

# RELIGIOUS AND PRIESTLY FORMATION AND EMOTIONAL HEALTH

## Part II: Characteristics of Emotionally Healthy Persons

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## RELIGIOUS AND PRIESTLY FORMATION AND EMOTIONAL HEALTH Part II: Characteristics of Emotionally Healthy Persons

Jose Parappully, SDB, PhD

Recent years have witnessed a shift in the focus of psychology and psychiatry from psychopathology (illness) to health (Seligman & Csikszentmihalyi, 2000). Although Maslow (1954, 1968), Erikson (1959/1980), and Rogers (1963, 1985)—as well as the existential and humanistic psychologists in general—had emphasised healthy aspects of personality functioning, it is only in recent years that this emphasis has become part of mainstream psychology.

A previous article in this Journal (Parappully & Mannath, 2009), described the dynamics involved in growing emotionally healthy and some implications for religious and priestly formation. That article had demonstrated that whether we grow up emotionally healthy or unhealthy depends very much on how we seek to meet basic emotional needs. It highlighted the need to create environments that facilitate the meeting of these needs in healthy ways. This present article provides some salient characteristics of emotionally healthy persons. These traits are taken from the writings of current psychologists whose insights are based on research and experience. Such a “list,” while not being exhaustive or infallible, can serve as a guide for deepening our self-awareness and helping others on their journey. This article also points out some further implications for the formation of priests and religious.

### 1. **Accepting Self and Others**

Emotionally healthy persons accept the whole of themselves without rejecting any aspect: body, gender, sex, mind, limitations and weakness, strengths and talents, and their personal histories. When we accept ourselves as we are, we are genuinely able to say with the psalmist, “thank you for the wonder of my being” (Ps. 139, 14).

This self-acceptance is not mere Pollyannish denial of reality. Self-acceptance is based on genuine knowledge of self, grounded in realistic appraisal of resources and limitations. Based on that knowledge, we have genuine appreciation for our own worth, and we do not engage in irrational self-reproach. We do not feel the need to boast of our accomplishments or to inflate them, and we are willing to admit faults and failures without embarrassment. Self-acceptance, in one word, is the calm readiness to look at our strengths and weaknesses without fear or boasting, to be grateful (to God and to those who have helped us grow up) for our positive traits, and openness to being corrected, so that we are not blind to our negative side. When we accept ourselves like this we are easy to live with, since we do not feel any compulsion to hide or defend our

mistakes, or to make a show of our talents.

A corollary to this self-acceptance and self-appreciation is the ability to allow others the right to be themselves. We do not impose our own views or needs on others. We are able to accept others' strengths and weakness. Neither do we feel the need to put others down or downplay their achievements. We gladly give compliments and graciously accept praise and appreciation.

Self-rejection, on the contrary, shows itself in the following unhealthy forms of behaviour: Chronic self-disapproval and self-disparagement; feelings of being unworthy; excessive guilt; pretending to be who/what we are not, going out of the way to boast or impress others; feeling others are against us, view us unfairly, or don't understand us.

When we do not feel good about ourselves, when we lack self-esteem, we may try to over-control our environment. We become overcautious about making mistakes. We feel the need to do everything right and perfect. This can lead to a disorder called Obsessive Compulsive Personality Disorder.

A real model of this self-acceptance is Father Andrew (name changed). When a brilliant young professor was sent to the seminary where he was rector, far from feeling insecure or threatened, he would tell the students, "Our new professor, though young, is very competent in his subject, and an excellent teacher. You can learn much from him."

Father Andrew never felt uncomfortable in the company of more gifted faculty members, nor did he try to put them down. Neither did he try to be the centre of attention, calling attention to his own achievements. In fact, Andrew was usually the first to admit his own limitations, and say, "I know nothing about this topic. Let us consult so-and-so, who is really good at this."

The ability to accept self and others has its roots in the level of trust we developed in childhood. Most psychological theories of development, especially Eriksonian (Erikson, 1950, 1959/80), Attachment (Bowlby, 1988) and Self Psychology (Kohut, 1984), give pride of place to trust among the various dynamics that contribute to healthy emotional development (see Parappully & Mannath, 2009).

## 2. **Striking a Balance Between Autonomy and Dependence**

One of the three basic psychological needs we all have is the need for autonomy—the other two being relatedness and competence. Autonomy refers to the freedom needed to make choices, to have a say on matters that affect us; to give direction to our own life (Parappully & Mannath, 2009; Ryan & Deci, 2000). To have balance between autonomy and dependence we need self-confidence. When we are confident, we have assurance about standards and convictions of our own without being a slave to the opinions of others. We engage in independent thought and action; we feel we have the right to have ideas, aspirations and wishes of our own.

When we have the right balance between autonomy and dependence, we are able to collaborate with others, as well as accept help from others. We are not helplessly dependent on others.

When we are over-dependent, we automatically bow to the opinions and decisions of others, even though there is no basis for believing that others are superior or wiser. We are not able to make decisions on our own or think for ourselves. A comment by Dr. Laura Vaz, the Key Note Speaker at the Conference on Emotional Health of Clergy and Religious organised some years ago by the Salesian Psychological Association in Mumbai, is relevant. Vaz is a clinical psychologist and has met with several religious in her psychotherapy practice. She observed that one of the major causes for the emotional distress many of her women religious clients suffer from is over-dependency on their superiors. They are too submissive, too reluctant to act on their own or express opinions of their own, and at the same time resentful when decisions taken are not according to their expectations.

