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Caring for the Ageing

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A CHRISTIAN GERONTOLOGY: CARING FOR THE AGEING

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“Growing older is a process that begins at birth and ends with death.”¹ The church and individual Christians share an important role to minister to the ageing² especially in terms of crises counseling.

According to the government census in 2000, Malaysia had a population of 23.27 million. An average 3.9 percent of the population was sixty-five and over. There should be more than 907,530 senior citizens who live in the country. Among these people there are at least 300,000 who are either Chinese or Indians to whom the church can minister.

In order to minister to the ageing, a program is thus needed to enable the church and individuals to follow. In the preparation phase, the ageing are instructed to identify the crises facing senior adults and how to prepare themselves to cope with the crises. In addition, the church and individual counselors also need to set a contingent plan to respond to the anticipated crises, if they occur. This paper is designed to provide some guidelines for Christians and churches to assist the elderly in their families and churches, as well as their ageing relatives and friends in nursing homes.

Identifying the Crises Facing the Ageing

Chronological age, ageing, and ageism are related but not the same. Calendar age is counted from a birth certificate. And ageing does not just become a problem in old age, it is faced by every age group as a crisis in the transitions of life. Only ageism, which is the practice of stereotype, assuming that all people of a given age are alike, has become the

¹Sheldon S. Tobin, Enabling the Elderly (Albany: State University of New York Press, 1986), 3.

²“Ageing” used in this paper is to refer to old age, sixty-five and above.

major problem.³ First of all, the ageing need to be taught to adopt the positive understanding of ageing from the perspectives of the Bible.

In the span of many centuries covered by the Bible, it is not surprising that different perspectives appear on age and ageing. Pre-vaillingly, old age is esteemed. Age is not often a deliberate subject, but there are some direct and significant treatments of the subject. That age received less attention than many other subjects probably implies that discrimination against older people was not a major problem in Judaism and early Christianity. If either, age was more favored than youth, although generalization here is extremely precarious. At least, there was no “cult of youth” as in much modern society.⁴

In Enabling the Elderly, the author points out it is useful to think of two categories of ageing, namely, the “young-old” and the “old-old.” The young-old is defined as those people over the age of fifty-five, who are relatively healthy, affluent, and free from traditional family and work responsibilities. This has become a well-educated group of individuals who remain socially and politically active. In contrast, the old-old are generally identified as people of advanced old age who suffer from declining health, decreasing financial resources, and more limited social involvement. Those over the age of seventy-five can normally be characterized in this manner.⁵

Amazingly, four of five older people still live within one-half hour drive from at least one child.⁶ The same author also divides the elderly into three groups according to their abilities to function in the communities. Sheldon estimates that there were about 80 percent of the elderly to be well-elderly living in the community. About 14 percent are severely impaired elderly and the remaining are living in some government or private nursing homes.⁷

³Frank Stagg, The Bible Speaks on Ageing (Nashville: Broadman Press, 1981), 178-179.

⁴Ibid., 181.

⁵Sheldon S. Tobin, Enabling the Elderly (Albany: State University of New York Press, 1986), 4-5.

⁶Ibid., 7.

⁷Ibid., 12.

These statistics and findings should be able to clear some doubts and take away the unnecessary fears faced by the ageing. Margaret J. Anderson looks at the individual character traits of the ageing and classifies the responses into five categories:

(1)the mature—well-integrated persons who enjoy whatever they are doing at the moment; (2)the rocking-chair type—passive, dependent men and women who are glad to take it easy; (3)the self-protective—their motto: “I have to keep active or I will die”; (4)the bitter—they adjust poorly to ageing—blame others for their disappointments and lack of success; (5)the self-derogatory—depressed and gloomy, they adjust poorly, blame themselves for frustrations and failures.⁸

Positive thinking about ageing is very crucial when preparing the ageing to face with crises in life. The problems faced by the ageing can be categorized into general, shared crises, personal crises, and unique senior crises.⁹

General and Shared Crises

General and shared crises are caused by some events commonly shared by the people in a certain place. Such events may be war, economic depression or emergency, and political change. Other socially shared events are crime, especially the increase in violent crime among youth, and problems related to drug abuse and trafficking. The ageing also share the concern about AIDS and other sudden climatic changes.¹⁰ These general crises shared by the community may not directly affect the individuals but certainly they will indirectly become the causes of many crises facing the ageing.

⁸Margaret J. Anderson, You can enjoy Your Ageing Parents (St. Louis: Concordia Publishing House, 1979), 13.

