A CALLING TO COMPASSIONATE CARE:
THE NEED FOR GERONTOLOGY EDUCATION IN THE SEMINARY

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Abstract

of

A CALLING TO COMPASSIONATE CARE: 
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by

Diane Lynn Walsh

An understanding of all aspects of aging is crucial for those who work with elders. Parish priests minister to elder parishioners on a regular basis. The intent of this research is to determine to what extent Catholic seminaries offer adequate gerontology instruction and training for those who are preparing for the priesthood. It also looks at whether seminarians and recently ordained priests believe they are adequately trained and prepared to serve elder parishioners. It looks at what experiences they have in ministering to elders and examines what seminarians and priests express they want and need to have taught in the seminary on age-related topics. Most information is gathered through a survey created by the researcher. The survey is made up of 13 open-ended questions. Secondary research methods are observations, shadowing, and the examination of seminary curricula and library content. The data from these secondary methods are used to supplement the information gathered through the survey. The research of the seminary curricula studied shows gerontology courses are not being offered in the seminaries and participants report not having courses related to aging. The majority report not feeling fully prepared to work with elders. The survey responses indicate participants have a wide range of experiences with elders; yet, when experiences
prove challenging, many are not confident and comfortable. Many participants request a wide range of age-related topics to be taught. Responses clearly demonstrate a consensus from both seminarians and priests for gerontology instruction to better prepare them for ministering to elders.

_______________________________, Sponsor
Cheryl Osborne, Ed.D.

_______________________________
Date
PREFACE

“We learn by being with”

Reverend Edward Pepka

“We learn by being with” not only describes the experiences of learning by being with priests and seminarians during this research project, but also describes the way in which the priests and seminarians report having learned the most from ministering to elder parishioners. As one research participant put it,

Well, we cannot say that the seminary prepares us for everything. We are only gonna get it through experience. One thing is to get the theory; another thing is to get the experience…You know, one thing is to say, you know, hey, fire burns you, but that’s one thing to say it. The other thing is to put your hand in the fire and really be burnt. (Catholic priest, personal communication, November 19, 2010)

“Being with” gives the opportunity for experience, and listening is a vital part of learning by “being with.” Taking time to listen to the heart and soul of our elders is not only a gift to them, but is an even greater gift to the listener.
DEDICATION

I dedicate my thesis to Reverend Edward Pepka. I have received many wonderful years of guidance, instruction, and support from Father Ed, as he taught me about God, my Catholic faith, and life. I have benefited greatly from his love for learning and teaching. I have also learned through observing his dedication to God, the Church, and all whom he serves. He has a love and understanding of elders. His love is evident in his stories and in his interactions with older parishioners. It can be seen in his eyes. I am deeply grateful for all Fr. Ed has done for me and for all the elder parishioners to whom he ministers. Early on, Father taught me, “We learn by being with.” I thought of his statement often through the years. I came to realize how true his statement is because I have learned so much from the elders with whom I spend time. But, I must say, it is also so very true that I “learned (so much) by being with” Father Ed.

Thank you so much, Father. God bless you.
ACKNOWLEDGMENTS

I would like to begin by thanking God. I believe my research would not have been possible without God. God has guided and supported me every step of the way. I am certain God was the director of my research and my thesis. That certainty gave me the strength and reason to keep going. With my all my heart, I am eternally grateful.

I offer many thanks to the priests and seminarians so willing to help with my research. It was a joy to witness their love, compassion, and concern for elders expressed in both their survey responses and in their ministry to elders during research shadowing. The seminarian and priest participants displayed enthusiasm and commitment to serving elder parishioners. Their candid survey responses offered the valuable information needed to successfully answer the research questions. Without their willingness to help, this research would not have come to fruition.

I would like to offer a special thanks to my committee members at California State University, Sacramento for their support and encouragement throughout the thesis process, Dr. Cheryl Osborne and Joseph Rodrigues from the Gerontology Department and Dr. Mark Williams from the Communication Studies Department.

I also offer my heartfelt thanks to Dr. Barbara Gillogly, Chair of the Gerontology Department at American River College, who welcomed me into her Associate in Arts program with open arms (literally) and has continued to support me throughout the years since graduation. Her gerontology program gave me a strong foundation for all my work since, both personally and academically.
I wish to express my deepest appreciation to Dr. Cheryl Osborne, my advisor, who backed me through the many years of studies for my B.S. degree and Graduate Certificate in Gerontology and now my Special Master’s degree in Communicare and Aging. Dr. Osborne continuously encouraged me to pursue the areas of gerontology to which I was truly drawn. Her generous support and enthusiastic encouragement gave me added confidence and reenergized me when I really needed it. For all of this, I am deeply grateful.

I would like to offer my final thanks to my mother, Ma, who planted the seed of love and care for elders in me as a child. Although the seed was planted during my youth, I didn’t realize it until adulthood. My mother understood the value of all human life, no matter what physical or mental disabilities a person may have. My mother taught me through observing her care for family members and through her work as a nurses’ aide in the geriatric ward of a state hospital. She expressed her joy in caring for the mentally ill. For example, she expressed how pleased she was to be able to help the patients by cleaning them, applying talcum powder, and returning the patients to a clean, dry bed. The MA I will now have after my name will have an even greater meaning than the degree. In the MA I will see Ma. I will be reminded that Ma was my very first teacher of love for elders and respect for all human life.

I love and miss you very much, Ma. Thank you for being my greatest role model.
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Chapter 1

INTRODUCTION

The life of a Catholic priest is one of service to God and others. Ministering to elders is an integral part of the life of a parish priest. Visiting the sick, counseling the suffering, and caring for the dying are just a few examples of what their ministry entails (Brannen, 2010). It is extremely important that priests are well trained and prepared for the challenges in serving those parishioners in their later years. Moberg (1980) contends, “aging deserves to have a high priority in the training of every theological student” (p. 286). In caring for elders, moral and ethical obligations are at stake. Elders need understanding, love, and empathy from clergy (Moberg, 1980). Proper seminary training in gerontology will be a benefit to both clergy and the elders they serve.

Health issues; financial concerns; decline in cognitive function; caregiving challenges; loneliness; grief due to the death of a spouse, friend, or a child; and concerns related to their own mortality are just some of the challenges for both elders and those who serve them (Ammerman, Trimmer, & Pugh, 1989; Moody, 2002). In contrast to the challenges, there are positive aspects of aging. The present generation of elders is healthier, more active, better educated, and in better financial shape than ever before (Knapp & Pruett, 2005). It is important seminarians and priests understand all aspects of aging so as to better serve their elder parishioners. With adequate gerontological training, seminarians and priests can gain the understanding they need. Any fears and concerns they may have will be eased. They will be more confident and comfortable in
their ministry. A seminary program that includes gerontology education and training will not only better prepare future priests, but will be a valuable gift to their elder parishioners.

The intent of this research is to determine the extent to which adequate gerontology instruction is offered at Catholic seminaries. It also looks at whether or not seminarians and priests believe they are adequately trained and prepared to serve elder parishioners, what experience they have had working with elders, and what gerontology topics they feel they want or need to be taught. The primary method of collecting information for the study is through communication with seminarians and priests. Most information is gathered through a researcher-created survey (see Appendix A).

Open-ended survey questions about seminarians’ and priests’ personal experiences in ministering to elders include topics that address elders who have dementia, who are sick, and who are dying. A question asking if they feel adequately prepared to minister to elders includes an additional section for explaining their answer. Questions pertaining to what they want and need to have taught in the area of gerontology are included. The survey is the key tool for gathering the information to determine whether or not there is a need for gerontology instruction in the seminary.

Need for the Study

The elder population has special needs (Moody, 2002). An understanding of all aspects of aging is crucial. It is uncertain whether or not Catholic seminarians are trained to work with elders or have instruction in gerontology. It is also uncertain that this
population feels adequately prepared to serve their elder parishioners. It is imperative
seminary courses include gerontology, so future priests will be properly educated about
the needs of elders. The current need for this is even more vital because of the rapidly
increasing elder population.

According to the United States Census Bureau, the number of Baby Boomers in
2010 (those born between 1946 and 1964, ranging in age from 46 to 64) approached 80
million. The 2010 U.S. census reports 81,489,445 (81.5 million) Americans aged 45-64,
26.4% of the total population (United States Census, 2011). The aging population also
includes 40,267,984 (40.3 million) seniors 65 years of age and older, making up 13% of
the U.S. population. The combined total of the two populations is 121,757,429 and
39.4% of the total population in the U.S. The census bureau also reports the fastest
growing segment of the elder population is those 85 years old and older (Hobbs, n.d.).

The individuals training in the seminary at this time will be the priests serving this
very large group of older Americans. It is extremely important for those ministering to
people in their later years to have proper instruction about elders’ special needs. Without
adequate training, the newly ordained priests may be unprepared for this challenging
ministry. Without this added information and insight, elder parishioners may not receive
the best quality of care they need. With thorough seminary instruction, the future priests
will know how to be more sensitive to the elders’ needs.
Definition of Key Terms

The following terms are defined within the context of the Catholic Church. Other denominations may use some of the terms, but may define them differently.

Bishop

A successor of the Apostles who has been ordained to the fullness of Christ’s priesthood (Hordon, 1985). In many cases he is the chief priest of the diocese and shepherds a territory of Catholic parishes (The Sacred Heart, 2011a).

Diocese

A territory of Catholic parishes entrusted to the pastoral care of a bishop (McBrien, 1995).

Laity/Lay

The faithful who have been baptized and are members of the Catholic Church (USCCB, 1994). They are not ordained clergy or part of a religious order approved by the Church (Hordon, 1985; Pegis, 1962).

Ordination

The ceremonial and sacramental rite in which Holy Orders are conferred on candidates for the offices of bishop, priest, and deacon. This rite initiates them into the ordained ministry of the Church (McBrien, 1995; Pegis, 1962).

Parish

A geographically defined church community within a diocese usually entrusted to the pastoral care of a priest (McBrien, 1995).
Parishioners

Those who belong to a particular parish (Trinity Communications, 2011).

Priest, Diocesan

A man ordained for a particular diocese and is usually assigned to a parish (Brannen, 2010).

Priest, Religious Order

A man ordained and living out his religious life within a particular religious order (Brannen, 2010).

Religious Order

A group of men or women living out religious life in a community, which has a specific charism (McBrien, 1995) (charism: spiritual gift, such as serving the poorest of the poor). Some examples are the Benedictines, Franciscans, and the Dominicans (Brannen, 2010).

Sacrament

Both an external sign and a rite of the Church in which the participant receives the love and power of God (grace) (McBrien, 1995). This sign of grace was instituted by Christ and entrusted to the Church (United States Catholic Conference of Bishops [USCCB], 1994). There are seven sacraments: Baptism, Confirmation, Eucharist, Reconciliation, Anointing of the Sick, Matrimony, and Holy Orders (Klein, 2000).
Seminarians

Men studying and preparing for the priesthood (Hardon, 1985; Pope Paul VI, 1965; The Sacred Heart 2011c).

Seminary

A school of academic and spiritual training for men who are candidates for the priesthood. This training is spiritual, intellectual, and disciplinary with the intent to form the future priests of Christ and the Catholic Church (Hardon, 1985; Pope Paul VI, 1965; The Sacred Heart, 2011c).

Purpose of the Study

The purpose of this research is to determine the extent to which adequate gerontology instruction is offered at Catholic seminaries. This is done by determining what is or is not taught on the subject, what seminarians want and need to have taught, what hands-on experience they have had, and whether or not seminarians and priests believe they are adequately trained and prepared to serve elder parishioners.

Ministering to elders is an ordinary part of the parish priest’s life (Catholic priest, personal communication, June 14, 2011). For elders of the present generation, religion plays an important role in their life (Ainlay, Singleton, & Swigert, 1992; Moody, 2002). It is extremely important that those ministering to parishioners in their later years have proper instruction to better understand their needs. There is limited research in the area of seminarian preparation for ministry and what is offered in the seminary as it relates to gerontology (Knapp & Elder, 2002). Of the research that has been done, there is
evidence for a need for gerontology in the seminary among many religious groups (Gulledge, 1992; Knapp & Elder, 2002; Lount & Hargie, 1998; Ramsey, 2011).

Knapp and Elder (2002) report that courses in the seminary focusing on gerontological issues are rare. For nearly three decades, gerontologists have been encouraging seminary educators to place an increased importance on instruction in issues of aging. This study seeks to answer the question of whether or not there is adequate training in gerontology in the seminary by hearing directly from the Catholic seminarians and priests. If a need for instruction is found, it is crucial a gerontology program be implemented.

Theoretical Rationale

In this qualitative research study, Grounded Theory (GT) is implemented to collect, report, and code the acquired data. Several means are used for collecting data. Data collection is done through interviews, observations, and a written survey. These methods of gathering information are used because of the nature of the study. The study is based on the participants’ opinions. To fully understand their responses, it is most beneficial to use open-ended questions. The responses from the 30 participants are carefully compared to find patterns and common themes. This is in an effort to expose valuable information pertaining to the study. Categories are created from meaningful areas of data as main themes and concerns surface. Using Grounded Theory, the theory emerges from the findings (Glaser, 2002a, 2002b). Grounded Theory is the theory of choice for research because its methods and structure for gathering data work well for
what is being studied. Information needs to be gathered, categorized, and analyzed to answer the questions posed in the study (Glaser, 2002a). Once that is complete, results are written and recommendations are made.

Research Questions

- RQ1: To what extent do Catholic seminaries offer adequate gerontology instruction and training?
- RQ2: Do seminarians and recently ordained priests (10 years or less) believe they are adequately trained and prepared to serve elder parishioners?
- RQ3: What experiences have seminarians and priests had in ministering to elders?
- RQ4: What do the seminarians and priests express they want and need to have taught relating to elders?

Assumptions

This study assumes that seminaries and dioceses try to provide the best preparation for those who will be ordained priests. It assumes that seminaries and dioceses want to do all they can to make sure the best care possible is provided to their elder parishioners. Lastly, it assumes the seminarians and priests want to serve elder parishioners in the best ways they can.

Limitations of the Study

There are several limitations to the study. First, seminarians are not all in the same year of study, so the variation in the number of years could be a factor affecting the responses. The training for ministry to elders may not be part of the curriculum until the
later years of study. Second, the priest participants’ parish ministry experiences could skew their responses. A third limitation is the timing of seminarian survey. Some seminarians are doing their pastoral year and are new to parish life. They are very busy trying to adjust to their new surroundings and new assignments. They may not fully answer the questions in the way they would were they in the seminary setting. The fourth limitation may be the seminary itself. Each seminary may have varying curriculum. Gerontology may be offered in one seminary and not another. A fifth limitation involves the way in which the survey is answered. There is a slight chance of misreading the handwritten answers. Finally, there is the question as to whether the participants express themselves differently via different modes of responding, i.e., written responses, typed responses, and verbal responses.