Such seems to be the case of Sister Rupa. When asked why she joined a particular congregation, she said she had no idea. The sisters who came for the vocation promotion camp asked her to join, and she did. Asked further what she found attractive in this congregation or its mission, Rupa was not able to point out anything particular. She was doing her college studies, which again was a decision made by her superior.

Rupa had no part in the decision to go to college or what subject she studied. Her classmates found Rupa a superficially friendly person, with little zest, with no real interest in her studies or in anything else. She seemed ready to help people when asked, found it hard to say No to any request, and had no dreams for her future that she felt enthusiastic about.

There is also an interesting cultural issue here. In many Indian groups—since we cannot speak of one monolithic “Indian culture”—young people are under the authority of parents who are used to making decisions for their sons and daughters. This is very different from the cultural assumptions and practice of, say, European or North American families. Growing up in a typical Indian family, where a boy or girl hardly makes any major decisions, it becomes almost second nature to this young man or woman to do what the superiors ask in a church setting. This need not mean that the candidate is convinced of what she or he is doing, or that they have actually made the choice which the group assumes that they have made.

Excessive autonomy, on the other hand, manifests itself in our inability or reluctance to give consideration to others’ opinions or needs. We act as we please. It is also expressed in an inability to delegate tasks and responsibilities to others. We feel that in delegating responsibilities we lose control.

One of the major complaints we hear about diocesan and religious leadership is that they are too

authoritarian, keen to exert control over every aspect of the diocese or the community. Such complaints are especially directed against religious and priests who are heads of institutions, e.g., superiors or principals.

### 3. **Experiencing and Expressing a Wide Range of Emotions**

An essential aspect of what makes us human is our capacity to feel. Healthy persons are in touch with a wide spectrum of emotions, and are able to express these emotions spontaneously and appropriately. They have emotional self-awareness.

Emotionally self-aware persons

- a) know which emotions they are feeling and why;
- b) recognise the links between their feelings and their thoughts;
- c) recognise how their feelings affect their performance;
- d) and recognise how their display of feelings affects others (Goleman, 1995).

Emotionally healthy persons are able to keep equanimity in the midst of the ups and downs of life. They are not unduly affected by positive or negative life experiences. They are emotionally expressive, but also have emotional self-control. They know when to express an emotion and to what to degree and when to keep their emotions in control. They do not spend the day moody and ill-tempered because of a criticism they received, nor display violent anger or spite when they confront someone. They are generally pleasant and joyful; their heart goes out to those

who suffer; they come across to people as deeply human, not cut off from life or from the joys and sufferings of people.

Unhealthy persons, on the contrary, are emotionally unaware, and are also overly restricted in their range of emotional expressions. They are comfortable only with a few emotions. For some persons, especially men, their anger dominates and shuts out many other emotions. For others, especially women, it can be grief, sadness or resentment. Moreover, emotionally unhealthy persons tend to express emotions in inappropriate ways.

There is an interesting gender difference to be noted here, affected by the way boys and girls are brought up in a particular culture. A man often shows anger when what he experiences is sadness; he feels ashamed to cry, but not to shout! A woman, on the contrary, may weep when she is overcome by anger; for women are frequently socialised to believe that it is all right for them to cry, but not to show anger. Thus, a sister who withdraws to her cell (or bathroom!) to cry her heart out after a severe scolding by her superior may be experiencing anger, not sadness.

### 4. **Living Gratefully**

Emotionally healthy persons have genuine appreciation for life. They experience spontaneous joy and deep satisfaction in living. They are sensitive to the wonderful things happening in them and around them—the basic miracles of life. While recognising the limitations

that life imposes on them, they are also able to see and appreciate the blessings in their life. They are grateful.

Francis, an eighty-two-year-old widower, was one such person. He would say, “I love to go to church everyday, because there is so much to thank God for. As I kneel before the Lord, I am aware of the problems and sufferings of a number of people who are there in church. As for me, I have seven children and twenty-three grand-children. Every one of them is normal in body and mind. This is the greatest gift God could have given me. A normal body and mind—that means so much more than money or positions. I cannot thank God enough for giving me normal children and grand-children. I feel so blessed, so grateful.

Today there is a growing body of research that demonstrates the health benefits of thankfulness. Gratitude—“the capacity to feel the emotion of thankfulness on a regular and consistent basis, across situations and over time” (Emmons, 1999, p. 172) – is a virtue that has been found to have enormous consequences for physical, emotional and spiritual wellbeing (McCullough, Emmons, & Tsang, 2002).

The subjects of my doctoral research (Parappully, 2002) were parents whose son or daughter had been murdered and who through that trauma had experienced significant psychological and emotional growth. One of the characteristics common to these parents was gratefulness. Despite their loss and pain, they were

able to recognise and appreciate the many blessings in their lives. Their grateful attitude helped them to cope with their pain and grow through it.

Meister Eckhart, the fourteenth century mystic, understood the power of gratitude. He wrote: “If the only prayer you say in your entire life is ‘thank you,’ that would suffice” (in Svobda, 1995, p. 570).

Emotionally unhealthy persons mostly live resentful lives. They have much to complain about, blame and find fault with. These negative emotions impact their general dispositions and colour their relationships. These undermine their immune system and make them vulnerable to disease (For a discussion on the emotion-health link see Salovey, Rothman, Detweiler, & Steward, 2000).

## **5. Living with Hope and Optimism**

Emotionally healthy persons not only live gratefully, finding joy and satisfaction in the miracles that are part of every day lives; they are also hopeful and optimistic about the future. “Hope is the subjective sense of having a meaningful future despite obstacles” (Post, 1998, p. 24). Persons high on hope are able to motivate themselves, feeling resourceful enough to accomplish their objectives.