⁹Barbara Pittard Payne, Responding to Senior Adults in Crises (Nashville: Convention Press, 1993), 7.

¹⁰*Ibid.*, 7-8.

Personal Crises

Personal crises facing the ageing may be divided into physical, spiritual, emotional and mental crises. These are common crises due to development and different person may encounter different crises.

Physical Disability

For many people old age is associated with endless troubles caused by physical impairment. This may come in the form of a crippling arthritis or “just” a hearing loss.¹¹

Jeffrey A. Watson has a clear picture of ageing in terms of physical decline. According to him normal physical changes with age include:

1. Cardiovascular stamina decreases 30 percent by age 70.
2. Muscle strength decreases 20 percent by age 70.
3. Rate of reflex slows 10 percent by age 70.
4. Height and shoulder breadth decreases 1 inch by age 70.
5. Weight increases 20 pounds from age 20-50, losing 6 from age 50-70; total body weight is 15 percent fat at age 20 and 30 percent by age 70.
6. Skin thins, becomes less elastic, and wrinkles.
7. Hairs decrease 20 percent in diameter by age 70; grays from reduction in pigment; whitens from loss of all pigment.
8. Nails decrease in growth rate 30 percent by age 70.
9. Ten teeth are lost by age 70.
10. Vision requires reading glasses and glare protection by age 50; greens and blues almost indistinguishable by age 60; peripheral and night vision diminished by age 70.
11. Skull bone thickens; cranial circumference increases; nose and earlobes become longer and wider.
12. Taste buds decrease 65 percent by age 70; mouth is drier.
13. Voice pitch rises and tremors more.
14. Brain loses neurons; timed IQ and short-term memory scores decrease 20 percent by age 70; sleep region affected.
15. Bones have less calcium, looser cartilage, harder ligaments, and less joint lubrication.

¹¹William M. Clements, Care and Counseling of the Ageing (Philadelphia: Fortress Press, 1979), 39.

16. Kidney and bladder function decreases 50 percent by age 70.
17. Hearing misses higher pitches like *S* and *T*, making the words of others sound garbled.
18. Orgasm requires more time in foreplay; frequency of orgasm decreases.
19. Cholesterol increases 25 percent in the blood by age 70; blood pressure increases 20 percent over 15 percent by age 70.¹²

Spiritual Crises

Jeffrey's further findings about the spiritual development of the ageing also arouses the interest of many counselors: 82 percent of the senior adults above the age of 65 consider religion to be the most important influence in life; 87 percent believe that this will give personal comfort; and 89 percent will try hard to practice.¹³

One of the problems facing the ageing is the fear of the future, especially death, which often torments the conscious or the subconscious mind of the ageing person who cannot help but realizes that he or she is nearing the grave. When other problems interfere, it may be difficult to attend church in order to engage in public worship and in fellowship with others. Sometimes many personal acts of devotion to God often suffer because of poor eyesight or forgetfulness.¹⁴

Many senior adults carry a burden of guilt that sends them prematurely to the grave. They sometimes have a sense of failure and regret for not having attained goals set early in life. Some may have even committed unlawful deeds in the past. Their guilty consciences may result from truly despicable activities or from misconceived notions of moral and ethical standards.¹⁵

¹²Jeffrey A. Watson, The Courage to Care (Grand Rapids, Michigan: Baker Book House, 1992), 125-127.

¹³Ibid., 128.

¹⁴Robert M. Gray The Church and the Older Person (Grand Rapids, Michigan: William B. Eerdmans Publishing Company, 1978), 48.

¹⁵Ibid., 49.

Emotional and Mental Crises

In addition to the physical and spiritual crises, the ageing are likely suffering from some kinds of mental disorders as a result of the above physical and spiritual crises.

Worry that one's partner may become ill or die, fear of the possibility of prolonged physical illness or disability, anxiety about financial problems, a sense of worthlessness at not contributing anything recognized as worthwhile to society, and feelings of disgrace because of dependence upon others for a livelihood all contribute to the emotional ailments of older people.¹⁶

Some senior adults regress to infancy and actually experience a second childhood to gain much-desired attention. They thus escape emotionally from the stark realities of life. Another common escape mechanism is found in hallucinations. Some speak to absent persons or loved ones long since departed from this life, and they may engage in other forms of deviant behavior. The memory of many older persons for distant events is sharp, but their memory for yesterday is obscure and distorted.¹⁷

Unique Senior Crises

The senior adults have situations that contribute to the uniqueness of the crises they face. The development tasks of late adulthood include major transitions in retirement, widowhood, and institutionalization.¹⁸ Some of the unique senior crises may appear as follows:

Depression

Depression is almost experienced by every senior adult under different circumstances and during different period of times. This prolonged down feeling may be caused by one of the situations below:

Disappointment. No one becomes depressed when everything is going well. High hopes may have been shattered. Children may have

¹⁶Ibid., 42.