Human Subjects Consideration

This study is evaluative in nature and fits into the exempt category for human subjects. All who had the authority in seminaries and dioceses signed a letter of consent to grant permission to conduct the study. All letters granted permission to interview, shadow, and survey the participants studied. Permission was granted to visit locations pertaining to the research. Where applicable, permission to access documentation relating to the project, such as a course syllabus and library catalogue, was also granted. All identifying information remains confidential. See Appendix B for the Letter of Consent.
Significance of the Study

This study has significance for both those who are in the seminary preparing to minister to elder parishioners and the elder parishioners themselves. Shim (2008) refers to a 1991 study done by Samuel and Sanders that reports, “in the case of pastors from various denominations, almost 100% of those surveyed made regular home visits to the elderly, 87% had weekly or monthly services at local nursing homes, and 70% worked with hospice” (p. 356).

Ministering to elders is an ongoing part of the life of a priest. Health issues; financial concerns; decline in cognitive function; caregiving challenges; loneliness; grief due to the death of a spouse, friend, or even an adult child; and even their own mortality are some examples of the age-related issues a priest will have to deal with during the visits. For a priest to minister to the elder parishioners properly, he must understand their needs. Elders will benefit greatly when those who care for them understand the issues of aging.

The aging issues addressed in this study pertain to the experience and education the seminarians have or have not had. A survey for seminarians and newly ordained priests asks about the experience they have in ministering to elders, what they are offered for studies in gerontology in the seminary, if they feel fully prepared to minister to elders, and what they feel they need to learn more about in the area of aging. The information gathered is significant in determining whether or not there is a need for gerontology in the seminary.
Conclusion

Determining to what extent Catholic seminaries offer adequate gerontology instruction and training, whether seminarians and recently ordained priests believe they are adequately trained and prepared to serve elder parishioners, what hands-on experiences they have had ministering to elders, and what they want and need to have taught relating to elders is important for both those studying in the seminary and those elders who will receive their care in the parish setting. This ministry to elders is an integral part of the life of a parish priest. It can be very challenging. It is extremely important that those ministering to parishioners in their later years have proper instruction, so they are well prepared to serve them. It is evermore imperative with the rapidly increasing elder population.

Organization of the Chapters to Follow

The next chapter, Chapter 2, presents the literature review. It examines the literature addressing issues and needs of elder parishioners, the priesthood, seminary education and training, research on gerontology education and training in the seminary, curriculum and teaching methods in past research, and curriculum and teaching methods for the future.

Chapter 3 addresses the design of the research. The population and the settings used in conducting the research are explained. The instruments used and how the data were collected are described. Chapter 3 concludes with both data analysis and methods procedures.
Chapter 4 evaluates and analyzes the research. It presents the purpose and the tools of the study. It also discusses the survey findings as well as examines the results collected from the secondary methods: observations, shadowing, and examination of seminary curriculum and library content. The survey findings are then compared to the secondary findings within the context of answering the four Research Questions.

The final chapter, Chapter 5, summarizes the study and addresses its strengths and limitations. It also offers recommendations for future research and recommendations for gerontology instruction in the seminary. It concludes with closing remarks.

The appendices and reference pages follow the numbered chapters. The appendices include additional material of significance not in the chapters, including the survey (see Appendix A), Letter of Consent (see Appendix B), “Voices from the Heart” (see Appendix C), “How They Felt” (see Appendix D), and “Expressing Joys, Fears, and Difficulties” (see Appendix E).
Chapter 2

REVIEW OF LITERATURE

Introduction

The life of a Catholic priest is one of service to God and others. Ministering to elders is an integral part of the life of a parish priest. Visiting the sick, counseling the suffering, caring for the dying, celebrating funeral Masses, and supporting the grieving families (Brannen, 2010; Moberg, 1980) are just some of the ways a priest ministers to elders. Shim (2008) refers to a 1991 study done by Samuel and Sanders that reports, “in the case of pastors from various denominations, almost 100% of those surveyed made regular home visits to the elderly, 87% had weekly or monthly services at local nursing homes, and 70% worked with hospice” (p. 356). Moberg (1980) defends the great need for gerontology instruction in the seminary and writes that knowledge of gerontology “is required in order to provide a solid base for effective ministry” (p. 286). He states, “I have hypothesized that more than half of the average clergy’s clinical pastoral work is directly related to aging; to my knowledge no one has contested that hypothesis” (p. 286).

Since the time of that article, the elder population has increased dramatically, as was shown in Chapter 1 with statistics from the 2010 U.S. Census, demonstrating the increased need for priests to be prepared to serve their elder parishioners.

The focus of this chapter is to review the literature on topics related to the study. Topics relating to issues and needs of elders are in the next section of this chapter. The section includes issues of aging and how they relate to all aspects of an elder’s life. It
stresses the benefit of seminarians and priests being aware and knowledgeable of these issues. The remaining sections of the chapter are listed in the order they are presented: the priesthood, seminary education and training, research on gerontology education and training in the seminary, curriculum and teaching methods in past research, and curriculum and teaching methods for the future.

Issues and Needs of Elder Parishioners

One of the ministries in the life of a priest is to serve elder parishioners. Serving this population can be both rewarding and challenging. Elders may be dealing with health issues; financial concerns; decline in cognitive function; caregiving challenges; loneliness; grief due to the death of a spouse, friend, or even adult child; and matters that relate to their death (Moody, 2002).

Decline in health and mobility issues can cause an elder’s life to change dramatically and affect every aspect of daily living. When an elder is no longer able to leave his or her home, it can be life changing. Charlson et al. (2008) conducted a study on community-based social service interventions for homebound elders. The purpose of their study was to examine the change in function and quality of life of homebound elders over a six-month period to determine whether social interventions, comorbidity, depression, social support, and stress predict changes. The study consisted of 57 participants with a mean age of 82. Elders interviewed stated their “physical and/or emotional health interfered ‘extremely’ with normal social activities” (p. 429).
Decreased motor readiness, loss of fine control of response timing, impaired balance, and decrease in coordination of fine motor movement are examples (Larsen, Hazen, & Martin, 1997) of changes that could affect an elder’s ability to continue his or her activities outside the home, including attending Mass. Loss of mobility also has an affect on postures of worship and prayer. Standing, kneeling, and sitting can be difficult depending on the physical disability of the elder. This may discourage an elder from attending Mass. Attending weekly and even daily Mass might have been the highlight of his or her day for many, many years. An elder’s decline in mobility is not the only issue that can affect his or her ability to participate fully in Mass. The decline in all senses can considerably inhibit the full experience of the Mass.

During Mass all senses are stimulated. Visual stimulation is everywhere in the church, from the architecture to the vestments the priest is wearing. Vision is a way to take in the sacred. Vision change is the most common health complaint in those over 40 (Larsen et al., 1997) and has been shown to be associated with other health issues (Crews & Campbell, 2001). Loss of vision may also discourage elders from attending Mass. He or she may be uncomfortable maneuvering the terrain outside the church and within the church, especially when it is dimly lit. Participation may decline when the elder can no longer follow the written prayers and music. The subject of music leads to another age-related issue, difficulty participating in the Mass, due to hearing loss.

Hearing is also a sense that brings one’s mind to the sacred. This can occur in many ways, such as hearing sacred music or listening to the Scripture readings during
Research studies regarding hearing indicate that hearing loss is very prevalent in elders. Pirozzo, Papinczak, and Glasziou (2003) report hearing impairment in elders affects almost 40% of people over the age of 60 and 90% over the age of 80 and can impact an elder both emotionally and socially (Berry, Mascia, & Steinman, 2004; Pirozzo et al., 2003). Losing one’s hearing or sight can make it difficult to participate in the Mass and also affect the ability to socialize. For many, socializing is also an important part of church activity.

The senses of touch, taste, and smell are also stimulated during Mass. Loss of the sense of smell and taste, which can be a normal part of aging (LeWine, 2005) can not only affect an elder’s appetite, but also the spiritual aspects of his or her faith. The sense of smell is stimulated by the scent of candles, flowers, incense, and the church itself. The sense of taste is stimulated when receiving the body and blood of Christ. The sense of touch in worship can be experienced with the shaking of hands during the Sign of Peace, receiving Holy Communion in the hand, folding hands in prayer, and greeting the priest and fellow parishioners after Mass. Research suggests reduction in touch sensitivity in elders is more prevalent in the fingertips than in other parts of the body (Mauk, 2010). It is important to note this because touch, especially the touch of the hands, is part of worship and fellowship. Not only touch, but all the senses, relay important messages to the mind and body and can evoke emotions and memories. This can influence one’s quality of life (Mauk, 2010; Rydezewski, Pruszewicz, & Sulkowski, 2000). Quality of life can also be affected by an elder’s inability to leave his or her home.
Becoming homebound is another issue that may arise with elders. This can lead to the following problems: poor diet, isolation, loneliness, depression, a feeling of worthlessness, and abandonment. Moody (2002) refers a study by Thompson (1993) that concludes, “the most damaging threat to well-being in late life is loss of life purpose and boredom, not fear of absolute destitution or poor health” (p. 397). This research finding supports Dychtwald’s (1999) third component of successful aging, which is engagement with life. Social connections and support are not only good for one’s mind and spirit, but also for one’s physical health (Dychtwald, 1999). Along with the lack of social connections that can affect the health of those who are homebound, maintaining a proper diet can be another issue, especially for those living in rural areas.

Vitolins et al. (2000) conducted a study addressing basic human needs of elders in rural areas. This study assessed the dietary intake of 130 rural elders, age 70 and older. It examined the differences in relation to age, gender, and ethnicity (African Americans, Native Americans, and Europeans). Most of the participants were unmarried. The study brings attention to the barriers rural dwelling elders encounter when attempting to obtain food. The main objectives of the study were to describe the nutrient intake of the participants; compare the differences attributable to age, gender, and ethnicity; and evaluate the adequacy of several nutrients of concern for older adults. The study concluded that lower than normal caloric intake and too many calories in the form of fat and too little in the form of carbohydrates was reported in both male and female elders, which may increase risk of nutritional deficiencies. The study concluded that the elders
were not eating enough to obtain sufficient micronutrients. Elders can encounter challenges when trying to get access to the foods they need because of their isolated living situation. In being aware of this, the priest and those in his parish can do what is necessary to assist these elders. For those who serve the elder population, understanding the issues of aging and putting it into practice can make a big difference in an elder’s life.

Another issue priests need to understand is that isolation can also be experienced by elders who live together in the same housing, such as in assisted living and skilled nursing facilities. Winningham and Pike (2007) conducted a study with residents in six assisted living facilities (ALF) to examine measures of perceived social support and loneliness. Residents were assigned to either a Cognitive Enhancement Program or a control group. Participants were required to complete a pre-test and a post-test and a MMSE (Mini-Mental State Exam). Seventy-three participants began the study and 16 dropped out. Measures of perceived social support and loneliness were administered before and after a three-month period. Trained technicians administered the tests during one-on-one interviews. The study shows that those who reported lower levels of social support reported greater levels of loneliness and can benefit from group-based programs that focus on social support. The issues of parishioners’ loneliness and isolation must be addressed. It is important that those who minister to elders offer friendship and reassurance their life still has value.

A feeling of worthlessness or lack of meaning in one’s life is a serious issue for those who are isolated. Quinnan (1997) writes, “Isolation likewise threatens autonomy as
well as connection” (p. 116). Moody (2002) refers to Becker on the meaning of life and how it affects society. He writes that if aging threatens one’s deeply held values (giving meaning), then there will be a denial of aging or denial of death, which “are central problems for our society” (Becker as cited in Moody, 2002, p. 392). In one poll, 90% of elders reported their life had meaning with most (57%) giving the reason of relationships with others. Service to others, religion, and leisure activities were also listed. The homebound isolated elder lacks the ability to maintain relationships, serve others, attend church services, and enjoy outdoor leisure activities (Moody, 2002). These elders are in great need of parish support.

Research by Steptoe, O’Donnell, Marmot, and Wardle (2008) studied the positive and negative affects on one’s life. Participants totaled 805 men and women ranging in age from 58-72 years. The measures of positive and negative affects were taken over the course of one day, and a medical history and psychological questionnaire was completed. Participants were asked to make four ratings over the day on how happy, excited, or content they felt at the moment. Asking how worried or anxious the person felt assessed negative affect. Social isolation, social support, neighborhood stress, depression, and psychological coping were examined. Married men and women reported higher positive affect than those who were not. Positive affect was associated with greater social connectedness and social support.

Social connections can be an important aspect of an elder’s faith and faith community. Ainlay et al. (1992) refer to Berger when explaining the importance of
religious belonging that makes their world “plausible” (p. 176). According to Moody (2002), religion can also play an important role for those who search for meaning in their life. It is important that those who minister to elders know the importance of the social aspect of religion and of the way religion can help one find meaning in life. This knowledge is especially important when ministering to elders, especially elders who are isolated, lonely, and feel their life no longer has meaning or value.

There are ways to help those who feel their lives are no longer of value. Reminiscence therapy and life review are two methods that have been shown to be successful in helping people find meaning in their life. The importance of reminiscence has been shown in research done by Burns and Leonard (2005). The study examined the emotional responses from reminiscence among elders. Interviews were conducted with 80 older adults (56 women and 24 men) with the average age of 70 years. Within a single 60-minute interview, participants were asked to recall the last episode of reminiscence they experienced. The reminiscence was categorized in four ways: narrative, integrative, intimacy, and obsessive. The majority of narrative and integrative reminiscence produced positive emotions. The majority of intimacy and obsessive reminiscence produced negative emotions. This study shows how different types of reminiscence may cause various types of emotions. It also shows how reminiscence may contribute to emotional regulation. They note the importance of the emotions expressed in the process of telling one’s story.
The narrative theory proposes that it is the meaning people attribute to their life experience that matters (Cappeliez, Guindon, & Robitaille, 2008). In their study, women’s narratives were used to explore whether they perceived their later years as ones of loss, stability, or gain. Their explanations were also reported. Life narrative interviews were done with 20 married or previously married mothers, in the age range of 60-65. The women were asked to divide their life story into chapters and title each one. The stories were divided into the three categories showing 70% as a time of gain, 20% as a time of continued contentment, and 10% as a time of loss. One theory as to why there is a high degree of gain in later life is the decline or disappearance of life stressors. The data strongly supports the narrative theory that proposes that it is the meaning that people attribute to their life experience that matters. Cappeliez et al. (2008) report that reminiscence/life review can lead to serenity in the later years of life and stated “reminiscences may be leading to longer lasting emotions on the realm of happiness” (p. 268). Atkinson’s (1998) thoughts support Cappeliez et al. stating, “we discover deeper meaning in our lives through the process of reflecting and putting the events, experiences, and feelings that we have lived into oral expression” (p. 1) and “sharing one’s story is a way of purging, or releasing certain burdens” (p. 26). Group reminiscence therapy was found to significantly improve self-esteem (Chao et al., 2006).

