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Subjective Vitality, Meaning in Life and Religiosity in Older People: A Correlational Study

Danielly Costa Roque Vieira

Universidade Federal da Paraíba, João Pessoa, PB, Brazil

Thiago Antonio Avellar de Aquino¹

*Departamento de Ciências das Religiões da Universidade Federal da Paraíba,
João Pessoa, PB, Brazil*

Abstract

This paper aimed to identify the relations among the religiosity, meaning in life, ontological perception of time, and subjective vitality in older people. The study included a sample of 100 older adults that participated of elderly groups with a mean age 67.2 years ($SD = 5.6$), who answered the Religious Attitudes Scale (RAS-20), Meaning in Life Questionnaire (MLQ), Ontological Perception of Time Scale (OPTS), Subjective Vitality Scale (SVS), and demography questions. The results showed a positive correlation of the subjective vitality with the scores on the presence for meaning, past, present, and future. The searching of meaning was a positive correlation of the scores of behavior and religious feeling. Moreover, the presence of meaning was correlated with the scores of the knowledge religious, behavior, present and future. These findings were discussed based on the conception of Logotherapy and Analysis Existential.

Keywords: Aging, religiosity, meaning in life, vitality.

Vitalidade Subjetiva, Sentido na Vida e Religiosidade em Idosos: Um Estudo Correlacional

Resumo

O presente artigo teve como objetivo identificar as relações entre a religiosidade, a percepção de sentido na vida, a percepção ontológica do tempo e a vitalidade subjetiva de pessoas idosas. O estudo contou com 100 idosos que participavam de grupos de terceira idade com idade média de 67,2 anos ($DP=5,6$), que responderam a Escala de Atitudes Religiosas (EAR), Questionário de Sentido de Vida (QSV), Escala de Percepção Ontológica do Tempo (EPOT) e a Escala de Vitalidade Subjetiva (EVS) e perguntas demográficas. Constatou-se que a Vitalidade Subjetiva correlacionou-se diretamente com a presença de sentido, o passado, o presente e o futuro. Já a busca de sentido associou-se diretamente com o comportamento religioso e o sentimento religioso; enquanto que a presença de sentido o fez com conhecimento religioso, comportamento religioso, percepção do presente e percepção do futuro. Os resultados foram discutidos fundamentados na concepção da Logoterapia e Análise Existencial.

Palavras-chave: Envelhecimento, espiritualidade, religiosidade, sentido na vida, validação.

¹ Mailing adress: Rua Mário Batista Júnior, 75, Apto. 301, Miramar, João Pessoa, PB, Brazil 58043-130. Phone: (83) 3507-3768. E-mail: logosvitae@hotmail.com, thiago.aquino@pesquisador.cnpq.br
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Vitalidad Subjetiva, Sentido en la Vida y Religiosidad en los Ancianos: Un Estudio Correlacional

Resumen

Este artículo objetivó identificar las relaciones entre la religiosidad, la percepción de sentido en la vida, percepción ontológica del tiempo y vitalidad subjetiva en adultos mayores. Participaron 100 ancianos con edad promedia de 67.2 años ($SD = 5.6$) que contestaron la Escala de Actitudes Religiosas (EAR), el Cuestionario sentido en la Vida (CSL), la Escala de Percepción Ontológico del Tiempo (EPOT), la Escala de Vitalidad Subjetiva (EVS), y preguntas demográficas. Los resultados alcanzados mostraron que la vitalidad subjetiva se correlaciona directamente con la presencia de sentido, el pasado, el presente y el futuro. Ya la búsqueda de sentido se asoció directamente con el comportamiento y sentimiento religioso; mientras que la presencia de significado lo hizo con el conocimiento religioso, el comportamiento religioso, la percepción del futuro y presente. Los resultados fueron discutidos en función de las concepciones de la Logoterapia y Análisis Existencial.

Palabras-clave: Envejecimiento, religiosidad, sentido en la vida, vitalidad.

