

## The meaning of religion/religiosity for the elderly

*Significado da religião/religiosidade para a pessoa idosa*  
*Significado de la religión/religiosidad para la persona anciana*

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### How to cite this article:

Oliveira ALB, Menezes TMO. The meaning of religion/religiosity for the elderly. Rev Bras Enferm [Internet]. 2018;71(suppl 2):770-6. [Thematic Issue; Health of the Elderly]. DOI: <http://dx.doi.org/10.1590/0034-7167-2017-0120>

Submission: 03-20-2017

Approval: 11-18-2017

### ABSTRACT

**Objective:** To understand the meaning of religion/religiosity for the elderly. **Method:** A qualitative, phenomenological study, based on Martin Heidegger. Thirteen older women registered in an Urban Social Center of Salvador, Bahia, Brazil aged between 60 and 84 years participated in the study. The collection of testimonies was carried out from November 2013 to May 2014 through phenomenological interviews. **Results:** Hermeneutics has unveiled the unit of meaning: Meanings of religion/religiosity in the daily life of the elderly. Religion/religiosity offers comfort and well-being to the elderly person, helping to overcome changes arising from the aging process. **Final considerations:** The nurse, while providing care, should expand his/her vision in relation to the subjectivity of the elderly, in order to understand that religion/religiosity gives meaning to their existence.

**Descriptors:** Aged; Nursing Care; Religion; Comprehensive Health Care; Spirituality.

### RESUMO

**Objetivo:** Compreender o significado da religião/religiosidade para a pessoa idosa. **Método:** Estudo qualitativo, fenomenológico, fundamentado em Martin Heidegger. Fizeram parte do estudo 13 idosas cadastradas em um Centro Social Urbano de Salvador, Bahia, Brasil, com idade entre 60 e 84 anos. A coleta dos depoimentos foi realizada no período de novembro de 2013 a maio de 2014, através da entrevista fenomenológica. **Resultados:** A hermenêutica desvelou a unidade de significado: Sentidos da religião/religiosidade no vivido da pessoa idosa. A religião/religiosidade proporciona conforto e bem-estar à pessoa idosa, auxiliando na superação de mudanças decorrentes do processo de envelhecimento. **Considerações finais:** O enfermeiro, ao oferecer cuidado integral, deve ampliar sua visão para a subjetividade da pessoa idosa, compreendendo que a religião/religiosidade proporciona sentido para sua existência.

**Descritores:** Idoso; Cuidados de Enfermagem; Religião; Assistência Integral à Saúde; Espiritualidade.

### RESUMEN

**Objetivo:** Comprender el significado de la religión/religiosidad para la persona anciana. **Método:** Estudio cualitativo, fenomenológico, fundamentado en Martin Heidegger. Hicieron parte del estudio 13 ancianas registradas en un Centro Social Urbano de Salvador, Bahía, Brasil, con edad entre 60 y 84 años. La recogida de las declaraciones fue realizada en el período de noviembre de 2013 a mayo de 2014, a través de la encuesta fenomenológica. **Resultados:** la hermenéutica desveló la unidad de significado: Sentidos de la religión/religiosidad en el vivido de la persona Anciana. La religión/religiosidad proporciona confort y bienestar a la persona anciana, auxiliando en la superación de cambios recurrentes del proceso de envejecimiento. **Consideraciones finales:** el enfermero, al ofrecer cuidado integral, debe ampliar su visión para la subjetividad de la persona anciana, comprendiendo que la religión/religiosidad proporciona sentido para su existencia.

**Descritores:** Anciano; Cuidados de Enfermería; Religión; Asistencia Integral a la Salud; Espiritualidad.

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## INTRODUCTION

The elderly population presented a significant growth in recent years, especially in developing countries such as Brazil. This increase in Brazil makes those who experience aging to follow new trends, especially regarding the lifestyle adopted by this population<sup>(1)</sup>.