Chao et al. (2006) examined the effects of reminiscence therapy on depression, self-esteem, and life satisfaction. The 24 participants were elders living in a skilled nursing facility. Twelve from one ward were in a control group and 12 from another
ward were in the reminiscence group. Nine weekly one-hour secessions were held. Depression, self-esteem, and life satisfaction were measured one week before and after the therapy. It was concluded that group reminiscence therapy significantly improved self-esteem. No significant changes in depression or life satisfaction were observed (Chao et al., 2006). These studies offer valuable information for those who will be ministering to people in their later years. They present ways to help elders realize their value and may help them as they transition into their last years of life. The Theory of Gerotranscendence addresses this topic of life satisfaction deepening during the last years of life.

The Theory of Gerotranscendence is applied to this research study because of its characteristics, which will be described. In 1989, Lars Tornstam introduced the theory (Wadensten, 2005). Tornstam reported developing it because he saw a mismatch between present theories in social gerontology and existing empirical data (Tornstam, 2010). He suggests the aging process includes a potential to mature into something he calls gerotranscendence, describing it as a shift from a materialistic and rational view of the world to a more cosmic and transcendent one. Tornstam (2010) sees it as the last stage of life progressing in maturity and wisdom, usually “when optimized, leads to a new perspective” (as cited in Wadensten, 2005, p. 381) and an increase in life satisfaction. This progression usually includes the redefining of Self and becoming less pre-occupied with oneself. It also includes losing interest in superficial friends with more focus on close friends. At this time in life, the choice of activities becomes more
selective with less interest in grand events and activities and more interest in simple ones with an increased desire for solitude (Tornstam, 2003). There is a shift from the material world to the cosmic view of the world and from egoism to altruism. Gerotranscendence can also include the discovery of the child within. The mystery dimension of life is accepted (Wadensten, 2005). With many aspects relating to religion and spirituality, gerotranscendence fits well with the study. Ramsey’s (2007) thoughts support these positive aspects of aging by saying, “I believe that each of us is a unique and remarkable human being who can be opened up to divine destiny beyond the limits of what we might imagine” (p. 59).

Cognitive changes that sometimes occur with aging may make it more challenging for individuals to mature as described in the Theory of Gerotranscendence. Change in cognition will definitely be something a priest will encounter when making visits to some of his parishioners; especially elders living in care facilities. Robinson, Ewing, and Looney (2000) conducted research to determine how knowledgeable clergy were about Alzheimer’s disease (AD) and other dementias. Fifty-one clergy, whose names were collected from an interfaith association, completed a survey and questionnaire about knowledge of AD, needs of caregivers, and community resources. Results showed although the clergy scored high on some questions about AD, the majority of the clergy incorrectly answered several significant questions. Findings suggest the need for more educational opportunities for clergy. Those who minister to elders should be familiar with aging issues relating to dementia.
Kirkland and McIlveen (1999) conducted a study to examine the question, do people with dementia have spiritual needs? They created a program called Full Circle. The group comprised of 8-12 residents of a skilled nursing facility who had dementia. They created a program to address the spiritual needs of those with dementia. The residents met once a week for 45 minutes to an hour. They had five broad categories with which they worked: sensory (hands, touch, sight), life review (change, dreams and aspirations, friendship, work), spiritual, (heaven, healing, peace, prayer), feelings (depression, forgiveness, sorrow, grief, joy), and special occasions. Each meeting addressed a theme, such as, peace, prayer, or friendship. It also included music, both sacred and secular. The researchers reported seeing significant modifications in behavior. Some examples of behavioral changes observed were the following: less weepy, fewer outbursts, decreased wandering, auditory hallucinations stopped, restless wanderers sat attentively, and aggressive and hostile behavior decreased.

Kirkland and McIlveen (1999) feel spiritual needs are one of the most overlooked and neglected areas in health care and say they see more emphasis put on bingo. They believe spiritual care is a necessary part of the overall care of the person and can improve the quality of life for those with dementia. Clergy would be more prepared to minster to those who were cognitively impaired, if they had the adequate training and understanding of the struggles relating cognitive changes in elders. In addition, an understanding of caregiver issues is absolutely necessary.
Caregiving is another age-related issue parish priests will encounter. As one who is there to support the whole family, he will be more understanding with knowledge of caregiving issues. Moody (2002) writes that evidence points to families as the main caregivers for their elders, with women being the primary caregiver. Caregiving can bring on burdens to the one doing the care (Zhan, 2006). Carpenter and Mak (2007), in their article on caregiving couples, mention one reason the caregiver’s health can be affected is because the caregiver may overlook his or her own care. Zhan (2006) addressed both positive and negative experiences of caregivers. The caregivers in the study were adult children of elders. The number of caregivers/participants was 110. Caregivers were both employed and unemployed. Rewards were measured by social reward and stress was measured by depression. Higher levels of depression were reported in caregivers who were not employed. A higher level of social reward was reported from those who had parents who were financially secure. As financial insecurity increased, a sense of reward decreased.

Much stress is put on the negative aspects of caregiving, but there are also positive aspects that can be brought to a family’s attention (Zhan, 2006). The following are positive themes of caregiving: gratification, satisfaction, a sense of family responsibility, reciprocity, friendship, and a commitment to doing what needs to be done (Noonan, Tennstedt, & Reblesky, 1996). With an understanding of caregiver issues, a priest can bring consolation and encouragement to caregivers and families.
The above issues addressing aging are just some examples of what should be understood when ministering to elders. A priest should be well trained to work with elders and be knowledgeable of all aspects of aging. Psychological, social, physical, spiritual, cultural, generational, gender, and environmental issues all have an affect on one’s life. These topics are necessary in the training of those who will be dedicating their life to ministry.

The Priesthood

To understand the scope of this study more clearly, it is necessary to understand the participants and their roles. The priesthood is not a job; it is a life (Reverend Edward Pepka, personal communication, July 14, 2011). The priesthood of the Roman Catholic Church is lived out in celibacy, chastity, and obedience in either a diocesan or religious life context. Even though their ministries may be different, they have a common sacramental bond (USCCB, 2006). At ordination, priests are given the three-fold charge to teach (munus docendi), sanctify/divine worship (munus liturgicum), and to govern (munus regendi) (USCCB, 1994, #1592). Priests are ordained to consecrate and offer the body and blood of Christ at Mass. They also administer other sacraments, such as Baptism, Reconciliation, and the Sacrament of the Anointing of the Sick.

The priesthood is ministerial which means a ministry of service to the faithful (USCCB, 1994, CCC #1592). In Pastores Dabo Vobis, Pope John Paul II explains the priesthood in this way,
Without priests the Church would not be able to live that fundamental obedience which is at the very heart of her existence and her mission in history, an obedience in response to the command of Christ: ‘Go therefore and make disciples of all nations’ (Mt. 28:19) and ‘Do this in remembrance of me’ (Lk. 22:19; cf. 1 Cor. 11.24), i.e., an obedience to the command to announce the Gospel and to renew daily the sacrifice of the giving of his body and the shedding of his blood for the life of the world. (Pope John Paul II, 1992)

Men who are preparing for the priesthood and life of ministry to the faithful are called seminarians (Hardon, 1985; Pope Paul VI, 1965). The range in age for seminarians can be quite broad. Canon Law requires that a man cannot be ordained a priest prior to 25 years of age (Brannen, 2010), but ordination can occur much later in life. The USCCB (as cited in Gautier & Cidade, 2011) reported, in The Class of 2011: Survey of Ordinands to the Priesthood, the age range of ordained priests for 2011 was 25-63 years old, the average age being 34 and the median age 31. Those ranging in age from 25-29 made up the largest group at 39% (Gautier & Cidade, 2011, p. 6). Their preparation for the priesthood takes place in a seminary.

Seminary Education and Training

A seminary is a school of academic and spiritual training for men who are candidates for the priesthood. The seminary is also a place to discern the call to the priesthood. Some men feel certain God is calling them to the priesthood when they enter the seminary. Others take years to reach that point; still others leave upon realizing God
has other plans for their lives (Brannen, 2010). Along with discerning, there are many years of study. The duration of study varies depending on age, previous education, and the degree being pursued. A common length of time in seminary is six to eight years, but can be several years longer (Brannen, 2010). In *The Class of 2011: Survey of Ordinands of the Priesthood*, it is reported that 60% of seminarians completed college before entering the seminary and one in five received a graduate degree before entering (Gautier & Cidade, 2011).


There are four pillars of priestly formation: Human Formation, Spiritual Formation, Intellectual Formation, and Pastoral Formation (Brannen, 2010, p. 301). PDV describes Human Formation saying, “The human personality of the priest is to be a bridge and not an obstacle for others in their meeting with Jesus Christ the Redeemer of the human race” (Brannen, 2010, p. 301). A few examples of the fruits of human formation are humility, prudence, and sincerity (Brannen, 2010). PDV describes Spiritual Formation saying, “To live in intimate and unceasing union with God the
Father, through his Son Jesus Christ, in the Holy Spirit” (Brannen, 2010, p. 303). This entails a life of prayer. The seminary teaches many different ways to pray. In addition, each seminarian has a spiritual director for support and guidance. Concerning Intellectual Formation PDV says, “For the salvation of their brothers and sisters, they should seek an ever deeper knowledge of the divine mysteries” (Brannen, 2010, p. 305).

The seminary program is rigorous. Some of the areas of study are Philosophy, Theology, Logic, Latin, Greek, History, Liturgy, Canon Law, Christology, Scripture, Homiletics, Music, and the Catechism (Brannen). Pastoral Formation is the last of the four pillars. Some of the activities in Pastoral Formation involve developing the skills for hospital, prison, and teaching ministries (Brannen). This is done through fieldwork assignments each year. This pillar provides the most valuable information for this study.

Research on Gerontology Education and Training in the Seminary

Research in gerontology as it relates to seminarian preparation for ministry and what is offered in seminaries is limited (Knapp & Elder, 2002). Although the current research study focuses on Catholic seminaries, the past studies reviewed for this research include seminaries of various religious groups. In all the studies examined, the findings are similar. Of the research found, there is a consensus that seminaries offer very little in the way of gerontology instruction and those who attended seminary did not feel adequately prepared to work with elders (Gulledge, 1992; Knapp & Elder, 2002; Lount & Hargie, 1998; Ramsey, 2011). Moberg (1980) describes it as “a grossly neglected subject in theological education” (p. 284). He also reports that while teaching at Princeton
Theological Seminary, he “combed” what he described as “one of the greatest theological seminary libraries in the world” and found only one article on the subject of aging in a pastoral care journal (p. 284). More recently, Knapp and Elder (2002) conducted a study to determine what seminaries are doing to prepare clergy for ministering to elders. They surveyed 131 seminaries fully accredited by the Association of Theological Schools and affiliated with a wide variety of faith groups. The survey addressed current course content. They found only 7% of seminaries had at least one required course on aging, and 48% had an elective course. The seminaries included in the study were compared to the findings of a study done 10 years prior. They found that although some schools had added a course in aging, gerontology had not been considered a course to be added among most seminaries. Knapp and Elder (2002) discuss the 1974 study completed by The National Interfaith Coalition on Aging (NICA).

In 1974, the NICA conducted the first systematic study to determine what seminaries and schools of theology offered in gerontology. Unfortunately, the number of schools surveyed were not noted in the report (Knapp & Elder, 2002). The results clearly showed a need for gerontology courses in seminaries. Based on the findings from this study, NCIA conducted a training project involving 40 seminaries. The NICA study (1975-1981) created Project GIST (Gerontology in Seminary Training) (McFaden, Kimble, Sllor, Seeber, & Rost, 2011). Its purpose was to improve both serving the needs of elders in a religious setting and develop gerontology content in the seminary. Several meetings of seminary faculty from a variety of denominations were held to discuss how
to incorporate gerontology into seminary curricula. Over 50 courses were developed (McFaden et al., 2011). It is reported that when faculty retired or moved, courses were no longer offered. In 1982, federal funding cutbacks led to the reduction and eventual end of the research program (Marquette University: Raynor Memorial Libraries, 2011).

The NICA documents are stored in the files of Marquette University. Examination of Marquette University files illustrates an extensive list of documents dating from 1975-1981 relating to gerontology studies and journal articles written by the members. Approximately 60 names were listed of those who were assigned to his or her seminary of research, and approximately 63 articles were written on the subject. Federal funding cutbacks led to the reduction and eventual end of the research program. The list of those involved with the study and the articles written can be found in the archives of Marquette University (Marquette University: Raynor Memorial Libraries, 2011).

The next group that took on the study of gerontology in the seminary was Project GITE (Gerontology in Theological Education).

In 1989, Project GITE began at Georgia State University in which 153 accredited seminaries in the United States were surveyed about courses offered in gerontology (Knapp & Elder, 2002). Of the 153 seminaries, 40 did not respond to the survey and of the remaining 113, 54 did not offer a course in gerontology. Results showed of the 113 seminaries that participated, 61% offered at least one course addressing aging, but more than 80% were in field education and internships. It is important to note that 54 of the 113 seminaries had no courses relating to aging (Knapp & Elder, 2002). In looking at the
percentages reported in the study, there appears to be an error with the numbers provided; the percentages should be 52% that had at least one course and 48% had none. Other than NICA, GIST, and GITE, Knapp and Elder (2002) found little research on the subject. They mentioned one small study done in 1985 by Carlson in 13 Episcopal seminaries. Carlson found only five offered an elective course in aging. He noted that all 13 offered some information on aging with existing classes, but the content was less than a lecture hour of information. These findings suggest a great need for adding gerontology courses into seminary curriculum.

A 1992 report addressed gerontological knowledge among clergy (Gulledge, 1992). The participants were 221 pastors from three major Protestant denominations, United Methodist, Southern Baptist, and Evangelical Lutheran. A “Facts on Aging Quiz,” several demographic questions, two scales related to attitudes and training needs, and five open-ended questions were mailed to participants. All questions pertaining to stereotypes of older people were answered incorrectly by at least 52% and as much as 94% (p. 640). This study demonstrates instruction in the seminary is necessary to put an end to the myths relating to aging.

Lount and Hargie (1998) also studied topics related to gerontology. The researchers asked the seminarians their opinions on their 1998 study of 21 Catholic seminarians in the United Kingdom. The seminarians, ranging in age from 22 to 63 years, were in their seventh and final year of studies. The researchers found a large number of seminarians felt the topics relating to aging were “definitely not adequately
covered” (Lount & Hargie, 1998, p. 65). When asked how adequately prepared they felt regarding issues relating to ministering to elders in the area of grief and bereavement, only one seminarian responded feeling prepared and eight reported “definitely not.” Under interpersonal communication, only one reported feeling definitely prepared. Only six felt prepared to visit the sick and only four felt prepared to visit homes. When asked about the training they had in various age-related subjects, the following shows the number of participants with some training: grief/bereavement counseling = 9, interpersonal communication = 5, visiting the sick = 2, and visiting of homes = 0 (Lount & Hargie, 1998, pp. 66-67). When asked about experience working with those who are sick or dying, nearly half reported having experience. This may indicate that classroom instruction would have been a benefit to gaining confidence in their ministerial work. When asked what topics they would like to have considerable training in, the top two answers were ministry to the dying and ministry to the sick (18 each) (Lount & Hargie, 1998). These topics are addressed in the survey of the current study.

