Old age as a transformative experience: Contributions of Spiritual Intelligence to healthy aging

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Abstract

Introduction: Contemporary aging faces a profound paradox: the extension of organic and temporal reserves contrasts with the persistence of a rigid biomedical paradigm that reduces senectitude to an inevitable process of decline, obsolescence, and functional loss. Against this positivistic corset, there emerges a crucial need to interpret old age as a genuine transformative experience that unpredictably shatters and challenges the individual's practical identity in the face of imminent finitude. In this existential transition, Spiritual Intelligence (SI) emerges not as a passive refuge or mere social desirability, but as a first-order cognitive and adaptive capacity that provides meaning, order, and purpose to the late life cycle.

Objective: To analyze and discuss, through a conceptual integration of the scientific literature, how Spiritual Intelligence influences the perception of aging and acts as a predictive and resilient buffer against death anxiety, promoting a truly healthy and holistic model of aging.

Method: An integrative review and theoretical triangulation analysis were conducted based on observational research, meta-analyses, and clinical-phenomenological studies indexed in high-impact databases (PubMed, Scopus, Web of Science, CINAHL, LILACS, and PsycINFO) focusing on spirituality, resilience, logotherapy, and gerotranscendence in older people aged 60 and over.

Results and Discussion: Scientific evidence confirms that high levels of Spiritual Intelligence and the intrinsic connection to a transcendent dimension are consistently associated with lower rates of depressive symptomatology and a real mitigation of existential terror. A structural mediation model is demonstrated, wherein the active search for meaning and personal resilience decrease death anxiety, facilitating the cognitive transition toward gerotranscendence. Furthermore, a marked gender differentiation is revealed: older men experience instrumental suffering linked to the loss of their occupational role and display greater emotional rigidity, whereas women resort more to relational support, affective catharsis, and the cultivation of spiritual intelligence to assimilate cumulative losses.

Conclusions: Old age demands an epistemic shift from a simple, welfare-oriented "ethics of care" toward an "ethics of needs and desires" of the older person. Spiritual Intelligence is consolidated as the organizing support of the transcendent dimension, allowing the individual to integrate their biography and experience finitude not as a chaotic barrier of suffering, but as an experience of self-transcendence, reconciliation, and inner peace.

Keywords: Healthy aging; Transformative experience; Spiritual intelligence; Resilience; Death anxiety.

INTRODUCTION

The ageing of the population has become one of the most significant demographic and sociocultural events of the twenty-first century (Marentes-Betanzos, 2025). This mutation in longevity indices poses a stark paradox: the utopian achievement of extending temporary existence collides with the budgetary and institutional limitations of public health systems (Sánchez Cabaco & Fernández Mateos, 2019). However, the real fracture is not financial, but ontological. Western modernity has operated a progressive depersonalization of the end of life, isolating the transit of death from its ritual qualities and integrating aging into a technological and exclusively biomedical corset that interprets old age only from the bias of wear and tear and material deterioration (Cintado Fernández & Lázaro Pulido, 2023; Espinosa Salcido, 2011).

In the face of this positivist reduction, the need for a hermeneutical and humanist turn emerges that contemplates the human being as a biopsychosocial and spiritual unit (Sánchez Cabaco & Fernández Mateos, 2019). As we age, the person is besieged by a cascade of cumulative losses: the dissolution of social productivity roles, the decline of the organic reserve, orphanhood due to the death of a spouse and contemporary friends, and an inescapable proximity to the limits of one's own existential horizon (Marentes-Betanzos, 2025). This accumulation of losses not only threatens bodily functionality, but also destabilizes the architecture of practical identity (Espinosa Salcido, 2011).

To understand the adaptive dynamics that awaken in the face of the imminence of finitude, developmental psychology and existential psychology propose a fruitful debate. On the one hand, Terror Management Theory (TMT) postulates that the awareness of inevitable mortality conflicts with our biological survival instinct, causing deep anguish or "existential terror" that the psyche tries to cushion through immortality projects, the defense of the cultural worldview, and the maintenance of self-esteem (Sánchez Cabaco & Fernández Mateos, 2019). On the other hand, Viktor Frankl's logotherapy and Lars Tornstam's gerotrascendens construct complement this defensive vision by revealing that old age does not represent a maladaptive misunderstanding or a mere defensive withdrawal, but a unique stage of natural development, expansion of the meaning of life, existential maturation, and inner reconciliation (Cintado Fernández & Lázaro Pulido, 2023; Bueno Bejarano Vale de Medeiros & Araujo Dias, 2020).

