Adultspan Journal

Volume 15 | Issue 2 Article 3

10-1-2016

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Recommended Citation
Linscott, Jamie; Randolph, Amber L.; and Mayle, Tony (2016) "The Impact of Spirituality on Wellness for Appalachian Older Adults," *Adultspan Journal*: Vol. 15: Iss. 2, Article 3.
Available at: https://mds.marshall.edu/adsp/vol15/iss2/3

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Keywords

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This research article is available in Adultspan Journal: https://mds.marshall.edu/adsp/vol15/iss2/3

Received 04/15/16
Revised 04/24/16
Accepted 04/26/16
DOI: 10.1002/adsp.12024

The Impact of Spirituality on Wellness for Appalachian Older Adults

Jamie Linscott, Amber L. Randolph, and Tony Mayle

The authors examined the role spirituality can play as a protective factor in the wellness of older adults residing in the Appalachian region of the United States. Analysis of participants' interviews identified 4 themes. These themes and implications for counselors working with Appalachian older adults are discussed.

Keywords: older adults, mental health of adults

Older adults in the United States are living longer and with fewer health issues compared with previous generations and represent the fastest growing demographic sector (C. G. Dixon, Richard, & Rollins, 2003). Even with healthier living being more prevalent than in years past, aging can be a challenging process, especially for older adults in rural populations (Gill, Barrio Minton, & Myers, 2010). Unfortunately, health disparities in rural areas are common, and the Appalachian region is no exception (Bauer & Growick, 2003). To address some of these disparities, researchers must look at what older adults believe is the foundation of their wellness. According to the literature, one important cultural value that appears to support wellness and resilience in Appalachia is spirituality (Diddle & Denham, 2010; Helton & Keller, 2010; Linscott, 2014). By understanding the significance of spirituality, helping professionals can leverage the role of spirituality in wellness among older adults in Appalachia.

Older adults 65 years and older account for more than 41 million of the total U.S. population, a 1.4% increase since 2003 (U.S. Census Bureau, 2012). This number will continue to increase as baby boomers (i.e., individuals born between 1946 and 1964) age (Pesek, Reminick, & Nair, 2010). Health care programs will need to adjust for the influx of patients. Using counselors as a way to increase wellness may be one method of doing this, especially in rural settings.

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Older adults made up nearly 20% of individuals living in rural settings in 2007 (Rural Health Information Hub, 2015), and approximately 42% of the Appalachian region of the United States is rural (Appalachian Regional Commission [ARC], n.d.; Goins, Spencer, & Krummel, 2003). ARC (n.d.) defined *Appalachia* as a 205,000-square-mile area covering 13 states and 420 counties along the Appalachian Mountains that is home to 25 million people. One in three people are older adults in Appalachia (ARC, n.d.; Diddle & Denham, 2010; Goins et al., 2003). As this sector of the population grows, counselors will become increasingly important to service teams trying to meet the needs of older adults (Schwiebert, Myers, & Dice, 2000).

The Appalachian region is ethnically diverse. Concentrated populations of African American, Native American, and Hispanic individuals are not uncommon in Appalachia, and there are deep roots and heritages that tie these populations to the region for different reasons (Keefe, 2005). One such group consists of individuals who are triracial (i.e., Caucasian, Native American, and African American) and who have lived in parts of Appalachia for generations (Diddle & Denham, 2010).

Appalachia is often noted for elevated poverty rates, geographic seclusion, and high levels of poor health (Presley, 2013). Regional assets often left out of the literature include the Appalachian cultural values that are persistent throughout the region. Recent studies have indicated that spirituality is a central feature of the Appalachian culture, which serves as a protective factor that promotes resilience and wellness (Diddle & Denham, 2010; Helton & Keller, 2010; Linscott, 2014). Understanding how spirituality affects wellness is one way helping professionals can begin to integrate better models of treatment for older adults in Appalachia.