The Knapp and Elder (2002) study mentioned earlier surveyed 131 seminaries from many faith groups, fully accredited by the Association of Theological Schools. Roman Catholic seminaries had the highest representation with 24 schools (20%) and Baptist not far behind with 18 (15%). The study results showed only 7% of the schools had at least one required course related to aging (Knapp & Elder, 2002), and 48% had an elective course. The top three reasons given for not offering a course were curriculum was full (70%), lack of teaching expertise (26%), and lack of student interest (15%)
In a recent study done by Ramsey (2011) at a Lutheran seminary, 27 seminarians students were surveyed about what they needed and wanted in the way of courses in aging and theology. The results of the question, “Do you feel well prepared for this aspect of ministry?” are as follows: Well prepared = 0, Adequately prepared = 17, Unprepared = 9, and No response = 1. Ramsey reports that the results from the personal comment area of the study reflected students remaining distant from elders. She adds that this confirms work by Knapp, Beaver, and Reed in 2002 that found younger seminarians did not have a positive attitude about elders. Once again, adequate gerontology education in the seminary will help those who minster to elders see elders’ great value. The importance of elders must be brought to the forefront, especially within religious faiths and denominations. It is apparent elders are still not the in the forefront even after the work done by all those reported in this chapter. Much more work needs to be done to send a message to those who provide care to elders, especially those who provide spiritual care.

Another study that demonstrates a failure to address elder needs is The Class of 2011: Survey of Ordinands of the Priesthood. This report, published by the United States Conference of Catholic Bishops (2011), includes a section that asks their newly ordained priests about their previous involvement in parish programs, activities, and ministries.
Not one of the three areas addressed anything specifically related to aging parishioners.

The following are the parish ministries listed on the survey: Altar server, Lector, Minister of Holy Communion, Catechist, Campus ministry/Youth ministry, Confirmation sponsor/godfather, Cantor or music minister, RCIA team member/sponsor, Usher/minister of hospitality, Parish pastoral council member, Liturgy committee member, and Full-time parish/diocesan employee (Gautier & Cidade, 2011). There is no mention of ministries to the homebound or to those in hospitals, skilled nursing facilities, or any senior parish groups. As research shows, visiting the sick, counseling the suffering, caring for the dying, celebrating funeral Masses, and supporting the grieving families (Brannen, 2010; Moberg, 1980) are just some ways a priest ministers to parishioners. What is lacking in this survey supports what research has found is lacking in seminaries, the awareness and understanding of the importance of the parish elders and the priority that should be placed on these parishioners.

The question arises as to why the lack of focus on ministry to elders. Why is it seminaries are not making greater efforts to include gerontology in their programs when the research demonstrates the need? Lount and Hargie (1998) report that seminaries have generally focused on spiritual and academic training. Knapp and Elder (2002) address the 1989 study by Brewer which states that the reasons for not offering gerontology classes in the seminary was not a lack of student interest or faculty qualification, but that their curriculum was too full to add any other classes. Their own 2002 study shows the top three reasons given for not offering a course were: curriculum was full (70%), lack of
teaching expertise (26%), and lack of student interest (15%). Ramsey (2002) reports her study at a Lutheran seminary showed that most seminarians have such a full list of required courses they cannot fit in a gerontology course. One of her participants wrote, “I can’t imagine adding one more course right now” (p. 41).

Gerontologists have made attempts for at least three decades now to improve the gerontology education and training in seminaries; yet there has been little improvement, thus, doing a disservice to both the students and elders they will serve (Knapp & Elder, 2002). Seminarians and priests will best serve their elder parishioners when they understand elders’ needs and concerns at this time in their life. Gerontology education will do just that.

Teaching Methods from Past Research

Since past research shows a need for gerontology education in the seminary (Gulledge, 1992; Knapp & Elder, 2002; Lount & Hargie, 1998; Ramsey, 2011), it is important to ask how it should be done. Some gerontology classes were created decades ago when NICA, GIST, and GITE were active. The structure and topics of study used for these classes are still valuable and can be built on today.

Examining course objectives is a helpful way to discern course content and scope. As early as 1980, Meiburg (1980) proposed a course plan conducted as a two-semester-hour elective course with a goal to foster competencies for pastoral ministry with elders using the following five (5) objectives:

1) Discuss basic concepts in gerontology.
2) Demonstrate awareness of elder needs.

3) Articulate theological issues in the life of elders.

4) Show proficiency in pastoral encounters.

5) Identify a variety of modes of church ministry with elders. (p. 368)

Work by Edwards (1980) pointed out that most students have had the least experience with the elder age group with experience limited to one or two relatives. She believed most see aging in a negative light involving illness and death. The seminary offered a course involving intergenerational group work in which seminarians were able to interact with elders. Edwards (1980) found that seminarians grew in their understanding of the diversity of elders and in their appreciation of the worth of elders. Objectives from this work included:

1) Introductory. Strong emphasis on building and establishing bonds.

2) Exploration of basic questions through a variety of learning centers—music, art, Bible study, quiet meditation, etc.

3) Media center with music and filmstrips.

4) Culminating session with affirmation and celebration. (p. 372)

In addition to Edwards’s objectives, Bryant (1980) created four course objectives from his work with the GIST project. The objectives are as follows:

1) Knowledge in the areas of myths and prejudices of aging.

2) Understanding of the natural place of aging in human growth.

3) Skills in relating to aging persons.
4) Attitudes of the seminarian towards aging.

5) Values of self and those of elders, with focus on creative potential in later years, death and dying, and the meaning and use of experience among elders.

(p. 374)

Fillinger’s (1980) gerontology course created from the GIST project included areas of study already mentioned, but also included organizational resources including local, state, and federal organizations. This was an important area to include because knowledge of community resources is a tool clergy can use to locate additional assistance for their parishioners.

Recommendation of past studies fits well and can be combined with the recommendations from Gulledge (1992). His study included 289 pastors from three major denominations. He created a list of important recommendations:

1) Gerontology should be a vital part of seminary training.

2) A one-semester overview course is recommended along with inclusion of the topic within other courses.

3) Myths and realities of aging should be addressed.

4) Gerontology courses should be practice-oriented.

5) Opportunities for contact and interaction with elders should be provided.

6) Students should be introduced to community and governmental resources.

7) Emphasis should be placed on the value and worth of elders.

8) Issues of intergenerational relationships should be discussed.
Attitudes of pastors toward their own aging, death, and dying should be addressed. (pp. 641-642)

For at least the past three decades, research has shown the need for gerontology education in the seminary. The need is not specific to a particular faith or denomination. The need is shown to be across all faith groups. Those who studied the subject have given recommendations for gerontology courses. The research findings and ideas for teaching gerontology should be acknowledged and learned from by those who create the curriculum for their seminary. Those responsible for creating the curricula for seminaries are doing a disservice to elders by not addressing the need and not acknowledging the necessity of gerontology studies for their seminarians.

Curriculum and Teaching Methods for the Future

Past research has demonstrated a variety of approaches to teaching gerontology in the seminary and can be used as tools to create classes in the future. Thought and consideration of teaching methods and theories is important in designing a curriculum. Supported by educational curricular research, the present research study recommends using a variety of teaching methods implementing a particular method when its strength outweighs the strength of other methods. Methods will also be chosen when they work well in conjunction with other methods. Consideration of addressing different student learning styles will also be a factor. The following paragraphs recommend the structure of the gerontology class for seminarians.
Each gerontology class during the course will begin with lecture. The lecture will bring what is, most likely, new information to the students. Lecture will be used as a time to define gerontology terms, explain issues, and inform the class on how these issues can be addressed. Lecture will be limited to 10-15 minutes. As reported in research by Bligh (as cited in Stanford University, 2005), student attention drops off after 10-15 minutes of listening to lecture. After the lecture, other methods of teaching will be used.

Instruction will then move from the monologic approach of lecturing to the dialogic approach of discussion. Dialogue and discussion are excellent ways to help one understand the issues of aging. Discussion or group work will follow lecture to give students time to process the information. If discussion and group work were not included, lecture alone may be only “transferring information from the notes of the professor to the notes of the student without going through the mind of either” (Penner, 1984, p. 12). Giving students information without allowing for discussion would be a disservice to the students and those to whom they will minister.

The discussion segment is necessary for dialogue with the class. This gives the students time to delve more deeply into the subject. Open-ended questions will be created with enough depth to allow for discussion, explanation, stimulate thought, and allow for meaning to be made. “Meaning is what you get when you ask for an explanation” (Wittgenstein as cited in Cronen et al., 1990, p. 15). The discussions can function as a way for the instructor to assess the students’ understanding of the gerontology material. This will not only give the instructor an idea of how the students
understand the material, but also how the instructor may or may not be communicating
the information. It also gives the students time to process what they are taught.

This processing can occur through verbalizing their thoughts. Once one’s thought
is expressed, there is another reaction in the mind, creating deeper thoughts on the
subject, which allows for further verbal expression, and can be summed up by saying,
“speech gives birth to thought” (Armstrong, 1971, p. 427). As one talks about their ideas
they get revised, pruned, and recreated. Each person’s message is individual and unique
(Kougl, 1997) and gives value to the class discussion. The sharing of questions and ideas
adds richness to learning. This allows for students to learn not only from the professor,
but also from fellow students. Sprague (1992) quotes Shor and Freire as saying,

The teacher, then is not an end-point of development for the students to reach.
The students are not a flotilla of boats trying to reach the teacher who is finished
and waiting on the shore. The teacher is also in one of the boats. (p. 12)

Each student is unique and has experienced life as no one else has. Their personal
experiences with elders can be shared and learned from. Treasures can be opened in the
class discussion. In the “lecture-only” setting, treasures are lost.

The benefits continue with groupwork. A study done by Stewart and Gonzalez
(2006) looked at cooperative learning used as a method of instruction for college students
with communication disorders. Twenty-nine university undergraduate students were
participants in the study. The researchers developed complex case studies relating to
professional issues in the workplace for the groups to examine. The researchers
concluded, “Cooperative learning helps students develop better high-level reasoning and critical thinking skills and the ability to see the perspective of others” (p. 161). Groupwork is an excellent method for teaching various topics relating to aging, such as caregiver issues, elder abuse, and bioethics.

Yang, Chen, Chao, and Lai (2010) conducted a qualitative study, which looked at the needs and difficulties in bioethics education among nurses. Fifty-three questionnaires relating to bioethics and nursing were completed. One question asked what the most effective teaching methods for bioethics were. Most directors of nursing believed small-group discussion to be most effective (Yang et al., 2010). A paper by Lennon-Dearing, Lowry, Ross, and Dyer (2009) looked at the evolution of an interprofessional bioethics course. They found that students found group activities meaningful, learning from those of different professional background. With this in mind, the gerontology class groups will be created so each group will be made up of students from different backgrounds giving students the opportunity to learn from their classmates’ life experiences. This will help students retain more information than from a lecture-only class because they will be able to connect what they learned to the real world. It will also allow them the opportunity to find personal meaning in the material covered.

Another way to help ensure relevance of the topic being taught is by knowing the audience (Garmston & Wellman, 1992). The students’ educational backgrounds, their educational needs on the subject taught, the reasons for taking the class, hindrances they may have to learning, learning styles (Kougl, 1997), personal and professional
experiences, their fears about the issues of aging, political views, religious beliefs, and cultural practices are all beneficial for the instructor to be aware of. It is important for the instructor to be aware that some of these areas mentioned have a possibility of producing conflicts due to opposing viewpoints (Nelson, Deuel, Slavit, & Kennedy, 2010). The instructor should be observant and sensitive to students’ nonverbal behavior cues (Kougl, 1997). Having the students fill out a short questionnaire at the beginning of class will give the instructor important insight into the background of the students.

Presenting the information to the class in the manner previously described will give students the opportunity to decode, analyze, interpret, critically think, form a plan, and create. In planning the lecture, the instructor will use the idea of thinking in terms of small gifts, so as not to overwhelm the students. By nature, subject material relating to gerontology can be overwhelming, especially topics such as end-of-life issues. Questions for the class discussions will be created in the way of Bloom’s Taxonomy (University of Victoria, 2004), so the questions would start simple and become more complex as the students become more and more able to understand them. This questioning in sequence is an important strategy to meet the goals of the class (Wilen, 1982).

When creating a space for discussion, a u-shape or circle seating arrangement will be formed, so the students will be able to see the whole class. This arrangement will promote group dynamics (Garmston & Wellman, 1992). One effective teaching tool is the use of stories relating to aging topics. Storytelling is the second oldest teaching device (dance first). Good storytelling can “open pathways to unconscious
understanding” (p. 48). On the opposite end of the spectrum of teaching tools, research will be presented. Including research findings in the discussion adds credibility to the material covered and also to the instructor. Activities such as case studies, brainstorming, role-playing, and problem solving will be used in groups. Creating a situation that allows students to “invent and discover” is important (Kougl, 1997, p. 202).

The instructor will implement various teaching methods; so all learning styles will be addressed. When planning the material for the classes, there will be consideration of the use of Aristotle’s ethos (ethical appeals), pathos (emotional appeals), and logos (logical appeals) (Abersek & Abersek, 2010). Presenting gerontology material that draws out both the logical and emotional aspects of each age-related issue is important. Videos will be selected that might touch the students through emotions. Assignments involving reflection on class work and work with elders will always be included because “reflection is an essential part of experiential learning” (Edwards, 1980, p. 372). It also allows for students to logically work through an issue and express their emotions. Instructional material will be created for the students to use in class and for additional information to take home. Sending home information is another way to reinforce what is taught. Repetition is an important way to call attention to information (Kougl, 1997). Take-home material may encourage students to do further reading on the subject and give the students immediate access to a source for additional information.

The research shows the need for gerontology instruction in the seminary (Gulledge, 1992; Knapp & Elder, 2002; Lount & Hargie, 1998; Ramsey, 2011). Past
research includes ideas for implementing courses. Current educational research gives direction for curricular development today. These findings and ideas must be put into practice to better prepare seminarians for their ministry as a priest. It will not only benefit future priests, but those to whom they minister as well.

The following chapter, Chapter 3, addresses the design of the research. The population and the settings used in the research are also explained. The instruments used and how the data were collected are described. Chapter 3 concludes with both data analysis procedures and methods procedures.
The intent of this research is four-fold. The first goal is to determine the extent to which adequate gerontology instruction is offered at Catholic seminaries. The second goal is to learn whether seminarians and recently ordained priests believe they are adequately trained and prepared to serve elder parishioners. The third goal is to determine what experiences the seminarians and priests have had in ministering to elders. The fourth goal is to document what seminarians and priests want and need to have taught relating to gerontology.

To examine the research questions posed, it is important not only to examine the curriculum in the seminary, but, more importantly, to hear the thoughts and opinions of priests and seminarians. It is possible that classes relating to gerontology are listed in the catalogue, but are either not offered or most seminarians do not take them. It is also possible the seminary may offer pastoral work experience, but the seminarians do not choose ministry with elders. It may also be the case that a seminarian or priest feels very prepared to work with elders, but his confidence comes from experience outside the seminary. For the above reasons, it is important to hear the seminarians’ and priests’ own words about their education and experiences relating to elders.