¹⁷Ibid., 43.

¹⁸Payne, 10.

let a parent down. They may have become neglectful. Many parents have waited endlessly for a promised visit, only to have a son or daughter call with some flimsy excuse for not keeping his or her word.

Low self-esteem. A parent may say, "I can't do anything right anymore. I'm no good to anyone. I'm just a bother. I wish I were dead." Coupled with lack of self-esteem is the feeling of unfulfillment—of not having attained one's goals.

Unfair Comparison. Again related to lack of esteem, comparing oneself with another can cause despondency. . . .

Ambivalence. Some psychiatrists say this is the most common cause of depression. It involves a feeling of being trapped, unable to remedy an intolerable situation. . . .

Sickness. Every person has a breaking point. Prolonged intensive pain can be devastating. . . .

Biological malfunction. Thyroid problems, low blood sugar, or chemical changes of one kind or another can trigger depression.

Rejection. A pastor visited a woman who, he had heard, was extremely depressed. He found her arranging a lovely bouquet of roses. "How nice," he said. "Is this a special day? A birthday?"

The woman nodded. Then she burst into tears.

The pastor asked, "Are the flowers from one of your children?"

"From my son." She shook her head sadly. "But, I'd rather have him."

"Where does your son live?"

"Right here, in this very town." She answered, then in an effort to tone down her disappointment, she added, "He's so busy."¹⁹

When depressed, the ability to function mentally and physically is affected. The National Institute on Ageing in USA has listed the following most common signs of depression and warn that if they persist continuously for more than two weeks, the person involved should seek the help of a doctor:

¹⁹Anderson, 86-87.

- An “empty” feeling, ongoing sadness, and anxiety.
- Tiredness, lack of energy.
- Loss of interest or pleasure in ordinary activities, including sex.
- Sleep problems, including very early morning waking.
- Problems with eating and weight (gain or loss).
- Excessive crying.
- Aches and pains that just won’t go away.
- Difficulty concentrating, remembering, or making decisions.
- Feelings that the future looks grim; feeling guilty, helpless, or worthless.
- Irritability.
- Thoughts of death or suicide; a suicide attempt.²⁰

Role Changes

During this period of life many of the roles which were previously assumed have begun to fall away—less significance is attached to them and opportunities are fewer for enacting them in day-to-day activities. For many people work has been the significant preoccupation throughout the middle years, and almost inadvertently the self has been closely identified with a particular work role. If this identification has been close, the anticipation of retirement is considered as a threat, and actual withdrawal from work, when it comes, brings a sense of loss.²¹

Death

Death is not an unexpected event among the ageing. In the presence of degrading and painful infirmities it may even be welcomed. Sometimes plans are set in anticipation of its coming, plans affecting the prolongation of life in the event of lingering illness, or for the distribution personal property and wealth, or for last rites.

Many aged persons have puzzled over the meaning of their life and already reached some resolution concerning the termination of conscious personality as we know it. For persons of a religious orientation this resolution might be expressed in biblical terms, such as the hope of resurrection. . . . Regardless of the terminology or the orien-

²⁰Payne, 25.

²¹Clements, 36-37.

tation, the struggle to comprehend and incorporate death meaningfully into the life cycle continues until the task is accomplished.²²

Loss

Apart from the loss of social supports like spouse, siblings, close friends, and employment, widowhood is becoming a serious crisis facing the ageing.²³

About 95 percent of senior adults have been married. . . . The reality is that over half of older women are widows . . . five times as many as widowers. The implications are that men and women need to be prepared for the stress associated with the loss of spouses and the accompanying loneliness and depression. Remember that the changes in life-style and personal habits related to the death of a spouse are rated the most stressful.²⁴

The Stages of Grief due to the loss of a loved one can be described as below:

1. Shock. This is the person's temporary anesthesia, his brief escape from reality. How do we help at this point? Be near the person and available to help. But do not take away from the person what he can do for himself. The sooner he has to make some decisions and deal with the immediate problem, the better off he will be.
2. Emotional release. Encourage the person to cry or talk it out.
3. Depression and loneliness. Be available to the person, and let him know that whether he can believe it or not, this stage will pass, too.
4. Distress. The person may have symptoms of distress. Some of these could be due to repressed emotions.
5. Panic. The person may have panic about himself or the futures. This can come because the death is ever present in his mind.
6. Guilt. The person needs to be able to talk through feelings of guilt with another person.
7. Hostility and resentment.