According to the World Health Organization (WHO), the population over 60 years of age has been increasing worldwide over recent decades (2002). Several studies have been conducted on this phase of human life, focusing on different topics dealing with aging. These include the relationship between religion and life satisfaction (Dendena, Dallazen, Lyra, & Tosi, 2011), religiousness and quality of life in care homes (Carneiro, 2009), and religiousness and satisfaction with life/well-being (Araújo et al., 2008; Duarte, Lebrão, Tuono, & Laurenti, 2008). Other topics include resilience and spirituality (Silva & Alves, 2007), spirituality, the perception of meaning in life and late old age (Freitas, 2010), the prevention and promotion of healthcare (Leandro-França & Murta, 2014), and mental health and religiousness/spirituality (Parker et al., 2003).

Nevertheless, questions remain on the extent to which meaning in life changes with subjective vitality, particularly in the elderly. On the other hand, the WHO adopted the term *active aging* to refer to the process of optimizing quality of life in human aging (2002). Vitality may indeed play a relevant role in autonomy, independence, quality of life and healthy life expectancy in the elderly.

Subjective Vitality

The word *vitality* comes from the Latin *vitalitate*. The etiological root of *vitalitate* means

life (Menezes, 2012). Vitality is also related to the degree of subjective well-being, with its meaning differing from individual to individual (Ryan & Deci, 2001). Undoubtedly, this concept refers to a positive state of health that partially forms the construct of affective well-being, encompassing a positive affect that suggests the experience of being alive (Nix, Ryan, Manly, & Deci, 1999; Paschoal & Tamayo, 2008).

Ryan and Frederick (1997) defined subjective vitality in terms of a feeling of liveliness and a sensation of personal energy. Empirical studies suggest that subjective vitality is associated with self-fulfillment, self-esteem (Ryan & Frederick, 1997) and satisfaction with life (Gouveia et al., 2012). Furthermore, it is understood that vitality can be consumed and then decline, but can also be preserved or increased (Ryan & Frederick, 1997). In this respect, an individual's perception of meaning in life and spirituality is believed to play an important role in sustaining subjective vitality.

Spirituality as a Search for Meaning in Life

In general, spirituality can be defined as a search for meaning, irrespective of whether or not there is an attachment to any specific religion (Mowat & O'Neill, 2013). In this respect, Frankl (1969/2011) developed a system of thought referred to as *logotherapy*, which is best defined

as a school of psychotherapy focused on meaning in life. The basic idea is that human beings are the only creatures to look for meaning in their lives, since they are bestowed with spirituality, sometimes referred to as *noological dimension*, from which, phenomena that are genuinely human (intentionality, concern with values and feelings, etc.) are derived. The individual is thus able to transcend his/her conditions and seek to attain values that can become reasons for living.

According to Frankl (1946/1989, 1946/2005a), the main motivation for humans to live is their will to find meaning in life. This search for meaning generates an inner tension that is an essential prerequisite for mental health, given that mental health is based on a certain degree of tension, tension between what has already been accomplished and what should be achieved, or the hiatus between what one is and what one should become (Frankl, 1969/2011). Meaning in life can be achieved through three values: through experiences (by experiencing something or encountering someone), through creation (by creating a work or doing a deed) and through attitude (by the attitude we take toward unavoidable suffering). According to Frankl (1969/2011), values are encountered in the world, based on the premise that it is in the world that the human being has to discover and achieve meaning.

Oliveira and Silva (2013) reported positive associations between finding meaning in life and psychological well-being ($r = .55$; $p < .001$) in a study with 146 elderly individuals. In addition to being associated with religiousness (Aquino et al., 2009), the construct *meaning in life* is also associated with indicators of well-being such as satisfaction with life, positive affect and mental health (King, Hicks, & Del Gaiso, 2006; Mascaro, 2006; Mascaro & Rosen, 2008).

It is generally understood that meaning in life is to be found in the relationships between human beings and their world, which differ from person to person and from situation to situation. This assumption is based on an anthropological and existential principle in which it is impossible to live in a truly human form if life has no meaning. Nevertheless, the

individual's search for meaning may be blocked, thus leading to a feeling that life lacks content or to existential frustration with the emptiness of life. These feelings may lead to what is referred to as a noogenic neurosis, since the etiology of the term originates in the noological dimension of human existence. According to logotherapy, this may result from existential frustrations, a conflict of values or pangs of conscience (Frankl, 1969/2011).