In this scenario of aging multidimensionality, the individual ways of being, living and aging must be considered to reach the well-being in this stage of life. Thus, any human behavior – whether in relation to the human being himself/herself, whether in relation to the other – involves understanding the self of this individual<sup>(2)</sup>.

As part of the elderly person's development process, it is important to consider not only the biological, psychological and social dimensions, but the spiritual dimension in the delivery of health care for older adults<sup>(3)</sup>.

However, when one analyzes health care today, it becomes clear that key issues have not been considered in the practices, which contradicts the comprehensive approach of the subject, since scientific knowledge have been enhanced at the expense of other knowledge. Thus, spirituality has become a topic rarely discussed among health professionals, being necessary to retake this theme to embrace the individual in his/her different aspects, mainly the elderly person<sup>(4)</sup>.

Phenomenology, while assuming the role of hermeneutics, unveils the understanding already present in the human existence in the facticity of life and history of individuals<sup>(2)</sup>. Thus, in the life of the individual who gets older there is a direct relationship with religion<sup>(5)</sup>. The religious aspect should be considered to the users due to the value and importance that people give to religion/religiosity, especially in the health-disease process<sup>(6)</sup>. Religious intervention can contribute to health promotion, recovery and rehabilitation of individuals when it respects and meets the needs of the other<sup>(7)</sup>.

Nursing care must include the spiritual dimension, which is part of humanized attention, a guiding principle of the ethics of care, because it means to listen carefully to the other, to comfort people, to be present in pain and suffering, i.e., to establish a coping strategy for the health-disease process of individuals<sup>(8)</sup>.

For a comprehensive care, we should involve the patient in all the aspects related to comfort and in those that improve their health. Thus, we must seek to understand significant elements in the life of the human being to include them in the care process. In view of this, the research aimed to understand the meaning of religion/religiosity for the elderly.

## METHOD

### Ethical aspects

The research was approved by the Research Ethics Committee of the School of Nursing, Federal University of Bahia. To ensure the anonymity of the participants, they were identified as interviewee, followed by the respective number in the interview order.

### Theoretical-methodological background

The phenomenological method allows to unveil phenomena, and to know them from inside, from the point of view of the subject involved in the study. Thus, the results obtained in surveys based on this approach lead the individual to contemplate the researched phenomenon in its essence<sup>(9)</sup>.

Phenomenon is defined as something that does not manifest itself at first and essentially manifests itself, in a way that generates sense and the foundation of "being"<sup>(10)</sup>. Understanding the being is a determination of the being-there (*Dasein*). The ontic primacy of the being-there comes from the idea that the concept is ontological, i.e., the movement of hiding and unveiling of "being". Being-in-the-world is understood as a being of possibilities<sup>(10)</sup>. Thus, "being is found in thatness and whatness, reality, the objective presence of things, subsistence, validity, existence and in the 'there is'"<sup>(10)</sup>.

### Type of study

This is a qualitative and phenomenological study based on Martin Heidegger. Through a vague and regular understanding of the participants' statements it was possible to enter hermeneutics.

### Methodological procedures

The search for a theoretical method has the objective of apprehending, based on the subjectivity of the individual who experiences the phenomenon, the meaning of the topic in his/her daily life.

In phenomenological studies, the main source of data are detailed conversations, in which researchers and collaborators of the study are co-collaborators. Speech is the language that concludes the opening constitution of the way of being in the world structured in meanings in the everyday life of these individuals<sup>(10)</sup>.

Therefore, the procedures for access and interpretation must be chosen so that the phenomenon shows itself and for itself, i.e., to show the presence as it is in its everyday life, revealing its essential structures<sup>(10)</sup>.

### Study area

The study was carried out in Centro Social Urbano (CSU – Urban Social Center) in Salvador, Bahia, Brazil. This center was created 27 years ago and today has 170 elderly enrolled. The meetings take place three days a week (Monday, Wednesday and Friday), being offered to the elderly three meals a day (breakfast, lunch and afternoon tea). Several activities are carried out, such as games, crafts, sewing, workshops, talk with healthcare professionals, such as physiotherapists, social workers, nurses, among others. The group enables the participation in cultural and leisure events, and stimulates them to socially interact.

