

**AN EVALUATION OF THE MINISTRY
OF THE ANGLICAN CHURCH IN
PIETERMARITZBURG TO THE AGED
ESPECIALLY IN THEIR LONELINESS**

BY

GAIL LABAN

UNDER THE SUPERVISION OF

EDWINA WARD

**Submitted in partial fulfillment of the requirements for the degree of
Master of Theology
in the School of Theology at the University of Natal, Pietermaritzburg**

DECEMBER 1999

DEDICATION

Dedicated to the memory of my parents,

Ramana and Paripurnam Laban,

who made so many sacrifices for my education.

ACKNOWLEDGMENTS

I would like to thank my Supervisor Edwina Ward for all her love, patience, support, understanding and encouragement at all times. Edwina, you were such an inspiration to me!

I am indebted to my adopted daughters, Mary and Cassandra for their moral and spiritual support. Special thanks to Mary for enduring all the simple meals so that I could study.

Special thanks to Prof. Gerald West, Bev Haddad and Prof. Jonathan Draper for encouraging me to study.

I thank my very special friends, Jenny Kerchhoff, June Stockton, Raymond and Desiree Jerrier, for the many hours they spent in editing and typing my work.

I am very grateful to the residents and staff in the old age homes for their unconditional love in allowing me to minister to them. I also remember with gratitude those residents who have gone to share eternal life with God.

I am indebted to the Diocese of Natal and The School of Theology for their financial assistance in my studies.

Last but not least, I thank the members of the Cathedral Parish and the members of St. Paul for all their prayers and support.

DECLARATION

I, GAIL LABAN, hereby declare that this thesis, unless specifically indicated in the text, is my own original work. I further declare that I have not submitted this thesis for any other degree or examination at any other university.

Signed _____

Date December 1999

ABSTRACT

Aging is one of the normal processes in the life-cycle of a human being. It is synonymous with being alive. Yet old age for most people causes more fear than death. The greatest challenge of aging is not the threat of time on our hands, poverty or ill-health. Rather it is facing the fear of loneliness. In a sense, loneliness is a functional crisis. The aged feel that they no longer have a function in the family and in society.

Within the city of Pietermaritzburg there are fifteen Retirement/Old Age Homes. In a climate of escalating crime and violence in South Africa, more and more old people for security reasons are giving up their homes and moving into these institutions. The shortage of jobs, affirmative action, the devaluing of the Rand and the high crime rate have caused many younger families to emigrate, leaving their parents and grandparents in these institutions.

The shortage of nursing staff, social workers and care-givers leads to the aged spending their days and nights in their little rooms alone with no one to share in their dreams and memories.

There is a need to rediscover our unique vocation as Christians within the context of an aging church whose membership is increasingly becoming older. From my experience in the Anglican church, priority seems to be given to the ministry of youth whilst the aged are marginalised. It seems that the only time the aged are visited individually is at the time of their approaching death when they are administered the Sacrament of the Last Rites.

In this International Year of the Older Persons the Anglican church is challenged to re-examine and evaluate its ministry to the aged.

ABBREVIATIONS USED IN THIS TEXT

PADCA : PIETERMARITZBURG AGENCY FOR THE DEVELOPMENT
AND CARE OF THE AGED

N.C.V.V. NATALSE CHRISTELIKE VROUE VERENIGING

P.F.R.A. PIETERMARITZBURG FELLOWSHIP RESIDENTS'
ASSOCIATION

T.A.F.T.A THE ASSOCIATION FOR THE AGED

INTRODUCTION :

This year of 1999 has been declared the International Year of the Older Persons. The Anglican Church in Pietermaritzburg is challenged to move in a new direction and to co-operate with other social and religious organisations in caring for physical, emotional and spiritual needs of the aged.

As we must all age and eventually die, any cultural belief system that cannot provide security, meaning and self-esteem for those who reach old age will have to change their views. The meaning we attribute to old age shapes the very meaning of the entire human-life cycle.

The church is called to minister to the aged in their social, existential and spiritual loneliness. Effective ministry with the aged must include an understanding of living, the meaning of life, the process of dying and the effects of significant losses. This challenges the church programmes and issues of pastoral care.

The task of this thesis is to create an awareness of the physical, emotional and spiritual needs of the aged in Pietermaritzburg and to provide the necessary practical skills for clergy and laity in the Anglican Church who are involved in this special ministry.

This thesis embodies six chapters. The first part of the thesis will be based on my personal experience as an Anglican priest visiting the aged and from interviews conducted with fifty residents of the Old Age homes. The second part of the thesis will be based on relevant reading material from the fields of psychology and theology.

In Chapter One, I will introduce the different aspects of loneliness experienced by the aged. These are related to the many changes that every person approaching old age will experience to a greater or lesser degree. This chapter continues with an investigation into a number of perspectives pertaining to old age and finally challenges the ministry of the Anglican Church in Pietermaritzburg to the aged.

In Chapter Two, the factors affecting the loneliness of the aged will be presented. Included in this chapter is a brief discussion on death as this is a reality among the aged. The advantages of the administration of the Sacrament of the Last Rites and the comfort this brings to the aged will be emphasised. This chapter will prepare us for Chapter Three, which will deal with the interviews with the four residents of the Old Age Homes.