Optimism provides us with a faith that we can accomplish our goals, whatever they may be (Snyder, 1994). When we are optimistic, we operate from hope of success rather than fear of failure. We persist in seeking goals despite setbacks and

obstacles. When in a tight spot, we reassure ourselves that things will get better. We are also flexible enough to find different ways to get to our goals or to switch goals.

A large body of research shows that hope and optimism buffer us against a number of mental and psychiatric problems (Carver & Scheier, 1999; Salovey et al., 2000; Snyder, Cheavens & Michael, 1999; Taylor, Kemeny, Reed, Bower & Gruenewald, 2000). According to one study, optimism

has been found to be negatively correlated with depression, anxiety, anger... and positively correlated with life satisfaction, positive physical and mental health, lower frequencies of mental disorders, and self-esteem... In addition, optimism has been hypothesised to be an essential component in a person's ability to adapt and cope in various situations. (Strassle, McKee & Plant, 1999, pp.191-192)

A Mayo Clinic thirty-year patient study found that an optimistic outlook on life could result in a longer and healthier life (Med Plus News, Feb. 21, 2000). Laura Kubzansky's research following 1,300 men in their 60s over a ten-year period found that the more optimistic men were about half as likely to develop heart disease as the more pessimistic men. Her findings also showed that the more optimistic men had a slower rate of pulmonary decline over a seven-year period (Crawford, 2002).

Using the available data, Frank has "concluded that by raising the patient's level of hope, the health care professional's positive expectations (even when administering a placebo therapy) can have a concrete impact on the health of the patient" (in Salovey et al., 2000, p. 115). No matter how it is measured, Peterson (2000) concluded, optimism "is linked to desirable characteristics: happiness, perseverance, achievement, and health" (p. 47).

## 6. Engaging in Playfulness

In playfulness we let go of our control, and surrender to spontaneity. We let go of our hierarchical mode of living and relating, and embrace our commonality as humans. We come together simply for being together and for enjoying our togetherness.

Emotionally healthy persons are capable of such playfulness. They are able to engage in activities that produce laughter and relaxation. They do not go through life as though it were a perennial valley of tears. Instead, they make it alive with their laughter and love of life. "*Playing is essentially satisfying*" and "inherently exciting" (Winnicott, 1971, p. 52).

A number of theoreticians and researchers, including Piaget (1952, 1968), Winnicott (1971) and Harlow (Mears & Harlow, 1975) have emphasised the importance of the ability to play for successful social adjustment. Research by Harlow and colleagues (Young, Suomi, Harlow & McKinney, 1973; Mears & Harlow, 1975), for instance, has found that baby monkeys deprived of

the opportunity to play are emotionally, socially, and sexually impaired, whereas those allowed to play grow up to be well adjusted. “Without play there is little opportunity to build peer interaction, affection, and positive sexual and social roles” (Mears & Harlow, 1975, p.1878). Fowler (1999) considered play “a necessary precursor to adaptation to reality” and observed that the “inability to play indicates more profound obstacles to health” (p. 220).

Play facilitates a number of positive attributes, such as, capacity for fantasy and joyfulness (Russ, 1999). In the words of Winnicott, “*it is the play that is the universal*, and that belongs to health: play facilitates growth and therefore health; playing leads into group relationships...” (1971, p. 41).

A charming episode from Albert Einstein’s life is illustrative here. A group of children came to his Princeton home with their trick-or-treat visit, a typical form of play American children engage in at Halloween. The normal adult would give the children candy (which they expect), and send them off to the next house. Not Professor Einstein. He asked the children to wait, and went into the house. They thought he had gone in to fetch them candy. Instead, he came out carrying his violin, and joined this group of children as they went from house to house with their Halloween celebration. Einstein knew how to be a child with children. The great scientist knew the value of play. He knew how to take time off from his

weighty scientific pursuits to have fun.

## 7. **Finding Life Meaningful**

A sense of meaning in life is one of the major contributors to emotional and physical wellbeing (Parappully, 2002; Taylor et al., 2000).

Emotionally healthy persons find life a meaningful adventure. They have something that gives meaning and significance to their life, such as an ideology, a dream, a commitment. According to the pioneering personality psychologist, Gordon Allport, “one of the key challenges to maturity is to invest daily life with meaning—to find or create opportunities to make our lives matter” (in King, 2001, p. 55).

Carl Jung, founder of analytical psychology, maintained that all the problems of the latter half of life could be attributed to meaninglessness. He wrote, “Neurosis must be understood as the suffering of a human being who has not discovered what life means to him” (Jung, 1933, p. 260).

Healthy persons have the capacity not only to make sense of the traumas and tragedies of life, but also to create something meaningful, and sometimes something beautiful, out of them. Great artists have created some of their most appreciated masterpieces in the midst of great suffering. There is, for example, great poignancy and sensitivity in Beethoven’s *String Quartets* composed during the years of intense pain and anguish. Commenting on the creative beauty that emerges in

times of great pain, Jed Perl, a writer on contemporary art, observed:

Both Renoir and Duffy did their greatest painting while suffering from crippling arthritis, and the pure joy of the strokes of paint that they managed amid the most urgent physical disabilities could not but be an act of resistance, the visual bliss of the painting being a rebellion against physical trouble. (in Rowland, 2008, p. 29)

In the research on bereaved parents cited earlier (Parappully, 2002) one of the processes that helped the parents of murdered children to heal from their trauma was making sense of the tragedy that had befallen them. They were able create some meaning even in such a meaningless tragedy. Many of them would go on to set up foundations and initiate programmes in memory of their loved ones that would benefit a large number of parents who have lost a son or daughter, as well as society at large.

