Religious Doctrines, Existential Meaning, and Elderly Well-Being: A Comparative Study of Spiritual and Existential Care in Liberia and Sierra Leone.

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ABSTRACT

Objective: This study examines how Christian, Islamic, and traditional religious doctrines influence spiritual and existential care among elderly persons.

Methods: Data were generated through interviews, focus groups, and observations involving elderly individuals, religious leaders, and family caregivers. A qualitative comparative analysis was conducted to examine how religious doctrines impact mystical care among ageing people.

Results Findings show that religious doctrines and rituals provide powerful frameworks for meaning-making, acceptance, and emotional peace, particularly through beliefs in salvation, divine grace, and submission to God's will. However, religious interpretations also produced distress for some elderly individuals, especially where suffering was viewed as punishment.

Conclusion: The study concludes religion as both a resource and a risk, calling for closer collaboration between religious institutions and social and palliative care services

Keywords: Spiritual and Existential Care, Religion and Ageing, Elderly Well-being, Palliative Care in West Africa, Religious Coping

INTRODUCTION

Population ageing in sub-Saharan Africa is increasingly emerging as a critical social and policy issue, unfolding within contexts characterized by fragile health systems, limited social protection mechanisms, and a persistent reliance on informal, family- and faith-based care structures (Aboderin and Beard, 2015). Unlike many high-income countries, where ageing is accompanied by the expansion of institutional geriatric and palliative care services, older persons in much of West Africa continue to navigate ageing, illness, and end-of-life experiences in environments where formal support systems remain weak, fragmented, or largely inaccessible. In countries such as Liberia and Sierra Leone, both shaped by histories of civil conflict, economic instability, and constrained public welfare provision, the care of elderly persons is predominantly mediated through religious institutions, extended family networks, and community solidarities. Within these contexts, religion occupies a central place in shaping how ageing, suffering, illness, and dying are understood and managed.

Christian, Islamic, and African Traditional religious worldviews provide moral frameworks through which elderly individuals interpret bodily decline, confront mortality, and negotiate questions of meaning, purpose, and legacy (Mbiti, 2015; Pargament, 1997). For many older persons, particularly those approaching the end of life, religious doctrines and practices offer existential resources that help to reduce fear of death, foster acceptance, and sustain hope beyond physical deterioration (Koenig, 2020). Prayer, ritual observance, confession, Qur'anic

recitation, and communal worship are not merely symbolic acts; they function as lived forms of care that address emotional distress, spiritual anxiety, and social isolation. Globally, palliative care scholarship increasingly recognizes spiritual and existential care as essential dimensions of holistic well-being, particularly for individuals facing life-limiting illness or advanced age (Puchalski et al., 2014; Best et al., 2020).

Existential care, which addresses concerns related to meaning, guilt, reconciliation, and life review, has been shown to influence emotional resilience significantly and perceived quality of life among elderly populations (Erikson, 1950; VanderWeele, 2017). However, despite this growing recognition, empirical research in West African contexts has largely prioritized biomedical, epidemiological, or economic dimensions of ageing, often overlooking the deeply embedded spiritual and religious logics that shape everyday experiences of old age and dying (Aboderin, 2017; Adeosun, 2020). This gap in the literature has led to limited scholarly understanding of how religious beliefs shape the lived experiences of elderly persons, particularly regarding existential concerns such as fear of death, moral accountability, forgiveness, hope for transcendence, and perceptions of dignity at the end of life. Where religion is discussed, it is frequently treated as a background variable rather than as a dynamic system of meaning that directly informs caregiving practices, coping strategies, and interpretations of suffering (Koenig, 2020).

Moreover, few studies critically examine the ambivalent role of religion, acknowledging not only its capacity to provide comfort and meaning, but also its potential to generate distress when illness is interpreted through doctrines of punishment, divine testing, or spiritual failure (Pargament et al., 2011). This study addresses these gaps by examining how Christian, Islamic, and traditional religious doctrines influence the provision, perception, and reception of spiritual and existential care among elderly persons in Liberia and Sierra Leone. By focusing on two countries with shared colonial histories, similar religious pluralism, and comparable socio-economic challenges, the study adopts a comparative lens to identify both convergent and divergent patterns in religious caregiving and existential meaning-making. In doing so, it foregrounds the voices and experiences of elderly individuals, caregivers, and religious leaders, situating their narratives within broader debates on ageing, dignity, and end-of-life care. By adopting a comparative qualitative approach, this article contributes to interdisciplinary scholarship across social work, gerontology, theology, and palliative care. It advances the argument that religious worldviews are not peripheral but central determinants of elderly well-being in West African contexts, particularly where formal care infrastructures remain underdeveloped.

