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## Understanding Aging

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The process of aging, termed senescence, has been studied for centuries. In more recent years, the study has intensified into the science of Gerontology. Yet, with all of the advances in technology and research, the actual cause or causes of senescence remain somewhat of a mystery. Doctors and scientists argue for several theories in attempting to explain the cause of aging. However, at this time, they remain theories.

Some argue for the "wear and tear" theory. This theory classifies the body as a machine, whose various parts merely wear out after a certain amount of time and stress. Others suggest, in agreement with the old adage, "There is only so much tread on a tire," that a person's rate of living greatly affects aging. A person has a fixed amount of life, and the faster it is used up, the faster it is gone. There is a "waste product" theory, which asserts that aging results from the build-up of waste products in the body. As waste and toxins accumulate in the cells of the body, aging progresses.

There are three other theories on aging that are more acceptable to the scientific community. The first theory deals with collagen, a substance associated with the connective tissue of the body which is present in most organs. This substance stiffens with age, causing a loss of elasticity in the tissue. This loss of elasticity occasions the breakdown of the tissue and the organ itself.

The second theory is termed the "autoimmunity" theory. This theory claims that as body cells mutate with age, they produce substances otherwise "foreign" to the body. The body's immune system reacts to these "foreign" substances by producing antibodies. This reaction is called an autoimmune reaction, and has been linked to longevity in laboratory tests.

A third theory, the mutation theory, asserts that in time mutations occur within our genetic material, DNA. These defective cells then reproduce and make up larger and larger percentages of the cells in the body. This causes the organ to function less efficiently.<sup>1</sup>

There is another view which may or may not find any acceptability within the scientific or medical community. Nonetheless, this view is not

## *Rebellion against God and His will hastens or prematurely brings death.*

a theory, but rather a conviction based on God's authoritative Word, the Bible. Scripture asserts that the body's degeneration that leads to death, referred to as aging, is the result of the "unseen" rather than that which can be empirically "seen." Romans 5:12 certifies, "Wherefore, as by one man sin entered into the world, and death by sin; and so death passed upon all men, for that all have sinned." Aging, which leads to death, is *ultimately* caused by each human being's sin against his Creator.

Therefore, in the cause/effect relationship, the cause is identified as sin (Adam's and each man's). The effect is identified as death, accompanied by that process which leads to death, aging. Aging is an early, tangible symptom and warning concerning the wages of sin. However, an even more specific application can be made. Scripture (such as Gal 6:7,8 and James 1:12-15) reveals that a person's own rebellion against God and His will actually hastens or "prematurely" brings death. As a result men actually accelerate the aging process. Naomi shocked old friends and neighbors upon her return to Palestine. The hardship of sin and its consequences had so visibly changed or aged her that people questioned, "Is this Naomi?" (Ruth 1:19).

While the cause of aging is a subject demanding much research, the focus of this paper will be that of the effects of aging on the whole process. These effects will be studied through examining the various aspects of aging. The various aspects include aging's physical, mental, social, and spiritual effects.

### **The Physical Aspect of Aging**

The process of aging has been characterized as a catalogue of losses. This can be most clearly seen while examining aging's effect on the body. While the rate of aging and the acuteness of its effects on the body may vary among individuals and even among different body parts, it remains a continuous and irreversible course to death.

This inevitable process of aging has several characteristic effects. Hair becomes less abundant, dull, and gray, while it may increase in the nostrils, ears and eyebrows. Hair becomes thicker and longer on the upper lip and chin of women. The eyes' ability to see without aid, perceive color, and adjust to changes in light, decreases as a result of accumulated eye damage and degeneration of the optic nerve. The fibers of the auditory nerve degenerate so that the aging ear is unable to hear high pitched sounds and sounds that are "soft," having a low intensity. As the aging proceeds, the mucous membrane of the nose thins and taste buds decrease in number, so that the ability to taste and smell diminishes.