According to Kimble (2009), what triggered the crisis of meaning in modern society was an absence of symbols and of the rites of passage surrounding the life cycle. Ramovs (2009) emphasized that for each stage in life there is a social task and a specific meaning. For example, in youth the task is to prepare oneself to form a family and for insertion into the labor market, while adult life is a period of productivity, and the third stage of life, which stretches from retirement until death, is a period of maturity and wisdom. According to that same author, the three phases are complementary; therefore, the existential vacuum originates at the time in which the connection between the generations is weakened.

Temporality and Meaning in Life for the Elderly

Considering that temporality is associated with the search for meaning (Frankl, 1978/2005b), it is essential to understand how logotherapy views this subject. According to the theory of logotherapy, the human being is steeped in the past (realities experienced) and absorbed with the future (possibilities that may come to fruition), between being and not being, between what he/she has already accomplished and what he/she still has to accomplish (Aquino, 2013). According to Pintos (2014), man is a temporal being, temporal either according to the chronological time that involves past, present and future (*Kronos*) or according to time of a more personal and qualitative nature (*Kairós*).

Pintos (1992) argues that man is characterized by his ability to associate himself with time in all his other dimensions; therefore, he is able to project himself into the future, experience the

present to the fullest extent, and relive images from the past, recognizing them and locating them in time and in space. According to Frankl (1969/2011), the past is not only real but also perennial. The human being relates to the past through his/her memories and, undoubtedly, questions the meaning of his/her life (Pintos, 1992).

People in general had possibilities in their past that became reality. When an individual achieves something at any given moment in time, that something becomes concrete and real, whereas possibilities that have not yet been accomplished may yet be lost (Frankl, 1978/2005b; Lukas, 1992). For this reason, Lukas (1992) believes in the relevance of an existential balance, particularly for the elderly, based on three perspectives of temporality: *Looking backwards*; *the tasks of the moment*; and *looking ahead*.

Looking backwards consists of evaluating everything that has been experienced and suffered, both perceived successes and perceived failures. Successes can be summarized as accomplishments achieved with dignity, resulting in a sensation of duty fulfilled. On the other hand, both unfulfilled possibilities and failures also form part of the perceived focus of an elderly person's life.

The *tasks of the moment* consist of evaluating losses and identifying new adaptations of activities that are appropriate for that situation, since in old age few tasks remain to be accomplished. Nevertheless, *looking ahead* becomes imperative, since possibilities remain in the life of the elderly person that could yet be accomplished, even if these possibilities are fewer than when the individual was young (Lukas, 1992).

A considerable percentage of elderly people use religiousness as a strategy with which to confront stressful situations and as a way of finding meaning (Ardelt & Koenig, 2007; Koenig, George, & Siegler, 1988). Authors such as Maugans (1996) defend the idea that spirituality can be understood as a system of beliefs that confer vitality and meaning to life. According to Duarte et al. (2008), religiousness

and spirituality may contribute to well-being and to reducing levels of depression, anguish, morbidity and mortality. In this respect, religiousness may provide a plausible answer to the existential questions of the elderly as religion becomes able to provide a system with which to understand life, suffering and death (Goldstein & Sommerhalder, 2002). Bearing in mind the relevance of existential questions in the aging process, the objective of the present study was to learn to what extent the perceived meaning in life and religiousness are associated with subjective vitality in a sample of elderly individuals.

Methods

Participants

A total of 100 elderly individuals participating in community support groups in the towns of Santa Rita and João Pessoa in the Brazilian state of Paraíba participated in the study. Most participants (90%) were female, with a mean age of 67.1 years ($SD: \pm 5.6$; range: 60–87 years). Most (64.0%) had failed to complete elementary school. Concerning marital status, 54% were found to be married, 40% widowed and 6% divorced. With respect to religious affiliation, 80% declared themselves Catholics and 20% evangelicals.

