

A THEORETICAL VIEW OF ELDERLY RELIGIOUS (2/2)

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TWO AREAS OF CONCERN FOR ELDERLY RELIGIOUS

1. Sex-role changes that accompany aging.

According to Carl Jung (1933), a "healthy equilibrium should exist in the personality components of masculinity and femininity by old age. Older men and women sense this balance in themselves and recognize their personalities as consisting of BOTH masculine and feminine features". Jung proposes that men and women experience a reversal of sex-roles in their lives as older adults. Men experience the need to express more feminine qualities while women become more masculine in character. He goes on to say that "we might compare masculinity and femininity with their psychic components to a particular store of substances of which, in the first half of life, unequal use is made. A man consumes his large supply of masculine substance and has left over only the smaller amount of feminine substance, which he must now put to use. It is the other way round with a woman; she allows her unused supply of masculinity to become active". Daniel J. Levinson (1978) says something similar. Although his study involved only men in the late teens to the late forties, some part of it is relevant here. He states that "every man at mid-life must come more fully to terms with the coexistence of masculine and feminine parts of the self. And he must integrate his powerful need for attachment to others with his anti-theoretical but equally important need for separateness".

Based on the above quotes from Jung and Levinson, I suggest that a care facility that comprised of only men or women religious will be significantly limited in the good that it does. This is because a one-gender situation will make it very difficult for the religious concerned to exhibit behaviors that are not usually expected of them. This difficulty arises because the elderly religious are only interacting among their own gender. For example, it is awkward for an elderly man religious to express qualities of feminineness if he is interacting with men only. He might feel that he is homosexual or perceived as such by others. Similarly, the elderly female religious who expresses masculine behaviors in an all-female context might be thought abnormally aggressive or overly dominating.

I believe that elderly religious would greatly benefit from interacting closely with both genders in older adulthood. This will be a great help in the process of aging. There are more opportunities for expressions of behaviors usually associated with the opposite gender if the complementary gender is present. In a group of elderly men and women, the men would be less inhibited to express characteristics generally associated with the opposite gender (like nurturance), and the women less inhibited to express masculine characteristics (like aggression).

2. Resolving the psychosocial crises of early and middle-adulthood.

I suggest that the experiences of early and middle-adulthood of the elderly religious have contributed to an unsatisfactory resolution of the various psychosocial crises as postulated by Erikson. I believe that some maladaptive behaviors of elderly religious could be a form of mourning "for autonomy weakened, initiative lost, intimacy missed, and generativity neglected" (Erikson, E.H.; 1982). It is not difficult to see how the aspects of autonomy, initiative, intimacy, and generativity could have been overlooked in the earlier style of religious life. Erikson considered each of those "virtues" as necessary in the stages of a person's psychosocial development. A care facility of both genders would facilitate the re-visitation of those crises which were unsuccessfully resolved at early and middle-adulthood. I foresee this happening, naturally and in a non-threatening manner, in the process of socialization within that particular care facility. However, the idea of a hetero-gender care facility for elderly religious does not seem to exist in reality as most religious orders still operate from a mono-gender perspective.

In their lives at early and middle-adulthood, elderly men and women religious literally buried themselves in their work, thus maintaining an indefinite moratorium on the various psychosocial crises then. This was

also a way of sublimating their developmental needs at that time. I suggest that sublimation through physical activity decreases in effectiveness as the person ages. The sublimation practiced before needs to be transformed from an active-doing to an active-caring. It is not the physical energy that needs to be sublimated but the vast emotional or psychic energy that is abundant in the elderly religious. One way of achieving this is to broaden the elderly religious' scope for interaction, in an inviting and non-threatening manner. Ultimately, I foresee this active-caring being the motivating force for the elderly religious to move on to a different and better dimension of active-doing.

Joan Erikson and Erikson, E.H. (1982) state that one of the three crucial stages of life is adulthood, during the psychosocial crisis of "generativity vs. self-absorption/stagnation". In my view, a few elderly religious have experienced and are experiencing psychological and social stagnation. They seem to be absorbed in themselves and everything else that relates directly to them. This has often contributed to conditions of poor mental and physical health. A way to help these elderly religious is through organized interaction with younger members of society and through the use of pets. Both of these provide a focus and an outlet for the vast store of emotional energy of the elderly religious. In this way, the elderly religious could be helped to renegotiate the above crisis and come out with the virtue of "care", caring more for that which is beyond themselves.

CONCLUSION

I am of the opinion that designated care facilities for elderly religious might not be doing justice to the care recipients. Much more effort in terms of thinking and planning needs to be invested to ensure a holistic system of care, by which I mean the aspects of bio-psy-

cho-social-spiritual wellbeing. More often than not, there seems to be a lopsided emphasis on satisfying the bio-spiritual needs while neglecting altogether the psycho-social ones.

I believe that the pastoral care and psycho-social animation of elderly religious needs the participation of both genders and persons of various ages. Those entrusted with the overall care of elderly religious need to know if the latter are receiving healthy amounts of psycho-social stimulation. This will help ensure a better quality of life in the elderly religious' retiring years.

Persons principally responsible for the welfare of the elderly religious should also be in regular contact among themselves. The sharing of ideas, successes, and failures will go a long way in providing and ensuring quality holistic care. Other professionals, para-professionals, and volunteers in the field of care for the elderly should be called upon to provide the needed assistance.

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