MENTAL HEALTH CHALLENGES FOR RURAL APPALACHIAN OLDER ADULTS

According to Payne (2005), poverty is "the extent to which an individual does without resources" (p. 7), which includes spiritual resources. Poverty is prominent among rural older adults and is a contributing factor to high rates of life stress, which may lead to mental and physical disorders (Gill et al., 2010). Housing conditions in many rural locations are substandard, and assisted living facilities are scarce. Many older adults living in rural areas must travel extreme distances to access mental health care, which leads many in need to avoid seeking care (Bischoff, Hollist, Smith, & Flack, 2004). Pollard and Jacobsen (2014) indicated that 16.6% of individuals live in poverty in Appalachia. By contrast, the U.S. average is 14.9%. Because of the high prevalence of poverty in Appalachia, older adults are vulnerable to numerous health care issues (Goins et al., 2003; Presley, 2013). More than 1.5 million older adults in rural areas struggle with mental health disorders (Chalifoux, Neese, Buckwalter, Litwak, & Abraham,

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1996). Although these numbers will rise in the future, research has shown a current shortage in opportunities to attend counseling for older adults (Myers & Harper, 2004). Many areas within Appalachia are deemed mental health shortage areas because of a lack of services (Owens, Richerson, Murphy, Jagelewski, & Rossi, 2007). Unfortunately, available services are often not aligned with Appalachian cultural values (Bauer & Growick, 2003; Linscott, 2014).

Not all older clients in Appalachia are amenable to the idea of counseling (Diddle & Denham, 2010; Keefe, 2005). Stigma associated with counseling stems from Appalachian cultural conflicts (Linscott, 2014). Thus, there is a need for greater public awareness of the benefits of counseling and an increase in culturally competent counselors prepared to work with older adults (Linscott, 2014; Myers & Harper, 2004). Another factor is the common distrust of medical professionals in Appalachia (Welch, 2011). Trust must be established by all outsiders, including medical and helping professionals serving this area, to effectively treat clients (Diddle & Denham, 2010; Presley, 2013).

Even if older adults in rural Appalachia are amenable to the idea of counseling, most mental health services require travel. Weather and a lack of reliable transportation make traveling a major issue for many rural older adults (Presley, 2013). More than 40% of rural residents lack transportation, and 25% have inadequate transportation (Park et al., 2010). A lack of access often means resorting to health care providers who are unaware of the cultural needs of clients (Diddle & Denham, 2010). Counselors should have a working knowledge of Appalachian cultural values to advocate for rural older adults in clinical settings.

Individuals in Appalachia are an underrepresented population, not only in terms of available counseling and health care services, but also in terms of a research population (Keefe, 2005). It is important to address the needs of this population in a culturally sensitive way. Appalachia has a proud and unique cultural heritage, and spirituality is an important part of this heritage (Diddle & Denham, 2010; Keefe, 2005; Presley, 2013).

WELLNESS AND SPIRITUALITY FOR RURAL APPALACHIAN OLDER ADULTS

Myers, Sweeney, and Witmer (2000) defined *wellness* as a state of well-being in which body, mind, and spirit integrate so that individuals can fully experience life. Wellness can also be described as being able to adapt to life, being happy, and having a positive self-image (Scheidt & Windley, 1982). Witmer and Sweeney (1992) created a visual representation of the concept of wellness titled the *Wheel of Wellness*. This Wheel of Wellness was further modified to become a new model titled *the Indivisible Self* (Myers & Sweeney, 2005b). One notable difference between the two models is the placement of the construct of spirituality. Spirituality lies at the center of the Wheel of Wellness model, thus indicating that it pervades all other components of wellness. Although Myers

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and Sweeney (2005b) maintained the importance of spirituality, it has been removed from the center of the model. However, spirituality remains a central theme of the construct of wellness, particularly with regard to older adults in rural Appalachia.

Spirituality is loosely defined as an acknowledgment of a force or power greater than oneself that is somehow interconnected with the living (Gill et al., 2010). In general, spirituality is associated with a belief system. It is also associated with religion, which is an organized practice or religious activity (Musgrave, Allen, & Allen, 2002). Although definitions vary, spirituality is usually considered a multidimensional individual belief (Diddle & Denham, 2010).