²²Ibid., 42-43.

²³Payne, 10.

²⁴Ibid., 19.

8. Inability to return to usual activities. Unfortunately, friends of the bereaved tend not to talk about the deceased. They may remember an important time in the person's life or a humorous incident but refrain from talking about it in the presence of the remaining partner. And yet if they were to do so, they would probably find a positive response. The person may express gratitude that someone talked about his loved one in this way. He is aware that those around him are very cautious about what they say, but fond remembrances talked about are healthy.
9. Hope. Gradually hope begins to return. . . .
10. Struggle to affirm reality. This does not mean the person becomes his old self again. When one goes through any grief experience, he comes out of it a different person. Depending upon how a person responds, he can come out either stronger or weaker.²⁵

A person who is facing this crisis needs to complete his grief work. Grief work means (1)emancipating oneself from the deceased; (2)adjusting to life without the deceased; and (3)making new relationships and attachments.²⁶ The pastors or counselors are most needed in this period to time. A support group, comprised of individuals or a team, can mean a lot to the person.

Chronic Diseases

Death rates among the ageing due to malignant neoplasms, vascular lesions, heart disease, ulcers, and infection are considerably above those of the general population. Cardiovascular disease is the major cause of death among the ageing, accounting for nearly 40 percent of all deaths in this age group.²⁷

Another disease threatening many senior adults is Alzheimer's disease, which "is a progressive and irreversible deterioration of the brain

²⁵H. Norman Wright, Crisis Counseling (USA: Regal Books, 1993), 157-158.

²⁶Ibid., 158-159.

²⁷Judith Stevens-Long, Adult Life (California: Mayfield Publishing Company, 1984), 260-261.

affecting memory, judgment, and loss of identity. In time, personality and behavior change so that there is a premature loss of self.”²⁸

Death due to these diseases is not the only threat to the elderly, sometimes the shattering of filial relationships caused by diseases poses even a greater threat to the ageing who are already sick and dying.²⁹

Economic Security

The crises resulted from economic insecurity are felt mainly by those senior adults who do not have any close relatives to take care of them and at the same time, they had not stored up enough fortune while they were still young. Accommodation and malnutrition are considered problems in this connection.³⁰ Many senior adults in this country who fall into this category do not want to stay in any government-run old folks' home. Some just stay in any temporary shelters they can find, and eat anything that people give.

Positive Approach towards Crises

“It has been said that a problem well defined is half-solved.” Therefore if we want to succeed in ageing, we must define the two specific challenges which lie in our path: first, to accept our new physical limitations, and second, to maintain an optimistic outlook on life.³¹ Although no individual will experience all of the decremental changes, these potential declines signal the priority for sound nutrition, exercise, rest, safety precautions, health care, and the setting of reasonable expectations and goals in life.³²

With actual preparation done and knowledge acquired, the ageing must choose to cultivate an optimistic outlook on life. Genuine optimism will be rooted in realistic faith, not panicky denial.³³

²⁸Payne, 22.

²⁹Anderson, 93.

³⁰Clyde M. Narramore, ed., The Mature Years (Grand Rapids, Michigan: Zondervan Publishing House, 1978), 35.

³¹Jeffrey, 129.

³²Ibid., 130.

³³Ibid., 131.

Coping with Crises

Coping is the effort to overcome difficulties. It helps to protect us from crises and mediates the impact that they can have on us. Crises occur whenever the perceived demand placed on the person is greater than the perceived ability to respond. How one faces crises is based on the skills of thought and behavior that helped us deal with past problems. We need to bear in mind that there is no single helping skill for dealing with crises. Senior adults may employ a combination of techniques that have worked for them in the past. Although many crises are similar, the circumstances and relationships vary as to individual response patterns. These variations and differences need to be kept in mind as we explore old and new ways to assist the ageing cope with the unique crises of the late life.³⁴

Adaptation

Adaptation to the changes related to ageing is considered by many gerontologists (those who study ageing) an indication of successful ageing. Senior adults have a greater capacity for adaptation because they have a life time of experience with change and expect certain changes as a normal part to growing old. Normally, they will adjust to fit the changes of ageing rather than straining to maintain behavior that fits another age and situation.

