

# *Transitions in Aging and Leadership Roles*

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Asked at age 90 how he felt about having arrived at this milestone, playwright George Bernard Shaw had this to say; "Considering the alternative, it feels very good!" The time between the onset of midlife and the moment of death can span less than a year or more than several decades. Carl Jung described this period as life's afternoon and maintained that its developmental challenges were chiefly spiritual. Unfortunately, many of us set out on our journey into life's second half with the naïve belief that the skills and truths that served us well during life's morning will do the same as we grow older. To our dismay, we quickly discover that that is simply not the case. Jung put it this way, "What was great in the morning will be little at evening and what in the morning was true will at evening have become a lie."

In this article we will explore the years between the early forties and the end of life and say a word about the challenges that many of us must confront as we move into midlife and the years beyond. More specifically we will discuss some of the tasks that mark the later years of life and look at the skills and traits of personality that appear to be most helpful as we cross the line between our middle years and those that make up the final chapter of life.

Undoubtedly, the best time to begin preparing for life's second half is today, regardless of our age or situation in life. For as we enter into our final years, we discover that the question that confronts is not, "What does it mean to die?" but rather, "What does it mean to have lived a life?" The task of formulating a response to this query can never begin too early.

## *Midlife*

By the time we reach age forty-five most of us realize that some changes are underway in ourselves and in the way in which we see the world. There is, for example, the growing awareness that death, along with happening to everyone else, will also happen to you and me. Young adults also believe that death is a part of the life of every person, many are convinced, however, that an exception will be made in their case. Moving into our late forties, we no longer have the luxury of entertaining that fantasy.

Several factors force you and me to confront personal mortality as we enter our middle years. First of all, up until midlife a generation made up of older friends, family, and members of our religious congregation is usually alive and active, providing a buffer between death and ourselves. As we move into our forties, though, we discover

to our surprise that this “buffer generation” has begun to thin out. Parents, if still alive, have often become more dependent; the same holds true for other older relatives, friends, and members of the community. More alarming, however, is our growing awareness that we are fast becoming a new “buffer generation” for those who come after us. They can say with confidence that death will happen to us all but it will probably catch up first with those of us who are older.

The obituary column is another reminder of mortality. At midlife we are struck by the fact that people appear to be dying at a younger age! Death at age sixty appears more untimely to a mid-lifer than it does to someone twenty-five years old.

Finally, physical changes also remind us of mortality. The three extra pounds that we have been putting on annually for the last fifteen years now has become a concern to our physician. Hair begins to grey or thin out. We look at pictures of ourselves taken twenty years ago and wonder whatever happened to the person in the photo.

### *Developmental challenges*

As we enter midlife, we also face three developmental challenges: developing greater care for others, growing in self-intimacy, and becoming more effective in ministry. Addressing the first task is crucial because at midlife we often find ourselves caught between two generations and having some responsibility for both. Adding to our stress is the fact that we usually have little say in choosing those who will be placed in our charge or how the task of caring for them is to be carried out.

As the number of older sisters, priests, and brothers has increased, those in middle age have struggled to find creative ways in which to meet their needs. So also, they have felt stretched by the many demands and responsibilities placed upon them. This situation is particularly difficult for those in a leadership role. A Provincial, for example, can feel overwhelmed as he or she faces the growing demands of his or her congregation’s works in the face of dwindling finances, aging membership, and the personal needs of many who make up the group.

Mentoring relationships offer us a unique opportunity at midlife to expand our ability to care for others. Mentors aid young people by providing them with encouragement and a life worthy of emulation. The task of mentoring an older generation, however, is not so clearly defined. Some guidelines, though, do exist. To begin with, mentors can help older people rediscover parts of themselves lost when they made earlier decisions. For example, the President of a religious congregation can be most helpful to one of her sisters in search of a “second career” by offering her encouragement during what might be a difficult and trying time in that woman’s life.

To do all the work of search and exploration for this woman, however, would be a betrayal of the mentoring role and only serve to infantilize the sister seeking a new direction in life. Midlife mentors need to be guides and supports, not rescuers and saviors.

Around age forty we are also confronted with a need to develop more fully our interior life. Called to leave the often compulsive and unreflective aspects of our apostolic lives, we begin to explore in more depth the world within. A renewal experience, the death of a parent, the diagnosis of a chronic illness and many other experiences can be the trigger that sets this process in motion. As we come to know ourselves more fully we realize, too, that it is important to include ourselves among those whom we call friends. The gift of self-intimacy is truly one of the blessings of midlife.