According to Witmer and Sweeney's (1992) Wheel of Wellness, spirituality has a strong influence on wellness, and all other things feed from it to fulfill the individual. The notion of spirituality being central to the wellness of individuals is similar to what other researchers have found when studying older adults, particularly older women and people in Appalachia (Diddle & Denham, 2010; Goins, Spencer, & Williams, 2011; Pesek et al., 2010). The influence of spirituality is holistic in nature and affects the other areas of wellness (Gill et al., 2010). Spirituality is part of the Essential Self in the Indivisible Self model, which is responsible for spirituality, gender identity, cultural identity, and self-care, and it is responsible for an individual's finding meaning, purpose, and hopefulness in life (Myers & Sweeney, 2005a). If the needs of the Essential Self are not met, negative outcomes are likely to arise as symptoms of depression, isolation, loneliness, disinterest in taking care of oneself, disinterest in activities, and meaninglessness (Zorn & Johnson, 1997). These negative outcomes are similar to those found among older adults.

The notion of spirituality being central to the wellness of individuals is well addressed in the literature (Diddle & Denham, 2010; Goins et al., 2011; Pesek et al., 2010). The integration of spirituality into daily life is essential for life balance for certain individuals. However, incorporating spirituality into health care practices has been neglected, even though spirituality has been widely supported as an essential component to wellness (Zorn & Johnson, 1997). Because spirituality is an integral piece in the lives of many people from Appalachia (Diddle & Denham, 2010; Presley, 2013), we examined the role spirituality plays as a protective factor in the wellness of older adults. The study was guided by the following research questions: (a) How do Appalachian older adults define spirituality? (b) What role does spirituality play in the lives of Appalachian older adults? and (c) Do Appalachian older adults use spirituality as a protective force to deal with the transitions associated with aging?

METHOD

Previous research has demonstrated the importance of spirituality and religion to the Appalachian population. In addition, it is understood that spirituality in Appalachia is an individual endeavor and should be defined as such (Diddle & Denham, 2010). Wang (2008) explained that qualitative methodology allows

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researchers to comprehensively examine how individual participants make meaning of personal experiences and realities. Because of the individuality with which personal spirituality is viewed in the Appalachian population, we felt strongly about the relevance of using qualitative-based interviews to achieve a more comprehensive understanding of the influence of spirituality on wellness.

Because of the specific nature of the research topic, we used grounded theory to understand wellness within the context of spirituality. Grounded theory is a constructivist, evolving, and inductive method of conducting research that is systemic in nature (Charmaz, 2006; Creswell, 2013). Creswell (2013) explained that when other theories or models fail to adequately capture a population being studied, grounded theory can be used to explore a theory that the researcher chooses to explain the phenomenon people are experiencing. Because the intact cultural values within the Appalachian region include spirituality (Jones, 1994), we proposed that spirituality is connected to the wellness of older adults in Appalachia.

Procedure

After obtaining institutional review board approval, we originally recruited potential participants by advertising in newspapers and placing fliers in locations (e.g., gas stations, grocery stores) in central Appalachia. These recruitment efforts proved unsuccessful. Several months later, one individual contacted us and agreed to be interviewed. We recruited additional participants through snowball sampling. Participants spoke directly with the researchers to set up an interview time and place. All five participants requested to be interviewed in their homes. Informed consent forms were explained to and signed by participants, and demographic information was collected. Interviews consisted of a semistructured format, with opportunities for follow-up questions. We asked participants about their personal definitions of spirituality and religion, the role spirituality plays in their lives, personal feelings regarding spirituality, and how they have benefited from spiritual or religious practices. We also asked participants about their personal health and wellness. Interviews took approximately 30 minutes. Participants received $20 in exchange for their participation and were provided water and snacks during the interviews. Interviews were audio recorded and transcribed by the researchers.

Participants

Five individuals, ages 62 to 87 years, participated in this study. Because of the lack of interest from other individuals, as well as limited time, no further interviews were conducted. Nevertheless, data saturation was achieved within the five interviews, as evidenced by the recurrence of several themes emerging from the interviews. Of the participants, three were women and two were men. All reported that they currently lived in Appalachia and were born in the region. Two participants self-identified as African American, and three self-identified

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as Caucasian. Three of the five participants identified their ancestry as rural Appalachian. One participant spoke of ancestors from rural Appalachia and Canada, where they went to escape slavery. One participant declined to answer the question regarding ancestry. All participants identified as Christian. Specifically, two participants identified as nondenominational Christians, and three identified as Methodists. Four participants were married, and one was widowed.

