

COVENANT

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Spirituality: Finding God in the Heart of Later Life

By Febe T. Aguirre, M. Ed., CSD



As we enter into the next stage of our life, we often ask if this is the time to gather and celebrate the depth of our experience and to deepen our appreciation of life. This may also be the time to make our existence as one of presence, a conduit of blessings,

and make ourselves available to share our insights with others. What, if anything, does spirituality have to do with aging? Understandably, there are some aspects of reality which are relevant to many religious environments, including the rising numbers of aging religious and clergy, and the challenge of aging parents for the community members.

Entering retirement after productive ministry (given that one does not contract a life threatening disease) is the time when we are no longer financially productive and others may need to care for us. Dealing with aging is an important part of spiritual formation, for when accompanied and attended to as we enter the "golden years or the second half of life," it can be one of the most soul forming opportunities.

Brother Wayne Teasdale, author of *The Mystic Heart* described spirituality as "a way of life that affects and includes every moment of existence. It is at

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FROM MY DESK TO YOURS:



Bright yellow crocuses are popping up around Holland Landing, a perfect vision for this Church season. Wherever you are, may there be signs of new life to remind you of the goodness of life within each of you.

We closed the winter season with the Critical Personnel Issues conference in Toronto in early March. It was an excellent conference from at least three aspects: the input from our staff and the staff of St. Luke Institute, the opportunity to see and visit with so many of you, and the advantage of showcasing the therapeutic design of our new facility. Many of you commented on the wonderful use of sunshine throughout the building, the serenity of the Chapel, and how the space nourishes community living and is perfectly nestled in the midst of nature, especially our stand of tall blue spruce. It is truly a place of healing.

An important part of the bi annual conference is to listen to your questions and concerns. We noticed that many questions were clustered around various issues of aging from physical health, mental health, spiritual health, or cognitive challenges. We continue to hear your concerns as congregations become smaller and make decisions to join with another or to gracefully decline. How we do this in an emotionally healthy manner along with maintaining our own health for our mission and ministry is uppermost in our minds. Ongoing areas of concern you spoke of include the need for practical pointers when dealing with challenging personnel, what is appropriate with regard to assessments, and what can be done to foster resilience. We look to continue to address these issues with you in the months ahead.

You will notice a new look for this issue of Covenant. As you asked questions of us these past months, we realized it might be helpful to share what is new in the area of psychological research and how it might apply to your life in ministry. There will be a section in each Covenant on what is new in the field and the implications for you. Beginning with this issue we are offering an article in Spanish. We welcome your feedback on this new look and any topics that you would like to read about in future issues. You can send an e-mail to advancement@southdown.on.ca.

In closing, may you have a wonderful spring as we in North America prepare for longer hours of daylight.

Dorothy Heiderscheit, OSF, MSW, RSW, ACSW
CEO
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once a contemplative attitude, a disposition to a life of depth, and the search for ultimate meaning, direction and belonging. Spirituality draws us into the depths of our being, where we come face to face with ourselves, our weaknesses, and with ultimate mystery.”

Significant times of transition, when we seek healing, greater wholeness, and meaning may reveal a larger context than just a process of our inner work. This stage of life is an invitation to a greater commitment to work with awakening spiritual resources and expand the landscape of our inner life.

Teasdale points out that “How we make this journey is what spirituality is really about.” While seeking God in prayer, in the Scriptures, through Liturgy, and the Sacraments is important in our religious and spiritual journey, spirituality is not limited to God-talk and rituals. In every life encounter we can experience Transcendence with which “we live, and move, and have our being.”

Reflective questions can be helpful in ac-

companying us as we make the passage to later life. The following gentle invitations can facilitate a sense of awareness as we listen to inner promptings towards fullness of existence.

Aware of the presence of God in this graced time; can we slow down and perhaps ask some perennial questions: Who am I? What am I?

Perhaps the current time presents a sense of restlessness.

Can we step back and be at home with “just being” rather than “doing”? How do I do this?

Or, maybe this is the time to nurture silence and be present in the moment since there are so many unknowns. This can be a period of grief, loss and letting go, which we need to take care of with compassion and reverence.

We can also spend more time with the beauty of the natural world, savouring and

delighting in God’s Indwelling Presence. Perhaps now is the time when we can find interest in listening to, supporting and sharing our wisdom with the young.

Now that we are older, our community and the Church needs us to be more accessible and share our deepest gifts of awareness and our insights. This is also the time to nurture intimacy with our prayer and to seek forgiveness. It is an opportunity to attend to the areas of our soul which need to be emptied of unhealed relationships and past experiences. And lastly, in the re-forming and re-shaping of our soul’s journey, we can embrace the mystery and the ultimate meaning of our life in God with gratitude, peace, love and freedom.