Finally, at midlife we are given the chance to become more effective in our ministries. During the early years of our adult lives many of us take advantage of those opportunities presented to develop our skills and to test our dreams of generous service. In contrast, at midlife we often are called upon to use our talents in a new way and to move away from the role of a student to that of a leader. This change in role increases our effectiveness in ministry.

### *The later years of life*

As we move through our late fifties and into our early sixties, a number of us notice a slight decline in our physical and mental abilities. Our memory for names, for example, is not as sharp as it once was, our eyesight and hearing is less acute, our stamina less robust.

In the face of these changes, people react in different ways. Some, for example, accept them as part of the aging process and turn their attention to maintaining good health. Others, however, are offended by any suggestion that they might be 'slowing down.' If truth be told, most people about age sixty rightly believe that they still have a great deal to offer and anticipate a number of productive years ahead.

Personality and long-standing ways of approaching life determine, in part, our way of dealing with aging and events such as retirement. For example, those among us who spent early and midlife involved in ministry to such an extent that we failed to develop our personal and spiritual life, can begin to feel cheated as we approach age sixty. In contrast, those who struggled to maintain a balance between ministry, relationships, and spirituality throughout life usually look forward to the additional time that a reduced ministry schedule will provide.

The transition into the later years of life has three distinct parts: leaving middle adulthood, crossing the line, and entering late adulthood. Each of them is distinct and has its own characteristic features. For example, as we leave middle adulthood we often find ourselves beginning to make an evaluation about our lives. Knowing that we have lived already more years than the number that lie ahead for us, we wonder if we have achieved the goals we established for ourselves long ago and set about to resolve any conflicts that exist regarding failures and disappointments. For as we conclude the middle years of life, we need to be living with integrity. In addressing this challenge, we come to accept our life as well as those who are and have been part of it as something that had to be and that, by necessity, permitted no substitution. Stated simply, we take responsibility for our life, insert meaning into it, and actively accept the inevitability of our own life course. Moving into the final chapter of life, we realize more fully that whatever its shape or specifics our life needs to be a genuine expression of our central nature, beliefs, values, dreams.

Finally, we prepare for the inevitable decline that accompanies old age by simplifying our way of living and reflecting more immediately on what it means to die. Thoughts about death, however, inevitably lead to questions about what it means to have lived.

It is always the old who show younger generations the adequacy of their culture. The real fear of death is not the loss of one's life but rather the loss of meaning. If a particular commitment can sustain people throughout their lives and into old age, then the value of that commitment is confirmed for all. Erik Erikson observed that healthy children will not fear life if their elders have integrity enough not to fear death.

During this present time in the history of religious life, older sisters, brothers, and priests are challenged to contribute to the next generation in ways that they might not have anticipated. Instead of building upon models of aging that were common in years past, they need to create a new one. In facing personal mortality, they have little choice but to surrender familiar roles as well any illusions they harbor about themselves and the world in which they are living. So also they must accept inevitable declines in memory and physical health.

More importantly, they have an opportunity to accept and mourn the demise of an older form of religious life. Having lived many of their days within a structure that, to a large extent, no longer exists, these men and women might be tempted to despair. They can, instead, make a significant contribution to the future by letting go of past forms, embracing the process of mourning, and permitting themselves to be converted through it.

### *Crossing the line*

Retirement from ministry is the single most important event that moves us from the middle to the late adult years. As part of the process, old and familiar roles are surrendered or adapted in a more flexible manner and new ones adopted. A once active women religious elementary school teacher, for example, tries now to use her time for tutoring and home visits to senior citizens in her parish.

For retirement to take place smoothly, preparation should begin many years before this event gets underway. To begin with, we need to recognize retirement as a possibility and begin to shape our future with that fact in mind. Next, we need to take active steps to prepare for this event. Finally, we need to make a formal decision about when we will retire and how we will do so.

Retirement, though, is also a transitional process. Preparing for it entails far more than planning one's future. We must also deal with our past and slowly detach ourselves from our work roles and those familiar people and places that tie us to a particular ministry. Consider the religious brother who concludes his teaching career. He feels the loss of his students, teaching colleagues, even the cafeteria servers and maintenance staff. No longer will his year "begin" in September; he fears that his future may not be as rewarding as the past. This man must be willing to mourn his losses and spend time in the fallow emptiness that always marks the heart of any transition. By doing so, he is given the possibility of moving on to a rewarding future.