Aging also affects the bone. Through a decrease in calcium, the bones become more brittle. Bone marrow diminishes and the cartilage between the vertebrae decreases, producing a loss of height. Ligaments tend to contract and harden, bending the spinal column. The joints lose flexibility as cartilage between the joints wears thin.

Aging also affects the circulatory system. As the linings of blood vessels thicken and become rough, calcium builds up on the rough lining, producing hardening. The valves in the veins work less efficiently. The heart itself loses efficiency, as muscle and valve tissue is replaced by fibrous cells. The heart pumps about 30% less blood than that of a young person.

The nervous system also experiences change during the process of aging. The folds of the brain flatten out, which may reduce circulation. Fibrous cells begin replacing nerve tissue. While the nervous system still functions well, apart from injury or disease, its psychomotor functions are affected. Reaction time and coordination are reduced. The nerves of the body are negatively affected by age, beginning in middle age and continuing with greater intensity as age progresses. Muscle tissue becomes dehydrated, fat-filled, and fibrous. Both endurance and strength decrease. Exercise may slow this process, but cannot stop it.

Other parts of the body affected by aging are the lungs, stomach, pancreas, kidneys, and glands (pituitary and adrenal). The membrane of the air sacs in the lungs is replaced by fibrous tissue. This interferes with the exchange of gases and decreases breathing capacity. The stomach secretes less hydrochloric acid and enzymes, so digestion is impaired to some degree. The pancreas produces less enzymes that metabolize proteins and sugar. The amount of blood going to the kidneys decreases, and they lose up to half of their filtering ability. The pituitary and adrenal glands secrete hormones that prepare the body to deal with all types of stress and ward off disease. With age, these glands produce less hormones, making the body more susceptible to stress and disease. This explains the overwhelming presence of chronic disease among the elderly. <sup>2</sup>

The fact that a relatively high percentage of elderly people have one or more chronic illnesses leads society to the stereotype of equating old age with incurable disease. This stereotype has found its way into the medical community. The thought that the patient is "so old" and doesn't have long to live anyway at times may suppress a doctor's conscientious efforts to treat an elderly man or woman. There are times when disease

*Radical forms of euthanasia not only call for letting someone die but for actually taking the life of the elderly.*

or physical disorders are quickly attributed to old age, when in fact they have medical cause and are treatable.

The stereotype of the "incurably diseased" elderly has even led to a more extreme view, that of euthanasia. The more radical forms of euthanasia not only call for *letting* someone die (not taking extraordinary measures to preserve life), but also call for actually *taking* the life of the elderly who have certain diseases or who have reached a certain age.

### **The Mental Aspect of Aging**

There exists a contradiction in society's view of the mental effects of aging that normally remains unnoticed. Studies reveal that while most people view the elderly as possessing great wisdom based on their years of experience, they also believe aging to be characterized by mental deterioration and senility. <sup>3</sup> Wisdom and senility are by no means synonymous! There does exist a certain amount of confusion and misunderstanding concerning the effect that aging has on people mentally.

Physically, the brain folds do flatten out with age, and circulation to the brain may decrease. This in itself, however, does not significantly affect the functioning of the brain. Normal aging does not reduce the elderly person's intelligence. To the contrary, the brain's cognitive powers may actually increase with age and experience.

Some loss is experienced in the scanning and retrieval speed of the brain, causing older people to be distracted more quickly and experience momentary losses in memory. While the younger brain may more quickly and thoroughly recall bits of information, the more mature brain of the older person is better equipped to conceptualize the larger portions of information.

It is commonly held that memory loss inevitably accompanies old age. In evaluating this assumption, memory itself must be understood. Memory has three stages: registration, retention, and recall. Registration refers to learning or recording data in the brain. Retention refers to the brain's ability to store or sustain the recorded data over a period of time. Recall refers to the brain's ability to retrieve the material that has been recorded.