### Data collection and organization

The collection of statements was performed considering the following inclusion criteria: 1. People enrolled at CSU with more than 60 years, since the group had people under this age; 2. People who had conditions to communicate. Exclusion criteria: attend the CSU, but not enrolled.

The phenomenological interviews were held between November 2013 and May 2014, in a room at CSU, after contact with a researcher through meetings previously held, in order to promote closer ties and better relationship/opening during the interviews. Moreover, the cognitive conditions were respected during the conversations.

The first meeting was for the researcher to know better the place where the survey would be conducted. In the second meeting direct contact was established with the study participants to explain about the collection of statements, research objectives, voluntary participation and the right of refusing or giving up the participation.

The third phase consisted of the collection of statements through phenomenological interviews, which had the main question: How is religion/religiosity in your daily life? The interviews were registered with a recorder and the duration depended on the time each participant spent to answer it (from 9 to 29 minutes).

### Study participants

Thirteen older women enrolled in the CSU participated in the study. Although the CSU have 170 elderly enrolled, few seniors were attending the meetings during the research. This was due to some factors: structural problems in the place – no lunch, only afternoon tea provided; lack of some professionals, such as occupational therapists, physical therapists, physical educators, among others. The study also considered the saturation of statements to delimit the sample population and to understand the phenomenon.

### Data analysis

The statements analysis was performed as the interviews were carried out. The methodological meaning of the phenomenological description is understanding and interpretation, which allow unveiling the sense of being and the fundamental structures of the presence<sup>(10)</sup>.

Thus, the data analysis and interpretation followed the steps proposed by Martin Heidegger<sup>(10)</sup>, which are divided into two steps. The first step is the understanding, which seeks to apprehend and highlight the phenomenal aspect, distinguishing essential and occasional structures, in order to create, from what is expressed, the units of meaning and average understanding.

The second step is called hermeneutics and represents the interpretive effort that unveils the meaning(s) of the being that shows itself based on a vague understanding, being directed by the concept of the experienced, which is the leitmotif of this interpretive analysis.

Thus, this line of thinking, throughout the development of the Heidegger's work, creates a unifying perspective, expressed by the need to re-examine, repeat the question of the sense of being in general, or the question of the unity of the sense of being, in its multiple meanings<sup>(2)</sup>.

Thus, for the presentation of the phenomenon itself something must break in the use dynamics and in a way the phenomenal suddenly acquires extreme autonomy during handling and can be seen<sup>(11)</sup>. When showing itself, the

phenomenon allowed the formation of the meaning unit: Meanings of religion/religiosity in the daily life of the elderly.

## RESULTS

The study participants were 13 older women, aged between 60 and 84 years, being the most frequent age between 60 and 70 years – two of them had more than 80 years. About 61.5% were widows, living with relatives (53.8%).

Concerning religious aspects, the Catholic religion was more prevalent in a total of 76.1%; 15.4% were protestant and only one (7.7%) said to have no religion, but had some interest in Spiritism.

The statements had a vague and average understanding, which emerges from the being on what is asked.

The world of religion/religiosity of the elderly person is already present in its temporality, as can be observed in the statements, in which we perceive the being oneself of the elderly in religious teachings:

*Since I was a child, I always went to Mass on Sundays. I am baptized, was Confirmed and I like my religion. (ENT 06)*

*That's my reality because every day I wake up, I want to pray. After praying, then I do my daily activities. So, we will spread the word of God, visit people and bring comfort to them. (ENT 08)*

*Every day I listen to a program on radio Excelsior, it is dedicated to religion issues. There's a priest who speaks, makes prayers and so on. Every day I listen to it. (ENT 13)*

In their experience with religiosity, the elderly proved to be with the other, through the way of getting worried with other individuals, revealing feelings and ways of helping the other through religious-oriented activities, as the following lines show:

