of any aggression or invasion. To study war is to study death since you study death and destruction” (I21-14:9).
- “I am prepared since I have had in a self-training on this subject and in many more in my life” (I23-16:18), “yes, life and my training have taught me to be prepared for death” (I5-24:29).

Or Catholic religion:

- “Yes, because of my Catholic religion” (I13-5:38).
- “I am prepared because my faith gives me the strength to be calm and face death” (I26-17:19).
- “Yes, life and my religious formation have taught me to be prepared to face my own death” (I4-29:36).

It is understood as something natural, without fear or anxiety as long as there are no previous sufferings:

- “Many times, I have thought in a way that I cannot explain clearly because as we do not know what can happen, what I do know is that now I am not afraid, but of illness, pain, and treatments. I am going to make a testament and I do not want to be subjected to a treatment. What I want is simply to die peacefully” (I12-4:23).
- “I have always had death very much in mind because I was an altar boy and when I was a child I went to many people’s homes to give them their last prayers to many sick people, I also went to many funerals. For this reason, I believe that not much has changed. Nowadays I am not afraid of death, but I am afraid of suffering” (I14-6:8).
- “Many times, the only thing that gives me a feeling of anguish is the illness and the pain that death can cause me, the things that precede death” (I14-6:18).

As with one’s attitude, age and relationship are essential factors in whether or not to accept the death of a loved one.

- “The death of another depends, if you are an older person, you have completed your life cycle because your time has come, but when you are young you have been given a more painful time. In January my brother-in-law died and that

made me very sad, for the situation that remains, the dead man has finished with his cycle and has stopped suffering but what he leaves behind, is what remains. It depends on the bond I have with a person if it will affect me more or less” (I12-4:24).

But the death of others is always assumed with pain and sadness:

- “The death of others is everything because I repeat that the death of your children is very hard because they are a part of you, there is a very big difference. My mother’s death was very painful because she knew she was going to die and she screamed:
- “I don’t want to die, Peter brings me food and water, I want to be strong so I don’t die.” And she was dying, this is very hard” (I18-10:17),
- “Whenever a loved one dies, one lives with much more intensity, with much pain and much sorrow. There is always a thought to remind you of the moments you spent with that person, death always generates a feeling of sadness, but I think I am a lucky person since my wife and children are alive” (I19-11:17).

Attitudes to death, show the way of coping at the end of life, these are shaped through education, our society, and closer circles, changing depending on the cultural process, religion and the time in which the person lives (Linares, 2015).

4. DISCUSSION AND CONCLUSIONS

Religions and positive attitudes influence the approach to death, assuming some benefit or meaning to the experience (Visser, Umland-Sikkema, Westerhof, and Garssen, 2020). The relationships between religiosity and coping have been studied in numerous studies and the evidence establishes positive relationships in most cases (Pietkiewicz and Bachryj, 2016; Büssing, Sautermeister, Frick and Baumann, 2017; Man-Ging, Frick and Baumann, 2018; Martins et al., 2019) showing how religion improves coping with death as well as the quality of life. The main results of our research show how in the sample studied the religious Catholics coping it’s very important to consider the attitude of the person, as a psychological element that is formed and developed throughout the life cycle showing a determined response to a positive or negative fact.

As the years go by, death is more present. Such thinking is determined by the experiences of life and death, either one’s own or somebody close, so in most cases you face death in a very different way, being practically prepared to assume the death of your own or someone else’s, if it is of the same kind since they explain that you are never prepared for the death of a child. It is important to highlight that faith is very present in the responses of our interviewees, the Catholic religion conditions their vision towards death and their coping. The role that religious and spiritual life

plays in people when they are faced with extreme situations (Rivera-Ledesma and Lena, 2014) by highlighting belief as a means of reducing the anxiety and stress that the process of dying one's own or somebody else's death can cause in older people. These results coincide with numerous studies (Meert, Thurston and Thomas, 2001; Cummings and Pargament, 2010; Lapierre et al., 2018; Visser, Uwland-Sikkema, Westerhof and Garssen, 2020; Fortuin, Schilderman & Venbrux, 2020) which conclude with the identification of positive aspects in the coping of religious people.

Religious coping refers to the use of faith, religion or spirituality to cope with stressful situations that are experienced throughout life, so its study should be broad and based on a functional view of religion and the role of coping (Richter, 2017). Although the concept of religious coping has a positive connotation, it can be positive (CPR) or negative (NCP), as well as its strategies, the positive aspect focuses on combining measures that offer beneficial effects for individuals, perceived as an expected strategy to maintain emotional balance and the negative one is related to measures that trigger harmful consequences (Pietkiewicz and Bachryj, 2016).

Religion is a very important means of coping in the process of life and death of the person interviewed, playing a fundamental role in the loss of a loved one. Faith is constituted as a means that cushions the effects of the loss, reinforcing the hope of reuniting with the loved one in the afterlife, offering comfort along with the support of a community of believers (Post, Puchalski & Larson, 2000; Kwilecki, 2004; Wortmann & Park, 2008).

Finally, as limitations, we highlight that due to the use of interviews, this study depended on the expressive and reflective capacities of the interviewees, so there are aspects of coping and spirituality that cannot be expressed through words and as such have not been able to be collected. The results of this study do not pretend to be generalisable and, despite the limitations, the interviews and the qualitative approach, have allowed us to obtain greater knowledge and understanding of the process of coping in the elderly, highlighting the importance and the need to carry out future, more extensive studies to reinforce the results obtained. All this can serve as orientation and approach to the object of study while offering new lines of research whose educational implications can contribute to an improvement in the development of educational proposals for coping with death in the elderly.

5. REFERENCES

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