These three are so related that if there is a failure in any one of the three stages, there is no *measurable* memory. Evidence indicates that most memory loss can be traced to faulty registration rather than retention or recall. It follows then that people who have learned more thoroughly or better registered the information experience little or no memory loss. <sup>4</sup> This may also explain why short-term memory is more affected by aging than long-term or "old" memory. As losses accumulate in the body's ability to "perceive" (diminishing sight, hearing, taste, smell), the brain's ability to register current information is hampered. This leads to some difficulty in retention and recall.

## *The aging need caring, patient treatment from family, church, professional counselors, and doctors.*

Probably the least understood effect of aging on the brain is senility. It is popularly thought to affect most elderly people sooner or later. This "inevitable disease" of old age is actually a misnomer. In fact there is no such disease as senility. The term senility, used to denote the condition of mental confusion, memory loss, living in the past, etc, is actually a symptom and not a disease itself. Senility is not nearly as widespread or as "incurable" as the public generally believes.

Mental confusion or disorientation has two basic sources. Much of "senility" is *functional* in nature. That is, there is nothing significantly wrong with the brain itself but rather there is an emotional, psychological cause. Acute depression can produce mental disorientation and even mental deterioration. The emotional stress of loss of status, change of living conditions, role loss or reversal, financial crisis, feeling betrayed by family, and loss of a spouse can in themselves, or combined together, produce serious depression. The elderly may deliberately retreat into a past that is characterized by "better times." This type of senility may be reversed without treatment as the older person adjusts to the changes in his life. Certainly much of this confusion can be reversed through caring, patient treatment from the family, church, professional counselors, and doctors.

There is a second major source of mental disintegration in the elderly. This is classified as the organic source, where something or some things are physically "wrong" with the brain or nervous system because of injury or disease. This condition, referred to as organic brain damage or chronic brain syndrome, is characterized by a general deterioration of the brain tissue. As aging proceeds there is a tendency for normal brain tissue to be replaced by fibrous tissue and for waste products and toxins to build up in the brain cells. These changes in the brain's structure may impair its operation in such a way that "senility" results.

One major cause of organic brain damage is vascular in nature. There are several diseases or conditions that affect the circulation of blood to the brain. As the amount of circulation to the brain varies, so does the degree of damage and impairment. Cerebral arteriosclerosis, commonly referred to as hardening of the arteries, is often associated with old age. This disease is characterized by a hardening and narrowing of the arteries supplying blood to the brain. As blood is reduced to the brain, a variety of symptoms may occur. These include headaches, dizziness, insomnia, hallucinations, obnoxious behavior, speech impediment, delusions of jealousy or infidelity, and impaired judgment. This condition also contributes to the occurrence of a series of small

strokes throughout the person's body and brain. A related disease, encephalopathy, or high blood pressure in the brain, may also produce similar, but more severe symptoms.

Other diseases that produce mental deterioration in the elderly may have both vascular effects and effects on the brain tissue itself. Toxic disorders of the central nervous system are diseases that destroy or damage the nerve cells through poisoning. There are a variety of toxic chemicals in our environment that may find their way into the body. Close and continued contact with such agents as alcohol, narcotics, lead, carbon monoxide, insecticides, defoliants, detergents, and others may result in the accumulation of toxins in the body. These toxins attack the nerve cells and may lead to a lack of coordination, hallucinations, delirium, defective thinking, and even coma. Much of the damage caused by the toxins is irreversible.

Brain tumors may also develop within the brain tissue. These tumors, even if benign, can by their location in the brain cause impairment of certain mental and physical processes. Diseases such as hereditary ataxia (affecting the muscular coordination), Alzheimer's disease, Pick's disease, Bell's palsy, and Parkinson's disease are more common among the elderly, although they are found in other age groups. All of these diseases affect the brain or nerve tissue, resulting in a variety of physical and mental symptoms.

It is important to note that much of the damage caused by organic brain disease is permanent. It is likewise important to note that some is not. Careful consideration must be given to each individual case, in order that any and all treatable diseases are dealt with properly. Even when the organic brain damage is permanent, much can be done to mollify the physical and psychological symptoms through medicine, counselling, and physical therapy.