Meaningfulness comes from having a purpose in life, and purposefulness directly influences physical and mental health (McKnight & Kashdan, 2009). Both meaningfulness and purpose in life are related to intrinsic motivation—seeking or doing something because we are interested in it for itself and not for some external gain. And intrinsic motivation “is an important predictor of psychological well-being outcomes” (Burton, Lydon, D'alessandro, & Koestner, 2006, p. 750).

## 8. Being Creative

Far from being complacent with their personal or social status quo, emotionally healthy persons are creative.

[C]reativity is the ability to bring something new into existence or the ability to produce novel material when presented with common stimuli....The criteria for a creative outcome generally include the idea that the production be original, novel, or statistically rare...” (King & Pope, 1999, p. 200).

Creativity is considered to be “a sign of mental health and emotional well-being” and one of the “very special ways human beings can display optimal functioning” (Simonton, 2000, p. 151). It has been associated with psychological richness and cognitive complexity. “In a nutshell,” Simonton concludes, “creativity can be counted among those very special ways human beings can display optimal functioning” (p. 151).

Creative people are autonomous, independent and courageous. They are willing to let go of the tried and the tested. They have wide interests and show great openness to new experiences. They have the capacity to take risks, to try new ways of living and working. They think freely, unrestricted by social norms and expectations. They trust their own judgment and follow their internal convictions. They are flexible in their attitudes and behaviour. They have a greater tolerance for ambiguity and a greater acceptance of the many paradoxical

facets of human nature. They are curious and open to experimentation and exploratory play (King & Pope, 1999; Simonton, 2000). According to Richards (2007), potential rewards of creativity “include new purpose, connection, richness of experience, comfort with self and others, personal development, deeper knowing and life meaning, and enhanced well-being—both physically and psychologically” (p. 291)

An important aspect of creativity that has special relevance for formation is that divergent experiences facilitate creativity (Maddux, Leung, Chiu, & Galinsky, 2009). Exposure to a variety of experiences not only facilitates creativity, it also broadens our mentality, and brings flexibility in thinking and attitudes. Unfortunately, the current formation process, in many cases, prefers regimentation and conformity. Thinking that is divergent from, and especially opposed to, accepted beliefs and practices are not usually encouraged in the formation setting. Diversity of experiences available to formees is also, in many cases, very limited.

Another aspect to be kept in mind, especially in the context of formation, is that creativity is promoted by adversity. Some of the most creative people “were reared in unusually adverse childhood situations” (Seligman & Csikszentmihalyi, 2000, p. 11). According to Simonton (2000), creativity is fostered by “challenging experiences that help strengthen a person’s capacity to persevere in the

face of obstacles” (153). Winner (2000) too highlighted the experience of childhood stress and trauma as a major characteristic of highly creative people. Two other noteworthy characteristics of these persons according to Winner are these: “They are rebellious. They have the desire to alter the status quo” (p. 165). Neither of these characteristics, unfortunately, are generally appreciated or fostered in formation settings.

A really inspiring true story of creativity in the midst of adversity is that of Steve Jobs. He is considered an icon of creativity today, because of Apple Computers, the iPod and the iPhone. But many may not know that he was dismissed from the company which he had founded. He would later say that this was the best thing that happened to him. It forced him to start from scratch, and invent new things. Soon after, he was diagnosed with pancreatic cancer, which doctors thought inoperable. Against such odds, the man went on to become one of the world’s most admired creative geniuses, exceeding existing benchmarks of performance by miles. The latest addition to his string of creative products is the iPad, which he introduced to the public in early February this year.<sup>1</sup>

The next four characteristics I present are based on the developmental tasks of adolescence

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<sup>1</sup> You can read Steve Job’s Commencement Speech at Stanford University in which he shared stories of adversity and creativity at : <http://news-service.stanford.edu/news/2005/june15/jobs-061505.html>

and adulthood in Erikson's (1950) life span theory. I shall explore them a little more exhaustively than the characteristics described so far. Even though Erikson proposed that there are specific developmental periods when these tasks are in the ascendant, these continue to be experienced throughout adulthood as in a spiral, one or the other becoming more significant at a particular juncture in our life story .

#### 9. **Having a Clear Sense of Identity**

Emotionally healthy persons have some clear and self-convincing answers to the question "Who am I?" In Erikson's (1950) developmental schema, identity formation is the crucial task to be accomplished during adolescence. But we can struggle with issues of identity all through life.

Identity is the sense of self built by the merging of past identifications and experiences, future goals and aspirations, current roles and social expectations. Personality psychologist McAdams (1993) presented identity as an evolving story that integrates a *reconstructed* past, a *perceived* present, and an *anticipated* future into a coherent and vitalising life myth. It is important to note here that what we remember of the past is not always what actually happened. Our memory of an event can be conditioned by our various experiences and what we have heard from others from the time of the incident to the present. So also, we do not perceive reality objectively. Our perception of reality is coloured by our personal histories and ideologies.

Our personal life myth "is special kind of story that each of us naturally constructs to bring together the different parts of ourselves and our lives into a purposeful and meaningful whole" (McAdams, p. 12). In other words, when we achieve identity we are able to bring together all of our past experiences, current realities and future goals and aspirations to create a picture of who we are and who we want to be.

There is a cultural component in identity. Our personal self-definition is coloured by the value orientations of our reference groups. In other words, our identity is shaped by the values, beliefs, assumptions and expectations of the group of which we are a member. If our sense of self clashes with the dominant cultural ethos of our group, it is most likely that we will frequently face distressing situations and experience fragmentation in our sense of self.