The objective of this integrative review is to analyze how Spiritual Intelligence influences the perception of aging and acts as a predictive and resilient buffer against death anxiety, promoting a truly healthy and holistic aging model.

Development and Conceptual Framework

1. Old age as a rupture of practical identity and transformative experience

Traditionally, positivist gerontology has approached old age under a linear metric of deficits, where the value of the elderly person declines as their functional capacity or their insertion into the circuits of material production declines (Cintado Fernández & Lázaro Pulido, 2023). In the face of this biological bias, the philosophy of existence and clinical phenomenology invite a radical theoretical shift: conceiving old age as an authentic transformative experience (Cañete García, 2025).

A transformative experience, in the terms proposed by Laurie A. Paul, is one that alters an individual simultaneously on two inseparable levels: the epistemic level and the personal level (Paul, 2014, cited in Cañete García, 2025). On the epistemic level, it teaches something radically new, an experiential and non-transferable knowledge that is inaccessible before going through the event itself. On the personal level, it disarticulates previous points of view, reconfiguring the subject's deepest preferences and altering what it means to "be oneself" (Paul, 2014, cited in Cañete García, 2025).

Old age and the imminence of death burst into everyday life precisely with this transformative force. It is not simply the chronological accumulation of years, but a break in what Michael Cholbi calls the practical identity of the individual, that is, the set of roles, links, projects and intentions that gave coherence to the subject's behavior in the world (Cholbi, 2021, cited in Cañete García, 2025). By losing the spouse with whom one has shared one's life, by experiencing somatic decline or loss of autonomy, the elderly person does not face isolated instrumental problems; they face the dissolution of their relational structure and meaning (Espinosa Salcido, 2011).

This breakdown of practical identity plunges the individual into a profound existential disorientation (Harbin, 2014, cited in Cañete García, 2025). However, far from being interpreted as an anomaly that requires a priority clinical or pharmacological approach, such disorientation constitutes a substantial opportunity for self-knowledge. (Cañete García, 2025). The subjective and inescapable suffering that accompanies the losses of old age is the engine that forces a vital revision and a restructuring of one's own biography, providing it with an integrated narrative reconciled with the past (Sánchez Cabaco & Fernández Mateos, 2019; Espinosa Salcido, 2011).

2. Spiritual Intelligence as a shield and adaptive buffer

In the face of the paralyzing anguish derived from the awareness of finitude, the human psyche erects protective shields. The Theory of Terror Management (TMT), inspired by the anthropological developments of Ernest Becker, maintains that human beings inhabit a constant paradox: we enjoy the cognitive sophistication to know that we are finite, but we are biologically driven to persist (Sánchez Cabaco & Fernández Mateos, 2019). To mitigate the anguish derived from this tension, the psyche erects two fundamental psychological buffers: adherence to a cultural worldview—which provides order, meaning, and promises of transcendence to existence—and the maintenance of self-esteem, understood as the perception of being a valuable member within said cultural scheme (Sánchez Cabaco & Fernández Mateos, 2019).

When these protective shields are weakened in the face of the vulnerabilities of old age, anxiety about death increases significantly, directly influencing the impairment of the mental health of the elderly person (Yousefi Afrashteh et al., 2025). It is here that Spiritual Intelligence (EI) emerges as the primary adaptive resource. Defined by Zohar and Marshall as the ability to use spiritual resources to solve everyday and existential problems, EI provides the individual with a framework of deep coherence, self-awareness, and existential critical thinking (Zohar & Marshall, 1997, cited in Yousefi Afrashteh et al., 2025; López-Tarrida, 2023).

Unlike institutional or dogmatic religiosity, Spiritual Intelligence is a cognitive-nological

capacity that allows adversities to be reinterpreted not as chaotic aggressions from the environment, but as meaningful episodes (Yousefi Afrashteh et al., 2025). Contemporary predictive research demonstrates a robust negative correlation between Spiritual Intelligence and death anxiety in older people (Yousefi Afrashteh et al., 2025). This inverse relationship does not occur in an instrumental vacuum, but is directly mediated by two fundamental constructs: the search for meaning (MLQ) and resilience (CD-RISC) (Yousefi Afrashteh et al., 2025).