A 2011 study by Ramsey addresses similar issues. The study questionnaire asked what seminarians needed and wanted to learn about aging and if they felt prepared for this area of ministry. Through the open-ended question relating to instruction, the results
showed a countless number of topics of interest requested by the seminarians. None reported feeling well prepared (Ramsey, 2011). This study demonstrates the seminarians’ need and desire for gerontology instruction.

This chapter addresses the design of the research. The population and the setting used in conducting the research is also explained. The instruments used and how the data were collected are described. Chapter 3 concludes with both data analysis and methods procedures.

Research Design

This qualitative research study is designed to gather the majority of information from Catholic seminarians and priests through open-ended survey questions. The observations and shadowing used in this study are additional means for collecting information about how seminarians and priests minister to elders. Examination of seminary curriculum is used to determine, if anything at all, is offered in the way of gerontology instruction.

Although observations, shadowing, and examination of the curriculum are included in the study, the opinions of the participants gathered through open-ended questions are the most weighted. The researcher implemented Grounded Theory (GT) as the means for conducting the research study. The responses from the 30 participants are carefully compared to find patterns and common themes in an effort to expose valuable data pertaining to the issues of the study. GT involves the emergence of patterns and categories, which comes from the continuous comparison of data (Glaser, 2002a).
Categories created from reoccurring themes and analyses of the themes help to form concepts. A benefit of GT is that “the researcher can use his or her own concepts generated from the data instead of using, and probably forcing, the received concepts of others” (Glaser, 2002a, p. 2). The research steps are a means to answering the four Research Questions.

Population and Setting

This section addresses the population of research participants and the settings in which the research takes place. Twenty-one Catholic seminarians and nine Catholic priests participate in the study. Other individuals involved with the seminaries provide information about the academic programs.

No restriction on age or length of time in the seminary is required for the study. The study’s focus is not on a particular group of seminarians as classified by their specific year of training or by specific age group. For the participants who are ordained priests, the study requires that their ordination occurred within the last 10 years. Although the criterion is 10 years, six and one-half years is the longest time since ordination for a priest participant in the study. Of the nine priests in the study, three have been priests for just under one-half year, two between one and one-half years and two years, and four that range from four years to six and one-half years. The parameters relating to the number of years as a priest are chosen, so as to have their seminary experience recent. They are also chosen so that the research will be examining current seminary practices.
The priests and seminarians in the study attended or are attending seminaries both within the United States and in countries outside the United States. All participants are living in the United States during the study. All have had some seminary training in the United States. The exact number of those who are citizens of other countries is not known because it is not asked on the survey. The nationality of some of the participants is made known during interviews. The participants also represent both religious orders and the diocesan priesthood. This is intentional to the design of the study to prevent responses that may be common to only one particular seminary or order. Although all priests are called to minster to Catholics of all ages, those belonging to a religious order have a specific charism, a spiritual grace /gift given by God, such as service to the poorest of the poor. In that case, those belonging to an order may not receive as much training in ministering to elders as those who are training to be a diocesan priest (priest, personal communication, November 22, 2010). Those studying to be a diocesan priest will attend a seminary designed for such ministry (Brannen, 2010).

The researcher uses several settings and means of communication for this study. The first contacts are done over the telephone. Calls are made to those authorized by their position in the religious order, in the diocese, or in the seminary, to give consent to the study and to release the contact names of prospective participants. A second means of contact is e-mail, while contact by telephone continues. Face-to-face meetings are arranged when possible. Interviews take place in parish offices; a hospital room; seminaries; automobiles en route to board and care, assisted living, and skilled nursing
facilities; and in a seminary chapel. Observations and shadowing of priests and 
seminarians are done in skilled nursing and assisted living facilities, board and care 
homes, and at a fundraising event.

Maintaining confidentiality is honored for all those involved in the study. The 
dioceses, parishes, and seminaries involved in the study are intentionally left unnamed. 
Participants’ names and any identifying information are not included in the study.

Instruments

The researcher developed the primary research instrument, the survey. Prior to 
implementing the survey in the research study, it was reviewed by experts, which include 
several priests, a seminarian, faculty, and thesis advisor. The survey is located in 
Appendix A. The survey is made available to participants either by hard copy or 
electronically over the Internet. Secondary instruments used are a tape recorder, note-
taking material, and the telephone.

Collection of Data

This qualitative study uses a 13 open-ended question survey questionnaire (see 
Appendix A). It is the primary instrument for collecting information. The 13 questions 
cover topics related to the participants’ experiences with elders. The survey questions are 
the most significant tool because they ask seminarians and priests to explain their 
responses. These explanations bring meaning because “Meaning is what you get when 
you ask for an explanation” (Wittgenstein as cited in Cronen, Pearce, & Changsheng,
The explanations bring insight and valuable information needed to answer the research questions.

Questions asking about the participants’ experiences ministering to elders are included. Also included are questions asking about what seminarians and priests would want and need to have taught in the seminary relating to aging. The survey asks if seminarians and priests feel prepared to minister to elder parishioners. The survey ends with a question asking for participants’ feedback and suggestions about the survey. The following are a few example questions from the survey:

6. Have you ever been at the bedside of an elder who is confused and cannot communicate other than by making sounds such as moaning?
   a. If yes, how did you feel?
   b. If no, how do you think you would feel?

8. Do you have any reservations /hesitations/fears about working with elders:
   Along with answering Yes or No, please explain your answer.
   a. Elders in general, not just those who are sick.
   b. Elders who are very old and frail.
   c. Elders in a nursing home.
   d. Elders who are sick.
   e. Elders who are dying.

9. Have you ever been with a person who is terminally ill?
   What was the experience like for you?

12. Do you feel prepared for ministering to elder parishioners?
   Explain.

All other means, such as observations, shadowing, and reviewing the seminary curriculum and library materials are secondary. The researcher uses observations and shadowing as ways to observe participants ministering to elders. The researcher reviews
the curriculum and library materials as a means to gather available information relating to gerontology.

Data Analysis Procedures

After the data are collected, key words and responses will be put into common groupings as is consistent with Grounded Theory (Glaser, 2002a). The 30 responses for each question will be examined for common themes, from which categories will be created. Responses are placed under the appropriate categories and analyzed as they relate to the research questions.

Methods and Procedures

The researcher uses Grounded Theory (GT) to collect, report, and code the research data collected from written surveys, e-mails, personal interviews (by telephone and in person), classroom observation, event observations, and shadowing. Journal articles are sources for previous and current research on the topic.

To search for the appropriate contacts, the researcher begins by telephone. Consent to the research study is given by those contacts within the diocese and seminary settings. Names of seminarians and priests for the study are also given. Confidentiality is waived solely for the purpose of contacting participants and gathering data. Once the researcher collects a list of prospective participants, introductions are done by telephone and e-mail. Each individual personally agrees participate in the study.

The researcher then schedules appointments for interviews and shadowing. The researcher will attend a fundraising function where seminarians and priests have one-on-
Phase One: Determining if the project is possible:

The purpose of the first phase of research is to determine if the study is possible. The first concern is privacy. It is uncertain as to whether someone from the public/laity is allowed to explore the lives of seminarians and priests. Allowing permission for a female researcher to explore this all-male population is the second concern. The third concern is whether the first contacts at the dioceses and seminaries would be open and trusting of the researcher and the study.

Phase Two: Contacting seminarians and priests:

Phase two involves making first contact with those who will provide the needed list of names of priests and seminarians. The concern in this phase is whether enough
seminarians and priests agree to be part of the study. Initial introductions will be done by telephone and e-mail. Distance will be a factor preventing some interviews from being face-to-face. The telephone, e-mail, and regular mail will be the means of the majority of the correspondence. Interviews, shadowing, and visits to the seminaries and parishes will take place during this phase and occur while gathering survey information.

**Phase Three: Organizing the information gathered:**

Consistent with Grounded Theory (Glaser, 2002a), after gathering the information, key words and responses are analyzed and put into common groupings. This process is done working with hard copies and on the computer. It begins by transferring handwritten and electronic responses of all 30 participants and placing them under the appropriate question, so all 30 answers for every question are in the same document. When that is complete, the document is printed out. Each question with its 30 answers is examined for common themes.

**Phase Four: Looking for common themes:**

In looking for common themes, categories emerge, which organize the themes. In analyzing data, included in this phase, it is important that categories not be forced or selected out of preconceived ideas about the subject being studied (Artinian & Giske, 2007). The themes should arise from the data. The concern in this phase is how the research results will come together. This phase leads to beginning the writing phase.
Phase Five: Writing the research and conclusion:

The last phase includes putting the project together on paper. It involves pulling the research articles together to connect to the project. The researcher will analyze all data according to the research questions. The researcher also includes analysis and conclusion in this last phase. If a need and desire for gerontology education is demonstrated, recommendations are made.

The next chapter, Chapter 4, evaluates and analyzes the research. It presents the purpose and the tools of the study. It also discusses the survey findings as well as examines the results collected from the secondary methods: observations, shadowing, and examination of seminary curriculum and library content. The survey findings are then compared to the secondary findings within the context of answering the four Research Questions.
Chapter 4

RESULTS AND ANALYSIS OF THE DATA

Summary and Purpose of Study

Ministering to elders is an ordinary part of the life of a parish priest. The life of a Catholic priest is one of service to God and others. One of the areas of service is ministering to elders. It can be very challenging as issues relating to physical health, finances, cognitive function, caregiving, loneliness, grief, death of loved ones, and the elder’s own mortality arise with elder parishioners. It is extremely important that those ministering to parishioners in their later years have proper instruction and are well prepared to serve them.

This chapter evaluates and analyzes the research. It presents and discusses the survey findings as well as examines the results collected from the secondary methods: observations, shadowing, and examination of seminary curricula and library content. The survey findings are then compared to the secondary findings within the context of answering the four Research Questions.

The intent of the research study was to determine the preparedness of seminarians and priests to minister to elder parishioners. Four Research Questions were created to explore the subject of the research. The primary method for answering the four Research Questions was a survey made up of 13 open-ended questions, which was completed by seminarians and priests. The secondary methods were observations, shadowing, and the examination of seminary curricula and library content.
The study was designed to answer the following four research questions:

RQ 1: To what extent do Catholic seminaries offer adequate gerontology instruction and training?

RQ2: Do seminarians and recently ordained priests (10 years or less) believe they are adequately trained and prepared to serve elder parishioners?

RQ3: What experiences have seminarians and priests had in ministering to elders?

RQ 4: What do the seminarians and priests express they want and need to have taught, relating to elders?

Tools Used in the Study

The primary tool used in the study was a survey created by the researcher containing 13 open-ended questions based on earlier studies and grounded in the literature. It was the researcher’s tool of choice because the open-ended questions had the capability to gather more information than using questions requiring just yes or no answers. The open-ended questions allowed for an explanation. Additionally, consistent with Grounded Theory (Glaser, 2002a, 2002b), it permitted participants to describe their own thoughts, which would later form the basis for development and analysis of common themes. The explanations gave detailed information enabling the researcher to use them to answer the four Research Questions. Survey information was received on handwritten hard copies, typed and received via e-mail, and answered verbally during interviews. Most survey data were gathered from participants filling out the survey. Some survey data were collected through personal face-to-face interviews where the
researcher either recorded the answers by hand on the survey form or used a recording device. Interviews relating to the survey were conducted in a hospital, at seminaries, in parish and academic offices, and in vehicles en route to care homes. Observations and shadowing of participants was conducted to gather additional information the survey could not glean.

Nine priests and 21 seminarians participated in the study. The study required that the priests had been ordained within the last 10 years. Although the criterion was 10 years, six and one-half years was the longest time since ordination for a priest in the study. Of the nine priests in the study, three had been priests for just under one-half year, two between one and one-half years and two years, and four that ranged from four years to six and one-half years. The parameters of the number of years since ordination were chosen to examine current seminary practices.

The priests and seminarians in the study attended or were attending seminaries both within the United States (U.S.) and in countries outside of the U.S. All participants were living in the U.S. during the study and all had some seminary training in the U.S. The exact number of those who were citizens of other countries was not known because it was not a question included on the survey; however, the nationality of some of the participants was disclosed during interviews. The participants represented both religious orders and the diocesan priesthood. This was intentional to the design of the study to prevent responses that may be common to only one particular seminary or religious order.
The secondary methods for the research were observations, shadowing, and the examination of seminary curricula and library content. These additional methods are discussed in more depth later in this chapter. The researcher attended a fundraiser to observe seminarians’ and priests’ interaction with elders during one-on-one visits. Observations and shadowing of priests and seminarians took place at a parish, board and care homes, and in skilled nursing and assisted living facilities. The researcher accessed a seminary library computer to find material relating to gerontology and conducted a physical search for books and journals related to aging in the seminary library. The researcher observed a seminary pastoral counseling class and collected additional information at the seminary through conversations with faculty, staff, and seminarians.

General Analysis Methods Used and Why

The study was designed to answer the four Research Questions primarily through the responses of priests and seminarians. The researcher felt hearing it first-hand from those who are and will be ministering to elders would be the most credible and accurate way of gathering information to answer the research questions. Their responses to survey questions gave the information necessary to answer all four Research Questions and are discussed later in the chapter. By utilizing open-ended questions, the researcher had the capability to gather more information, adding extensive valuable information with which the researcher could work. The participants’ explanations were important in uncovering common themes and analyzing the research in order to answer the four Research Questions.
The secondary methods or tools (observations, shadowing, and examination of seminary curricula and library content) were chosen to gather information that would fill in gaps that may not have been answered in the survey. They were also chosen to see if the secondary source information supported the participants’ answers. Observations and shadowing of seminarians and priests with elders gave the researcher a way to examine how the participants interacted with elder parishioners. It also offered information to help determine if their survey responses were in line with what was observed during their interactions with elders. This type of information was not possible to collect from a survey alone.

The four Research Questions were answered in four steps. In the first step, all survey responses were organized under the heading of each individual survey question. The second step organized the findings of the secondary sources. This was done by topic, such as observations at a fundraiser or gerontology resources in the library. In the third step, the survey questions were grouped by themes and analyzed, followed by the fourth step, which analyzed the secondary findings. Once the first four steps were completed, the findings were used to answer the four Research Questions.

The participants’ survey responses are shown as the participant wrote them or as he verbally answered the question. Grammar was not corrected, but some spelling was corrected, so the response would be readable and properly understood. Not all survey responses are included. The complete survey without answers can be found in Appendix
A. The next section in this chapter will discuss the analysis of the study as organized by the four Research Questions.

Analysis of Study Organized by Research Questions

This section discusses the findings of the study. Both the survey findings and the secondary findings were used to answer the four Research Questions. Examples of additional survey responses can be found in Appendices C, D, and E.

*RQ 1: To what extent do Catholic seminaries offer adequate gerontology instruction and training?*

It is quite evident that much is lacking in the way of gerontology instruction and training in the seminary. Review of the literature demonstrated that this was a concern for many religious groups (Gulledge, 1992; Knapp & Elder, 2002, 1998; Lount & Hargie; Moberg, 1980; Ramsey, 2011). The results of this study, which addressed Catholic seminaries, also indicated a lack of gerontology instruction and training. These findings support the past studies reviewed in this research.