Erikson (1959/1980) described three significant ways in which identity formation can fail. These are identity foreclosure, identity confusion and negative identity.

*Identity foreclosure* is a premature resolution of the identity issue. We can slip easily into a role expected of us by family or community. We may not in any way identify with this role or find it meaningful. But the internalisation of the expectation of others, a process which is often unconscious, pushes us into identity foreclosure. We might think we are making a conscious and free choice but most often we are not. A sense of dissatisfaction and lack of fulfilment,

often with no knowledge of its source, is the result.

A *negative identity* develops when we conform to an image of us that is contrary to family or cultural ideals but which is projected on to us by the same family or community. For example, the family may not approve the way we are living or of our life choices and label us as the “black sheep” of the family. In such a situation we may strive hard to prove the family right by living up to that negative label, adopting and engaging more and more in behaviours that are socially disapproved. Or, while in school, a teacher might ridicule us describing us as “good for nothing.” We might then adopt behaviours that fit the label and really turn out to be a good for nothing. In both situations we actually react with resentment, but instead of striving to prove our detractors wrong, we sabotage our own welfare and hurt ourselves by going out of our way to prove them right.

Negative identity can develop also from idealisation of or identification with someone devalued by family or community. For example, in our childhood or youth we may have idealised an uncle or an aunt whom we loved very much and wanted to be like. It happened that this beloved uncle or aunt was also an alcoholic. As we grow up we may also identify with our uncle’s or aunt’s alcoholism and ourselves become alcoholic.

*Identity confusion* occurs when we are unable to make up our minds as to who we are or who we want to be. We are unable to make a commitment to any single view of

ourselves. This may be because we are caught up in conflicting values or lack the confidence to make meaningful and lasting decisions. Young religious who are unable to decide if they want to make their perpetual profession or not, provide a relevant example.

Research has shown that identity confusion is associated with a number of social and psychological problems (Dunkel & Sefcek, 2009). According to Newman and Newman (1987) this condition of indecisiveness and confusion arouse “anxiety, apathy, and hostility toward the existing roles, none of which they can successfully adopt” (p. 395). Such identity confusion stands in the way of living with satisfaction whatever life choices we make.

A healthy and positive resolution of the task of identity formation leads to *identity achievement*. The pathway to identity achievement is through *role experimentation*. Erikson (1959/1980) termed this period of free experimentation of various roles and identities before a final identity is achieved *psycho-social moratorium*. Before we make a final choice of what we want to be, we need to look carefully at and even experiment with various options by living them out for a period—in fantasy or reality. Clarity as to who we want to be emerges from such role experimentation. Before identity is achieved we have to do some real soul-searching about who we want to be and what we want to do, and then make definitive choices about these aspects of our lives.

According to Erikson (1959/1980), identity achievement moves us toward becoming and functioning as well-adjusted adults, capable of love and work—forming healthy relationships and engaging in meaningful and constructive activities. We become more aware of who we are, of our strengths and weakness, and we make responsible and relevant choices based on this awareness. We become creative and productive, and contribute to the welfare of society. We find satisfaction and meaning in our lives.

Luyckx, Vansteenkiste, Goosens and Duriez (2009) have found a correlation between need satisfaction (see Parappully & Mannath, 2009; Ryan & Deci, 2000) and identity achievement. Their study found that the satisfaction of basic needs “goes hand in hand with proactive exploration of different identity issues and a commitment to and endorsement of certain identity options” (p. 278). Individuals with the highest scores on satisfaction of relatedness, competence and autonomy were characterised by being in a state of identity achievement. Compared with these, foreclosed individuals were found to be less competent and autonomous in their everyday lives. They did not put as much effort into identity exploration and their commitments were less strong and less identified with. Individuals in diffused identity status scored relatively low on all three needs. In line with *Self Determination Theory* (Ryan & Deci, 2000), Luyckx et al. concluded that need satisfaction facilitates individuals’ natural inclination to

move toward greater self-organisation and integrated identity development and that the social environments in which individuals find themselves can promote or detract them from identity exploration, depending on the extent to which the environment facilitates or impedes need satisfaction. (p. 285)

It is quite likely that many candidates to religious and priestly life, especially those who joined as adolescents, are in identity foreclosed status. They may not have given enough attention to role experimentation. One of the important tasks of formation is to provide them opportunities for such experimentation, and not just to help them confirm the choices they have, perhaps prematurely, made.

Sometimes we come across priests and religious who do not seem to have any opinion of their own. In answering questions, or when asked for an opinion, they tend to quote a document or the words of a superior. Lack of an opinion of our own or over-reliance on the opinion or expertise of others is often a symptom of a lack of a strong sense of identity.

Although Erikson postulated that identity formation is something that happens in adolescence, recent theory and research evidence show that individuals engage in a lifelong process of identity formation (Newman & Newman, 1987). Thus even if we have had a strong sense of identity for a considerable period of

our lives, we can still shift back into identity confusion, often triggered by new and unexpected experiences or developments in our lives. Such falling back is a positive thing, because we can now do further soul-searching and re-confirm our identity and move toward a deeper level of identity achievement.

We develop a deeper sense of our identity when we take time to confront ourselves. Such deeper sense of identity does not come from the external realities or the roles we play. It comes from confronting our deeper desires and longings and the dynamics operating behind our conscious selves. Such an encounter with our deeper self occurs only in the depths of solitude. One of the areas candidates to religious life and priesthood have to be trained in is precisely this one. They have to be trained to immerse themselves in and be comfortable with consciously and deliberately chosen solitude, especially in this age of instant communications and easily available media distractions, so that they can encounter themselves in greater depth and honesty. Creating an ambiance conducive to such solitude is an important task of religious and priestly formation.