The search for meaning in life, anchored in the noological anthropology of Viktor Frankl, constitutes a unifying force that integrates the physical, psychic, and spiritual dimensions of the being (Bueno Bejarano Vale de Medeiros & Araujo Dias, 2020). By finding a "why" to difficulties and bodily decline, the stress of finitude diminishes and is transformed into acceptance (Simón Flores, 2023). On the other hand, resilience, far from being a static personality trait, is revealed as a dynamic process of active adaptation that enables the individual not only to resist adversity, but also to grow and learn from the most difficult experiences (Yousefi Afrashteh et al., 2025).

This synergy between Spiritual Intelligence, the search for meaning, and resilience acts as a dynamic shield. Data from the global meta-analysis by Coelho-Júnior et al. (2022)—which compiled data from 13,015 older people internationally—confirm that high levels of spirituality and religiosity are consistently associated with lower rates of depressive symptomatology and a real attenuation of the fear of death (Coelho-Júnior et al., 2022). Spirituality predicts and prepares the ground for the elderly to live with deep serenity even in the stages of greatest organic vulnerability (Coelho-Júnior et al., 2022).

3. Gerotrascendencia vs. Jovenismo and Consumerism

Lars Tornstam's model of gerotrascendens constitutes a solid epistemological alternative to the materialist and reductionist bias of conventional gerontology (Cintado Fernández & Lázaro Pulido, 2023). From this perspective, old age is not reduced to biological or functional decline, but represents the culminating stage in the natural progression of the human being towards ontological maturity. This development entails a meta-perspective turn: the individual moves from a pragmatic, rationalist and immanent conception of the self to a cosmic, unified and transcendent perception of being and reality.

This maturation model is organized into three fundamental dimensions (Cintado Fernández & Lázaro Pulido, 2023):

The cosmic dimension: It involves a qualitative change in the definition of time and space, where strict linear chronology is dissolved, the mystery of existence is assimilated with reverence, the fear of the vital limit decreases and a feeling of holistic affinity with past and future generations is consolidated.

The Self: Characterized by a decrease in self-centeredness, self-discovery of previously ignored inner facets, and healthy bodily self-transcendence, stripping the older person of anxious preoccupation with organic decline and physical pain.

Social and individual choices: The elderly person becomes more selective, disinterested in superficial relationships or status, and privileges a positive contemplative solitude or

mature introspection.

This natural trajectory towards gerotragencence clashes violently with contemporary sociocultural physiognomy, dominated by the ideologies of youthfulness and consumerism (Robledo Marín & Orejuela Gómez, 2023). Late capitalist culture has enthroned youth as the only standard of beauty, productivity, and identity integrity (Robledo Marín & Orejuela Gómez, 2023). Under this imperative, old age is described as an enemy to be defeated, a pathology or a form of slavery from which the subject must be freed through the use of biotechnologies, cosmetic engineering, or plastic surgery (Robledo Marín & Orejuela Gómez, 2023).

The contemporary obsession with abolishing old age responds, ultimately, to the systematic attempt to elude human finitude (Robledo Marín & Orejuela Gómez, 2023). In this scenario, consumer capitalism promotes the figures of homo consumericus and homo sanitas: a subject devoted to bodily self-surveillance, hyperdependent on the medicalization of his existence and trapped in the paradox of accumulating years without assuming aging. This construction of an illusory "metabody" dehumanizes old age, eclipses its transcendent dimensions, and deprives the elderly person of moving towards wisdom and the transmission of the intergenerational legacy (Robledo Marín & Orejuela Gómez, 2023; Sánchez Cabaco & Fernández Mateos, 2019).

The lack of understanding of these dynamics by health and therapeutic personnel carries the latent risk of pathologizing manifestations inherent to gerothercendence (Cintado Fernández & Lázaro Pulido, 2023). Under the gaze of the traditional biomedical paradigm, the need for silence, contemplative solitude, and introspection in the elderly are often mistakenly interpreted as signs of maladaptation, social isolation, or prodromes of cognitive decline. Therefore, it is imperative that gerontology overcome this clinical reductionism to consolidate a genuinely holistic and person-centered model of care.