Getting ready for retirement, then, includes the process of anticipatory grieving. Few find it easy to leave active ministry with all the social and emotional ties that go with it. We would do well to begin this process well in advance by reading up on retirement, talking with others about the topic, and developing our personal interests, relationships, and spiritual life.

### *Adjusting to the time after retirement*

Retirement should not be equated with the cessation of ministry. Many retired men and women remain involved, albeit in a more limited way, in familiar apostolic activities; others quickly take up new ones such as volunteering.

There are many myths about health and the incidence of death after retirement. In reality, people who fall into this category appear to be as healthy or even healthier after they stop working than they were before. Furthermore, retirement does not appear to have a direct effect on mortality or on the frequency of social and psychological problems among older priests, sisters, and brothers.

Some of us adjust well to retirement; others, unfortunately, do not. The well-adjusted types include mature, rocking-chair, and armored retirees. Those in the first group move easily into old age. Relatively free of neurotic conflict they are realistic about themselves and their situation and get genuine satisfaction from their activities and personal relationships.

Rocking-chair retirees are generally passive and welcome the opportunity to be free of responsibility. This benefit compensates for any disadvantages that old age might bring.

Finally, men and women who find themselves unable to face passivity or helplessness during their later years are often referred to as armored retirees. Their need to keep active is an attempt to ward off their dread of physical decline.

Men and women who adjust well to retirement manage to stay active within the limits of their health and life circumstances; they feel purposeful and productive.

Unfortunately, brothers, sisters, and priests who are angry or have low self-esteem generally adjust poorly to retirement. They may be bitter about not having achieved their life's goals, often blame others for their disappointments, and have difficulty reconciling themselves to the process of aging. Feeling depressed, inadequate, and worthless as they grow older, they often look back on their life with a sense of failure and disappointment.

### *The final years of life*

As most of us move into the final years of life, we find that physical and mental decline often becomes more rapid and chronic and catastrophic illness more common. The death of lifelong friends is also more frequent. Progressing into our eighties, we begin to lose most of our remaining social roles and any status that came with them. At this time we are also confronted with three tasks: coping with impaired health, making adjustments in our living situation so as to provide for any necessary care, dealing with the increased frequency of death among friends and relatives.

The prevalence of chronic disease increases with age. For example, approximately 85 percent of people sixty-five years or older and living outside of institutions suffer from at least one chronic illness. About 50 percent report some limitation of their normal activities because of a chronic health condition. Although heart disease is the most frequently reported disability, arthritis, diabetes, varicose veins, asthma, hernias, obesity, hemorrhoids, cataracts, hypertension, and prostate disease are common. A number of elderly people also suffer a debilitating accident after some sudden change in their life gives rise to a crisis. Hip fractures among older people,

for example, are often related to real or imagined losses such as retirement, illness, the death of a close friend, or a change in the person's living situation.

Physical and mental health also appear to be closely related among the elderly. Many neurotic disorders can present themselves as physical disabilities. An elderly woman religious, for example, may manifest her depression in these symptoms: a loss of energy, poor appetite, weight loss, and constipation. Another's depression may be expressed in severe back or neck pain that upon medical examination appears to lack an organic etiology. Depression is probably the chief psychological difficulty experienced by older men and women religious. For many, it leads to a decrease in their involvements and gives rise to a gloomy evaluation of their present state and future possibilities, a lack of interest in their surroundings, and strong self-accusations and feelings of guilt over past transgressions.

Paranoid reactions are another common pathological disturbance seen during the latter years of life. People afflicted with this disorder are suspicious of persons and events around them. At times, they put together faulty and unrealistic explanations of what happens to them. This distortion of reality is due most often to their effort to fill in the gaps in their memory and to deny some of the losses that come with aging.

An excessive preoccupation with bodily functions or hypochondriasis is still another disability common among older people. Feeling a need to be taken care of, they find that having physical complaints is one way to meet this need. People who suffer from hypochondriasis usually have a long list of symptoms and complaints. Preferring to dwell on their physical condition, they often resent attempts to discuss the psychological factors associated with it.

Finally, sleep disturbances, such as less-deep sleep, frequent awakenings, and the need for several naps during the day, as well as strong reactions to change and loss are fairly common among the elderly.

