

**Continuing Formation
of retired religious
"To live better...To be of greater service"**

Brother Paul Griéger

Rooted in him, life leads us to him: our life is hidden with Christ in God (Cf. Rm 8).

It is hardly necessary to recall the extent to which mental health is considered important in the thinking and lives of retired people. All that Holy Scripture says in praise of Wisdom and ordinary human wisdom and how they are preferable to physical strength, kingdoms and riches, is an implicit endorsement of the importance of healthy physical conditions and mental health.

So long as an elderly religious is capable of acting in a responsible manner, he is in the best possible situation to correspond to God's grace. On the other hand, the less he is able to act responsibly, that is, to be fully a "person", the less God's grace is expressed through him, even though evidently it is present in him.

It is clear that it is a great advantage for elderly religious who wish to maintain good mental health to know more about the various factors that have a role to play in this matter.

(a) Some basic areas of concern for retired people

As life goes on, certain events take on greater importance and others become less important. It all depends on where a person is, on changing interests and changing circumstances.

Experts in this field have observed from their many interviews with retired people that the latter tend to be concerned about a set number of areas. Some experts speak of areas of concern specific to old age. A recent UNESCO publication considered the following areas to be the most important ones:

- being satisfied with ordinary daily life (personal autonomy);
- using opportunities as they occur, making the most of them, taking pleasure even in small events;
- maintaining and extending areas of interest (information, culture);
- coping with personal psychological and moral problems; being able to overcome difficulties, frustrations, shortcomings, etc.;
- thinking about the past, about one's former profession (re-living it all in a positive manner);

– being interested in religious problems, accepting the inexorable character of human fate, death and the after-life.

In this context, in which psychology and pastoral and health considerations are involved, the main problem is always the same: in what way can elderly religious adapt to their new situation? Or, putting it in a different way, how can they be enriched by this stage in their lives?

Obviously, ways of adapting differ from person to person. Something to be avoided is to think that one particular way is the only or the best possible one for everybody. What is important is to decide in each individual case the most suitable way of adapting.

Basing themselves on these considerations, experts have tried to establish a number of criteria to help retired people draw maximum satisfaction and fulfilment from life. Here are two of them:

The first has to do with forms of activity adapted to these persons. There is an axiom which says: only an active person can be happy, that is, only a person who produces something, or who can be useful to others.

The second has to do with "letting go" of past activities. The experts think that what elderly people want most is some form of rest, tranquillity, as little contact with others as possible. It is easy to see that there is a risk in this approach to retirement that people can become totally isolated and even severely neglected.

We have here two extreme positions. The solution, however, has to consist in treating everyone as an individual and trying to help each person on the basis of his character and current situation.

(b) Affectivity

The role of affectivity in the life of the individual is most important. It is one of the factors that has the greatest impact on the psychological balance of the person.

Change or even more so the prospect of change is one of the specific causes of anxiety in a retired person. Change is a threat to replace a way of life a person may have only just come to terms with by another which he finds difficult to imagine.

Change is quite clearly a frequent source of pathological anxiety. However, there is a difference between the anxiety experienced before the change and that experienced after.

Regarding the anxiety before the change, the move has still to be made, the situation has still to be faced. The terms used are both revealing and productive of anxiety. To the worry and tiredness caused by the disturbing move there are now added further physiological problems: agitation or discouragement and more or less related nightmares during sleep.

At the same time, it becomes more difficult for the person to organise his ideas and to envisage the problem clearly. He gives the impression that he is less able to understand than before; that he is crushed by a problem complicated and dramatised by anxiety.

Regarding anxiety after a change, caused for example by a move or a new community, the person is less anxious after the change than before. It was more a question of fearing the

impending change than of refusing to accept the change once it was made.

However, following the change, anxiety often returns and becomes a predominant factor. As one Brother wrote: "Having arrived at the Old Brothers' house, I spend my time wondering what I am doing here, what people are saying about me, what the doctor thinks of my health..."

Depression and permanent sadness are another type of affective problem frequently encountered in retired persons. The depressed person can be recognised from his behaviour: he is less active, rarely makes gestures, speaks little and with difficulty. He has all the signs of what Americans call stress.