4. The physiognomy of suffering: Gender differences and the PAS model

Suffering in old age is a multidimensional and inescapable experience. Eric Cassell defines suffering as a subjective discomfort triggered by a perceived imminent threat to the integrity or existential continuity of the person, where physical, psychological, sociocultural, and existential factors intersect (Cassell, 1995, cited in Valdez Medina et al., 2015). In old age, this discomfort is accentuated by the accumulation of relational, status, and somatic functionality losses (Valdez Medina et al., 2015).

Empirical evidence shows that both the experience and the expression of suffering present substantial variations according to gender (Espinosa Salcido, 2011; Valdez Medina et al., 2015). In the group of long-lived men, suffering is predominantly subordinated to instrumental and material factors, such as economic precariousness, decline in physical capacity, and the loss of productivity-related roles (Valdez Medina et al., 2015). Conditioned by a hegemonic model of masculinity that demands physical and emotional invulnerability, men lack the necessary social legitimacy to openly channel fear, anguish, and grief; in this context, after the loss of a spouse, this group faces severe barriers to articulate new socio-affective support networks, which increases the risk of severe social withdrawal and a silent existential void (Espinosa Salcido, 2011).

On the contrary, in women, suffering is predominantly articulated around affective, bonding, and family dimensions, registering higher rates of subjective discomfort in the face of conflicting relational dynamics, situations of violence, or disease processes in the immediate environment (Valdez Medina et al., 2015). However, their socialization in expressive and caring roles gives them a greater willingness to turn to external support, consolidate community networks, and integrate spiritual practices as coping resources and perceived social support factors (Espinosa Salcido, 2011; Yousefi Afrashteh et al., 2025).

In order to overcome the reductionism implicit in conventional psychiatric classification systems (such as the DSM-5 or the ICD-11) on emotional distress in old age, Sánchez Cabaco and Fernández Mateos (2019) propose the incorporation of the Power, Threat, and Meaning (PAS) Framework. From this hermeneutical perspective, the suffering of the elderly is addressed without pigeonholing it into rigid psychopathological categories. Instead of focusing the analysis on the biomedical deficit or clinical disorder, this framework reinterprets the subject's life trajectory through four interrelated dimensions (Sánchez Cabaco & Fernández Mateos, 2019):

Power operation ("What happened to you?"): Assesses the influence of economic, social, relational, and bodily power on the individual's life, encompassing the organic transformations and the gradual loss of autonomy associated with aging.

Threat typology ("What kind of threat does this change represent?"): Examines the subjective experience of the elderly in the face of biopsychosocial losses, the disarticulation of family or work roles, and the imminence of finitude.

Construction of meaning ("What meaning do you give to this process?"): It investigates the formulation of life purpose and the reconfiguration of worldviews that the person articulates based on their experiences of loss.

Threat responses ("What strategies have you activated?"): Categorizes survival mechanisms—ranging from defensive behaviors to the deployment of resilience and spiritual intelligence—aimed at preserving the subject's ontological integrity.

Discussion

From the theoretical synthesis carried out, a fundamental contrast emerges between biomedical reductionism and the humanistic coordinates necessary to apprehend contemporary aging. By prolonging the duration of physical existence, scientific advances have led to an anthropological and philosophical revolution regarding the course of life and aging (Robledo Marín & Orejuela Gómez, 2023). Consequently, the current health system tends to medicalize every emotional eventuality and every existential question that arises in the late life cycle, pretending that the assimilation of finitude is treated exclusively as an adjustment disorder or a pharmacologically regulable depression (Robledo Marín & Orejuela Gómez, 2023; Sánchez Cabaco & Fernández Mateos, 2019).