### *Organic brain syndrome*

A number of people sixty-five and older with significant mental deficits have an organic brain syndrome. They may be unable to remember what day it is or even where they are living. Others fail to learn new information, cannot remember recent events, lose some ability to think abstractly, and are unable to carry out simple sequential tasks such as dressing or setting the table. As their condition progresses, self-care can deteriorate, they may begin to lose their way, well learned material from earlier in life disappears, and the names of familiar people cannot be recalled. In extreme cases, people may no longer remember their own name and appear confused and perplexed.

Some 10 to 20 percent of elderly people with an organic brain syndrome have a reversible form. A metabolic disturbance or drug toxicity resulting from a faulty medication prescription explains their change in behavior. In contrast, the vast majority of men and women with an organic brain syndrome have an irreversible form, caused by the permanent death of brain cells that cannot be regenerated.

Arteriosclerotic brain disease and strokes are also more common among the elderly. Their onset is sudden, with a person experiencing some loss in his or her intellectual and neurological functioning. Immediate medical attention and an aggressive rehabilitation program of physical therapy allow for the greatest improvement of cognitive and intellectual losses that result from a stroke.

### *Final remarks*

Attitude and our determination to remain active play a significant role in our ability to deal with any impairments in health. Growing older, we also need a reasonably stable, familiar, and supportive living situation if we are to continue to function at an optimal level.

We need to be creative and realistic in planning for the final years of life. Past models of care for older sisters, brothers, and priests are often unsuitable for today's changed circumstances. Congregations can share expertise and contain costs by working together on some living ventures. Such an approach would also help us avoid the duplication of services and provide a greater variety of living situations for our older members. Among the many factors that will determine the specifics of suitable living arrangements for elderly men and women religious are the age and health of the group's members, their geographical location, available opportunities for limited ministry, and financial resources.

How can leaders in religious congregations be of help when the time comes for an elderly brother, sister, or priest to move from a more active living situation to one more appropriate for the person's years and health? Making this change calls for a chain of five decision-making steps. First of all, ask, "Must this move be made?" "Can this person continue to be maintained in his or her current environment?" Answering these two questions is often the most difficult step in the process of helping an older person accept the need to move. Change frightens most of us; for many older people the thought is terrifying. Oftentimes, the memories and relationships associated with the elderly person's sense of value and the contributions he or she has made are tied up with the physical attributes of the place where he or she lives and/or works.

Second, if change is called for then other living arrangements need to be investigated. Making a list of all possible options for living can be helpful. For some



moving to a community with more support services such as a cook and housekeeper or people available to chauffeur them to appointments and activities is the best option. For others, it can mean relocating to a community with an elevator or to an infirmary setting with readily available nursing and other medical resources.

Third, after weighing the alternatives, a choice needs to be made and a way of implementing it found. Older people need to be prepared for the move that they will make. Many need to sort out which possessions they will take with them when they move to smaller quarters. In leaving his or her present environment, he or she also needs to spend some time saying goodbye to old friends and those whom he or she has served, some of whom he or she may not see again.

Fourth, people need to be initiated into their new living situation. Learning about the layout of the house is important as is acquainting oneself with the daily schedule. When adjusting to a new residence, some men and women religiously experience anxiety and stress. A sister, for example, may be upset that the main meal is served at noon rather than at six in the evening. A brother may become angry and confused as he tries to adjust to a new daily schedule.

Finally, as people become integrated into their new living situation, they will go through a period of adjustment. As part of this process, some initially withdraw from the group. Others might spend more time sleeping than in the past. Still others regress and make excessive demands for help even though they are not greatly incapacitated.

With that said, there are some who adapt well by channeling their energies into activities, attempting to overcome any handicaps, and finding new kinds of satisfaction within the realistic confines of their new environment. Accepting their own limitations, these men and women cope with their anxiety and loss by reaching out to others.

### *Conclusion*

Living into the later years of life, we discover that it too is a time for conversion. We have the opportunity to let go of old self-images and understandings, but also to discover new ones. As we lose loved ones to death and surrender old and familiar roles and even places of residence, the meaning of life is more apparent and the consequences of earlier decisions clearer. As we complete the work of this chapter of life, we grow to accept more fully one of life's most significant learnings: at the heart of all human and spiritual growth is Christianity's central paradox, we must die in order to rise anew. Reassured by this knowledge, we are at last able to own deeply, without cynicism or sentiment, the person that we are in fact.