Instruments

Ryan and Frederick created the original *Subjective Vitality Scale* (SVS) in 1997. The current version of this scale contains seven items (e.g. *I have energy and spirit, I feel alive and vital*) evaluated on a 7-point scale ranging from 1 = not at all true to 7 = very true. Gouveia et al. (2012) adapted and validated this instrument for use in Brazil, confirming its one-factor solution with a Cronbach's alpha of .73.

Steger, Frazier, Oishi and Kaler first proposed *The Meaning in Life Questionnaire* (MLQ) in 2006. Its original version consists of 10 items to be evaluated using a 7-point scale, with 1 = absolutely untrue and 7 = absolutely true. Damásio (2013) adapted this tool for use in Brazil and reported the presence of two factors:

the presence of meaning, with a Cronbach alpha of .88 (e.g. *I understand my life's meaning; My life has a clear sense of purpose; I have a good sense of what makes my life meaningful; I have discovered a satisfying life purpose*) and the search for meaning, with a Cronbach alpha of .85 (e.g. *I am looking for something that makes my life feel meaningful; I am always looking for my life's purpose*).

The *Ontological Time Perception Scale* (OTPS) was created by Aquino in 2009. It consists of a set of 10 items, 3 of which are associated with a perspective of time: past ($\alpha = .64$, e.g. *I am satisfied with what I have achieved*); present ($\alpha = .74$; e.g. *I always have a reason for being in the world*) and future ($\alpha = .73$, e.g. *Many choices are open to me*). A final item evaluates general satisfaction with oneself over time (*I have to admit the huge distance between who I am and who I could be*). All the items are evaluated using a 5-point scale in which 1 = I completely disagree and 5 = I fully agree.

The original version of the *Religious Attitudes Scale* (RAS-20) was developed in the Portuguese language by Aquino, Gouveia, Silva and Aguiar in 2013. It consists of 20 items and 4 factors: religious behavior ($\alpha = .82$; e.g. *I attend celebrations of my religion*); religious knowledge ($\alpha = .85$; e.g. *I try to learn the doctrines or precepts of my religion*); religious sentiment ($\alpha = .65$; e.g. *I express my sadness or joy through religious music*); and religious corporeality ($\alpha = .90$; e.g. *I kneel to pray to God*). All the items are rated on a scale ranging from 1 = never to 5 = always.

A *Sociodemographic Questionnaire* was applied with the exclusive objective of describing the study participants in terms of age, sex, marital status, education level and religion.

Procedures

The internal review board of the Federal University of Paraíba's Lauro Wanderley Teaching Hospital approved the study protocol. All the participants were required to sign an informed consent form and were assured that their participation was voluntary and that they could

leave the study at any time without incurring any penalty. The anonymous nature of the interviews was also emphasized and the participants were assured that they would not be asked to identify themselves given that the answers would be analyzed collectively, as stipulated in Resolution 466/12 of the National Health Council (2012). The principal investigator administered the instruments individually at three community centers for the elderly. The questionnaires were bound together into a single booklet. The mean time required to complete the questionnaires was 40 minutes.

Data Analysis

The data were analyzed using the PASW software program, version 17.0. A factorial analysis was conducted on the set of items in the Subjective Vitality Scale and internal consistency was assessed using Cronbach's alpha. Finally, Pearson's correlation was used to look for associations between the study variables.

Results

Evidence of the Factorial Validity of the Subjective Vitality Scale for the Elderly

Before examining the factorability of the matrix of correlations, the adequacy of the analysis was assessed. The results obtained from the Kaiser-Meyer-Olkin (KMO) measure of sample adequacy ($KMO = .85$) and Bartlett's test of sphericity ($\chi^2 = 241.27$; $p \leq .001$) (Tabachnick & Fidell, 2001) suggest that the factorial analysis was adequate. Next, a principal axis factoring (PAF) approach was used, without establishing the number of factors to be extracted. The analysis suggested the presence of a single factor with an eigenvalue of 3.45 that explained 49.5% of the total variance. A detailed description of this analysis is shown in Table 1. Therefore, unifactorial analysis was considered the most adequate for the *Subjective Vitality Scale*, as confirmed both by the Catell criteria (Figure 1) and the Kaiser criteria (selecting factors with eigenvalues > 1).