The study further contends that any effort to strengthen holistic palliative and geriatric care in Liberia and Sierra Leone must engage seriously with locally grounded religious practices and doctrines, while also critically examining their implications for existential well-being, professional social work practice, and policy development. This study aims to examine how religious doctrines and practices influence the provision, perception, and well-being of elderly individuals receiving spiritual and existential care in Liberia and Sierra Leone.

METHODOLOGY

Research Design

This study adopted a qualitative, comparative case-study design to enable an in-depth, contextually grounded exploration of how religious doctrines and practices shape spiritual and existential care for elderly persons in Liberia and Sierra Leone. A qualitative approach was considered most appropriate given the study's focus on meanings, interpretations, and lived experiences rather than on measurement, prediction, or statistical generalization. Spirituality, religion, and existential well-being are inherently subjective and socially constructed phenomena, best understood through methods that privilege participants' narratives, beliefs, and interpretive frameworks (Creswell and Poth, 2018).

The case study design allowed for an intensive examination of each national context as a bounded social and cultural system in which ageing, illness, and end-of-life care are embedded. Liberia and Sierra Leone were treated as two distinct but comparable cases, each shaped by shared regional characteristics, such as religious pluralism, post-conflict recovery, and limited formal geriatric care infrastructure, while also exhibiting unique historical, cultural, and institutional dynamics. This design made it possible to explore how similar religious

traditions (Christianity, Islam, and African Traditional Religions) are interpreted and operationalized differently across contexts.

The comparative dimension of the research enhanced analytical depth by facilitating systematic comparison across cases. Rather than seeking to establish causal relationships, the study employed comparison as an interpretive tool to identify convergences and divergences in religious caregiving practices, doctrinal interpretations, and existential coping strategies among elderly people. This approach aligns with qualitative comparative research traditions that emphasize contextual explanation and theoretical insight over universal generalization (Yin, 2018; Stake, 2006). Importantly, the qualitative comparative case study design enabled the study to capture the emic perspectives of elderly individuals, caregivers, and religious leaders, and how participants themselves understand ageing, suffering, and death within their religious and cultural worlds. Such perspectives are particularly critical in African contexts, where spiritual meanings are deeply interwoven with social identity, morality, and community belonging (Mbiti, 2015).

Quantitative designs would have been insufficient to capture these nuanced dimensions of existential care, which often emerge through storytelling, ritual description, and moral reflection. Furthermore, the design allowed for methodological flexibility, supporting the use of multiple qualitative data sources, such as in-depth interviews, focus group discussions, and observational insights, to generate rich, triangulated data. This strengthened the credibility and trustworthiness of the findings by enabling cross-validation of themes across participant groups and national contexts. By situating individual experiences within broader social, religious, and institutional settings, the design facilitated a holistic understanding of how spiritual and existential care is enacted and experienced in practice.

Overall, the qualitative comparative case study design was well-suited to the study's aim of generating context-sensitive knowledge that is both empirically grounded and theoretically informed. It provided a robust framework for examining the complex interplay between religion, existential meaning, and elderly well-being in Liberia and Sierra Leone, while producing insights relevant to social work practice, palliative care development, and policy formulation in resource-constrained settings.

Study Sites

Fieldwork was conducted in Monrovia (Liberia) and Freetown (Sierra Leone), urban centers where Christian, Islamic, and African Traditional religious practices coexist and where informal religious caregiving for the elderly is most visible.

Participants

The study involved three key categories of participants who were directly engaged in the provision, experience, and interpretation of spiritual and existential care for elderly persons in Liberia and Sierra Leone. These participant groups were purposively selected to ensure that the data reflected multiple perspectives on ageing, religious meaning-making, and end-of-life care within the study contexts. The first group comprised elderly people aged 75 years and above, who constituted the primary population of interest. This age threshold was deliberately chosen because individuals in this cohort are more likely to be confronting advanced stages of physical decline, chronic illness, social withdrawal, and heightened existential reflection related to mortality, meaning, and legacy.

Many participants in this group were either experiencing significant health limitations or had direct exposure to end-of-life care situations, making them particularly well-positioned to articulate how religious beliefs and practices shaped their emotional resilience, spiritual coping, and perceptions of dignity. Their narratives provided first-hand insights into how ageing and approaching death are interpreted within Christian, Islamic, and traditional religious frameworks. The second group consisted of religious leaders, including Christian pastors, Muslim imams, and traditional spiritual leaders. These participants were included because of their central role as providers of spiritual guidance, ritual care, and moral interpretation within their communities.