During the current study, the researcher’s conversations with faculty at one seminary found they did offer a class on ministry to the sick and dying, but it had been a few semesters since it was offered. At the time this research was conducted, the class was no longer offered. The class was an elective, so not every seminarian took the class. In conversations with the participants who attended the seminary, not one reported having taken the class. Participants mentioned that some discussion relating to gerontology might be found in bioethics, moral theology, Catholic social ethics, and
standard counseling classes. The pastoral counseling professor did not have any course content that involved elders; however, after the researcher’s visit to the class, the professor decided aging would be included in the class the next semester. Seminary curricula were reviewed and no gerontology classes were found. This supports not only what was gathered in conversations with those associated with the seminary, but also with the participants’ responses in the survey. These findings are also consistent with the previous research reviewed in this study that indicated the lack of gerontology instruction in the seminary (Gulledge, 1992; Knapp & Elder, 2002; Lount & Hargie, 1998; Ramsey, 2011).

Examination of one seminary library was done during this study to assess what the seminary offered for resources relating to gerontology. The researcher found the seminary library had several shelves of books related to aging, but not one journal on aging was available. When asked about journals on aging, the librarian reported subscriptions stopped when the faculty member who had an interest in gerontology no longer taught at the seminary.

In addressing this research question from the responses of the seminarians and priests, the conclusion was the same, but there was an overwhelming desire to have classes offering topics related to aging. Tables and discussion on what they would like to have taught can be found in the section on Research Question 4. One participant’s response to the question of what he would like to have taught was, “Right now I cannot give you a suggestion because I need to know more about elders before I give a
suggestion.” His need to know more about elders demonstrates the need for gerontology as part of the seminary program. If proper gerontology courses were part of the seminary curriculum, the result would be better prepared and more confident seminarians and priests who would have knowledge and understanding about the elders they serve.

**RQ2: Do seminarians and recently ordained priests (10 years or less) believe they are adequately trained and prepared to serve elder parishioners?**

Research Question 2 addresses whether seminarians and recently ordained priests (10 years or less) believe they are adequately trained and prepared to serve elder parishioners. Data from survey question 12 (Q12) of this study showed that the majority of seminarians and recently ordained priests do not feel totally prepared to minister to elders. The data also show that the total combined responses of seminarians and priests who feel somewhat prepared or uncertain is higher in response numbers than either the numbers for those who feel prepared or the number of those who do not. Table 1 depicts the findings.

Table 1

*Perception of Preparation to Serve Elders*

<table>
<thead>
<tr>
<th>Respondents</th>
<th>Yes</th>
<th>No</th>
<th>Somewhat</th>
<th>Uncertain</th>
<th>No answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seminarians (n = 21)</td>
<td>5</td>
<td>6</td>
<td>5</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Priests (N = 9)</td>
<td>4</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

The results of this survey question are in line with those of a similar survey question posed to seminarians in Ramsey’s study (2011), which showed not one of the 27
Lutheran seminarians surveyed reported being well prepared. This very current research conducted in a Lutheran seminary demonstrates this problem is not specific to Catholic seminaries. It also shows that although this issue has been addressed for at least the past three decades among a variety of religious groups, the problem has not been resolved (Gulledge, 1992; Knapp & Elder, 2002; Lount & Hargie, 1998; Moberg, 1980; Ramsey, 2011).

Survey question 12 (Q12) addressed how the seminarians and priests felt about their preparedness. Of the nine priests surveyed, four indicated they felt prepared. Of those four, one lived with elders while growing up, one answered in reference to his recent experience with an elder family member, one considered it a personal strength of his, and one reported that although he had no course work in gerontology his formation in the seminary prepared him. He verbally explained,

I would say, yeah, I wouldn’t have felt like totally inadequately prepared because there is so much that happens through the formation… that gives you the tools that you need to then basically minister to anyone be they little kids or elderly… so, and that’s something, yeah, we’ve got, I felt I’ve received well enough.

Of those priests who reported not being totally prepared, one said, “Well, we cannot say that the seminary prepares us for everything. We are only gonna get it through experience. One thing is to get the theory, another thing is to get the experience.” Another wrote, “You always find out something was missing” (he gave
examples of visits). Another participant answered in this way, “No, I was never given any specific training that I can recall.”

Of the 21 seminarians surveyed, five answered with a definitive yes about feeling prepared and can be compared to the study by Ramsey (2011), where not one of the 27 Lutheran seminarians surveyed reported being well prepared. Of the five in this study who answered yes, one reported that his experience did not come from the seminary, but from past parish work and from his own family. Another seminarian gained hands-on experience through a volunteer organization and reported ministering to elders a few times a year. The third seminarian reported only making visits to elders a few times a year, when accompanying a priest. The fourth seminarian reported visiting elders a few times a year. The fifth seminarian had been making monthly visits for two years. Those who reported they did not feel prepared indicated they needed formation in this area. One participant wrote, “I do not [this should be clarified – I don’t feel particularly prepared for ministry in general, as I have not received any formation in this area].”

Many responses from other survey questions also indicate a lack of preparedness. An interesting and important finding in survey question 8 (Q8) is the progression in response numbers as the situation addressed became more difficult. The number of participant answers indicating they did not have any reservations, hesitations, or fears about working with elders declined, as the situation became more challenging (Q8a.-e. 18, 16, 13, 12, 10).
Table 2

<table>
<thead>
<tr>
<th>Question 8 Answers Shown in Numeric Progression as the Situation Became More Challenging</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>a</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No answer or did not answer</td>
</tr>
</tbody>
</table>

Table 2 also shows the increase in responses indicating having reservations, hesitations, or fears as the situation became more challenging (Q8a-e 7, 9, 6, 9, 10). No other similar research was found to compare to this study. Table 3 shows the individual scenarios (a.-e.) and the total number of responses for each.
Table 3

Results from Question 8 Relating to Each Scenario

<table>
<thead>
<tr>
<th>Scenario</th>
<th>No</th>
<th>Yes</th>
<th>No answer or just explained experiences</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Elders in general, not just those who are sick</td>
<td>18</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>b. Elders who are very old and frail</td>
<td>16</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>c. Elders in a nursing home</td>
<td>13</td>
<td>6</td>
<td>11</td>
</tr>
<tr>
<td>d. Elders who are sick</td>
<td>12</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>e. Elders who are dying</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>
Another example that demonstrated a lack of adequate training is the participants’ responses to survey questions 6 (Q6) asking how they would feel/felt being at the bedside of an elder who was confused and could not communicate other than by making sounds such as moaning and question 7 (Q7) asking how they would minister to him or her.

Results can be seen in Tables 4 and 5.

Table 4

Survey Question 6: Common Themes

<table>
<thead>
<tr>
<th>Theme</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helpless</td>
<td>8</td>
</tr>
<tr>
<td>Compassion/ate</td>
<td>3</td>
</tr>
<tr>
<td>Felt sorry/pity</td>
<td>2</td>
</tr>
<tr>
<td>Uneasy</td>
<td>3</td>
</tr>
</tbody>
</table>

Survey Question 6:

21 Responses to Being with Those Who are Confused, Moaning, and Unable to Speak

<table>
<thead>
<tr>
<th>Felt helpless</th>
<th>Unsure of what to do or say</th>
<th>I feel sad</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uneasy and helpless</td>
<td>At first, afraid</td>
<td>It was uncomfortable at times</td>
</tr>
<tr>
<td>I honestly felt helpless</td>
<td>Unsure</td>
<td>Feel helpless</td>
</tr>
<tr>
<td>Depressing and dejecting</td>
<td>Sensation of being helpless</td>
<td>I feel sorry for them</td>
</tr>
<tr>
<td>Helpless</td>
<td>Useless to an extent</td>
<td>I am unsure how much to talk, if I should talk</td>
</tr>
<tr>
<td>Felt kind of helpless</td>
<td>I would be confused</td>
<td>Helpless</td>
</tr>
<tr>
<td>I was frustrated</td>
<td>Not comfortable</td>
<td>Felt like I was talking to the wind</td>
</tr>
</tbody>
</table>
Adequate gerontology instruction would address the reported concerns and feelings of helplessness and prepare them for difficult situations in their ministry. It is interesting to note that although many responses from survey question 6 (Q6), were ones of helplessness, in survey question 7 (Q7), the participants described many valuable ways they would minister to elders in this condition. The researcher learned from conversations with some participants that a “ministry of presence” is taught in seminary. The survey responses validated what they reported. Prayer (12) topped the list for ways to minister to elders who were confused and unable to communicate. Presence (10) came in a very close second. Just being with them (5) was a similar response to presence, but was placed in its own category so that the frequent use of the word “presence” was made evident. Touch (5) and the need for patience (5) were also fairly common themes. The following responses were not significant in number but worth noting: listen (3), love (2), understanding (2), support and comfort (2), compassion (1), gentleness and calm (1), smile (1), and sing (1).
Table 5

Question #7: How might you minister to him or her? (Referring to the Scenario in Q6)

<table>
<thead>
<tr>
<th>Most Frequent Responses</th>
<th>Other comments worth mentioning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Themes</td>
<td>Treat with:</td>
</tr>
<tr>
<td>Prayer</td>
<td>Love</td>
</tr>
<tr>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Presence</td>
<td>Understanding</td>
</tr>
<tr>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Touch</td>
<td>Support and comfort</td>
</tr>
<tr>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Patience</td>
<td>Compass</td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Just be with them</td>
<td>Gentleness and calm</td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Listen</td>
<td>Smile</td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Sing</td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

RQ3 What experiences have seminarians and priests had in ministering to elders?

There was a wide range of experiences that seminarians and priests reported having had with elders. The first two survey questions addressed how often (Q1) and for how long (Q2) they had been ministering to elders. Of the 30 participant responses in Q1, 18 had almost no experience with ministering to elders. Seven visited weekly and five visited elders at least monthly, showing that 12 out of 30 participants did have regular contact with elders. Lount and Hargie’s (1998) study of Catholic seminarians found that nearly half their participants reported having experience working with those who were sick or dying, yet only six out of the 21 participants reported feeling prepared to visit the sick.
In Q2 of this study, 11 of the 30 participants had little or no experience with elders. Five had been ministering to elders for one year. Twelve had been visiting elders for two or more years, up to 13 years. Two did not report a length of time.

In Q3 of this study, when asked what they enjoyed about working with elders, “life stories” (12) and “life experiences” (9) were the two dominant themes, totaling 21 responses. “Wisdom” was listed in six responses, followed by “joy” (3), “listening to them” (3), and “feeling humbled” (2). The value of reminiscence has been shown in research done by Burns and Leonard (2005) noting the importance of the emotions expressed in the process of telling one’s story. Cappeliez et al. (2008) reports that reminiscence/life review could lead to serenity in the later years of life. With research showing the positive aspects of reminiscence and life review, it makes an excellent argument for the importance of teaching this topic in the seminary. If reminiscence and life review were taught in the seminary, seminarians and priests would understand the value of these tools in helping elders express their emotions, release burdens, feel valued, and find meaning and peace in their life. Along with the joys the participants also reported some of the challenges and difficulties.

When asked about what was difficult about working with elders (Q4), the top two themes had six responses each. “Foul smells” and “lack of cleanliness” received six responses. “Seeing that the elder had no visitors” and the issue of “loneliness” also received six responses. Two other areas that had more than one participant response
were “communication problems” (3) and “hard to leave them” (2). In addition to responses with common themes there were other individual responses worth noting.

The following were participants’ descriptions of elders they found difficult: irate when in pain, angry, easily tired and annoyed, hardheaded, and emotionally sensitive. These characteristics often arise when individuals are in situations where they have little or no control. A thorough gerontology course would cover all of the areas of concern. Topics such as elder abuse and neglect and communication techniques relating to decline in cognitive function are important topics for those ministering to elders. Knowledge of these topics and many others would help seminarians and priests be better prepared for the challenges of visits with elders.

Some very challenging situations can be with visiting someone who is at the end of their life or is confused and not able to communicate. Some participants have already had experiences with people in those conditions. Some had already been with people at the moment of their death. Although they experienced challenging situations, the responses showed not all were confident and comfortable in those circumstances. Research Question 2 gives examples of how they felt at the bedside of someone who is confused. In a question about being at the bedside of a dying patient, a participant with no experience responded, “I don’t know, I never have an experience with one, but I think that it will be very difficult for me because dead people scare me.” Although his response was based on the unknown, those who did experience death also found it difficult. The following are examples of some words they used to describe how they felt
about experiences with death and dying: powerlessness, hard, left me with a very few words to say, feelings of inadequacy or frustration (hard to console), frightening and truly sad, heartbreaking (because there was nothing I could do or say to help), uncomfortable (especially when communication was difficult or impossible), sad yet very peaceful, atmosphere of sadness, scary but prayerful, terrible (participant was a child), shocking, major impact, difficult (couldn’t find appropriate words), difficult (dealing with family members), frustrated (by the inability to do anything to help), and hard to let go, but was glad to be there to say good-bye (family member). Gerontology classes that covered issues of death and dying would not only help those who have not experienced death, but also those who have.

Although there were many comments in the survey indicating uncertainty on how to handle certain situations, the observations of seminarians and priests demonstrated a confidence and comfortableness with elders. These observations verified the survey responses that indicated what seminarians and priests enjoyed about being with elders. It is important to note that the observations were not conducted during any of the difficult situations mentioned on the survey.

*RQ 4 What do the seminarians and priests express they want and need to have taught, relating to elders?*

Research Question 4 addressed what the seminarians and priests identified that they want and need to have taught, relating to elders. “Anything!” was the response that summed up what the participants wanted. Twenty (20) participants indicated they would
like to have a class on physical, emotional, and spiritual changes in elders. Twenty (20) participants indicated they would like to have a class on how to communicate with those who have dementia. Seventeen (17) participants indicated they would like to have a class on dealing with losses relating to retirement, finances, home, and the death of family and friends. Nineteen (19) participants indicated they would like to have a class on ministering to the sick and the dying. Thirteen (13) indicated they would like to have classes in all four areas listed in the question. When asked in the survey for other ideas they would like to have taught, many suggestions were given. The following response validated the need for proper instruction and how it could make a difference: “How to prepare someone to die—within six months. I think there is a certain skill, an art, and a certain heart you have to have in order to do that and really help them well.” The next response indicated the lack of knowledge and experience, “Right now I cannot give you a suggestion because I need to know more about elders before I give a suggestion.” With appropriate gerontology instruction he would become more familiar with the needs of those he knew little about.

A suggestion relating to cultural differences covered a point that may never be considered. The participant wrote, “I am Hispanic and dealing with Anglo-Saxon elders has been quite a challenge for I do not understand much about their losses and expectations.” The participants’ lists of topics they want taught are in line with the topics seminarians listed in Ramsey’s study (2011). Some common topic areas relating to what participants want to have taught are topics relating to declining health, spiritual needs,
dementia, and dealing with losses. If suitable gerontology courses were part of the seminary curriculum all the topics listed by the participants would be addressed. The result would be better prepared seminarians and priests and better served elders. Table 6 indicates the number of participants requesting a particular topic to be offered at the seminary.