Most of the adaptations that ageing related changes force upon senior adults are gradual. Those who are successful have moved beyond ageing as a crisis, have adapted to the senior years, and are satisfied with their present life.

The characteristics defined by Atchley can help to identify the successful adapters who have high life satisfaction.

1. Zest—showing vitality in several areas of life; being enthusiastic.
2. Resolution and fortitude—not giving up; taking the good with the bad and making the most of it; accepting responsibility for your own personal life.

³⁴Payne, 11.

3. Completion—a feeling of having accomplished what one wanted to.
4. Self-esteem—thinking of oneself as a person of worth.
5. Outlook—being optimistic, having hope.³⁵

Some strategies are less positive and involve escape and denial rather than facing and coping with crises. These may include isolation, use of alcohol and drugs, and suicide. In the end, more stress and crises will be resulted. Withdrawal or disengagement may be considered by some as normal ageing, but normal withdrawal is actually selective increased involvement in activities and organizations that are more appropriate and of more interest.³⁶

Continuity

“The successful way to cope with ageing is to continue, as many as possible, midlife activities, interests, and organizational involvements into retirement.”³⁷ The emphasis is on the continuity in environment, relationships, social roles, and in organization such as the church. Many professionals recognize continuity of place and community as significant coping strategies. Familiarity with neighborhood stores and streets extends the possibility of doing ones’ own shopping and driving. For Christians, continuing to be a part of the church cell-group members, the worship and training programs, to be involved in some aspect of the church’s ministry, and have regular contact with church friends provide continuity amidst change.

Support Networks

Informal and formal support groups form a safety net for coping in times of crises. The informal network is made up of friends, neighbors, church, and family. These are people the ageing can count on for emotional support, personal support and affirmation, and assistance in times of crises. These people can be expected to respond immediately with support and some coping assistance when a crisis strikes.

³⁵Ibid., 12.

³⁶Ibid.

³⁷Ibid., 13.

Formal support networks (social service agencies) complement the informal support network needed to cope with ageing crises. They usually provide support over a more extended period of time than the informal network. Their services include providing meals, home healthcare, homemaker services, transportation, and housing.³⁸

Planning

Planning is essential to prepare the ageing for anticipatory crises. It has become a way to delay or minimize the impact of crises on the lives of the ageing.

With regard to health problems, the following tips are given:

1. Eat a balanced diet.
2. Exercise regularly.
3. Get regular check-ups.
4. Don't smoke. It's never too late to quit.
5. Practice safety habits at home to prevent falls and fractures. Always wear your seat belt when traveling by car.
6. Maintain contacts with family and friends, and stay active through work, recreation, and community.
7. Avoid overexposure to the sun and cold.
8. Keep personal and financial records in order to simplify budgeting and investing. Plan for long-term housing and financial needs.
9. Keep a positive attitude toward life. Do things that make you happy.

Financial planning and budgeting are needed to cope with the anxiety and trauma of maintenance crises and keeps the senior adults in balance.³⁹

Spiritual Agenda

This is the most crucial help the church and individuals can provide for the ageing to cope with crises.

³⁸Ibid.

³⁹Ibid., 14-15.

1. Accept your own life story.
 - Affirm that every life has meaning and is of value.
 - Come to grip with the past and the present with all sins and mistakes and accidents of fortune.
 - Forgive others and yourself.
2. Deal with loss.
 - Loss of others, friends, children, spouse.
 - Loss of our bodies and mental functioning.
3. Relocate personal dignity.
 - Shift toward being, rather than possessions and prestige. We are more than what we own or do.
4. Rediscover God.
 - The search may lead toward meditation, prayer, and reflection.
 - Learn to expect not a god of consolation, but the ONE who tries us.
 - The casting away of earlier illusions can lead to a more genuine experience of the spirit.
5. Care about the community.
 - Genuine spiritual development leads toward concern for the common good rather than away from it.
 - Disability may take us away from physical involvement in struggles for social welfare, but the good of society can remain a concern. Passing on vital traditions to others has been seen a belonging to the responsibilities of old age.⁴⁰

The Church Responding to Crises

The crises facing the ageing cannot be dealt with by either the church or the senior adults alone, they have to be faced together by both parties. The church needs to develop an appropriate program to minister to the ageing both inside and outside the church.

⁴⁰Ibid., 31.