*In our religion, we visit people and pray the Rosary together. In the Church, I help the other girls. If we have visit, we make coffee, we serve them watermelon, oranges and other fruit. It's a good activity. (ENT 02)*

*I pray for me and for other people I don't know – we are all brothers and sisters before God, aren't we? (ENT 08)*

In the relationship with the other, through religion, the elderly showed the way of being with the other, which aroused in them a sense of well-being and comfort:

*To me religion is blessing, isn't it? Because it speaks of God. I speak the name of God. I want good things for me and for the other. (ENT 04)*

*A good day is everything for us to communicate with other people. Because sometimes the person is sad and you give him a word of comfort. (ENT 05)*

Thus, to be with the other allows the elderly person to develop feelings of solidarity, kindness, which are beneficial and important not only for them, but for all:

*We visit people in jail. We will spread the word of God visiting these people and bringing comfort to them. (ENT 08)*

*If people ask something, we divide it and give it to them, right? If we don't have what they need, we can ask others to help them. (ENT 09)*

Religion/religiosity also influences how they are themselves and behave in the world. With their dogmas, they orientate and even stimulate behavioral changes – how to acquire habits of love and good conduct with the other:

*With religion I found a way in life. (ENT 07)*

*We have to love children, learn to treat people, right? (ENT 05)*

*When you are a Christian, you always think about love. If a person insults you, you're not answering with the same bad words. I think like this, because before being a Christian, I'm over 40, I used to curse a lot. I liked to drink and wear extravagant clothing. (ENT 11)*

Thus, the older adults' being-there, in their facticity and daily life, proved itself in their religious experience as something that directly influences their way of life:

*In religion... we must be there, right? Following the commandment of Jesus. We need to follow the commandments, to follow what God left written there. (ENT 05)*

*Religion is attaching to God, right? Because there is only one God. If you call me and say 'we're having a meeting', I'll be there to watch, to listen and enjoy what they are talking about. (ENT 10)*

The attendants also related religion/religiosity to the promotion of well-being and comfort:

*It provides me peace, tranquility and health. (ENT 09)*

*For me it's a relief, it helps me to open myself. It means peace, comfort, doesn't it? (ENT 12)*

Having a religion or being religious is also associated with achieving and/or maintaining good health, as some old adults emphasize:

*If the person is sick, I suggest dedicating their life to Jesus, then you'll have the answer. You'll get better. (ENT 05)*

*When I worked and got sick, I asked a lot for God, and I recovered myself. (ENT 07)*

*I think it's good to get closer to religion, to believe. I've visited a Spiritist Center, I had serious back problems – I couldn't walk. When I got there, Mr. Dias suspended my neck and said: 'keep your head up and walk right'. I got home feeling well. (ENT 10)*

Life maintenance is also related to being religious:

*If I don't die, I thank Him, because I'm alive. (ENT 01)*

*I communicate a lot with my God and, alas, and woe to you if He wouldn't be in our lives. (ENT 11)*

Thus, religion/religiosity proved to be significantly present in life of people who is getting older, being very important to their daily lives:

*It's a great thing in my life. I never forget my religion. (ENT 01)*

*I think the value we have in God is everything. I think it is unique. (ENT 04)*

*As I said, religion is everywhere in society and every individual seeks God in his own church, right? That is religiosity; if someone is doing nothing, that's not religion, is it? It's like in the case... if people are in a community, Jesus being there, that's religion. (ENT 08)*

While analyzing the statements, we could enter the field of hermeneutics, which allowed to reveal the essence of the phenomenon or at least to get more close to it through the unit of meaning: meanings of religion/religiosity in the daily life of the elderly.

## DISCUSSION

Religion/religiosity is an aspect present in the life of the elderly, such as a companion in their existence, in his/her being-in-the-world. The elderly's being-in-world in his/her daily life allowed us to understand that religion/religiosity is presented in three ways: being oneself, while living for religion; being-alongside-the-world, in their religious activities; and being-with, through the concern with the other because of religious precepts. The elderly person *is*, like other people in their daily lives of interpersonal relationships, because they understand them as a way to be, to be concerned with others and to be near them.