God’s mercy, love and providence sustain the inward journey while we hold and contemplate the past, the present and the future. In Pope Francis’ words, “every authentic experience of truth and goodness seeks by its very nature to grow within us.” (Evangelii Gaudium). ■

Espiritualidad: Encontrar a Dios en el Corazon de la Tercera Edad

Por: Febe T. Aguirre, M. Ed., CSD

Al adentrarnos en la fase de la tercera edad, podíamos preguntarnos si no es éste un momento muy apropiado para recordar y celebrar la profundidad de las experiencias vividas y detenernos a considerar y valorar la vida. Este puede ser el espacio privilegiado para hacer de nuestra existencia una presencia, un canal de bendiciones, haciéndonos accesibles y disponibles para compartir nuestras propias ideas con los demás. ¿Qué relación vemos entre el envejecimiento y la espiritualidad? Estas son cuestiones que surgen en muchos ambientes religiosos –el tema del envejecimiento de religiosos/as y sacerdotes, incluyendo el envejecimiento de los padres de los miembros de la comunidad.

Entrar en la jubilación después de un esforzado y activo servicio (suponiendo que no tenemos una enfermedad que amenace la vida); es una época en que económicamente ya no producimos y otros deben cuidar de nosotros. Abordar esta tarea de desarrollo personal en la vida es una parte muy importante de la formación espiritual, para que acompañados y asistidos podamos entrar en los “años dorados o tercera edad”, como a una de las mayores oportunidades de formación del alma.

El Hermano Wayne Teasdale, autor de *The Mystic Hearts* describe la espiritualidad como “una forma de vida que afecta e

incluye cada momento de la existencia. Es al mismo tiempo una actitud contemplativa, una disposición a una vida de profundidad, y la búsqueda de sentido último, de dirección y pertenencia. La espiritualidad nos hace participar en las profundidades de nuestro ser, donde nos encontramos cara a cara con nosotros mismos, nuestras debilidades, y con el misterio último”.

Momentos significativos en esta transición, búsqueda de sanaciones y una mayor plenitud y sentido (tomados en conjunto) pueden revelar un contexto más amplio que un simple proceso de un trabajo interior. En otras palabras, esta etapa de la vida es una invitación a un mayor compromiso de trabajar en el despertar de nuestros recursos espirituales y expandir los horizontes de la vida interior.

Teasdale señala que “la forma en que recorremos esta trayectoria es lo que la espiritualidad realmente es”. Si bien la búsqueda de Dios en la oración, en las Escrituras, a través de la liturgia y los sacramentos son prácticas importantes en nuestro itinerario religioso y espiritual, la espiritualidad no está limitada a hablar de Dios y de los rituales. Cada encuentro en la vida puede presentarnos y expresar algo de la trascendencia en la cual “vivimos, nos movemos, y tenemos en nuestro ser”.

Ante el reto que surge cuando religiosos/

as, sacerdotes diocesanos y laicos comprometidos se enfrentan ante el envejecimiento, hay ciertas preguntas que pueden ayudar a una reflexión en el acompañamiento a la persona en su paso a la ancianidad. Estas invitaciones sencillas y alentadoras pueden facilitar un sentido de toma de conciencia mientras él / ella escucha impulsos internos hacia la plenitud de la existencia.

Conscientes de la presencia de Dios en este tiempo de gracia, puede tranquilizar y tal vez puedan hacerse algunas preguntas perennes tales como: ¿Quién soy yo? ¿Qué soy yo?

Tal vez el momento actual nos traiga una sensación de inquietud.

¿Podemos quedarnos solos/as en casa simplemente estando en lugar de haciendo? ¿Cómo se hace esto?

Quizás este sea un tiempo para cultivar el silencio y estar presente al ahora, en esta época tal vez llena de incógnitas. Posiblemente este sea un momento de duelo, de pérdidas y desprendimientos, lo cual debe hacerse con compasión y reverencia.

¿Podemos pasar más tiempo contemplando la belleza natural, saboreando y deleitándonos con la presencia de Dios que mora en nosotros?

¿No será este un momento para escuchar con mayor interés, para apoyar y compartir nuestra sabiduría con los más jóvenes?

Ahora que somos mayores, ¿vemos que nuestra comunidad y la Iglesia nos necesitan para estar más disponibles y compartir nuestros talentos, dones e ideas?