Table 6

*Question 11: Number of Times Gerontology Curriculum Topics Were Selected*

<table>
<thead>
<tr>
<th>Topic</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Physical, emotional, and spiritual changes in elders.</td>
<td>20</td>
</tr>
<tr>
<td>2. How to communicate with those who have dementia.</td>
<td>20</td>
</tr>
<tr>
<td>3. Dealing with losses: retirement, financial, death of family and friends, home, etc.</td>
<td>17</td>
</tr>
<tr>
<td>4. Ministering to the sick and the dying.</td>
<td>19</td>
</tr>
<tr>
<td>5. Those who requested “All of the above”</td>
<td>13</td>
</tr>
</tbody>
</table>

Table 7 lists the participants’ suggestions for topics relating to gerontology. One participant noted the importance of putting what was learned into practice by saying, “Classes would have to be paired with a regular assignment to practice what has been taught.” The participant responses have been categorized within the most appropriate heading. Some suggestions fit more than one heading.
## Question 11: Additional Write-in Suggestions for Gerontology Curriculum

<table>
<thead>
<tr>
<th>Communication/ Emotional Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>How to communicate with those who have dementia (or can no longer speak).</td>
</tr>
<tr>
<td>How to let them know someone came to visit them.</td>
</tr>
<tr>
<td>Mental illness—posttraumatic stress disorder. Knowing the basics.</td>
</tr>
<tr>
<td>It would be nice also to learn sign language so that people can communicate well to those who are totally impaired from hearing.</td>
</tr>
<tr>
<td>Surviving Change.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Family Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>How to communicate with family, especially family that seems unresponsive/unconcerned with the elderly person’s needs/desires.</td>
</tr>
<tr>
<td>Conflict between family and elders.</td>
</tr>
<tr>
<td>Seeing the effects of verbal or physical abuse going on either with the elderly person or his/her family and/or neglect or maltreatment by their caregivers or nursing home.</td>
</tr>
<tr>
<td>I would like to learn about how to help people feel better when they are apart from their family. (lonely insight).</td>
</tr>
<tr>
<td>I would like to learn what are the most appropriate ways at addressing the differences in culture.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Spiritual/ Religious/ End of Life Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spirituality of the sickness.</td>
</tr>
<tr>
<td>Redemptive suffering.</td>
</tr>
<tr>
<td>How to prepare someone to die—within 6 months. I think there is a certain skill, an art, and a certain heart you have to have in order to do that and really help them well.</td>
</tr>
<tr>
<td>Ministry of presence- developing my own ability to be present to them not just as a minister, but as a friend and a family.</td>
</tr>
<tr>
<td>To develop my own understanding of my own emotional, physical, spiritual capacity.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Resources/ Business</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resources</td>
</tr>
<tr>
<td>Financial or job related changes and insurance and wills.</td>
</tr>
</tbody>
</table>
Other Data to Report

Although a question about age was not included on the majority of the surveys, the researcher was able to conclude that the approximate age range of the participants is from early 20s to late 30s. This conclusion came from individual and group conversations with the participants. This finding is compatible with the USCCB *The Class of 2011: Survey of Ordinands to the Priesthood*, which reported the average age of ordained priests for 2011 was 34 and the median age was 31. Those ranging in age from 25 to 29 made up the largest group at 39% (Gautier & Cidade, 2011, p. 6).

Although the question pertaining to the number of years in the seminary was not included on every survey, the researcher was able to acquire the information from a majority of participants. The number of years in the seminary ranged from 1 to 15 years in all levels of seminary. Brannen (2010) includes several seminary timeframe or track scenarios in his book about becoming a Catholic priest showing six to eight years of study is relatively common.

Observations and shadowing of seminarians and priests with elders gave the researcher a way to examine how the participants interacted with elder parishioners. The researcher’s findings showed the survey responses indicating enjoyment in ministering to elders were consistent with what was observed during their interactions with elders. There were no observations that indicated fears. The following are examples of notes taken during shadowing and event observations follow.
**Fundraiser:** A seminarian conversing with an elder exhibits interest and enjoyment by his posture, eye contact, and smile.

**Parish parking lot:** The priest’s face lights up when approaching an elder parishioner in the parking lot.

**At a board and care home:** The young priest puts on his stole and begins the prayers. He administers The Sacrament of the Anointing of the Sick (anointing with holy oil and laying on of hands). He gives her Holy Communion. He sings a Taize song to her, “Jesus remember me, when you come into your kingdom, Jesus remember me when you come into your kingdom.” It is repeated softly, over and over. Father shows much care and sensitivity. His love for elders is very evident.

**Mass at a care home:** Father asks the gentleman in the wheelchair when his leg is coming (he just had an amputation). Father then asks him about his wife. Father knows their stories.

**Mass at a senior care facility:** The gentleman in the wheelchair looks up at Father, eyes fixed on him, as Father’s homily addresses “carrying our cross and Jesus being with us.” He tells them, “Jesus suffers with you and for you.” Those are the last words of his homily. The Petitions follow. They pray for those at the facility, those who have died, those who are not able to be here.

**Mass at a care facility:** In the homily Father includes a connection to pain, suffering, fear, and being alone. He reassures them by telling them God is with them all
of the time. He says, “Live knowing the Master is always there with us. He knows our struggle and pain.” These topics are included in the Petitions (prayers).

_A fundraiser:_ They are sitting across the table from each other. Father is nodding his head, nodding as he tells her. She has a walker. She looks him in the eyes with concern. He is holding a maple syrup bottle. He sets it down and touches her arm. She puts her hand on his. After some time, he stands up and walks away. She wipes her tears.

*It is important to note that this type of information was not possible to collect from a survey.

The results of this study show gerontology education in the seminary is lacking and needed. The survey responses indicted most seminarians and priests do not feel fully prepared to minister to elder parishioners. Participants’ reports range from absolutely no experience to years of experience with elders. There are indications from their responses that most of those who feel prepared and have had much experience do not credit this to the seminary, but to family and community experiences. When asked what they would like or need to have taught about elders they gave a list that covered all aspects and issues of aging. Although they shared their fears and concerns about ministering to elders, they also reported and demonstrated joys. They were able to express caring and loving ways to minister to those with conditions that caused reservation, hesitations, or fear. More detailed responses can be found in “Voices from the Heart” (see Appendix C), “How
They Felt” (see Appendix D), and “Expressing Joys, Fears, and Difficulties” (see Appendix E).

The final chapter, Chapter 5, summarizes the study and addresses its strengths and limitations. It also offers suggestions for future research and recommendations for gerontology instruction in the seminary. It concludes with closing remarks.
Chapter 5

CONCLUSIONS AND RECOMMENDATIONS

Introduction

The life of a Catholic priest is one of service to God and others. Ministering to elders is an integral part of the life of a parish priest, which can be both rewarding and challenging. It is important that those ministering to elders are well prepared to meet the challenges. Education in gerontology will help seminarians and priests better understand the needs and concerns of elders and give them more confidence as they minister to them. They will listen with an understanding and compassionate heart and will be a great gift to those they serve. It is imperative the seminary curriculum includes gerontology. It will not only benefit seminarians and priests, but also benefit those they serve.

This final chapter summarizes the study and addresses its strengths and limitations. It also offers suggestions for future research and recommendations for gerontology instruction in the seminary. It concludes with closing remarks.

Summary of the Study

An understanding of all aspects of aging is crucial for those who work with elders. The intent of this research was to determine to what extent Catholic seminaries offer adequate gerontology instruction and training. The research also attempted to determine whether or not seminarians and priests believe they are adequately trained and prepared to serve elder parishioners, what experience they had working with elders, and what gerontology topics they felt they wanted or needed to be taught. Most information
was gathered through a survey created by the researcher. The secondary methods for the research were observations, shadowing, and the examination of seminary curricula and library content. The data from these secondary methods were used to supplement the information gathered through the survey.

The research study gathered much information related to answering the four Research Questions. Results related to Research Question 1 clearly demonstrate a consensus from both seminarians and priests that very little gerontology instruction is offered in the seminary. The study was able to conclude this from information gathered in the survey and secondary data gathered, such as seminary curricula. These findings support what has been reported in studies conducted over the past three decades (Gulledge, 1992; Knapp & Elder, 2002; Lount & Hargie, 1998; Moberg, 1980; Ramsey, 2011). If seminaries offered gerontology instruction, the result would be better prepared seminarians and priests and better served elders.

Research Question 2 results demonstrate that the participants do not feel fully prepared to minister to elder parishioners. Of the 30 participants, nine reported they felt prepared. Not one participant reported feeling prepared due to seminary instruction in age-related topics. Only one participant said the seminary prepared him. His reason for being prepared was the formation at the seminary, reporting it prepared him to minister to all people in general. He reported having no instruction in gerontology. Others who said yes credited experiences outside the seminary for preparing them. There were many responses from other survey questions that indicated a lack of experience and
preparedness. If seminaries offered gerontology instruction, the result would be better prepared seminarians and priests and better served elders.

Research Question 3 sought to better understand what experiences the participants have had with elders. Responses to survey Q1 showed 18 had almost no experience with ministering to elders and in Q2, 11 reported little or no experience with elders. Participants’ responses to survey questions relating to their personal experiences with elders showed many challenging experiences. Participants experienced being with elders who were confused, elders who were terminally ill, and elders at the time of their death. Although the responses indicated challenging personal experiences, they showed many were not confident and comfortable in these situations. The following are examples of a few responses relating to the situations previously mentioned: “Scary but prayerful. Never know what to say to the family members,” “I went through feelings of ‘inadequacy’ or ‘frustration.’ A person in pain can be very hard to console,” and “I am unsure how much to talk, if I should talk. How to know if they just want to be left alone?” The shadowing observations of seminarians and priests demonstrated a confidence and comfortableness with elders who were not in difficult situations. These observations verified the survey responses indicating what seminarians and priests enjoyed about being with elders. If seminaries offered gerontology instruction, the difficult issues reported by participants would be addressed and the result would be better prepared seminarians and priests and better served elders.
The fourth Research Question asked what seminarians and priests want and need to have taught, relating to elders. “Anything!” was the response that summed up what the participants wanted. Many chose all the topics listed in the survey (see Appendix A) and also added other ideas in the suggestion section. If gerontology courses were part of the seminary curriculum, all the topics requested (see Tables 6 and 7) by the participants would be addressed. The result would be better prepared seminarians and priests and better served elders.

Strengths of the Study

Strengths of this study span both the research process and the results. The most outstanding strength of the study was the willingness of all involved to help with the research. The survey was also a strength, which was very effective in gathering data to answer the four Research Questions. Participants’ answers were clear, concise, and very telling. They candidly shared both their joys and their fears. Their detailed survey responses contained valuable information for the study. The participants also offered a variety of suggestions for instructional topics on aging. Shadowing was an excellent method for observing seminarians and priests ministering to elder parishioners; the information gleaned supported what was reported on the survey. Thirty was a sufficient and manageable number of research participants. A larger number of participants may have been overwhelming. The 30 participants gave an abundance of information to answer the four Research Questions. Numerous seminaries and both diocesan and religious order seminarians and priests were represented, which gave strength to the study.
by avoiding a focus on only one specific population. Finally, a very important strength of the study was that the research questions were answered in the words of seminarians and priests.

The willingness of all the seminarians and priests involved in this study and the care with which they answered the survey questions helped greatly with the research study. Their thorough responses were very telling and added much to the body of knowledge about the need for gerontology in the seminary. They also identified the content needed for the course. Shadowing and observations gave the researcher a clear picture of joys the seminarians and priests reported when ministering to elders.

Limitations of the Study

There are several limitations to the study. First, the seminarians were not all in the same year of study, so the variation in the number of years could be a factor affecting the responses. Training for ministry to elders may not come into play until the later years of study. Second, the priest participants’ parish ministry experiences may have skewed their responses. There were some priest responses that referred to their present ministry. A third limitation was the timing of seminarian survey. Some seminarians were doing their pastoral year and were new to parish life. They were very busy trying to adjust to their new surroundings and new assignments. They may not have fully answered the questions in the way they would if they were in the seminary setting. There could be a fourth limitation relating to the seminary itself. Each seminary may have varying curricula. Gerontology may be offered in one seminary and not another, as was seen in
one seminary in the study that offered a class at the time a particular faculty member encouraged it. A fifth limitation was the slight chance of misreading the handwritten answers. This was not an issue with typed responses. The sixth limitation was the different modes of responding, i.e., written responses, typed responses, and verbal responses. The participants may have expressed themselves differently via different modes of responding. The last limitation was the wording of survey question 12. It asked, “Do you feel prepared for ministering to elder parishioners? Explain.” The wording was not specific enough. Rather than “Explain” it should have asked to explain whom or what they credit for feeling prepared. If they credited the seminary they would then be asked what the seminary did to prepare them. This change in wording would collect more detailed information for which the researcher was looking. All the aforementioned limitations should be considered when conducting a similar study in the future.

Recommendations for Future Research

It is recommended that studies such as this one continue, not only within the Catholic faith, but in all religious groups. Those who minister to elders should properly understand elders’ needs. This study, along with studies conducted over the past three decades, demonstrated the need for gerontology in the seminary (Gulledge, 1992; Knapp & Elder, 2002; Lount & Hargie, 1998; Moberg, 1980; Ramsey, 2011). After making minor changes mentioned in the limitation section above, this study could be replicated. This research project is replicable with any group of people who work with elders.
Another approach would be a longitudinal study. For example, the survey could be administered to seminarians upon entrance to the seminary, again just prior to the pastoral year where they work in a parish, after the pastoral year, just before graduation, and then one year after ordination. This could uncover valuable information relating to what can be credited for their preparedness and what is lacking in the seminary program. Additional questions offered by the seminarians and priests in this study’s survey could be added. Limiting the survey responses to an attachment by e-mail, if possible, would help with the problem of reading handwritten surveys. It would make transferring data much easier for the researcher and would help with accuracy.

Continued research will benefit not only seminarians and priests, but also the elders they serve. Adequate gerontology instruction will help lessen the fears and concerns of the newly ordained priests. They will be more confident as they serve their elder parishioners with love, compassion, and understanding. This will greatly benefit their elder parishioners.

Recommendations for Gerontology Education and Training in the Seminary

Past research has shown that one reason given for not offering courses on aging is an already full curriculum (Knapp & Elder, 2002; Ramsey, 2010). That is not an acceptable reason. Elders should be receiving care from qualified and well-prepared seminarians and priests who understand their needs. One participant wrote, “This can be considered in the program for seminary formation and pastoral training, so that the seminarians can learn more about the ministry. I don’t remember having any discussion
about this in the seminary.” Learning how to minster to elders can be accomplished with a solid course in gerontology in the seminary (Bryan, 1980; Edwards, 1980; Fillinger, 1980; Gulledge 1992; Meiburg, 1980), but that is not enough. There should be ongoing classes for priests to keep them updated and informed of the latest issues on aging. This can be accomplished by adding classes relating to aging during priest education days in the diocese and also with seminars. Seminars are another route to take for the seminaries. One participant wrote, “I feel that the best forum for additional education would be to offer some occasional workshops.” This could be done on specific Saturdays at the seminary. Seminars could also be offered for seminarians at the diocese during their pastoral year. These are just a few ideas of how to bring gerontology education to seminarians and priests.