In the Heideggerian phenomenological study, in order to unveil the be-there it is necessary to understand the existence of this being-there, which is essentially the possibilities of being-in-the-world. The world is what was previously presented before the understanding of the being, and this allows us to expose the being-there that is directed to us<sup>(11)</sup>. Thus, any person is not and will never be released without world, since the world is something previously unveiled.

The being-there is always out of itself, projecting in the world in order to overcome itself; however, man and world are inseparable, because the subject projects himself with what he handles<sup>(10)</sup>. In this context, religion/religiosity consists of manipulation objects of the innerworldly beings of the elderly, and this occultly reflects the meaning of being of these subjects.

Religious practices interact with other dimensions of social life, privileging more reflections on believing than on belonging to a concept of religion. Religion is not something that exists in itself, as a permanent substance, but rather presents itself as a historical conformation that results from continuous interaction among several forms of expressing the religious

experience and what its concept changes depending on the social context<sup>(12)</sup>.

The religious being presented itself in the daily life activities focused on the experience of religion. The concern with the other emerges in how one prays for the others, and to be together with others takes place through the relationships established by religious teachings, demonstrating thus the different possibilities of being-in-the-world of the elderly while a religious person, or the individual who experiences religiosity.

Being with and next to another, the elderly open their possibility of being in the world, finding themselves in their way of mind, worrying, coming to an understanding of the manifestation of being in its facticity, i.e. its causality, its effectiveness and in its reality<sup>(10)</sup>.

For older adults, religion/religiosity means finding themselves in what they do, use, protect, that is, what is at hand in the surrounding world.

Thus, religion is an intrinsic theme in individuals' lives, a presence in the daily life that influences their beliefs, influencing behavior and worldviews<sup>(4)</sup>. In the world of these people, it is not only a doctrine, but something that gives meaning to their existence, fulfilling in their facticity the integrality of their being in the world in general.

This study shows that the elderly have more than sense of feeling when interpreting religion, and their behavior depends on religious teachings. Thus, religiosity can be thought as a source of meaning for humans, since it seeks to answer existential concerns related to the finitude of life<sup>(13)</sup>.

The several dimensions of the opening of being-there to the revelation of the being, on the horizon of the time, while hermeneutics of the factual existence of man is ontologically related to the perspective of finitude<sup>(2)</sup>.

Aging, as the final step of a life cycle, allows the elderly to connect with their own being, and to become closer to the opening of the *Dasein* (being-there), released on the facticity and temporality of religious precepts and/or modes of older adults having religion in their life.

Religion and its influence in the life of the elderly go beyond the practice itself. It is related to the quality of life, because it transmits a positive idea not only for the individual but also for other people around him<sup>(14)</sup>. Religiosity is a key element of strength, hope and disposition in the life of people at this stage of life and often these people use it as a refuge to the adversities of life<sup>(15)</sup>.

Therefore, religious involvement contributes to decrease the vulnerability of stressing events, giving meaning to life, and having relevant role in the future of these people in promoting hope. Moreover, it provides motivation for changes in the subject, bringing meaning and purpose to the lives of people – a factor that contributes to health and quality of life<sup>(7-8)</sup>.

With advancing age, restlessness, triggered by the idea of dying, stimulates religious involvement, which results from the challenges posed by the aging process, demonstrated by feelings of gratitude for life<sup>(3)</sup>.

Studies on religious issues should be carried out in different areas of human knowledge, especially in the health area. An observational study on how the religious and spiritual

practices are experienced in different age groups during the aging process found that, in the process of living and aging, religion was a powerful tool for health/disease issues<sup>(16)</sup>.

In this scope, the spiritual dimension should be further explored in the academic area<sup>(17)</sup>, so the professional could be more secure before patients and provide spiritual assistance to them. Addressing religiosity is important for the patients to understand their own health, since their beliefs can affect decision-making<sup>(4)</sup> and contribute to improving their condition and well-being.