Pastors and Counselors

The response of the church begins at the pastoral and lay leadership level. Most churches still need to plan for the contemporary senior adults, whether it be in the area of programs, pastoral ministry, or special ministries. However, there is not much difficulty to start at least a small scale ministry by involving the pastors and some lay counselors in the church.

Basic courses and resources for crises counseling are essential for the pastors and counselors. The first can be done by sending them to attend some organized seminars or by inviting some trainers to come to the church. How to collect and discover various resources will be discussed in the subsequent section. Some fundamental techniques to counsel someone in crises are listed below:

Steps in Crises Counseling

These are basic procedure one can use to apply to various types of crises counseling. However, special types of crises may need some special skills to handle.

1. Quiet the person. Crises are emotional times. Strong emotion is like an alarm clock on a tin tub. It gets our attention. How can we get people's minds off their emotion? We can try to change their bodily responses and their thinking. Here's how.
 - Have them sit down if they are not already sitting.
 - Have them take a deep breath.
 - Reassure them that you are there and willing to listen and help.
 - Speak more softly than they do.
 - Speak slowly—space your sentences.
 - Be firm.
 - Be explicit.
 - Ask a question that requires a short response, such as yes or no.
 - Ask, at first, questions that are concrete. As the person calms down, ask questions requiring longer answers.

2. Listen to the person. Try to understand what the person is saying, doing and thinking. At first, steer clear of what the person

is feeling, especially if the person is emotional. Listen actively to understand the problem.

3. Evaluate. What does the person want to accomplish? What does the person want you to do? Can you do it? You cannot solve long-term problems during a crisis. Don't try. Concentrate on the emergency. Emergency implies something NEW and NOW emerging. What is new? What can be done about it? In crisis situations, be more interested in what the person can do NOW than in how they got in this predicament.
4. Help the person explore alternatives. The person may have thought more about the alternatives than you. Chances are, however, that the crisis has focused his or her thinking on one or two alternatives and on catastrophic consequences for each. So help the person break out of the prison of restricted thinking. Here are several ways to do this.
 - Ask, "What can you do to help yourself?"
 - Ask, "What other alternatives have you already considered?"
 - Brainstorm. Brainstorming is a technique often useful for thinking up alternatives. The rules of brainstorming are as follows: (a) Set a limited time period. (b) Mention alternatives without regard to how practical they are. Emphasize quantity and originality of suggestions rather than quality. (c) Write down each alternative as it is mentioned. (d) At the end of the time period set aside for brainstorming, investigate each alternative.
5. Develop an action plan. As the person explores alternatives, determine what steps must be taken to move the person out of crisis. Help the person set goals and decide what order to accomplish them. Stress the actions that will accomplish goals rather than the goals themselves. Help the person decide in what order to perform the actions.
6. Have the person repeat the plan of action. When the person has a definite plan for action, ask, "What will you do when you leave here?" By having the person repeat the plan, you accomplish two important things—you assure yourself that he or she

does have a plan, and you help the person “own” the plan, increasing the chances he or she will carry it out.

7. Follow up after the talk. Once you have helped the person through a crisis, follow up on whether the person resolved the problem that precipitated the crisis. Be available for additional help or refer the person to someone who can give the help the person still needs. Your continued follow-up will show that you really care for the person; it conveys Christian love. It might also provide opportunities for long-term helping or, if you had been previously involved with long-term helping for the person, this might strengthen your relationship with the person and give him or her increased confidence in your ability to help.⁴¹

The Church

The initial task of the church is to discover the actual needs of the older generation. The stereotypical view is to look at the ageing as ones who need special services which the church could or should provide. The discovery that seniors are people with strengths and weaknesses, hopes and fears, cares and concerns, who have a variety of skills, experience, and commitment is the beginning of an effective response to the ageing.

In order to cope with crises facing the ageing, formal and informal education about ageing is basic yet essential. Five basic facts should be included:

1. Not all older adults are alike and they will be even more different when the baby boomers retire. Many are physically healthy and active long past the chronological age of 65. Frailty is a matter of health and disease, not just birth dates. Seniors are the most complex and idiosyncratic group of church members. They grow more and more different from each other the more experiences they have. Remember more than one activity is needed, more than one support service, and more than one opportunity to volunteer for ministry.

⁴¹Everett L. Worthington, Jr., How to Help the Hurting (Illinois: Intervarsity Press, 1986), 148-151.