Apart from the damage normally caused by depressive emotions (intellectual fatigue, hypertension, digestive and circulatory problems), sadness has two effects in particular: it slows down and it paralyses.

Sadness slows down all forms of liveliness, efficiency and health, and often paralyses them. It has an effect also on social and spiritual life. The person who serves God with sadness displeases him: he displeases also his neighbour by looking at him with sad eyes, because this makes him look unlikable.

If this permanent state of sadness/nostalgia is not overcome it can have psycho-pathological consequences for old people: it represents the first stage of a depressive state and the first sign of neurosis or obsession.

The affective state of obsession is much more complex, always painful and based on anxiety. It can take the form of fear, and then it is called a phobia, or of moral doubt, scruples, feelings of shame, etc.

Obsessive action, as when a person feels compelled to do something in spite of himself, is called impulsive obsession.

We are slowly learning to recognise better the factors that diminish the ability of a person to control his affective reactions successfully. Thanks to scientific research and new procedures for exploring the unconscious, psychologists now have a more precise understanding of the causes of psychoneuroses. These factors, which are possibly inherited, predispose certain persons to become mentally ill and to have negative reactions in the face of problems which are part of life.

(c) Treatment: choice of methods

The choice of method must depend entirely on the specific nature of each case. This means it has to be based on detailed clinical, psychological and characterological investigation. Once the psychologist has all the facts he can decide on the type of treatment to use.

In straightforward cases where the patient is lucid and has sufficient physical strength, ergotherapy (occupational therapy) can be prescribed. It is the most important, and sometimes the only, springboard for moral treatment.

The physical exercises of ergotherapy and the mental exercise that it generates have a number of different effects: for some, they help to chase away various notions; for others, they help the re-acquisition of skills and conditioned reflexes. In the case of depressed persons, they accelerate the

return of strength, and in the case of the hyperactive, they serve as an outlet for their energy. In all cases, ergotherapy helps to restore the ability to pay attention, to associate ideas, to take the initiative, and in addition engenders a more relaxed attitude.

In a retirement home, there are a number of activities available: helping with jobs around the house, working in the library, archives, garden, etc. Working with others is often most beneficial: because of emulation, it helps individuals to persevere in their work, and encourages the taste for careful work. It helps persons to become again part of a social group by providing a simple source of human relations. This is particularly true of various forms of parish work like teaching catechism, running pastoral meetings, outings, etc.

Regarding the control of emotions, the following ways of proceeding have proved generally effective.

It is advisable to avoid distressing thoughts by turning one's attention to some form of activity. It is a very good idea to have a hobby, to which one can turn when one is tired, depressed, sad or worried, etc.

Speaking to a psychologist or a spiritual counsellor is an excellent way of shedding the weight of oppressive burdens. Another practical way is to build up good relations with the persons one lives with and to have good friends.

Another way it is to cultivate positive emotions like love, trust and joy. All these emotions are so intimately related that if one of them is experienced with great intensity, it can help to overcome negative emotions like anxiety and anguish, and remove the tendency to harbour them.

One final piece of advice: accept reality when it is no longer possible to change it. Take it into account when you organise your life; force yourself to behave in a controlled way - try to look at ease, smile. Do this even if every now and then a depressing thought refuses to go away: react in a positive way.

Joy and optimism infuse new life into weakened cells: sadness and pessimism inject poison and death.

"I want you to be happy, always happy in the Lord; I repeat, what I want is your happiness. Let your tolerance be evident to everyone: the Lord is very near. There is no need to worry" (Ph 4, 4-6).

A "successful" life, as described by St Paul, is one where happiness comes from the discovery of the Ultimate Good, that is, God. "Everyone moved by the Spirit is a son of God...; The Spirit and our spirit bear united witness that we are children of God...we are heirs also" (Rm 8, 14).

The other kind of life, the kind that is a failure, is limited to observing physiological old age. It consists in thinking about the decay of the body and approaching death. As St Paul says: "If you live according to the flesh you will die".

Let St Paul be one of our prescribed guides in our search for spiritual equilibrium (See in particular Rm 8 and Gal 5). •

NB. Brother Paul Griéger's article is an extract from a book on the same topic due to be published soon.