In both Liberia and Sierra Leone, religious leaders are often the first point of contact when elderly individuals or their families seek meaning, comfort, or explanation in times of illness and decline. Their perspectives were

critical for understanding how religious doctrines are translated into caregiving practices, how spiritual and existential needs are identified and addressed, and how leaders interpret suffering, death, and ageing within their respective faith traditions. The third category of participants comprised family caregivers involved in end-of-life or advanced-age care. Family members often function as the primary caregivers for elderly people in the absence of formal institutional support, providing daily physical assistance, emotional reassurance, and facilitation of religious practices such as prayer, fasting, or ritual observance. Including caregivers allowed the study to examine how religious beliefs shape caregiving roles, responsibilities, and coping strategies, as well as how caregivers negotiate tensions between faith-based expectations and the practical demands of care.

Their accounts also offered valuable insight into the relational and communal dimensions of spiritual and existential care, highlighting how religious meaning is co-produced within families rather than experienced solely at the individual level. Together, these three participant groups enabled a holistic and triangulated understanding of spiritual and existential care for the elderly. By bringing into dialogue the voices of elderly people, religious leaders, and family caregivers, the study captured the complex interplay between belief, practice, and lived experience across both national contexts.

Data Analysis

The analysis followed an integrated qualitative-quantitative analytical strategy. The primary emphasis, however, remained on qualitative interpretation, given the study's focus on meanings, experiences, and religious worldviews. Qualitative data from interviews, focus group discussions, and observational notes were transcribed verbatim and subjected to thematic analysis. The analysis proceeded through several iterative stages. First, familiarization was achieved through repeated reading of transcripts to gain an overall sense of the data. Initial open coding was then conducted, generating codes related to doctrinal beliefs, religious practices, existential concerns, caregiving roles, emotional responses, and perceptions of well-being. These codes were both inductively derived from participants' narratives and deductively informed by the study's theoretical frameworks, including existential theory, religious coping, and psychosocial models of ageing.

In the next stage, related codes were grouped into broader themes, including religion as a source of meaning, ritual practices and emotional comfort, positive and negative religious coping, dignity and moral worth, and spiritual distress at the end of life. Attention was paid to variations in how these themes manifested across participant groups and national contexts. Reflexive memo-writing accompanied the coding process to document analytical decisions and emerging interpretations. Quantitative data, derived from structured survey components embedded within the study, were analyzed using descriptive statistical techniques. Frequency distributions and percentage summaries were used to examine patterns in participants' reported experiences, such as levels of confidence in discussing existential issues, perceived availability of spiritual support, and reliance on religious practices for coping. These quantitative findings were not treated as stand-alone results but were used to contextualize and support the qualitative analysis, helping to identify dominant trends and areas of convergence or divergence.

A cross-case comparative analysis was then undertaken to systematically compare findings between Liberia and Sierra Leone. This involved examining how similar themes emerged differently across the two contexts, considering variations in religious practice, caregiving norms, and institutional support structures. The comparative process enabled the identification of both shared patterns, such as the centrality of religion in existential coping, and context-specific differences in the organization and experience of spiritual and existential care. Overall, the analytical strategy ensured a coherent integration of qualitative depth and quantitative patterning, enabling a nuanced interpretation of how religious doctrines and practices influence the well-being of older adults. The methodological approach adhered closely to the approved doctoral dissertation framework, ensuring consistency, rigour, and analytical transparency.

RESULTS

Across both contexts, religious doctrines provided elderly participants with interpretive frameworks that helped them make sense of physical decline and proximity to death. Christian respondents frequently referenced salvation, divine grace, and eternal life, thereby fostering acceptance and reducing fear of death.

Muslim participants emphasized submission to divine will (Qadar), which encouraged patience and spiritual preparedness. Elderly participants who strongly internalized these doctrines reported lower levels of existential anxiety and greater emotional peace. Ritual Practices and Emotional Well-Being Religious rituals, such as prayer, Qur'anic recitation, confession, anointing, and communal worship, served as key mechanisms for enacting existential care. These practices reinforced feelings of belonging, reduced loneliness, and affirmed the moral worth of elderly individuals within their communities. Notably, communal religious visits were particularly significant in Sierra Leone, where collective prayer was perceived as a sign of social recognition and dignity. Ambivalence and Negative Religious Coping. While religion often functioned as a protective resource, some participants experienced distress linked to doctrinal interpretations of suffering as punishment or spiritual failure. This was more pronounced among elderly individuals with prolonged illness and limited family support, highlighting the risk of negative religious coping when spiritual care is not accompanied by sensitive counseling.