2. Seniors were raised in an era of intense religious training. They can help younger members who have missed this or been inactive. As Nouwen suggests, we need to help the older adults become teachers again and to restore the broken communication between the generations.
3. No two of us age spiritually at the same rate or reach the same stage of faith at the same time. The need for continued faith development and study should take into account these differences. To be old does not bestow spiritual maturity on the senior adult.
4. Seniors have a variety of skills and education that are major resources for the development of the crises intervention program.
5. Some seniors will try to escape into retirement and avoid service through the church and particularly with other seniors. But most seniors are and have been loyal to their church and support its programs through their participation and finances.⁴²

Programs for Crises Counseling

In addition to the individuals who voluntarily get involved in the ministry, the church needs to appoint a task force or special committee to determine a contingent plan to respond to the anticipated crises, if they occur. This Crises Counseling Committee should make regular report to the church its findings. The required program should include cognitive understanding and practical training in the following areas:

Information and Referral

This service of information and referral provides information which helps meet needs by providing the necessary information, resources, and making referrals to deal with crises and problems. The service is constantly reviewed and evaluated to enhance the effectiveness. A need and referral card on each caller provides a way of reviewing the services most needed and a record for follow up.

⁴²Ibid., 33-34.

In order to start the program, the coordinator and the volunteers need to identify the services and programs currently offered by the church and compile a list of agencies and services available in the community.

The information can be corrected through various means like para-church organisations, welfare centres, information department, or social service agencies. Finding and identifying physicians, dentist, and other health care professionals requires a search by the volunteers. Other organisations provide information and services in many areas of need.

Volunteers can compile a list of books, articles, and films for each of the crises areas and recommend books for the church library. The congregation can be made aware of these resources through displays and newsletters. Two methods are suggested to make this information available in an organised form:

- A computerized program is the best tool. The material entered by programs and services using a user friendly computer program would make it easy for persons to stop by the church and access the needed information. It could be printed out for home use.
- A notebook with the same information is satisfactory, but is not as easy to maintain or provide take out information.⁴³

Education on Ageing

One of the causes of crises is because of the limited experience with older adults, knowledge of developmental issues, and negative stereotypes. The purpose of this service area is thus to provide a systematic effort to address these concerns. Some suggestions for programming are as follow:

- Involve the church staff. The pastor reaches the total church and influences community views. Other church staff members also have similar opportunities. It is the responsibility of volunteers in this area to provide the pastor and other staff members with facts and information to use in their efforts to combat ageism and speak in behalf of seniors. Utilize the regular publications of the church to reinforce this work.
- Advocacy. This group becomes advocates who raise the congregational awareness of the needs and speak in behalf of these

⁴³Ibid., 35.

needs and interest of seniors within the church and the community.

- Interpret ageing in Christian terms. The church has the responsibility to interpret ageing in Christian, not secular or social terms. What does a Christian do as a Christian with the last season of life? How do we plan to call seniors to be an integral part of the total ministry of the church? Some churches are developing new commitment services as persons retire or reach age 65. Services of celebration and commitment are being developed to serve the same purpose as those for youth and young adults.
- Education. To educate church members, this program area's responsibility is to plan or assist in planning special courses on ageing. This includes identifying and securing qualified speakers and teachers for special topics on ageing, and finding a time and place for this to happen.
- Participate in state, regional, and national programs on ageing. These volunteers should recruit church members to participate in state, regional, and national programs on ageing. These programs provide information, inspiration, and motivation to action in the local church.
- Review and recommend books, articles, films, and other resources for studying about ageing to the Information and Referral program area.⁴⁴

Widowed Persons Program

This program provides physical assistance, emotional, and social support to seniors who recently lost a spouse. It offers help through group support, friendship support, and increased contact and involvement in church related activities.

Volunteers in this program are constantly on the lookout for newly widowed persons in the church or friends of the church members. A "friend" will be assigned to keep up with and be a friend to the newly widowed person. Specific problems, including financial and legal issues, faced by the newly widowed person will be addressed and a social network linking them to the church will be initiated.

⁴⁴Ibid., 36.

Transportation and Driving

This program will help to meet the needs of transportation and driving. The service includes planning transportation for health, social, recreational, religious, and other areas after persons "wheels" are removed.

The second task is to explore the alternatives available for the non-driving senior adults. These include the services of public transportation and special buses for the handicapped. Sometimes a church van with a driver will be made available.

Pre-retirement Planning

The purpose of this service is to develop and offer pre-retirement seminars that include planning for a Christian response to the senior years. Budgeting and a regular service of insurance evaluation need to be offered. Housing and some other related topics should also be addressed.