## **The Social Aspect of Aging**

Today, much is being written concerning the subject of the social effects of aging on individual men and women. It is a vast and important area of research. This topic of the social effects of aging will be discussed from two different vantage points. The external point of view, or the way society conceives of and deals with its aging members, will be considered first. Then the internal point of view, or the aging persons' view of themselves and their needs, will be studied.

### **External Factors: Facing Ageism**

A word that in recent years has become attached to society's view of the elderly is ageism. Ageism, like the related words racism, sexism, etc, has been coined to describe the subjective pre-judgment and inferior treatment of a certain group of people, the elderly. It is prejudice or

discrimination based on age. Individuals of our society, with some exceptions, tend to lump all "old people" together, believing in the main that all "old" people are the same. This may be encouraged by the media's (especially TV's) narrow stereotype of the aged as decrepit, semi-senile, and rather useless.

A study done for the National Council on the Aging Inc, by Louis Harris and Associates Inc, in 1975, reveals a rather broad consensus of opinion about the characteristics of the elderly. In choosing the period of life that would be classified as "the worst time of your life," each age group tested revealed that the largest percentage of people felt that the "60 plus" years were the worst. <sup>5</sup>

The majority of people tested (between the ages of 18-64) felt that old age was characterized by two major problems: poor health and loneliness. Although these problems are serious among the elderly, a significantly lower percentage of older people questioned felt poor health and loneliness characterized those over 65 years of age. <sup>6</sup>

A majority of the total public tested did *not* view those over 65 as physically active, good at getting things done, bright and alert, open-minded and adaptable, or sexually active. However, those over 65 disagreed. A large majority of those tested 65 years old and above felt that they and their peers were bright and alert, adaptable, and good at getting things done. Also a significantly higher percentage (than the under 65 test group) felt that they were sexually active. <sup>7</sup>

It is certain that tests and studies do not reveal the attitudes of each individual. Some members of society are far less affected by ageism than the "norm" revealed in tests. Then again, some individuals are far more affected by ageism than the "norm." Some members of the medical community allow ageism to affect the way they do or do not treat their elderly patients. There are those who would in the name of "mercy" institute mandatory termination of the lives of the elderly when they reach a certain legislated age.

Others revealed their lack of esteem for the elderly in a report commissioned by the Energy Department of the U S Government. Dr. Kathy Gant and Dr Conrad Chester in their report titled "Minimizing Excess Radiogenic Cancer Deaths After Nuclear Attack" suggested that old people be used to leave the shelters and forage for food among the radioactive rubble, since they were the most expendable. <sup>8</sup>

Ageism does exist in our society and has widespread effects on society's thinking in many adults, and some not so subtle ways.

### **External Factors: Facing Loss of Status**

Society's mandate of forced retirement and creation of senior citizen "ghettos," segregated communities by age, convey the fact that indeed the "senior citizen" classification denotes second class citizenship. Forced retirement virtually cements the senior citizen into a fixed income. It

## *The media stereotype the aged as decrepit, semi-senile, and useless.*

takes little time for skyrocketing prices to put a great deal of the nation's elderly within the confines of "poverty."

In a society where productivity is equated with worth and control of money is equated with prestige, retirement almost inevitably means loss of social status. Society is much more concerned with who the present president of the corporation is, or who the current senator of the state is. The title of ex-president, ex-senator, ex-whatever is of far less concern and worth.

The segregation of the elderly into retirement communities, even those that are luxurious, reveals society's desire, to some degree, to remove the aging from its sight. Perhaps the common dread of the "horrors" of old age, nursing homes, and death, creates the desire to get the aged "out of sight, out of mind." While these communities do provide many services the elderly need, they rarely provide the intergenerational contact and relationships desired by most elderly people.

Another contributing factor to the elderly's second-class citizenship is the rapid change in both society and technology. As society's views on morality, politics, religion, etc, change, the elderly, who don't agree with these changes, are often branded as conservative, reluctant to change, living in a difficult "age," unteachable, and stubborn. The fast-paced changes in technology often relegate the elderly person into the "unskilled laborer" category, a certain sign of second-class citizenship. The older men, along with their older methods, are branded obsolete.