Analysis

Coding was completed by the researchers and a graduate research assistant unaffiliated with the research project. Member checking, completed through participants' review of the transcribed interviews, was used as a means of trustworthiness (Creswell, 2013). Grounded theory was used in this research, which acknowledges the existence of the researchers' point of view, and the importance of the shared experiences and interactions between participants and researchers, the data, and the analysis (Charmaz, 2006). All three researchers have lived in Appalachia. One researcher was born and raised in the region, one has lived in Appalachia for 10 years, and one attended graduate school in Appalachia for 3 years. Because of the differing levels of connection to the area, all three researchers individually reflected on and collaboratively discussed their own biases, values, and beliefs about the Appalachian culture. This peer debriefing was used throughout the research process by the researchers to question one another as an additional measure of trustworthiness (Creswell, 2013). Finally, there was an external audit of the data analysis by a consultant living outside the region with no connection to the study to examine the content and process of the study, including the implementation of methodology and the analysis of data, to ensure accuracy (Creswell, 2013).

Data analysis led to several ideas that have implications for counselors. Data collected from the transcribed interviews were coded separately by three different individuals. Each interview transcription was also coded in three different ways. During open coding, categories were formed about spirituality and divided into subcategories. This process allowed for a more dimensional method of conceptualizing the construct of spirituality on a continuum (Creswell, 2013). The next form of coding was axial coding, which allowed the data to be put together in a visual way. Because the phenomenon of spirituality is broad, the visual representation presented the data by showing the causal conditions (see Figure 1).

Finally, selective coding provided a cohesive frame to connect the categories (Creswell, 2013). From this coding, a story line developed that explained how older adults in Appalachia connect spirituality and wellness. We hypothesized that spirituality is personally defined and that the environment and traditions help shape that definition. However, regardless of the definition, spirituality was hypothesized to play a central role in the lives of Appalachian older adults, especially during challenging times of transition and change, which, in turn, affects their wellness in the form of hope, positivity, and faith. It is important

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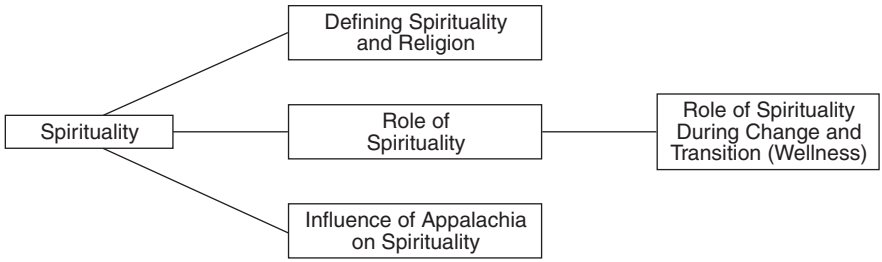

FIGURE 1

Spirituality and Causal Conditions

to note that all of the participants felt that they would not have overcome the obstacles they experienced without their faith.

RESULTS

Four main themes were identified in the participants' interviews: (a) the difference between religion and spirituality, (b) how living in Appalachia shaped views on religion and spirituality, (c) the role of religion and spirituality in one's life, and (d) the role of religion and spirituality in dealing with change and transition. We discuss each of these themes in the following sections.

The Difference Between Religion and Spirituality

Most participants felt that there is a difference between religion and spirituality; they perceived religion as the organized aspect of spirituality. One participant stated, "I believe that you can be spiritual without necessarily belonging to a religious organization." Another participant felt that religion precedes spirituality, explaining, "I think you have to have the religion and the faith in you to get the spiritual reality." Spirituality was defined as an individual and personal process that is positive in nature, and a state of mind about how one lives one's life. As one participant emphasized, "spirituality is more how you live your life rather than having someone else tell you how you should do it."

How Living in Appalachia Shaped Views on Religion and Spirituality

Participants felt that living in the Appalachian region shaped their views on religion and spirituality. Small communities in this region are close-knit; people who live close together attend the same community church. One participant explained, "I think because people did have to walk . . . most of them, 'til we got cars, I think each little community had their own church, you know." Another participant reflected, "Well, I think when you live in a smaller community, you're closer knot and, uh, it's just something I don't think very few people take for granted."