Health Care Services

The purpose is to plan and implement ways the church can support the health care needs of its seniors. An exercise, nutrition, and stress reduction program benefits all ages and impacts the ageing process. Services for those with specific handicaps and needs for rehabilitation, diseases, or with terminal illness should be provided to help the caregiver and the care-receiver. Referrals should be made whenever necessary.

Dora Elaine Tiller has identified 20 ways a church may be able to help the caregivers and care-receivers.

1. Recruit and train volunteers to be health care advocates for anyone in the congregation who goes into the hospital or a nursing home. No one should be alone in dealing with health systems, especially when the person is ill.
2. Provide workshops and educational events on topics such as:
 - Legal and financial issues
 - Living will and durable power of attorney
 - Funeral pre-planning
 - Bereavement counseling and grief support groups
 - Relationship skills for caregivers and care-receivers.

3. Incorporate caregiving issues into sermons, week night dinners, and church educational classes.
4. Provide seminars on specific chronic illnesses and how to help persons who have them.
5. Provide seminars on basic care issues such as lifting and transferring, nutrition, and emergency procedures.
6. Set up a community resource file on services which support caregivers; organize a health fair; provide a newsletter; provide information about:
 - Hospice program
 - Adult day care
 - Area Agency on Ageing programs (geriatric assessments, meals on wheels, etc.)
 - Respite care
 - Volunteer caregiver programs
 - Transportation services
 - Nursing homes; personal care homes
 - Emergency call systems
 - Visiting nurse program and other home care programs
 - Alzheimer's, stroke, and heart disease associations and other supportive associations
 - Cancer groups such as "Make Today Count"
 - Caregiver support groups.
7. Train laypersons and pastors in care and counseling with caregivers and care-receivers:
 - Offer specific training on issues of guilt and decision making
 - Help caregivers uncover the underlying value system which is driving their decisions and limiting their choices
 - Provide counseling in negotiation and relationship building within the family.
8. Initiate a volunteer caregivers group, a respite caregivers group, and adult day care or other elder care ministry.

9. Hire a nurse to coordinate health care counseling for home-bound frail older people and provide health education for all members of the congregation.
10. Become involved in public policy making and legislative advocacy on health care issues.
11. Provide a central filing system to maintain records concerning an individual's desires about health care decisions and funeral pre-planning.
12. Offer opportunities to learn how to become better care-receivers, including the use of biblical models. The church can enable us to learn to receive care in ways that encourage our caregivers and help us as care-receivers to maintain our dignity.
13. Create a library on caregiving / care-receiving issues.
14. Sponsor a hospital equipment loan program.
15. Phone and visit regularly.
16. Ask about the caregiver during calls not just about the care-receiver.
17. Help the caregiver share feelings and memories.
18. Support caregivers when they need to set limits on their involvement in another's care.
19. Encourage the caregiver to maintain social contacts and to use friends, relatives, and social agencies in order to lessen their burden.
20. Encourage caregivers to nurture and take care of themselves even if that might offend or irritate another member of the family. In the long run, each individual is the final authority on how much care he is able to give. Perhaps the most important help the congregation can provide is to support caregivers as they make their own decisions.

Spiritual Development and Evangelism

The purpose is to provide for spiritual development. It includes an evangelism effort to identify and reach seniors who are church drop-outs and unchurched at a time when they need the church the most. In Malaysia this may include the ministry among the residents in both private and government nursing homes. Planning for this area can include several types of programming.

1. Organize spiritual development groups on self-esteem, depression, fear and anxiety about dying and death, loneliness and solitude, and guilt/forgiveness.
2. Establish Bible study groups that focus on themes related to spiritual needs of seniors.
3. Recruit and train leaders for these groups.
4. Compile a list of books, videotapes, audio tapes as guides and make these resources available for individual study.
5. Train seniors for peer evangelism and faith sharing.⁴⁵

Conclusion

Caring for the ageing is a lifelong process. A set program may bring help to certain senior adults. But in order to minister to the vast population of the ageing, volunteers are more important. People who believe that God still loves the ageing and has a special plan for the ageing—these are the volunteers needed most. Anyway, we are going to be “old” one day. What we have been doing will surely help us to enter into this unknown area of life. Ageing is not the major problem, one intelligent senior has said this well, “Age is a matter of mind. If you don’t mind, it doesn’t matter!” (Our Daily Bread, RBC)

⁴⁵Ibid., 37-41.

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