### **10. Enjoying Intimacy**

In Erikson's (1950) developmental scheme the unique task of young adulthood (18 – 35 years) is to establish an intimate relationship with someone who is not a member of one's own family. Intimacy is the experience of coming close to another: physically,

mentally, emotionally, and spiritually. It is creating an overlapping space between two persons. According to Erikson (1950), intimacy involves an ability to make and keep commitments to concrete individuals, with the recognition that these commitments call for significant sacrifice and compromise.

Erikson (1950) held the view that we are not capable of creating a relationship that calls for commitment and compromise until we have successfully negotiated the crisis of identity. We must have a clear sense of who we are and also an appreciation of the uniqueness and separateness of the other before we can be intimate with another person. Our sense of self must be strong enough to preclude the fear of losing our identity when we try to come close to another.

Authentic human intimacy is a hallmark of the more mature and healthy adult and a requisite for happiness (Buss, 2000). As Rutan and Stone (1993) have observed,

The ability to enter into co-operative, loving and interdependent relationship with others is a sign of psychological maturity and health...Indeed, a rough but accurate indicator of mental health is the degree to which individuals allow themselves to know how important others are to them. (pp. 6-7)

According to Berscheid (1999), virtually every study of human happiness reveals that satisfying

close relationships constitute the very best things in life; there is nothing people consider more meaningful and essential to their mental and physical well-being than their close relationship with other people. (p. 260)

Intimacy is a basic human need. Suppression of this need has a negative impact on personality functioning. Isolation, that is, not having anyone to share our private thoughts and feelings with or have close ties to, has been found to be injurious to physical and mental health. Studies show that isolation has as significant or greater correlation with mortality as smoking, high blood pressure, high cholesterol, and obesity (Goleman, 1995). On the other hand, a dependable web of intimacy provides a strong buffer against sickness and helps prolong life. Citing relevant research, Myers (2000) observed:

Compared to those having few social ties, people supported by close relationships with friends, family, or fellow members of church, work or other support groups are less vulnerable to ill health and premature death...When afflicted with leukaemia or heart disease, those who experience extensive social support have higher survival rates... When social ties break, with widowhood, divorce, or dismissal from a job, immune defenses weaken for a time and rates of disease and death arise. (p. 62)

Intimacy calls for vulnerability—being oneself before the other without masks or pretences, just as

one is. It calls for what can be described as “psychological nakedness”—baring one’s heart and soul.

Celibate clergy and religious may be tempted to escape the challenge of intimacy, of being vulnerable before another. One way we do this is through workaholism. We become “superdoers”—completely absorbed in our “ministry.” Work becomes for us a protection against dealing with people in a personal way. A second defense is intellectualisation. This is a defense mechanism which helps us avoid intimacy by focusing consistently on facts, ideas, or events and ignoring personal feelings. A third is to relate to people always from our professional roles, such as being pastor, principal, or superior. Such professional relating prevents us from being vulnerable and personal (Juliano & Sofield, 1988).

However, it is very important that priests and religious develop relationships not in terms of their profession, but in a personal way. In this context, John Sanford, Jungian analyst and pastoral counsellor and whose father was a pastor, narrates the following incident:

One priest found that it became important for him to wear his clerical collar less and less. He still wore the clerical clothing when performing the sacraments, or when acting in his official, priestly capacity, but on many other occasions he went without tie. He was startled to find that when he walked down the streets of the city without his clerical collar on he could walk right by parishioners who knew him well

and they would not notice him. This made him feel that he was real to many people only in terms of his clerical collar and the priestly functions it represented, and not as a human being. (1982, p. 42)

Thus, we may come across priests and religious who are keen on being addressed always as “Father,” or “Brother,” or “Reverend Mother or Superior.” Such titles help them to relate to others from their professional roles and protect themselves from the vulnerabilities involved in personal relationships. In the process they deprive themselves of the strength and support that close relationships provide.

Some religious are also uncomfortable with the term “intimacy,” thinking it refers to sexual or romantic relationships. What I really mean by the term here is the cultivation of transparent and trusting close relationships. Is there someone with whom we can really be ourselves, share our private thoughts and feelings without fear or pretence? This is what intimacy is all about.

The capacity for intimacy is an important aspect of healthy living, whether in marriage or celibacy. It needs to be understood rightly, and its rich implications appreciated. Formation personnel and psychologists have a large role to play in this as the *Guidelines for the Use of Psychology in the Admission and Formation of Candidates for the Priesthood* issued by the Sacred

Congregation for Catholic Education (2008) have clearly pointed out.

In the years following Vatican II, a large number of priests and religious left the priesthood and religious orders, especially in the so-called First World. A vast majority of these married. Most of them did so not because of the desire for physical intimacy, but to fill the void in their lives. They married more for companionship, to have someone who would satisfy their emotional needs for relatedness, for a close, tender relationship, to have someone they trust who will understand them and accept them when they express their hitherto undisclosed feelings. In other words, to satisfy their basic need for intimacy.

One of the reasons why some priests and religious do not cope well with difficulties and challenges or do not find meaning and satisfaction in their vocation is that they do not have dependable friends with whom they can share their deeper feelings. For example, every one of the priests in a particular diocese who applied for dispensation, in response to the bishop’s question on whether he had any friend, had replied in the negative. A psychiatrist made the same observation about priests and religious he sees in treatment. A common factor he finds among these men and women is that they do not have very close friends (see Rossetti, 1997).