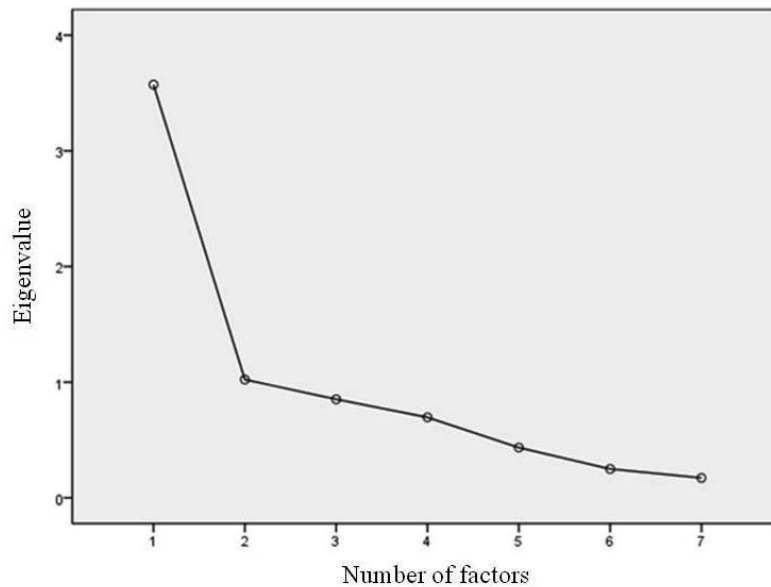


Figure 1. Values of the Subjective Vitality Scale

Table 1
Factorial Structure of the Subjective Vitality Scale

Items	Factor Loading
I nearly always feel alert and awake	.85 *
I feel energized	.78*
I feel alive and vital	.77*
I have energy and spirit	.75*
Sometimes I feel so alive I just want to burst	.53*
I look forward to each new day	.42*
I don't feel very energetic	-.26
Eigenvalue	3.45
% Explained variance	49.5
Cronbach's alpha	.84

Note. * $\geq .40$ (Factor loading considered satisfactory).

Table 1 describes the factor loadings of the items in the Subjective Vitality Scale. Note that saturations $\geq .42$ constitute a unifactorial structure that can be defined as vitality. The lowest saturation was found for the item *I look forward to each new day* (.42), while the highest saturation was for the item *I nearly always feel alert and awake* (.85). The internal consistency of this factor, calculated from its Cronbach alpha (α), achieved an index of .84, which was considered satisfactory.

Existential Correlations of Subjective Vitality

Considering that the psychometric indexes found for the Subjective Vitality Scale were satisfactory for the sample in question, the association between the study variables was investigated, as shown in Table 2.

Table 2

Matrix Correlation between Factors Measured in the Subjective Vitality Scale, the Ontological Time Perception Scale and the Religious Attitudes Scale

Existential Indicators	1	2	3	4	5	6	7	8	9
1. Vitality	-								
2. Presence of meaning	.20*								
3. Search for meaning	-.14	.04							
4. Religious knowledge	.08	.24*	.10						
5. Religious behavior	.08	.21*	.24*	.61***					
6. Religious sentiment	.06	.16	.38***	.32**	.43***				
7. Religious corporeity	.02	-.08	.06	.33**	.41***	.44***			
8. Perception of the past	.38***	.12	-.15	-.09	-.04	.02	.13		
9. Perception of the present	.48***	.29**	-.05	.03	.10	.12	.08	.55***	
10. Perception of the future	.43***	.26**	.11	.12	.11	.13	.04	.18	.41***

* $p < .05$; ** $p < .01$; *** $p < .0001$.

Direct correlations were found between subjective vitality and the following variables: *the presence of meaning* ($r = .20$; $p < .05$), *past* ($r = .38$; $p < .0001$), *present* ($r = .48$; $p < .0001$) and *future* ($r = .43$; $p < .0001$). A search for meaning was directly associated with *religious behavior* ($r = .24$; $p < .05$) and *religious sentiment* ($r = .38$; $p < .0001$), whereas the presence of meaning was associated with *religious knowledge* ($r = .24$; $p < .05$), *religious behavior* ($r = .21$; $p < .05$), *perception of the present* ($r = .29$; $p < .01$) and *perception of the future* ($r = .26$; $p < .01$).

