

The Unique Needs of Vowed Religious Elders in Long-Term Care

KELLY O'SHEA CARNEY, PhD, ABPP
Geropsychologist and Contributor to *Health Progress*

Growing old is not for the faint of heart, nor is caring for frail elders. This is particularly true when one is caring for retired sisters, priests and brothers who have lived lives vowed to God and service. Their unique perspectives on life, the sacrifices and adventures experienced during their ministries, and the challenges of living a vowed religious life deserve special efforts to ensure a high quality of life and enjoyment in their later years.

Dr. Bill Thomas, a thought leader in the care of frail elders, has said that the three plagues of long-term care settings are loneliness, helplessness and boredom. Ideally, caregivers in these settings strive to ensure that their residents' needs are met and encourage connection, autonomy and purpose, thereby eliminating the potential conditions that diminish well-being.

In licensed settings staffed by trained professionals, policies, processes and operational norms are in place to reduce the likelihood of loneliness, helplessness and boredom. However, ideal conditions are not always met. And in the varied and often unlicensed settings where aging religious are cared for, these safeguards may not be observed. Moreover, because retired religious present with unique histories and needs, the impact of unaddressed loneliness, helplessness and boredom can be particularly harmful.

MEETING UNIQUE NEEDS

Let's consider examples of retired religious receiving long-term care services in different care settings and the extraordinary life experi-

ences each has enjoyed. It's essential to remember that older vowed religious share commonalities but also have varied experiences as individuals. The examples below are composites inspired by experiences with aging religious men and women encountered by the author in a variety of retirement care settings:

■ Sr. Michael is a retired teacher and principal who worked in schools in low-income neighborhoods where safety was a concern. At 92, she lives in a nursing home that provides services under contract to her order.

■ Fr. Murphy, an 88-year-old resident of a diocesan retirement home, was a World War II paratrooper and served as a beloved but bombastic pastor in small rural parishes throughout his diocese.

■ Sr. Mary Louise is 97 years old and lives in a retirement villa where she is cared for by informal caregivers employed by her order. She served as a missionary in Africa and South America, setting up health care services in remote areas. Living abroad, her closest relationships are with the sisters she served alongside in the missions.



■ Br. Gregory is a member of an order that maintains its own long-term care setting staffed by an interdisciplinary team of professional caregivers. It is attached to their congregation home. He is 102 years old and is a retired professor of theology who taught at a small Catholic university.

While their life paths were quite different, each of these individuals dedicated themselves to God in a life of service according to their vows and the charism of their congregation. Like many people, their health and function have declined with advancing age, and now each of them requires care, assistance and support to manage day to day and to thrive in this new stage of life.

The specific religious community that a vowed religious person is a part of determines the way in which that person is cared for and supported as they need more assistance. Religious communities assume the role of family in the care of dependent elders, offering help with decision-making, accompanying the person in their aging process and offering hands-on assistance when needed.

Historically, these needs were met organically and informally by younger members of the community. But as the average age of vowed religious increases, many communities are struggling to meet these needs.

Typically, each religious community creates systems of care guided by the leadership team and/or identifies informal and formal resources to ensure that each of their members has the emotional and functional support they need as they age. However, many communities are also experiencing challenges in meeting these needs effectively. Fewer younger members, shrinking community size and growing numbers of older members all challenge the capacity of communities to support their dependent elders. To address these challenges, many religious communities must partner with external resources. When vowed religious are cared for in a long-term care setting managed apart from the religious community, it is imperative that those providers understand the special needs of this population. Therefore, where those individuals will be cared for becomes an important decision for religious communities.