Atchley explains this process. Our improved health technology results in lower birth rates and later deaths, thus a higher proportion of older people. New economic technology, need for new skills, and rapid social changes result in new occupations, less demand for unskilled labor, and leaves older people with obsolete knowledge and skills. For many this competition in the job market means early retirement. Factors of urban change often result in older people being left behind in deteriorating neighborhoods. These social surroundings along with patterns of obsolete knowledge and obsolete job skills tend toward attitudes that the aged are second rate. <sup>9</sup>

Some progress is being made in reducing the loss of status that accompanies advanced age. Certain corporations have begun to realize the superiority of the "older" worker or executive, and have begun to rethink their policy of forced retirement at an arbitrary age. Progress has been made by some in overcoming the adage, "You can't teach an old dog

*The title of ex-president, ex-senator, ex-whatever is of little prestige or worth.*

new tricks." The opposite is definitely possible. Some companies are finding it both feasible and profitable to retrain their older employees. The efforts of individual men and women and organized groups, such as the Gray Panthers and others, have gone a long way in focusing America's attention on its abuse or neglect of its elderly citizens.

### **Internal Factors: Facing the Issue of Self-Esteem**

In addition to the external factors of the social aspect of aging, there are several internal factors. For organizational purposes, they will be discussed under two major headings: self-esteem, and loneliness.

One of the greatest internal battles to be fought by the aging is that of self-esteem. The self-evaluation that produces positive conclusions is often threatened. The sense of worth, value, usefulness, and purpose often erodes. This erosion can be linked to several sources.

Certainly one source of this attack on the elderly's self-esteem is the treatment they receive from society as a whole. As was discussed in the sections dealing with external factors, society tends to prejudge the elderly by lumping them into one stereotyped whole. While the public's words may not, its actions say that the elderly "as a whole" are failing in body and mind. They have certainly passed their productive years, and although they are told they have the wisdom of experience and years, they are rarely, if ever, asked for advice. Their "senior citizen" classification and loss of economic power and position convey the impression that they are "second class." Although it may be denied, people's view of a person does, to some degree, affect that person's view of themselves. Society's low esteem of the elderly does affect the elderly's esteem of themselves.

A second and very significant factor in the issue of self-esteem is the physical decay of the elderly. While the speed and intensity of physical decay does vary with each individual, decay itself is inevitable. The "normal" losses due to age are compounded by a variety of chronic and disabling diseases that often develop in old age. Some self-esteem is connected to a person's ability to go and to do. Losses in these abilities are difficult to accept and adjust to. It is particularly difficult for men to adjust to loss of strength and to changes in physical responses. Self-esteem is also threatened by permanent losses of abilities, such as, walking, sight, and hearing. A person may feel that he is no longer a "man" or a "whole person" without these abilities.

This physical decay creates a third contributing source to loss of self-esteem: dependence. Dependence on others (particularly Mom and Dad) for food, shelter, clothing, money, and transportation characterizes childhood. Economic pressures, combined with increasing physical decay, create a situation in which the aging are forced to bargain away their independence for needed services. They are forced back into "childhood" as they must depend on others for their needs. Depending on

*A man or woman who was important and needed must adjust to not being important or needed, but instead dependent.*

the government for money, their children for transportation, the nursing home staff to feed, bathe, and clothe them seriously threatens their self-respect and self-worth.

A further "complication" that can contribute to the erosion of self-esteem is role loss or role reversal. The mature man or woman in "middle age" has a multiplicity of roles. These may include citizen, neighbor, husband, wife, brother, sister, parent, worker, friend, employee, employer, maintainer of home, church member, committee man, board member, etc. As years advance, certain age-qualified roles may be suddenly revoked. Physical decay and dependence inhibit or totally remove other roles. Financial pressures and the increasing occurrence of death among friends and family may remove even more roles. The result is that man or woman who was important and needed in many roles must adjust to having less roles, and to an apparent decrease in importance and "being needed."