While the need for intimacy is basic, it is not one that is usually dealt with positively or constructively during the formation years, or even later. It

is inevitable that during the course of their ministries religious and priests will encounter invitations to friendships or offer such invitations to others. Some will run away in fear or stifle their budding desires; others, though opening themselves to what is offered or acting on their own desires or intuitive feelings, will not know how to handle the ambiguities and conflicts that are part of any close relationship, particularly in the context of their celibate commitments. It will be helpful if formation personnel give greater attention to this important aspect of emotional maturity.

### **11. Being Generative**

According to Erikson (1950), the healthy adult is generative. Generativity refers to the capacity and willingness to commit ourselves to improving the life conditions of future generations. In more general terms, being generative is the capacity to care for others, which moves us away from self-centeredness and selfishness. It is going beyond ourselves, giving ourselves away in love for the coming generations.

Generativity calls for generosity and sacrifice. To be generative we have to forget self-interest and invest in something larger than ourselves. If we are self-absorbed it would be difficult for us to be generative and experience the personal growth, as well as the satisfaction associated with reaching out in care. Generativity also calls for creativity, a quality that has been associated with emotional health, and psychological complexity, as has

been noted earlier in this article. We have to try novel and innovative ways to reach out in care.

For personality psychologist Emmons (1999), generativity is related to higher levels of wellbeing. He also considers generativity to be a profoundly spiritual construct. Generative persons are spiritual persons, even if they do not subscribe to any conventional religious ideology or institutional affiliation, because generativity serves as “a vehicle for self-transcendence,” one of the central constructs of spirituality. He describes characteristics common to both generativity and spirituality.

Central to both generativity and spirituality is the idea of transcending the self. Self-transcendence draws adults out of their preoccupation and connects them to higher powers, other people, institutions, and broader societal and global concerns....Several facets of generativity, including loving and caring for future generations, concerns with nature of personal finitude, belief in the fundamental goodness and worthwhileness of human life, and concern for the well-being of others suggest the presence of a spiritual component. (p.133)

One of the effective ways an adult is generative is becoming a mentor. The term generally indicates teacher, advisor, sponsor, counsellor, and role model. Levinson (1978) considered forming mentoring relationships one of the important tasks of middle

adulthood. Here is how Levinson described a good mentor:

A good mentor is a mixture of good father and good friend....A 'good enough' mentor is a transitional figure who invites and welcomes a young man into the adult world. He serves as a guide, teacher, and sponsor. He represents skill, knowledge, virtue, accomplishment—the superior qualities a young man hopes someday to acquire. He gives his blessing to the novice and his Dream. And yet, with all his superiority, he conveys the promise that in time they will be peers. The protégé has the hope that soon he will be able to join or even surpass his mentor in the work they both value. (pp. 333-334)

Formation personnel especially play a major and significant mentoring role. In their formation work they nurture not only the future of the individual formees but also of congregations and church communities.

Generativity is one characteristic of emotional maturity with which most priests and religious appear to feel comfortable. From the earliest years of their formation they are encouraged to be altruistic in imitation of Jesus of Nazareth. They take pride in reaching out in compassion and care. A question to be asked here is whether this altruism is driven by self-interest and self-promotion or by genuine caring for others' welfare. Ambition often masquerades in the guise of self-giving.

Another thing to be noted is that generativity is not about producing or creating something, but caring for what one has produced or created. It is not planting, but caring for the plants. Often many priests and religious are good at creating (building structures and institutions, or pioneering new ministries) and not very good at maintaining, promoting or enhancing them. Generativity is about having an impact on the future of society, and not merely caring for the current generation.

## **12. Experiencing Integrity**

In Eriksonian (1959) terminology, integrity does not refer, as the word normally connotes, to authenticity or honesty. Rather it refers to a serene acceptance of the whole of our life, with the good and the bad. We experience integrity when we are able to integrate our past history with our present circumstances and feel content with the outcome.

Integrity is the crucial task of the final stage in Erikson's eight-stage developmental scheme. By the time we reach this developmental stage, we would have had a variety of experiences, good and bad, complex and trivial. A serene acceptance of all of these life experiences and integrating them into a meaningful personal myth (McAdams, 1993) without regret or remorse is a hallmark of healthy and mature adults.

A central process in achieving integrity is reminiscence—the nostalgic remembering of the events and experiences of life. It is through the repeated remembering and retelling of our life experiences that

we integrate them into a meaningful life myth. To arrive at integrity, we must repeatedly engage in soul-searching efforts to sort out our lives and come to terms with the unpleasant and unhappy events that inevitably would be a part of our history. This calls for openness toward reconciliation, forgiving self and others, and letting go of whatever from the past we had no control over. It calls for the courage to accept and live with what cannot be changed, considering them all as part of a meaningful whole.

One way we can help the older members of our communities to experience integrity is encouraging them to tell their stories. They have so many experiences and so much wisdom accumulated over the years that they can share with the younger members. Often, they will tell the same story again and again, and we may get tired of those stories. However, every time they tell the story, in their reminiscing, they are integrating the fragments of their lives into a more coherent and meaningful personal myth.

Reminiscence can lead to a contemplative attitude—taking a long, loving and lingering look at something. In emotionally healthy individuals such contemplative attitude leads to a sense of awe and wonder, which in turn develops into gratitude. Emotionally healthy individuals are able to see beauty in what others may only see as trivial or mundane. Gratitude or the ability to be thankful on a consistent pattern is also a hallmark of emotionally healthy persons. The great scientist Albert Einstein linked this sense of awe and wonder and the resulting

gratitude to the mystical. According to him the one “who can no longer wonder and stand in awe is as good as dead” (in Ferris, 1997, p. 287).