Discussion

The main objective of the present study was to investigate associations between religiousness, meaning in life and subjective vitality in the elderly. Although the study objectives were accomplished, a limitation must be mentioned. This was a convenience sample and not the result of a randomization process; therefore, the results shown here are valid only for the sample population included in the study and cannot be extrapolated to the general elderly population.

Factorial Structure and Internal Consistency of the Subjective Vitality Scale

The adaptation of the *Subjective Vitality Scale* for use in the elderly was found to be adequate, suggesting that the construct is valid. Furthermore, there is also evidence that its precision is indeed higher than the value of .70 reported in the literature (Nunnally, 1991; Pasquali, 2003). In the model proposed here for evaluating subjective vitality in the elderly, the item *I don't feel very energetic* was excluded, as suggested in the studies conducted by Bostic, Rubio and Hood (2000) and Gouveia et al. (2012) in which those authors suggest that the fit is better when that item is removed from the scale.

Religiousness and Meaning in Life

In general, measurements of religiousness are directly associated with meaning in life (Aquino et al., 2009). In the present study, positive correlations were found between two sub-scales, *religious knowledge* and *religious behavior*, and the presence of meaning. A search for meaning was associated with *religious*

behavior and religious sentiment. Religiousness may help individuals deal with existential issues, whether in a search for meaning in life as the result of increased awareness of the finiteness of life and the inevitability of death, or to increase the sensation of meaning, considering that religiousness may affect the perception of meaning.

The theory put forward by Frankl (1946/1989) that ancient man found meaning more easily through tradition might help explain this finding. Indeed, religiousness can be conceived as a source of meaning for human life in that it attempts to answer existential questions concerning the finiteness of human life.

Tradition, together with rules and regulations, a priori has already indicated where meaning would be found. Therefore, the elderly interviewed for this study had an added perception of meaning if they read religious texts and behaved in accordance with the teachings of their religion. These results are in agreement with those of Ardelt (2003) and Steger et al. (2006) who reported a positive association between intrinsic religiousness and the presence of meaning. Other studies have also suggested that more religious individuals have a greater perception of the presence of meaning in life (Steger & Frazier, 2005).

Guimarães and Avezum (2007) found that being more closely involved with religion was positively associated with indicators of satisfaction with life, happiness and positive affect. Frankl (2007) understands religiousness to have an intrinsically personal connotation in which only the individual him/herself can decide with respect to God, thus implying that decision and not impulse is involved. Frankl also believes that spirituality collaborates towards encountering purpose and meaning in human existence. These findings are also in agreement with those reported by Lukas (2012) who defends that repressed religiousness diminishes confidence in life and in its meaning.

Meaning in Life and Subjective Vitality

Vitality is positively associated with the presence of meaning in life, suggesting that the

greater an elderly individual's perception of meaning in life, the greater their sensation of vitality and personal energy. Nonetheless, it has to be mentioned that the magnitude of the correlation coefficient of this association could be considered weak ($r = .30$; Cohen, 1988). It is understood that an individual's perception of meaning plays an important role; however, it is not the only factor associated with vitality. Other aspects also have to be taken into account in addition to existential issues, including psychosocial and psychophysical factors that may be equally relevant for the construct in question.

Furthermore, it has to be taken into consideration that the way of measuring meaning in life may not answer all the relevant questions for this construct (Steger et al., 2006), and this may have played a role in the low correlation rate. Although variance is slight, some comments are required on this association. According to Frankl's theory of motivation, the desire for meaning is always strengthened by the perception of an objective in life, thus positively affecting the psychic domain and triggering positive affect (Frankl, 1969/2011; Lukas, 1992).

A high perception of meaning in life is understood to constitute a protective factor against psychological and physical events (Frankl, 1946/1989), which clearly may affect the evaluation of subjective vitality. If on the one hand the presence of meaning is capable of increasing vitality, on the other hand the sense of an existential vacuum is capable of reducing the energy and vigor of an elderly person, leading to apathy.