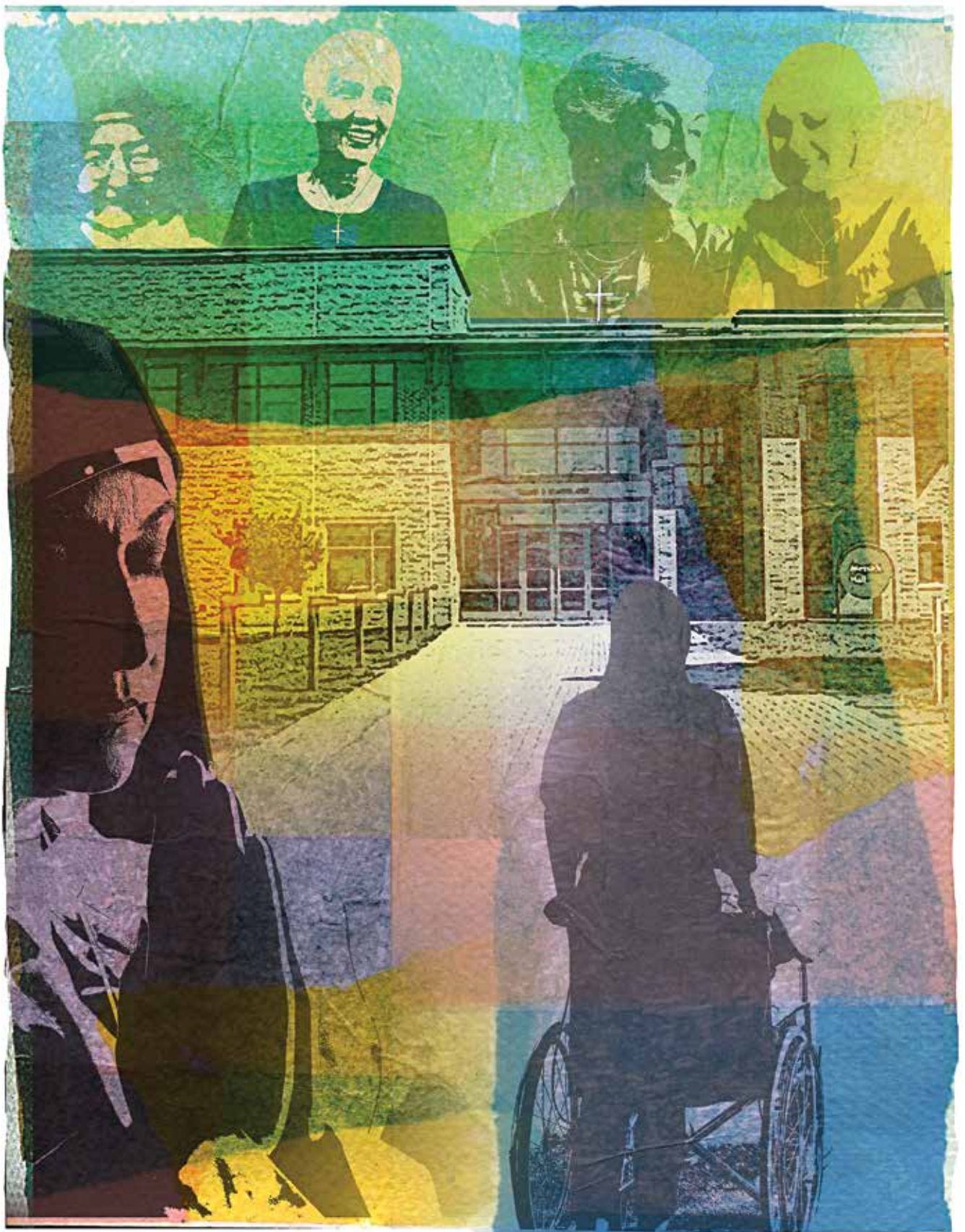
Religious communities determine the care settings for their members based on the number of individuals to be served, the financial resources of the community and the individuals, and the capacity of the younger community members to participate in the care of older members. Some religious communities choose to operate their own care settings. These settings may be full-scale care settings staffed by professionals, or informal settings supported by younger members of the religious community. Other religious communities establish partnerships with long-term care providers and aging services in the larger community. The choice of care setting determines whether the aging members live in professionally run care settings or more informal settings where care is provided by caregivers who may have limited training. Regardless of the setting, each of these retired

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religious have unique care needs resulting from their clinical diagnoses and specific functional decline.

But unlike their lay counterparts receiving long-term care and support, retired religious also have unique needs resulting from their experiences of faith, service and a vowed life in a religious community. Even settings with the structure, expertise and resources to identify and address the psychosocial-spiritual needs of their residents may not be familiar with the unique needs of retired religious. Yet, in every setting, it is imperative that care partners recognize the special needs of vowed religious elders to promote well-being, life satisfaction and thriving despite age-related challenges.

The International Council on Active Aging provides a framework for understanding the inter-related domains of healthy aging, and this framework serves as a guide to meeting the needs of elders within long-term care settings.¹ The areas of wellness identified by the council include intellectual or cognitive stimulation, physical movement and activity, active spiritual pursuits and





support, meaningful social connection and community, purposeful tasks and activities to support a sense of vocation or contributing to others, outlets for healthy emotional expression, and a physical environment that is pleasant, homelike and supports function.