### **13. Being Resilient**

Resilience is the capacity to bounce back from setbacks and move ahead. Resilience enables us to endure temporary upheavals “remarkably well, with no apparent disruption in [our] ability to function” and “to move on to new challenges with apparent ease” (Bonanno, 2004, p. 20). According to Bonanno, in contrast to *recovery* which connotes a trajectory wherein, following trauma or loss, “normal functioning temporarily gives way to threshold or subthreshold psychopathology... and then gradually returns to pre-event levels.... *resilience* reflects the ability to maintain a stable equilibrium.” When we are resilient, even when we experience “a potentially highly disruptive event,” we are able “to maintain relatively stable, healthy levels of psychological and physical functioning” even though we may “experience transient perturbations in normal functioning” (p. 20). We show resilience through our capacity to respond flexibly and adaptively to adverse situations.

As resilient persons we are not broken by suffering; rather, we experience difficulties and obstacles as opportunities to grow. We not only bounce back from setbacks, we also grow and develop through these experiences just as Steve Jobs and great artists, as cited earlier in this article, were able to do. We are able not only to come to terms with traumas and tragedies of life, but also

create something meaningful out of them as did the parents of murdered children in my earlier study (Parappully, 2002). As King (2001) has so rightly observed, facing difficulties and challenges provides us with “opportunities to develop the complexity of our perspectives” (p. 57), in other words, to deepen our life and grow in maturity.

Among the factors that contribute to resilience, a core item is: having a meaningful purpose (McKnight & Kashdan, 2009; Moran, 2009). A strong sense of purpose helps us face adverse circumstances more positively. According to McKnight and Kashdan, purpose in life “stimulates behavioural consistency” and “psychological flexibility”; serves “as the motivating force to overcome obstacles”; “leads to more productive cognitive, behavioural, and physiological activity” and “lower stress levels and greater satisfaction with life” (pp. 248-249).

A functional sense of self or a coherent and clear identity has been found to be a resilience contributor (Tait, Birchwood, & Trower, 2004). A positive sense of self is also linked to resilience. Persons with positive sense of self have been found to have better adjustments and more active social networks. Positive emotions, especially fun and laughter, also contribute to resilience (Bonanno, 2008; Ong, Bergeman, Bisconti, & Wallace, 2006).

Faith and attendance at religious services have been found to foster resilience (Moran, 2009). The world views provided by faith contribute to

purposefulness and meaningfulness, offer support in difficult times, and the strength to triumph over adversity. The social support that the religious community provides is also considered to contribute significantly to the protective components of faith-based practices. As Emmons (1998) observed, “Religion and spirituality can provide a unifying philosophy of life and serve as an integrating and stabilising force in the face of constant environmental and cultural pressures that push for fragmentation, particularly in post-modern cultures” ( p. 70).

I have placed resilience as the last of the thirteen characteristics of emotionally healthy persons because resilience literature shows that many of the characteristics of emotionally healthy persons described earlier (self-acceptance, wide range of emotions, thankfulness, playfulness, meaningfulness, creativity, identity, intimacy, generativity, integrity) are subsumed in resilience. Resilience can thus be considered a master characteristic of emotionally healthy persons.

### **Faith and Emotional Well-Being**

There is today mounting evidence—based on research conducted in various countries—that religious and spiritual practices provide very effective support for emotional wellbeing and healthy personality development (Emmons, 2005; Oman & Thoresen, 2005). Taken together, available research findings “suggest that religious involvement exhibits both preventing and therapeutic effect on mental health outcomes” (Levin & Chatters, 1998, p. 36).

Religiosity can, of course, be of a healthy or an unhealthy kind. It is only too well known that both heroic love and inhuman hatred have claimed to be motivated by religious beliefs. Miller and Kelley (2005) have pointed out that “Although most studies indicate a protective effect of religiosity or spirituality on mental health, there is evidence that some religious configurations can inflame psychopathological expression or even contribute to its aetiology” (p. 464). According to Myers (2000) there is evidence that “some forms of religious experience correlate with prejudice and guilt.” However, “in general an active religiosity is associated with several mental health criteria.” Those who worship regularly, for example, report more joy in their lives than religiously inactive persons. Those with deep religious faith “tend to retain or recover happiness” after setbacks and tragedies. (pp. 63-64).

Gordon Allport had stated a long time ago why and how religion contributes to the integration of personality: “The religious sentiment...is the portion of personality that arises at the core of the life and is directed toward the infinite. ...and for this reason is capable of conferring marked integration upon personality” (in Emmons, 1999, pp. 118-119).

Yet, many priests and religious—who have devoted their life to the pursuit of religion, received years of structured training, and claim to be motivated by religious factors—do not appear to be emotionally healthier than others. In fact, some of the findings are disappointing, to say the least. Thus, a study by Lourdes, Patel and Paranjpe (1991)

showed that priests, religious and seminarians in India fared worse on several scores of emotional maturity compared to lay people. In Parathazham’s (2006) study, religious sisters and seminarians rated their peers outside as better than themselves on all eight criteria of emotional and psychological maturity measured. They also observed that the formation they had received was not worth the time and energy invested in it. These are interesting findings that need to be looked into more seriously. These priests and religious, as also the seminarians, had been engaging in religious practices for several years. According to scientific data they should be doing well emotionally. How come they are not? It is good to find out what it is about the formation process that undermines emotional maturity and wellbeing. But that would form the subject matter of other articles. The scope of this article, after all, was not to indicate parameters of failure, but to give a clear description—in non-technical language that is accessible to all—of emotionally healthy persons and to point out some implications for the formation process and environment.

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