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Individuals often attend the same church for generations, which is marked by a long-standing personal connection with the church. One participant commented,

> I was baptized there [community church], my husband was baptized there, we were married there. Yeah, it plays a large part. It has always been there. My grandparents went to church there, my husband's parents went to Sunday school there as well. My parents went there. My dad went there even as a little boy with his siblings, so it has been a family church.

The Role of Religion and Spirituality in One's Life

Participants described a variety of roles held by religion and spirituality in their lives. Responses ranged from concrete roles, such as attending church every Sunday and participating in church events, to value-shaping roles, such as being an influence on behavior. A common theme throughout the interviews was going to God with large and small concerns and receiving comfort and support through an individual relationship with God. As one participant commented, "it's a comfort to know that you've got somebody to take your troubles to."

Participants indicated that spirituality and religion influence their physical and mental health and wellness. Some participants shared anecdotes about instances in which they or someone they knew had almost died and they credited prayer and God with saving a life. Several participants commented, "Someone is always looking out for me." Prayer and trust that God is always there for support were common themes. Some participants mentioned the social aspect of church attendance as positive for mental health and wellness, in addition to keeping engaged with family and community.

The Role of Religion and Spirituality in Dealing With Change and Transition

In discussing the role of religion or spirituality in dealing with change and transition, one participant stated succinctly, "More prayer, less worry." Family changes and moving were the transitions of largest impact noted, and several participants indicated how grateful they were for their families. The individual strengths given to all people by God, as well as the idea that life may change but faith never does, were credited with helping participants deal with transition. Participants voiced the importance of their faith and their health and wellness. All participants had undergone major surgery or physical trauma in their lives, and all of them credited their current well-being to their faith. As one participant explained, "I agree that being spiritual and praying has a lot to do with your physical health as well. I don't think it's a cure-all for what happens to you because that is not a biblical promise that you are always going to be well. But I think it helps."

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DISCUSSION

This study explored the impact of spirituality on the wellness of rural older adults in Appalachia. Four themes were identified from these interviews: (a) the difference between religion and spirituality, (b) how living in Appalachia shaped views on religion and spirituality, (c) the role of religion and spirituality in one's life, and (d) the role of religion and spirituality in dealing with change and transition. From these themes, we delineate implications for counselors working with rural Appalachian older adults in the following paragraphs.

Implications for Counselors

Professional counselors are being called on to provide services to older adults more frequently as the U.S. population continues to age (A. L. Dixon, 2007). Although research has shown that adults generally age without issue, adjustment to changes in later life creates a need for counseling for some older individuals (Myers & Harper, 2004). Evidence from the relevant literature has indicated that counseling is effective with the older adult population, particularly in the treatment of depression and anxiety, as well as increasing wellness levels (Hill & Brettle, 2006). The older adult population is diverse, and counselors must have an understanding of the varied values, beliefs, and issues associated with this multicultural population (A. L. Dixon, 2007).

The five participants interviewed expressed a difference between spirituality and religion, indicating that religion is the organized aspect of spirituality. Many older adults still participate in a religion in which prayer is commonly practiced (Presley, 2013). Prayer is used by 78% of the Appalachian population (Diddle & Denham, 2010), including all five research participants. Participants described a personal, individual relationship with God that extended beyond regular church attendance. The importance of prayer and trust in God as a constant source of support were among the common themes. These findings correspond with those of previous research indicating that older adults in Appalachia have a strong faith in God and other spiritual unknowns (Pesek et al., 2010).

The cultural traditions of many older adults can also affect feelings about mental and physical health and wellness. Religion for many rural cultural groups, particularly Native Americans, can be viewed as a protective factor against ill health (Arcury, Quandt, & Bell, 2001). Many older adults in rural areas in Appalachia believe that health is closely related to the work of God (Diddle & Denham, 2010) and rely on prayer when confronted with a health issue (Pesek et al., 2010), a theme echoed by our participants. Counselors can help to draw on these spiritual resources as sources of strength for clients.