On the importance of a sense of mission in the life of the elderly individual, Frankl (1991) comments that from the psychological perspective, the feeling of existing for something or for someone is essential, irrespective of how old the person is. This viewpoint is in agreement with the results of a study conducted by Nix et al. (1999), which suggest that intrinsically motivated activities increase subjective energy and vitality. Bearing in mind that the longing for meaning is an intrinsic motivation, it can then be understood as a relevant condition for the perception of vitality. Therefore, it is essential to understand that factor within the context of

the perception of meaning in time (past, present and future).

Ontological Perception of Time and Subjective Vitality

The results of the present study suggest that, in the elderly, the greater the level of perception an individual has of his/her past, present and future, the higher their vitality score. The effect of positive perception of time on the subjective vitality findings was significant, i.e. when an individual's view of the past, present and future is positive, the life vitality level of that elderly individual is higher. In this respect, Monteiro (2006) stressed that understanding time relieves human suffering, since each individual is capable of understanding temporality. On the other hand, suffering and anguish regarding the passage of time are part of the aging process.

According to Frankl (1948/2007), the temporality and transitory nature of human life are essential, with feelings of gratitude and pride in one's past achievements forming part of human existence in its entirety. Lukas (1992) mentions an existential balance and refers to the past as matters that have already been dealt with and are imperishable. The present is understood as a set of tasks to be accomplished, which, on the one hand slip away and on the other hand need to be carefully analyzed as a function of their purpose (is-ought). Nevertheless, the future represents an open space for which the elderly individual can still draw up plans despite his/her awareness of the brevity of his/her existence. Clearly, looking to the future allows the elderly individual to perceive possibilities that can yet be accomplished.

According to Lukas (1990), because of an assumed absence of meaning in the future in general, an individual may stop answering the questions presented to him/her by life in the present. As a result, a noogenic depression, expressed as a feeling of interior emptiness, may develop due to a lack of goals and objectives in life. In agreement with Lukas, Frankl measures human life at three moments: the present, the past and the future. According to that author, the present is the frontier between the non-reality of the future and the eternal reality of the past (Frankl,

1978/2005b). The past is eternalized in death; nothing further changes, since the individual no longer possesses either a mind or a body; therefore, only the past remains. For the elderly individual, when the future is perceived as involving possibilities yet to be accomplished, life remains under construction, thus generating, according to Frankl (1946/2005a), healthy tension.

Consequently, finiteness can be considered a positive element of the human condition in that the transitory nature of existence cannot erase its meaning. At the same time, it is vital to seek meaning in the final stage of the cycle of life.

Final Considerations

The present study identified hitherto unknown associations between factors. The results clarified associations between religious attitudes and meaning in life, as well as the association between an ontological perception of time and vitality in a sample composed entirely of elderly individuals. Another strongpoint of this study was that it assessed the factorability of a measure of subjective vitality for this phase of human life, creating the possibility for future studies to confirm the present findings. Indeed, further studies should be conducted to add to the data obtained here with the objective of discovering new means of maximizing vitality during this period of the life cycle.

The present findings may serve as a guide for practicing healthcare professionals, particularly psychologists working in areas related to active aging. According to Melo, Eulálio, Gouveia and Silva (2013), the interventions suggested by the application of the theories of logotherapy may be appropriate for use by professionals involved in the health and quality of life of the elderly.

Therefore, it is apparently not only the capacity for retrospection but also the ability to look forward into the future that is important for vitality (i.e. the ability to perceive meaning and significance in the present and in the future). Helping the elderly redefine their past, identify tasks in the present and broaden their perspectives for the future is a way of promoting vitality in the elderly individual.

The role played by the psychologist working with the elderly is also important, either in group psychotherapy, in individual psychotherapy or in prevention programs, investigating and emphasizing the importance of meaning in the past, present and future in an existential balance. The professional thus leads the elderly individual to discover new sources of meaning. These new sources increase meaning in life, which is inherent to humans and fundamental to their mental health, thus increasing the vitality of the elderly individual.

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