To support the well-being of any elder, caregivers must strive to provide intentional engagement, purpose and support to foster their full

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potential as health and function decline. But for frail vowed religious individuals, attention to specific wellness domains is critically important to well-being and quality of life. Specifically, the domains of purpose or vocation, spirituality, social connection and intellectual engagement are essential to the well-being and quality of life of retired religious.

Recognition that retired priests, sisters and brothers have lived lives of service must provide the foundation for care planning and daily activity in long-term care. Moreover, caregivers should recognize that many retired religious have lived expansive lives marked by adventure, resourcefulness and significant responsibility and authority. Informed by these insights, caregivers can be intentional in offering meaningful opportunities for activity and engagement that draw upon preserved skill sets and invite service to others.

FULFILLING ACTIVITY

Sr. Michael is an example of a servant leader who enjoyed taking charge as a school principal. Serving in marginalized communities, she learned to be tough and assertive, while also tending to the needs of the children in her care. In the skilled care facility where she lives, staff may experience her as demanding and difficult because of her high expectations and authoritative manner. Misperceiving her tough exterior, staff may not realize that Sr. Michael is a bright, resourceful and resilient woman, and even as her health and cognition decline, she wants to be of service to others.

The challenge in caring for Sr. Michael is to engage and leverage her retained skills as an educator, team leader and community builder so she feels she is contributing to the world. Sr. Michael may not find meaning in playing bingo or doing crafts at the nursing home. She may even see these activities as childish. But participating in planning meetings for the youth volunteer program at the nursing home or planning a fundraiser for a local children's charity may be engaging and purposeful to her.

Without this kind of meaningful outlet, Sr. Michael is likely to experience boredom and despair which will, in turn, impede her physical health and function. Therefore, it is incumbent upon her

caregivers in the nursing home to first recognize Sr. Michael's unique skills, acknowledge her special need to be of service to others, and then meet this need with creativity.

SPIRITUAL SUPPORT

When caring for retired religious, it is obvious that spiritual support is an important aspect of care. However, the focus and nature of spiritual practices among retired religious may vary greatly, and their spiritual care needs are likely to exceed traditional pastoral care support in long-term care.

Understanding the specific spiritual practices and supports that are desired and needed by vowed religious is an important part of ensuring well-being as these individuals age. For those who are members of more traditional orders, their lives of faith may center around participation in the rhythm of the Church calendar and participation in the Eucharist. In some congregations, individual spiritual practices and prayer may be more familiar and comfortable. Others may have relied more upon the prayer practices of their congregation, such as praying the Liturgy of the Hours together.

During Fr. Murphy's 55 years as a priest, he offered Mass for his small congregations every day, and he served as a spiritual guide to his parishioners. In retirement, he longs for the daily celebration of the Eucharist. But he requires assistance to get to the chapel or say Mass at a private altar. While there is a chaplain who serves the

retirement home, Fr. Murphy is uncomfortable receiving spiritual guidance from a younger person. Although he lives in a diocesan retirement home, his spiritual well-being is suffering because he is not able to engage in the spiritual practices of faith sharing and worship that have sustained him throughout his life.

To enhance his spiritual well-being, Fr. Murphy's caregivers should explore ways to support him in leading or participating in Mass each day, meeting with friendly visitors to whom he might offer spiritual support, and/or offering a faith-sharing group for the older priests who live in the home. These approaches, while different from traditional pastoral care practices in a long-term care setting, would be better suited to his spiritual needs.

SOCIAL CONNECTION AND CLOSE TIES

Each of us has a need for social connection, but the manner and extent we like to socialize varies for everyone. In long-term care, socialization often occurs through the activity programs offered in group settings and is typically augmented by the presence of family and friends who visit and provide support. For many retired religious, however, family connections may not be as available, potentially because of years spent away from relatives while serving in ministry or living within their religious community. Moreover, as discussed earlier, the religious community the individual is part of may be facing some capacity challenges, thereby limiting the extent to which younger members of the order can be present and actively involved in offering emotional support and socialization.

Sr. Mary Louise is an example of someone who has limited social support. She has outlived many of her contemporaries in her extended family, and because she lived abroad for most of her adult life, she is not connected to the younger members of her family. Her closest relationships have been with those she served alongside in ministry, but many of those sisters have passed away. Moreover, while her religious community has historically served as her family, the number of members in her congregation is declining, and there are fewer sisters to provide social support to the aging sisters.