A religious upbringing is valued in Appalachia (Bauer & Growick, 2003). All participants emphasized growing up in a close-knit, community-based church, along with staying active and involved in their church and community, as an important activity that contributes to feeling well. Counselors working with rural Appalachian

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older adults would benefit from learning about community resources associated with churches that may be helpful to clients. Participants also counted the social aspects of organized religion as important for wellness, in particular staying close with family and keeping family traditions. Family relationships and friendships play an important role in many individuals' lives and lead to attributions of meaning in life (Pesek et al., 2010). It may be helpful for counselors to connect with local priests or ministers in rural communities. Partnering with someone who is connected to a client and his or her family or home church can help a counselor build trust with clients, as well as provide a means for a client to connect with others. Connecting to others provides a feeling of belonging and can be a protective factor against loneliness (Spillers, 2007).

The transitions associated with aging can be particularly burdensome. Participants indicated that spirituality lends itself to an opportunity to be more reflective, particularly with regard to the transitions associated with aging. They cited phrases such as "more prayer, less worry" and "be kind and Godly" as ways to remain healthy through a transition. One participant explained that "a happy person ages well," suggesting the importance of attitude in remaining well through life's transitions. In fact, research has shown that having a positive attitude contributes to overall levels of wellness (Goins et al., 2011). Opportunity for reflection also appears to be important. Counselors are in a prime position to help clients reflect and find their happiness.

Counselors who wish to work with older adults in Appalachia should have a working knowledge of Appalachian cultural values. Appalachian clients may be distrustful of outsiders, particularly medical or helping professionals (Diddle & Denham, 2010; Presley, 2013; Welch, 2011). Given that spirituality is an important part of the cultural heritage of Appalachian families (Diddle & Denham, 2010; Keefe, 2005; Presley, 2013), it may be helpful to partner with spiritual leaders or other leaders in the community. Word-of-mouth endorsements appear to hold particular power in Appalachian communities.

Mental health stigma is still present in Appalachia (Diddle & Denham, 2010). Many Appalachians prefer to address mental health issues informally within the family. Mothers are typically the primary caregivers regarding mental and spiritual health in Appalachia, and the use of outside professional help is fairly uncommon (Diddle & Denham, 2010). Counselors, like many perceived outsider medical professionals, may be met with suspicion by Appalachian clients. Family support and cooperation, particularly from the mother, are important when trying to meet the mental health needs of Appalachian clients.

It is important for counselors to learn about clients' beliefs in relation to their home, family, and community. In particular, it may be helpful to learn about the family's and community's influence on the client's spirituality in relation to the client's ideas of what is important. Part of cultural competence is the awareness that individual beliefs may differ within a culture.

In addition to talk therapy, it may be helpful for counselors to encourage clients to connect to their faith or spirituality in creative ways. To help

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clients make this connection, counselors might suggest gardening, preserving food, playing or listening to music, attending social events, volunteering, taking walks in nature, and attending groups geared toward clients' needs or belief systems.

Directions for Future Research

Triracial (i.e., Caucasian, Native American, and African American) individuals have lived in parts of Appalachia for generations (Diddle & Denham, 2010). Although this group has been largely unstudied in the counseling literature, bringing awareness about this group to counseling professionals who work in Appalachia is essential. Spirituality is often an important aspect to these individuals (Diddle & Denham, 2010; Keefe, 2005) and should be considered from their own framework, cultural perspective, gender, and age.

Strengths and Limitations

A focus on wellness and on a spirituality-based approach to working with older adults in rural Appalachia is greatly needed in the literature. This study contributes to the small pool of knowledge regarding the values of this growing population. Although the number of participants was small, saturation was reached and themes emerged that supported our hypothesis that wellness is affected by spirituality; however, generalizability is left up to the reader.

Diddle and Denham (2010) and Welch (2011) discussed the need for outsiders to establish trust with the Appalachian population. In our study, trust was difficult to establish with potential research participants through the initial means. Welch (2011) and Presley (2013) discussed specific challenges to outsiders with regard to the Appalachian population and the importance of word of mouth in these strong, kinship-based communities. The challenges mentioned in our study can aid future researchers interested in conducting studies in Appalachia, with the understanding that the snowball sampling method builds trust.

CONCLUSION

This study examined the impact of spirituality on the wellness of older adults in rural Appalachia. According to the four main themes delineated from our interviews, as well as the literature regarding wellness among rural Appalachian older adults, spirituality is an essential component that counselors should consider and assess when working with this population. It is also important to consider both the protective factors and the detriments associated with older adults living in rural Appalachia. Counselors must be culturally competent and must consider the client's unique cultural perspective when working with this population.

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