

Normal aging in members of religious communities is complicated today by the changes taking place in religious life itself. Religious congregations in the United States, Canada, and Western Europe are undergoing significant transition. While the southern hemisphere is experiencing a vocation boom, many apostolic congregations in the north are addressing the consequences of four decades without many new vocations. As in the early 1970's, the shape of religious life is shifting significantly. Religious congregations are being called again to "renewal and adaptation." This system-wide change is stressful for all those involved, and it may be particularly disorienting for individual members who have limited psychological resources or pre-existing emotional difficulties.

Religious congregations today face sociological, spiritual, and psychological challenges. The more obvious sociological changes are decreased numbers, increased median age, unused buildings, and withdrawal from many apostolic commitments. These changes create practical challenges regarding many aspects of the congregation's life: choice of ministries; decisions about property; prudent investment of assets; and provision of medical care, assisted living, and skilled-care options for members. Congregations are trying to attend to the health needs of the many older members while continuing to encourage the apostolic interests of others, especially younger members.

Equally important to the external changes are the spiritual challenges of this time. Questions of faith and morale abound. "If my chosen lifestyle is not being chosen by the next generation, then was my life misdirected?" "If no one will replace me in my ministry, was my ministry done in vain?" "Does religious life have the ageless value I thought it had?" "Did my generation do something wrong, that others are not following us?" "Did my life bear fruit or was I barren?"

Aging religious are in a position not unlike the retiring lay person whose children have chosen not to continue the family business. No one wants to close down a worthy endeavor or sell it off to some stranger. The aging parent may feel failure, disappointment, and even resentment. He or she may begin to doubt the worth of the business. Yet we cannot ask our children to carry out our dreams; the next generation must pursue their own dreams. The next generation may be served in another way or by someone else. The religious of today are called to have faith that God worked through their efforts and that God continues to work today.

The psychological stresses on members of religious congregations today are very real. Transition is never easy. A special challenge for many older religious may be moving back into the common life (for retirement or health care) after 20 or 40 years of living independently, in apartments or at

great distances. Skills are needed for living in close quarters with others—patience, tolerance, flexibility, and distress management. Interdependence necessitates conflict-management skills. As health declines, all of us experience diminished control and loss of independence.

Another major stressor on individuals is the reconfiguration of congregations. As regions of a congregation are combined, or separate congregations are actually merged into new ones, individual members feel the ensuing loss of control. Unfamiliar leaders may be elected from across the country, new "siblings" must be dealt with, and familiar ways of doing things (e.g., celebrating jubilees) may change. Many congregations are already experiencing these challenges. For the aging individual, reconfiguration intensifies the questions about how I will be cared for as my physical strength diminishes. Who will be there for me? Where will I be sent?

Times of stress can bring out the best in people. The prayer life of a congregation is often deepened in times of crisis. When members see these changing times as the call of the Spirit, they become more united and actively committed to the changes they must make. When members understand the complexity of the issues, they are more tolerant of leadership's fumbles and more likely to support community decisions. Leaders rise to the occasion, and most members "get on board" to support necessary communal actions.

But communal stress can also tax the internal resources of the individuals involved. Stress can accentuate issues of trust, meaning, and self-esteem. Some members may manifest increased symptoms of psychological stress in anxiety and/or clinical depression. Some may act out their stress by an intensification of personal limitations already present, such as dependency, oppositionality, obsessive-compulsive rigidity, narcissistic preoccupation with self, or difficulties in closeness with others. Somatoform disorders (physical illness and ailments without apparent medical cause) are more common in times of change. Younger members may experience vocational doubts. Members of any age can slide into addictive patterns, over-work, isolation, or neglect of self. Leadership should try to identify those individuals who need special, professional attention to help them ride these rough waters of change.

The psychological health of each community member and of the community as a whole is important. Leaders can assist the community by honestly naming its reality, identifying core values, encouraging meaningful gatherings with honest sharing, inviting members to be an integral part of any change, and by continuing to educate members about change and transition—the psychological process of coping with change.

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