DISCUSSION OF FINDINGS

Religious Doctrines, Meaning-Making, and Existential Acceptance. The findings demonstrate that religious doctrines serve as powerful interpretive frameworks through which elderly individuals make sense of physical decline, suffering, and proximity to death. Consistent with existential and psychosocial theories of ageing, particularly Erikson's concept of integrity versus despair, religion facilitated life review, reconciliation, and acceptance among many participants (Erikson, 1950). Christian teachings on salvation, grace, and forgiveness, alongside Islamic doctrines emphasizing submission to divine will (Qadar), enabled elderly individuals to reframe suffering as spiritually meaningful rather than arbitrary. This aligns with global evidence that religious belief can reduce fear of death and enhance emotional stability in later life (Koenig, 2020; VanderWeele, 2017).

These findings also resonate with African gerontological literature, which emphasizes that ageing is not merely a biological process, but a moral and spiritual transition embedded within communal and religious worldviews (Mbiti, 2015; Gyekye, 1996). In this sense, religion functioned as a key existential resource, supporting dignity and emotional peace where formal psychosocial services were absent. Ritual Practices, Social Belonging, and Dignity Religious rituals emerged as central mechanisms through which doctrinal meanings were enacted in everyday care. Practices such as prayer, Qur'anic recitation, confession, anointing, and communal worship reinforced social belonging and affirmed the moral worth of elderly persons. This finding aligns with the palliative care literature, which identifies ritual participation as a critical component of spiritual well-being and psychosocial support at the end of life (Puchalski et al., 2014; Best et al., 2020).

However, comparative analysis reveals important contextual differences. In Liberia, ritual care was more frequently mediated through family-based and pastoral interactions, supporting individualized reflection and reconciliation. In contrast, Sierra Leone exhibited stronger communal religious engagement, in which collective prayer and group visits served as public affirmations of dignity and social recognition. These patterns reflect broader communitarian traditions in West African societies, where collective presence is a key marker of care and moral obligation (Aboderin, 2017). The findings, therefore, suggest that existential care models must be context-specific, attentive to local religious cultures rather than being universally applied. Ambivalence and Negative Religious Coping, while religion functioned predominantly as a protective resource, the study also reveals its ambivalent effects. Some elderly participants internalized doctrinal interpretations of illness as divine punishment or spiritual failure, leading to guilt, fear, and existential distress. This pattern is consistent with Pargament's distinction between positive and negative religious coping, in which faith can either alleviate or exacerbate suffering, depending on interpretive framing and support structures (Pargament et al., 2011).

Notably, negative religious coping was more pronounced among elderly individuals experiencing prolonged illness and limited family support, particularly in Sierra Leone. This finding underscores the risks associated with unmediated religious care in contexts lacking trained spiritual counselors or professional social work support. Similar concerns have been raised in both African and global studies, which caution that religious narratives, when not sensitively guided, can deepen distress rather than promote healing (Wilt et al., 2019). Implications for Theory, Practice, and Systems of Care This study extends existing literature by demonstrating that spiritual care in West Africa cannot be reduced to ritual performance alone. Instead, its effectiveness depends on doctrinal interpretation, caregiver competence, and social inclusion.

This challenges ritual-centric assumptions in some palliative care models and supports a more relational and interpretive understanding of spiritual and existential care. From a practice perspective, the findings highlight the urgent need for structured collaboration between religious institutions, social workers, and palliative care providers. While religious actors remain indispensable in elderly care, reliance on informal faith-based systems alone is insufficient for addressing complex existential distress. Integrating religious care within broader social welfare and health frameworks could enhance dignity, emotional well-being, and ethical responsiveness in ageing populations across resource-constrained settings.

CONCLUSION

This study demonstrates that religion plays a pivotal role in shaping spiritual and existential care for elderly persons in Liberia and Sierra Leone, particularly in contexts where formal palliative care systems remain limited. Religious doctrines and practices provide meaning, emotional reassurance, and dignity in later life, while also carrying the risk of distress when interpreted without guidance. The findings underscore the need for context-sensitive, collaborative models that integrate religious institutions with social work and palliative care services to support holistic and dignified ageing in resource-constrained settings. The study recommends that Governments should formally recognize religious leaders as partners in elderly and palliative care, with clear referral pathways to professional services. A capacity-building program should equip religious leaders and caregivers to distinguish between supportive and harmful doctrinal interpretations. Existential care interventions should be tailored to local religious and cultural dynamics rather than imported wholesale from Global North models. National ageing and health policies in Liberia and Sierra Leone should explicitly include spiritual and existential well-being as components of holistic elderly care.

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