¿Cómo aprovechamos este momento para cultivar nuestra intimidad en la oración y buscar el perdón?

¿Cómo vivimos esta oportunidad de atender con más cuidado aspectos de nuestra alma, que necesitan ser liberados y sanados, incluyendo relaciones personales y experiencias pasadas?

Y, por último, en la re-forma y re-configuración del viaje de nuestra alma, ¿Cómo abrazar y asumir el misterio y sentido último de nuestra vida en Dios con gratitud, paz, amor y libertad?

En conclusión, la misericordia, el amor y la providencia de Dios sostienen el camino hacia nuestro interior mientras que la celebración y la contemplación del pasado, del presente y del futuro lo refuerzan. Así, en palabras del Papa Francisco en la *Evangelii Gaudium* (9), coloca el viaje en una perspectiva totalmente diferente, como “toda experiencia auténtica de verdad y belleza busca por sí misma una expansión”. ■

Teasdale, Wayne. *The Mystic Heart: Discovering a Universal Spirituality in the World's Religions*. Novato, CA: New World Library, 1999.

Physical Activity and Aging

By Linda Varnam, RYT

“Maybe it’s true that life begins at 50. But everything else starts to wear out, fall out, or spread out.”

-Phyllis Diller



At a cellular level, the complex human body is constantly in various states of death and renewal from the time of conception. Therefore, the continuous

process of aging begins before birth. However, in popular culture aging is representative of, as Miss Diller remarks, physical decline. From a physical fitness perspective this viewpoint can be discouraging. As a fitness instructor I often hear statements that confirm resignation to the belief that a reduction in fitness level is synonymous with increased age. The truth is that at any age choosing an active lifestyle can maintain and improve fitness levels and health status.

Today's lifestyles do not often demand physical exertion. It is possible to meet our basic survival needs with very little motion. Overtime, a gradual decline in physical activity can occur that can be further exasperated by other contributing factors such as the lack of time, lack of motivation that is common to depression, or lack of knowledge. The long term results of decreasing fitness levels can contribute to the common health conditions including heart disease, type 2 diabetes, arthritis and osteoporosis. It can appear that aging is the main culprit. The fact remains that the human body is designed to move. Motion may no longer be crucial to survival in the same sense as it has been historically. Advances in technology mean that many physical tasks are now non-existent in our daily life. Motion is still however, crucial to physical well-being. The body adapts to the stressors placed upon it and the less we move the less capable we become of moving. Lack of movement can be more of a contributory factor to decline of physical well-being than age.

“The only way you can hurt the body is not to use it.”

-Jack LaLanne

In measuring fitness level the primary components are cardiorespiratory fitness, muscular fitness, flexibility, and body composition. The status of each has an effect on health and the ability to function optimally in everyday life. These components represent the physiological capacity of an individual. There are proven changes that do occur with age. However, studies demonstrate that these changes are also relative to activity level. Therefore, comparatively a 50 year old sedentary person could have the same physiological capacity as a 70 year old active individual. Demonstrative of this is the fact that although maximum aerobic power (VO₂ max, measure of oxygen consumption during physical activity, which reflects aerobic physical fitness level of an individual) decreases at a rate of 1% per year after age 20, increases in VO₂ max due to regular endurance training are relative to both younger and older individuals. Even though physiological changes occur due to age, regular moderate to vigorous cardiovascular exercise reduces the rate of physical health decline.

Age Related Changes in Primary Fitness Components:

- **Cardiorespiratory Fitness** – 1% decrease of maximal aerobic power begins at age 20.
- **Muscular Strength and Endurance** – Muscle mass begins to decrease at age 30. This process accelerates at age 50.
- **Body Composition** – Fat free mass, which is a total body mass without fat (incl. bones, ligaments and tendons) begins to decrease at age 40
- **Flexibility** – Flexibility decreases due to degeneration of connective tissues of joints
- **Bone Mineral Density** – Bone mass decreases with age and more so in menopausal women due to hormonal changes.

Sounds discouraging? Despite these facts of the aging process, small changes in activity can have big results. Regular physical activity can reduce the rate of decline in physical health. For example, walking for just 30 minutes per day can improve heart health, increase strength and reduce risk of falls.

Aging is as much an individual process as any other human condition. In prescribing fitness programs for older adults there is no particular formula. Just as at any other age the present individual status of the fitness components will determine in what way to proceed. A commitment to an active lifestyle in the past has positive accumulative benefits to anyone at any age and fitness level. Jack LaLanne, known as the Godfather of Fitness and famous for his great feats of strength well into his later years, believed strongly that “every human can attain maximum body health and fitness” through practicing moderation, eating natural foods, and regular exercise. This common sense formula serves well at any age.