This dehumanization of care acquires a particular gravity during the grieving processes in old age. Hegemonic psychiatric taxonomies (DSM-5 and ICD-11) tend to pigeonhole the adaptive process in the face of loss within restrictive diagnostic categories when the affective manifestation is prolonged over time (Marentes-Betanzos, 2025). In contrast to

medicalizing hegemony, existential and phenomenological perspectives maintain that mourning constitutes an experience of subjective restructuring and a relevant opportunity for self-knowledge (Cañete García, 2025). From this perspective, the core of grief does not lie in the mere physical loss of the loved one, but in the reconfiguration of the pre-mortem bond and the subsequent disarticulation of the survivor's practical identity; therefore, suffering does not demand to be suppressed pharmacologically, but sustained through spaces of listening, validation, and ethical accompaniment focused on otherness, making it easier for the individual to resignify the painful experience and reconstitute the meaning of their own existence (Cañete García, 2025; Marentes-Betanzos, 2025).

This existential resignification calls for a substantial ethical and political change in gerontological care services: it is necessary to replace the traditional instrumental and restrictive "ethics of care" with an "ethics of the needs and desires of the elderly" (Sánchez Cabaco & Fernández Mateos, 2019). While the ethics of classical care assumes a paternalistic stance that reduces the elderly person to a passive subject of clinical interventions, the ethics of needs positions them as the undisputed protagonist of their own senescence, with full autonomy to decide on their legacy, their values and the meaning of their own life end (Cintado Fernández & Lázaro Pulido, 2023; Sánchez Cabaco & Fernández Mateos, 2019).

For this ethics of needs to be operational, it is essential to systematically incorporate non-pharmacological therapies based on reminiscence and the stimulation of cognitive and instructional resources (Sánchez Cabaco & Fernández Mateos, 2019). Among these proposals, Positive Instructional Cognition (CIP) stands out, a therapeutic scaffolding that organizes the elaboration of suffering into five sequential levels of existential overcoming (Sánchez Cabaco & Fernández Mateos, 2019):

ICP-1 and 2 (Values of Creation/Action): The elderly person assumes a conscious and active posture in the face of pain or concrete decline, designing possible projects within their functional limits.

ICP-3 (Awareness of Own Resources): The recognition of internal strengths previously acquired in the life course is stimulated.

ICP-4 and 5 (Values of Maturity / Transcendence and Legacy): The elderly exercise their inner freedom to get out of loops of resentment or regret, directing their energy towards the intergenerational transmission of knowledge and deep existential reconciliation.

This existential-oriented intervention, articulated with structured reminiscence therapy, allows adverse life events not to be experienced from hopelessness or melancholic resignation, but to be reconfigured as catalysts for active hope and personal maturation (Sánchez Cabaco & Fernández Mateos, 2019).

Conclusions

From the documentary review carried out, it can be deduced that aging in contemporary societies cannot continue to be subject to the restrictive limits of the hegemonizing biomedical paradigm. It is ethically indefensible to reduce old age to a phenomenon of gradual pathologization, isolation, obsolescence, and social inefficiency. On the contrary,

senescence constitutes a legitimate and differentiated phase of human development, characterized by the capacity for ontological maturation, the cognitive-spiritual reconfiguration, and the deployment of gerotrascence (Cintado Fernández & Lázaro Pulido, 2023; Sánchez Cabaco & Fernández Mateos, 2019).

The assimilation of one's own finitude and the proximity of death do not inevitably lead to existential emptiness and defensive terror. When the elderly person has a consolidated Spiritual Intelligence and a firmly integrated sense of life, the awareness of mortality is resignified in a luminous way. It is then revealed as the supreme engine for inhabiting the present with deep gratitude, dignity, intergenerational generosity and biographical reconciliation (Yousefi Afrashteh et al., 2025; Bueno Bejarano Vale de Medeiros & Araujo Dias, 2020; Espinosa Salcido, 2011). Spiritual intelligence and resilience are consolidated as protective factors and coping resources in the face of biological deterioration, by promoting a serene and contemplative transition that safeguards dignity in the final stage of life.

Finally, this change of epistemological outlook demands a profound restructuring of geriatric public health policies. It is urgent that health personnel, occupational therapists and institutional planners abandon the cultural projections of "youth" and consumerism on the long-lived population. Moments of tranquility, introspection, silence and reminiscence must be validated as positive manifestations of gerotherness and not as clinical pathologies. Only by guaranteeing spaces for compassionate listening focused on otherness and recognizing the intrinsic value of the life history of our elders, will we open paths for human beings to cross the threshold of the end of their existence not with despair, but with the pride and fullness of a life full of meaning.

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