A holistic approach covering all aspects of aging is strongly recommended when creating a gerontology course in the seminary. In both the surveys and interviews, participants reported the need for instruction and preparation with their requests for course material covering all areas of aging. This supports the researcher’s recommendations for a holistic approach to teaching gerontology. There were many requests for the following areas as listed in the survey: physical, emotional, and spiritual changes in elders; how to communicate with those who have dementia; dealing with losses; and ministering to the sick and the dying.

Respondents also offered other topics they would like to learn about. Ministering to those with dementia was definitely an area of interest. One participant wrote, “How to
let them know someone came to visit them.” Other requests were related to the needs of the sick and dying. Others wanted to learn about communication skills, such as how to communicate with the hearing impaired. Learning about signs of neglect and elder abuse was listed. A participant who wanted to learn appropriate ways of addressing the cultural differences wrote this, “I am Hispanic and dealing with Anglo-Saxon elders has been quite a challenge for I do not understand much about their losses and expectations.” Ministry of presence was also listed. One participant wrote, “Ministry of presence - developing my own ability to be present to them not just as a minister, but as a friend and a family.” How to address the issue of loneliness, lack of family support, and all types of loss are other areas of interest that were listed. In the area of spiritual support, there was an interest in how common illnesses affect elders spiritually and whether their condition often alters their concept of God. All of the areas mentioned are important and needed in a gerontology course in the seminary.

Another important component is a mentoring program in the seminary. Murphy (2010) writes, “Centuries ago Cicero observed the old who are wise are delighted in the company of the young and that the young who desire a full life will seek out the counsel of those advanced in years” (p. 58). Spending time and listening to those in their later years of life can be so valuable to both elders and those who minister them. A mentoring program partnering seminarians with elders would be a wonderful way for seminarians to learn about aging and a wonderful way to let elders know how much they are valued. A few participants reported that they learned through experience. In the words of Father
Edward Pepka, “We learn by being with.” A mentoring program would give seminarians the experience through learning by being with.

A course in gerontology that included the recommended topics, structured as described in Chapter 2, and combined with a mentoring program, would give seminarians the knowledge and understanding they need to minister to elders. If these recommendations were implemented, a seminary would be moving in the right direction for creating a strong course in gerontology.

One other important factor necessary to make it a success is faculty who understands the need and have a passion for elders. It has been seen in all the research reviewed; there are researchers who understand the described need and have the passion. It is important that both gerontologists and educators continue to be persistent in their cause and educate those in the seminaries about this serious need.

Closing Remarks

Working with elders is an ordinary part of the life of a parish priest. As seen in these surveys, these men want to care for elders in the best way they can. One participant responded to the question about fear saying, “No, because they are people who need help, and I want to do all that I can.” Another shared his feelings about elders saying, “What the elders need is not our money or any other material stuff but the love and understanding that we ‘need’ to provide them. Love and understanding expressed through various means: spending an hour or two with them, talking to them, listening to them specially, a smile, a laughter and others.” It only makes sense to provide
seminarians and priests the tools they need to minister to elders. Improving the program at the seminaries will not only better prepare the seminarians, but will be a valuable gift to their elder parishioners.

This study confirms more work needs to be done to prepare seminarians and priests to minister to elder parishioners. Several participants stated that the most valuable learning takes place when experiencing it. The researcher believes that being prepared with knowledge about the needs of elders will better prepare seminarians and priests for the times they are unexpectedly put in difficult situations. Even if the best teacher is experience, it is much better to be equipped with knowledge and understanding and not go in blindly. It is of utmost importance that those in seminary have access to thorough, current, practical coursework in gerontology so they will better understand the needs and concerns of elders and understand how best to communicate with them. They will learn to listen with an understanding and compassionate heart, which will be a great gift to those they serve.

In his letter “To the Elderly,” Pope John Paul II reminds his readers that Scripture tells us, “Man remains forever made ‘in the image of God’ (cf. Gen 1:26), and each stage of life has its own beauty and its own tasks.” The beauty and importance of elders should be stressed in the seminary. Elders are treasures just waiting to be discovered. Taking time to listen to the heart and soul of our elders is not only a gift for them, but is even a greater gift received by the listener.
APPENDICES
Dear Seminarians,

I want to thank you for taking time to be a part of this pilot survey. By doing this survey you become part of the creation of a training program for you and your fellow brothers in Christ. My hope is, that as you minister to our elders, you will come to realize what a special, even extraordinary group of people they are. You can learn so much from them, for the simple fact that they have experienced life 40, 50, 60, 70, and even 80 years longer than you have. Many will become aware that their earthly life is coming to an end. What more wonderful experience is there than to help a person prepare to go home to God?

Thank you very much. God bless you. You are all in my prayers. Diane Walsh

*In this survey the term elder is used to describe the population of older adults who are 65 years old or older.

*If you need more room to write you can use the back of the paper.

Please complete the following:

Age:

How long have you been in seminary? If you have been in more than one seminary include the total length of time. Include both years and months.

Years:

Months:

1. How often do you minister to elders? Please circle the answer that is most appropriate.
   a. Weekly.
   b. A few times a month.
   c. A few times a year.
   d. Not at all.

2. How long have you been ministering to elders and in what capacity?
3. What do you enjoy about working with elders?

4. What do you dislike or find difficult about working with elders?

5. Do you make visits to nursing homes?
   a. Yes
   b. No

6. Have you ever been at the bedside of an elder who is confused and cannot communicate other than by making sounds such as moaning?
   c. If yes, how did you feel?
   d. If no, how do you think you would feel?

7. How might you minister to him or her?
8. Do you have any reservations /hesitations/fears about working with elders:
   Along with answering Yes or No, please explain your answer.

   a. Elders in general, not just those who are sick.

   b. Elders who are very old and frail.

   c. Elders in a nursing home.

   d. Elders who are sick.

   e. Elders who are dying.

9. Have you ever been with a person who is terminally ill?
   What was the experience like for you?

10. Have you ever been with a person at the time of his or her death?
    What was the experience like for you?
11. If you were offered classes in ministering to elders what would you like to learn? Here are some examples, please circle and include your suggestions.

1. Physical, emotional, and spiritual changes in elders.

2. How to communicate with those who have dementia.

3. Dealing with losses: retirement, financial, death of family and friends, home, etc.

4. Ministering to the sick and the dying.

5. Your suggestions:

12. Do you feel prepared for ministering to elder parishioners? Explain.

13. Please give your opinion of this survey, not only positive feedback, but ways it could be improved. Include any questions you feel were left out. You can use the back of this paper if needed. This survey will help in creating an educational program designed for seminarians, preparing for a life of service. A large number of those who will be served are our elders.
APPENDIX B

Letter of Consent

Human Subjects Consideration: Letter of Consent

Date:

Address:

To whom it may concern,

This letter confirms that I have given Diane Walsh permission to interview, shadow, and survey the participants studied in her research project at California State University, Sacramento. I have also given her permission to visit locations pertaining to her research. Where applicable, she has permission to access documentation relating to her project, such as a course syllabus and the library catalogue.

I understand all identifying information will be kept confidential.

Sincerely,

Signature:

Name/Title:
APPENDIX C

Voices from the Heart

The elders represent the reality that none of us can avoid the natural process of aging. Not because of this (natural process) nor because we want to be treated the same when we get old, that we have to see and visit them. I believe that the elders represent the importance of what this world or our civilization has accomplished. They represent the past to our present (vice versa) and they bring life to us, as the present generation, to see the world of life in their own eyes of experience. We owe so much to them, that it is inevitable to be with them and the question whether do we have to be with them, ceases to become even a question or an option (that we can decide for ourselves). What the elders need is not our money or any other material stuff but the love and understanding that we "need" to provide them. Love and understanding expressed through various means: spending an hour or two with them, talking to them, listening to them specially, a smile, a laughter and others. -Priest

Well, they can be unpredictable sometimes. It doesn’t seem like a thing that’s enjoyable for most people but it is for me. Not that I enjoy it in a literal sense yet when we look at it in a deeper sense, these are traits that are inherently embedded in a person’s life, you can see them as they truly are. It might suggest a history of pain and hurt or at times, even a happy childhood as well. You can look at the patterns and be able to tell to some extent what life has the person lived in the past and that’s what makes it interesting. –Priest

I enjoy that work because it helps me to experience true charitable love. -Seminarian

Working with elders is always humbling for me, and helps me put my life into better perspective. Also, it recalls good memories of my now deceased grandparents. –Seminarian

I enjoyed how much they seemed to appreciate my presence, the perspective they sometimes have on life, and their stories. I also saw the great need they have for ministry, especially given the fact that nursing homes/hospitals can be lonely places where residents can sometimes feel abandoned or afraid. –Seminarian

It forces me to be more thankful for my life, and sometimes I learn about which virtues I am lacking (especially patience). Seeing what some elders have to go through saddens me, and their endurance - moral or physical, is edifying. I almost always return with more prayer intentions.
-Seminarian
It is very sad when they are in (a nursing home) and family doesn’t see them, it breaks my heart. My parents are far away. I think about it. It was hard to see people who were not clean. See beyond what is there. It is not up to me to judge. –Priest

What I find difficult is sometimes figuring out how to tell them when I have to leave. Because they are lonely. –Seminarian

It can be difficult to form an emotional bond with people near death, and it is emotionally taxing (for both) when an elderly person to whom I’ve ministered becomes ill. –Seminarian

Presence is a powerful thing as only one knows how to use it. Ministering doesn’t always involve words. Sometimes, it’s best carried out just by being there. One could be present but if he or she seems to be not there (looking at the watch or is very uneasy) then it’s not helpful at all whereas one could be there and really “be” there. –Priest

Confidence – that s/he is in God’s hands, that s/he will hear what God needs him or her to hear. At that time prayer, gentleness, and calm are important to have. –Seminarian

I would (gently) let them know that I am there to pray for them and that, if it is too difficult, they need not speak. –Seminarian

Simply by being present, talking to them, offering some prayers when appropriate, making physical contact (like holding their hand or touching their arm) if it seemed appropriate.
-Seminarian

I fear that many are struggling with loneliness. There is not much else to do but just visit with them. When no family is left or just will not visit, this is a serious cross to bear. –Seminarian

…I attended a person dying, and die in my arms, yeah. (The researcher asked what it was like for him.) For me, in that moment, I ehh, am not thinking about me, I am thinking about the person who is dying, for me is to give them peace, give them security, that they are in the hands of God, to trust in the mercy of God, and put their lives, doesn’t matter what they did, just trust in God and ask his forgiveness…You know, well, for me it’s remember me why, why, I am a priest. I am doing what Jesus asked of me, so I feel, I feel happy, but the work with that is not over, you know… -Priest
APPENDIX D

How They Felt

Being at the bedside of an elder who is confused and cannot communicate other than by making sounds such as moaning:

- Felt helpless
- I think I would have felt kind of helpless
- Uneasy and helpless
- I honestly felt helpless
- It was a hard experience for me
- Difficult...to express how depressing and dejecting the situation is
- It would be a difficult situation
- Helpless
- I was frustrated because I couldn’t do anything
- Unsure of what to do or say
- At first, afraid
- Unsure
- It would be a hard moment
- Useless to an extent
- I would be confused
- I felt not comfortable
- I feel sad for them
- Compassion and powerless
- It was uncomfortable at times
- I would feel bad about the person suffering
- Feel helpless
- I feel sorry for them and feel pity
- I am unsure how much to talk, if I should talk
- Helpless, compassionate
- Sensation of being helpless
- Felt like I was talking to the wind
Expressing Joys, Fears, and Difficulties

Expressing Joys

What I enjoy the most about working with elders is the tenderness and warmth they portray. They are very loving and welcoming. Also, whenever they tell stories, they offer me an opportunity to learn from their life experiences.

Their bravery.

Their simplicity.

A lot of their life stories, experiences, definitely is a joy. They’re radiant, after contributing a lot to their society and a sense of fulfillment that I couldn’t even imagine. Yeah, it’s just a great wisdom. I feel humbled whenever they share their stories.

Spontaneity, unpredictable like a child, like myself, I love surprises, also their stories.

A spiritual benefit from my experiences.

Being their friends.

There is great wisdom in listening to them, they tell you their mistakes, fears, success, failure, their real story.

They are eager to interact with young people.

They appreciate people’s presence.

The stories and life experience they so willingly share.

It is one of the most fulfilling ministries. You expect to give them comfort and they give you comfort.

It’s not only a joy for me but also for them (I guess) that someone is taking care of their needs, visiting them, telling stories with them. I enjoyed the most giving them communion, the body of Christ.

Working with elders is always humbling for me and helps me to put my life into better perspective.
Expressing Fears

Elders in general: Fear, yes. In general, how to help them reconcile with God and or family members. How to help them not have an unhealthy or bitter image of God—hope to help them face death when death comes.

Fear of nursing home: I fear that many are struggling with loneliness. There is not much else to do but just visit them. When no family is left or just will not visit, this is a serious cross to bear.

Fear of the unknown encountering illnesses, which are challenging.

When frail, fear of physically hurting them.

Fear of hurting them or being too rough in my approach.

I fear that many are struggling with loneliness there is not much else to do but just visit with them.

Fear of saying the wrong thing to them or their family.

Sometimes, a fear of not being accepted.

Uneasy to go into a person’s room—what would I find and my response.

Probably, if there is a fear, the unknown, what you are going to find there.

Fear not being able to show them a positive side to suffering—not being able to help them find meaning in it and hope.

Being with someone who is dying: scary but prayerful never know what to say to the family members.

Elders who are dying: Helping them not be afraid of death, or at least comforting them in their fear.

I don’t know, I never have an experience with one, but I think that it will be very difficult for me because dead people scare me.
Expressing Difficulties

It breaks my heart when no one visits, no family visits.

Honestly, working with them reveals my own imperfections - lack of patience, my pride, a lack of charity - which is good, but difficult sometimes to admit.

I find it difficult working with elders seeing a sense of sadness and abandonment in their faces this gives me a sense of powerlessness.

If they don’t accept and don’t let you help, it’s hard.

It can be difficult to form an emotional bond with people near death, and it is emotionally taxing for both when an elderly person, to whom I’ve ministered, becomes ill.

Foul smell at times.

Seeing people who were not clean. It is not up to me to judge.

Not being overly comfortable with their appearance.

I get uncomfortable with someone who is angry.

It is difficult to just listen without trying to solve their problems.

I find it difficult to spend an equal amount of time with each person.

Maybe, dealing with possible reactions of anger towards someone who represents God.

The greatest difficulty is the family not the sick person. Arguing about how to take care of their mom.

How I will react and deal with someone who resists any efforts to make peace with God or take care of unresolved family affairs.
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