Health Canada and the Canadian Society for Exercise Physiology recommend for older adults regular fitness and recreational activities, 30 to 60 minutes of moderate activity on most days. These activities should include endurance exercises 4 to 7 days per week, daily flexibility, and strength and balance conditioning 2 to 4 days a week.

Science proves that being active reduces risk of heart disease, falls and injuries, obesity, hypertension, type 2 diabetes, osteoporosis, stroke, depression, colon cancer and premature death.

In terms of quality of life regular physical activity helps to maintain independence, provides opportunities to socialize and have fun, increases energy, and reduces stress. ■

WELCOME TO THE STAFF!



In February, we welcomed Judith Smith, RSM, Psy.D., as our Continuing Care Coordinator. Judith is not new to Southdown. She first joined the Southdown staff as a primary therapist in July 2003. With the need to be closer to her community, The Sisters of Mercy of the Americas, Mid-Atlantic, Judith returned in 2009 to Philadelphia, PA.

Judith holds a doctoral degree in Clinical Psychology. She brings many years of experience in the field of mental health beginning with her work as a Registered Nurse. Her most recent employment history includes providing psychological services and consultation in Nursing Homes, private practice primarily with women's religious communities, and a clinical staff member with St. Luke Institute and St. John Vianney Center. Judith brings to the Continuing Care position a professional interest focused on the integration of psychology and spirituality with a special interest in the continuing life development of religious and clergy. We welcome Judith to our Southdown staff.

Covenant is produced and published by The Southdown Institute. Its purpose is to inform and educate the readership about clinical issues that surface in our work and to invite integration of the emotional and spiritual aspects of our lives.

LATEST RESEARCH

Chronic Illness Burnout and Depression

by Sam Mikail, PhD, ABPP



Research suggests that approximately 75% of working adults have a chronic health condition (CHC), the most prevalent being diabetes, cancer, cardiovascular disease, respiratory disease (asthma, bronchitis, chronic obstructive pulmonary disease), musculoskeletal conditions (chronic neck, shoulder, or back pain), rheumatic disease, or gastro-intestinal disorders. Researchers have determined that people with CHCs are twice as likely to develop major depression and when they do, it tends to be more severe and more protracted. In such instances the presence of depression contributes to increased symptom burden, greater impairment, compromised treatment adherence, poor self-care, and an increased risk of morbidity and mortality. In light of these findings, it is important to identify and address factors associated with the onset of depressive illness amongst individuals with CHCs. A recent study published in *Health Psychology** looked at the role of burnout in the onset of depression amongst working individuals with CHCs. Burnout is defined as a chronic affective state characterized by emotional exhaustion, physical fatigue, and mental weariness caused by prolonged exposure to work and life stress that tap one's energy.

This study is of considerable relevance to those in church ministry and leadership on several fronts. The average age of priests and religious in active ministry continues to increase, and as age increases the probability of developing a CHC also increases. Furthermore, decreasing numbers of those in active ministry often means increased work demands, heightened stress, and greater likelihood of burnout. Finally, over 40% of men and women served by Southdown present with

symptoms of major depression, suggesting that major depression is a significant health concern amongst active and aging church ministers.

The researchers assessed the health status of 4861 employed adults over time. Half the sample was illness-free and the other half had at least one CHC. Employees with at least one CHC were found to have higher levels of depression and burnout. Further analysis showed that both the presence of CHC and burnout predicted increases in depressive symptoms over an 18 month span. What was particularly interesting was that the presence of burnout predicated the presence of depression for both healthy employees and those with a CHC, but the increase in depression was much greater for those with a CHC. It was concluded that burnout accelerates and intensifies depression levels for individuals with at least one CHC.

What Do These Findings Mean for You?

Most dioceses and provincial leadership teams conduct some form of annual visitation with their members. The results of this study underscore the importance of being vigilant for signs of burnout amongst church ministers. This is especially essential for anyone who is living with a chronic health condition. Over the last decade it has been our observation that symptom severity and complexity have increased amongst those seeking the services of Southdown. It may be that as the numbers of those available for active ministry continue to decrease, leaders have more difficulty replacing someone requiring treatment and thus are compelled to delay initiating appropriate intervention. However, this research suggests that doing so only serves to compound the problem. ■

*Armon, G., Melamed, S., Toker, S., Berliner, S., & Shapira, I. (2014). Joint effect of chronic medical illness and burnout on depressive symptoms among employed adults. *Health Psychology*, 33(3), 264-272.



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