Role loss is also accompanied by role reversal. The same factors that produce role loss also tend to produce role reversal. Because of physical and financial decline, the parent-child relationship may become reversed. The son or daughter becomes the "parent provider" and the parent becomes the dependent "child." The taxpaying, self-supporting citizen becomes a citizen who receives special benefits and government aid. The self-determining authority learns to live under the supervision of children or a nursing home staff. The mother or father who always "took care of everything" must adjust to having everything done for them. Such adjustment is difficult, but not impossible. A mature "understanding" can be developed by the elderly and those around them; the "understanding" that worth and value are not inseparably tied to role performance; the understanding that, while roles may decrease in number, they may also greatly increase in value.

### **Internal Factors: Loneliness**

Loneliness is consistently named as one of the two greatest problems faced by the elderly in tests given to the elderly themselves. The only other problem to occasionally be named as more serious is that of physical decline.

The single greatest cause of loneliness among the aging is death. "Old age" is typically the time when persons experience the death of their mate, a life-long companion. The family circle shrinks, as parents and aunts and uncles have died, and now brothers and sisters begin to die. Friends and neighbors in the retirement community or nursing homes

## *Going to funerals becomes a frequent social event.*

are lost in increasing numbers. As the years advance, going to funerals becomes a most frequent "social event." Men and women who enjoyed rich family relationships for years, become "orphaned," the "only one left." The resulting grief and loss are potent contributors to loneliness.

Loneliness often occurs when loss of health and loss of independence isolate the elderly from previous social contact. They are unable to get out and "mix." As they fall "out of sight" they often fall "out of mind." They often possess large amounts of leisure time, but are frequently unable to find someone with whom to share it. The leisure that was to be the reward for the years of hard work often becomes a painful period of loneliness.

While the institutionalized elderly may rarely or never be alone, they are often affected by a special type of loneliness. There exists a "loneliness" for a *variety* of social contact. Although nursing homes, as well as retirement communities, do provide many opportunities for the elderly to interact with each other, they may not provide the elderly with the opportunity to interact with people of different ages. In a test concluded in 1975, 74% of all those questioned 65 years of age and older desired to spend most of their time with people of different ages.<sup>10</sup>

It is important to note that not all elderly men and women would classify themselves as lonely. Likewise, the degree of existing loneliness will vary with individuals and within different periods of time in any one individual's life. Ministries of local churches, special programs within the community, and concerned family and friends effectively support the aging in dealing with loneliness. Many born-again believers find comfort and fellowship they don't have with family or friends in their personal relationship with Christ. Isaiah 26:3, "Thou wilt keep him in perfect peace, whose mind is stayed on Thee: because he trusteth in Thee."

### **The Spiritual Aspect of Aging**

Without a doubt, there is a far greater percentage of "older" Americans who feel that religion is very important than there are younger Americans who feel the same. This observation leads some researchers to believe that religiosity actually increases with age. While this conclusion may be accurate, this phenomenon may also be the result of a radical change in our society as a whole. The great percentage of older people who place a high premium on religion may have done so all their lives. The present society to which they are being compared may never have and may never in the future see the importance of "religion."

The aspect of aging here designated as “spiritual” is distinct from the usual study of the elderly and religion. This study deals with the intangible or spiritual principle that totally permeates life itself, and particularly aging. This principle is divinely and authoritatively inscripturated in Galatians 6:7, “Be not deceived: God is not mocked: for whatsoever a man soweth, that shall he also reap.”