Sr. Mary Louise is an example of a vowed religious person who needs extra support to meet her social-emotional needs. While she may enjoy

attending group activities, these are unlikely to provide the closeness and functional support that family or friends might. Creating mechanisms by which she can connect with others in her order or providing her with the support of a lay volunteer affiliated with the Church will help her feel connected and supported in her final years.

INTELLECTUAL STIMULATION

By virtue of their training and education, most retired religious are bright, intellectually curious and value lifelong learning. In fact, for retired religious currently living in long-term care, many sought out religious life because it was an avenue to education and meaningful vocations, in addition to a means of living out their faith. Moreover, research has shown that aging religious tend to retain health and function and live longer than their lay counterparts, thereby reaching advanced ages before changes in function and cognition occur.²

Nonetheless, eventually, advancing age catches up with us all, and illness, functional loss and cognitive decline can occur. Yet, current research on brain health also tells us that cognitive stimulation, even in the context of cognitive decline, is critical to maintaining function at its highest level.³

At 102, Br. Gregory is living with early-stage dementia. Because he is well-educated and a lifelong learner, he benefits from a high level of cognitive reserve, which allows him to compensate for some of his cognitive losses due to dementia. To help him preserve his retained abilities, it is important that Br. Gregory engages in meaningful cognitive stimulation through new and challenging activities.

Unfortunately, in long-term care settings, activities are often designed to appeal to the broadest group of participants, and this may not meet Br. Gregory's intellectual needs. Rather than inviting him to engage in word games or sing-alongs, he may be better served by watching TED talks on YouTube, reviewing familiar theological texts or offering miniseminars on theology to his fellow residents. This kind of individualized, stimulating activity is more likely to meet the needs of a man who has dedicated his life to God and learning. But these kinds of activities also require creative care planning and coordination of resources to ensure that Br. Gregory's intellectual needs are met.



INTENTIONAL COMMUNITY

Retired religious are as diverse and unique as any other group of older adults. However, they do share common life experiences that center on service, spirituality, community and the life of the mind. While traditional long-term care settings strive to meet these needs for all their residents, they often do so in ways designed to meet the needs of the greatest number of people, relying upon the expertise of recreation professionals, chaplains and counselors.

But not all professionals may be familiar with the exceptional circumstances of a vowed religious person. Moreover, many retired religious are cared for in settings that have minimal resources and expertise to address needs beyond daily care. As a result, too many aging religious find themselves without purpose, community, spiritual structure and support, and/or appropriate intellectual stimulation.

Our retired religious have given their lives in service to God and others. In their later years, as health, function and cognition decline, we owe it to them to recognize the special needs that arise from their selfless and expansive lives in ministry and religious community. Drawing upon the best practices in caring for older adults and incorporating the most effective structures and processes

of long-term care settings is a start in ensuring their needs are met.

But more than that, meeting the psychosocial and spiritual needs of retired religious demands that we first recognize the unique aspects of caring for these individuals and then bring intentionality, sensitivity and creativity into creating the opportunities and experiences designed to address the individual needs of each retired religious person we care for.

KELLY O'SHEA CARNEY is a board-certified geropsychologist and spiritual director. She has decades of leadership in long-term care and serving older adults, including aging religious.

NOTES

1. "Active Aging and Wellness," International Council on Active Aging, <https://www.icaa.cc/activeagingandwellness/wellness.htm>.
2. David A. Snowdon, "Aging and Alzheimer's Disease: Lessons From the Nun Study," *The Gerontologist* 37, no. 2 (April 1997): <https://doi.org/10.1093/geront/37.2.150>.
3. Dr. Gill Livingston et al., "Dementia Prevention, Intervention, and Care: 2024 Report of the *Lancet* Standing Commission," *The Lancet* 404, no. 10452 (August 2024): 572-628.

PAUSE. BREATHE. HEAL.

I Find Rest

For just this moment, bring your attention to your breath.

INHALE deeply and settle yourself into your body.

EXHALE the stress and tension you feel.

On your next inhale, pray, I Find Rest.

And as you exhale, In Your Shelter.

I Find Rest,

In Your Shelter

KEEP BREATHING this prayer for a few moments.

(Repeat the prayer several times)

CONCLUDE, REMEMBERING:

Even now, God is with you, as near to you as your breath. Continue giving yourself the gift to pause, breathe and heal, knowing you are not alone.

Whoever dwells in the shelter of the Most High will rest in the shadow of the Almighty. PSALM 91:1

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