However, a study that describes the meaning of spirituality and religiosity and their application in the nursing practice showed that, despite these professionals pointing out positive aspects of the topic, they rarely incorporated this issue in their activities. This suggests that more places for discussing the role of religion in the context of health should be created, from the beginning of the education of nursing professionals and for permanent education actions, in order to contribute to a comprehensive care that promotes and rehabilitates the health of these individuals<sup>(18)</sup>. Older adults that live in their own homes or in geriatric centers have psychosocial and spiritual needs. In most cases, these needs are not recognized and therefore are not addressed<sup>(19)</sup>, which refers to the need of the nurse to focus care on the spiritual dimension of the elderly.

The being meets various ways from what is at hand in the world and what matters is only to know whether being-there, according to its existential possibility, is sufficiently originary, helping it to have a voice, making it visible to others<sup>(11)</sup>. Religiosity, having a religion, help the elderly to go through adverse situations, as it is something always mentioned in the daily life of these people<sup>(20)</sup>. Religiosity can help in confronting existential issues, whether in search of a life meaning – because of a greater conscience of death – or to increase the feeling of sense, since religion may influence the perception of a sense<sup>(13)</sup>.

The meaning of what was exposed here has to do with the way of feeling present in the world, in seeking alternatives to explain, relax and comfort the idea of finitude, considering that old age is the last stage of life.

Thus, when older adults, even being influenced by the surrounding world, say religion entered their life because of ancient precepts and cultural aspects, which has emerged by countless possibilities of having an activity, and by concerning with the other and existing in the world, unveiled in its facticity that the meaning of their existence is released through the religious experience, not in a thought but rather in a reflection that transcends or allows us to get closer to their being-there, in the authentic and inauthentic world of everyday existence.

Religion/religiosity is an intrinsic phenomenon in the life of the elderly. Therefore, health professionals, mainly nurses, and others who want to provide holistic care focused on the individual's specificity and subjectivity, cannot forget to address in their practices questions/religious-oriented values, given their importance and influence in the life of the elderly.

### Study limitations

As a limitation the study has the sample size restricted to a group of older adults from an Urban Social Center in Salvador,

Brazil. These individuals had more autonomy and independence concerning daily activities. We suggest further research with other CSUs and in other Brazilian cities.

### Contributions to the nursing field

Nurses should expand their knowledge about the phenomena that give meaning to the life of those in need of care. To include religion/religiosity in health practices as a support resource for those who experience the aging process can strengthen the coping of health problems, as well as their promotion and prevention, because, when one values the sense of being in the world, he contributes to improving the quality of life and health condition of this subject not only as a user of a service, but also as a citizen inserted in a biosociocultural context, allowing them to remain active and involved in something that gives them a reason to live.

### FINAL CONSIDERATIONS

The results showed that religion/religiosity gives meaning to the existence of the elderly, expressed factually and temporarily in the way of being, dealing and living for the religion in the surrounding world. Religion provides comfort and support

in situations related to the end of life, allowing older adults to find their being-there hidden in their various religious activities carried out in daily life. Through the religion/religiosity, the elderly feel active and participant in the community, being related to sensation of well-being, happiness and health maintenance, in addition to the feelings of solidarity towards other people. In this context, religion/religiosity is an important resource for comprehensive care to the elderly.

The choice of phenomenology as a methodology allowed us to address the subjectivity of the meaning of religion/religiosity in the life of the older adult, exposing what gives meaning and approaches one to being-there, something often forgotten, not researched or reflected upon the ways of taking care in the Western world – today this is still valued by objective aspects, leading to a vague comprehension without allowing the ontological interpretation of the being-there released on a pre-existing world, which sometimes and/or most of the time does not widen the issue to the dimension of care in the daily life of the elderly person.

New studies should be carried out to make this topic more familiar among nurses and thus improve the thematic approach, contributing to the other professionals in the health, scientific and academic field.

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