There is no period of time in a person’s life when the cliché concerning “lying in the bed that you have made” is more true. All research on all facets of aging clearly testify to the fact that the attitudes, actions, adjustments, and values of the earlier years of a person’s life directly affect and sometimes actually create the conditions of that person’s “later” years. “You cope with aging—barring some tragedy—the same as you cope with life,” says Ethel Shanas, professor emeritus of sociology at the University of Illinois. “Nobody becomes someone different as they get older.”<sup>11</sup>

This overriding principle can be seen in a variety of applications. It is certainly true that abuse and neglect of the body throughout a person’s lifetime will greatly contribute to the body’s degeneration. The principle of sowing and reaping applies also to finances. Thoughtlessness or carelessness in financial planning will produce financial need in the future. Likewise, fiscal prudence and diligence will contribute to financial security in the later years. Similarly a life characterized by neglect of others and preoccupation with self will produce a later life where there is only “self” and there are no “others.”

This principle is most vividly seen in the context of family relationships. A common complaint among many institutionalized or homebound elderly is neglect by their family. Yet others seem to enjoy tremendous benefits from meaningful family relationships, especially in their later years. Wherein lies the difference? The difference lies in the principle of sowing and reaping. The man or woman whose life has been characterized by genuine, loving, sacrificial service to his or her family will inevitably experience a “later” life in which they will receive genuine, loving, sacrificial service from that family. The parents who had little or no time for their growing and grown children produced children who have little or no time for their aging parents.

The true child of God is both comforted and warned by this unchanging principle of life. Believers can find real comfort in knowing that a life characterized by faithful love and service to their Savior, their

*Parents who have little or no time  
for their growing children produce children  
who have little or no time for their aging  
parents.*

family, and their brothers and sisters in Christ *must* result in later years filled with love, appreciation, sweet remembrance, and reward. Paul encourages the believer along this same line (I Cor 15:58), "Therefore my beloved brethren, be ye steadfast, unmovable, always abounding in the work of the Lord, forasmuch as ye know that your labor is not in vain in the Lord." However, the principle of sowing and reaping also serves as a warning to each believer. A life characterized by neglect of God's Word, prayer, service to God, service through the local church, and service to God's children will inevitably result in an old age full of loneliness, regret, bitterness, and emptiness. Each will reap what each has sowed.

There is no better illustration of this principle than can be found in the contrasting lives of two men found in Scripture. Jacob, the father of the twelve patriarchs of Israel, lived a life characterized by service to self and deception of others. In old age, standing before Pharaoh in Egypt, he summarized his life. His conclusion is recorded in Genesis 47:9, "And Jacob said unto Pharaoh, The days of the years of my pilgrimage are an hundred and thirty years: few and evil have the days of the years of my life been."

In contrast, the Apostle Paul lived a life of loving self-sacrifice and service for Christ and his Christian brothers. II Timothy 4:6-8 records Paul's summary and evaluation of life. "For I am now ready to be offered, and the time of my departure is at hand. I have fought a good fight, I have finished my course, I have kept the faith; Henceforth there is laid up for me a crown of righteousness, which the Lord, the righteous judge, shall give me in that day: and not to me only, but unto all them also that love his appearing."

Consider the bed you are making for yourself!

#### Endnotes

<sup>1</sup> Robert C Atchley, *The Social Forces in Later Life* (Belmont, CA: Wadsworth Publ, Rev Ed, 1977), p 35.

<sup>2</sup> Bertram Moss, *Caring for the Aged* (Garden City, NY: Doubleday, 1966), pp 10-13

<sup>3</sup> Louise Harris and Asso Inc, *The Myth and Reality of Aging in America* (Conducted for National Council on Aging Inc, Washington, DC, 1975), p 47

<sup>4</sup> Atchley, op cit, p 54

<sup>5</sup> Louise Harris and Asso Inc, op cit, p 13

<sup>6</sup> Ibid, p 20

<sup>7</sup> Ibid, p 47

<sup>8</sup> Mary McCrony, "The Elderly Will Be in Demand in Nuclear Shelters" *The Reporter*, December 16, 1981, p 22

<sup>9</sup> Atchley, op cit, p 25

<sup>10</sup> Louise Harris and Asso Inc, op cit, p 71

<sup>11</sup> Gelman, op cit, p 59

*The principle of sowing and reaping  
is a warning to each believer.*