In Chapter Three, the responses of four of the fifty residents from the Old Age Homes, that were interviewed, will be presented in detail. These four residents represent a cross-section of the four major cultural groups of our society.

In Chapter Four, the theological perspectives will be presented to assist the Christian community in their ministry to people, especially the aged. Included in this chapter are some suggestions for action by the local church, especially in their planning and preparation of weekly services. This will ensure that the church services are “aged-friendly”.

In Chapter Five, I will make practical suggestions for laity who are care-givers. I will attempt to point out procedures for visitation, and the needs of the aged will be discussed in detail. In this chapter, suggestions will also be made on caring for the care-givers so that their spiritual and emotional needs are met.

Chapter Six is the final chapter, and an attempt will be made to summarise the strengths and weaknesses of the Anglican church’s ministry to the aged in Pietermaritzburg. It is hoped that both clergy and laity will be made aware of the plight of the aged in our city and that they will be challenged to give this special ministry its rightful place within the life of the Church.

METHODOLOGY OF RESEARCH

In this paper I will attempt to present the different types of loneliness; research that proves loneliness to be a health hazard for the aged; my own perspective of the Aged and that of the Community and the Church. I will present a theological judgement and offer guidelines and a course of action to the Anglican Church in caring for the aged and the caregivers as the Church is called to be a Redemptive Community in the world. This course of action will be based on Scripture, Christian Values and the United Nations Declaration of Human Rights.

Fifty residents in the Old Age Homes in Pietermaritzburg will be a case-study for the research work. In order to gather material for this study three questionnaires were developed. The first questionnaire is for the aged. The second questionnaire is for the clergy and the third is for the caregivers in the old age homes.

My personal experience from working with the aged will form part of the study. This personal experience will also be integrated with the information available in the libraries on the aged. The Interviews together with relevant literature encompassing the fields of sociology, psychology and theology will form the basis for this study.

TABLE OF CONTENTS

Dedication	(i)
Acknowledgments	(ii)
Declaration	(iii)
Abstract	(iv)
Abbreviations used in text	(v)
Introduction	(vi)
Methodology of Research	(ix)
 CHAPTER 1	
1. Loneliness in Old Age	1
1.1 Changes in Old Age	2
1.1.1 Physical Changes	2
1.1.2 Changes in Environment	3
1.1.3 Emotional Changes	4
1.2 Loneliness of the Aged in Society	5
1.3 Loneliness in the Old Age Homes	9
1.4 Types of Loneliness	9
1.4.1 Emotional	10
1.4.2 Existential	10
1.4.3 Social	10
1.4.4 Religious	10

1.4.5	Loneliness in Dying	10
1.5	Loneliness in Being Separated from Families	10
1.6	Loneliness in One's Faith Journey	11
1.7	Perspectives	12
1.7.1	My Personal Experience	12
1.7.2	The Perspective of the Aged in the City of Pietermaritzburg	14
1.7.3	The Cultural Perspective	15
1.7.4	The Impact of the Economy on the Aged	16
1.7.5	The Perspective of the Church	17
1.7.5.1	Other Anglican Churches in the City	18
 CHAPTER 2		
2.	Losses Experienced in Old Age	20
2.1	Developmental Factors of Loneliness	22
2.2	Socio-welfare Factors	22
2.3	Emotional and Psychological Factors	22
2.4	Situational Factors	23
2.5	Other Factors Affecting Loneliness of the Aged	24
2.5.1	Retirement	24
2.5.2	Physical Limitations	27
2.5.3	Mental Problems	28
2.5.4	Depression	28
2.5.5	Organic Disorders	29

2.5.6	Widowhood	30
2.5.7	Religious Factors	30
2.5.8	Sexuality	31
2.5.9	Abuse	32
2.5.10	Death	33
2.6	Rituals : The Last Rites	37

CHAPTER 3

3.	Research and Interviews	40
3.1	Interview 1	41
3.2	Interview 2	46
3.3	Interview 3	50
3.4	Interview 4	53

CHAPTER 4

4.	A Theological Perspective	57
4.1	Unity of the Church and Other Agencies	60
4.1.1	Aims of These Organisations	61
4.2	Dealing With Death	63
4.3	The Role of Society	64
4.4	Suggestions for Action	67
4.5	The Role of the Church	68
4.5.1	How Can We Reach the Deepest Needs of the Aged	68

4.5.1.1 Teaching	69
4.5.1.2 Preaching	70
4.5.1.3 Guidance	71
4.5.1.4 Healing and Reconciliation	71
4.5.2 Usefulness After Retirement	72
4.5.3 Suggestions for Action by the Local Church	73

CHAPTER 5

5. Caring for the Aged by the Laity	78
5.1 Understanding the Physical Needs of the Aged	79
5.2 Understanding the Emotional Needs of the Aged	81
5.2.1 Regret	82
5.2.2 Fear	82
5.2.3 Loneliness and Yearnings	83
5.2.4 Isolation	83
5.2.5 Depression	83
5.3 Procedures for Visitation	84
5.4 Understanding the Spiritual Needs of the Aged	89
5.4.1. Prayers	91
5.5 Worship Resources	92
5.5.1 Scripture Passages for Life's Seasons of Special Needs	92
5.5.2 A Service of Prayer and Sharing for Visitors to the Aged	93

CHAPTER 6

6.	Summary of Present Status of the Church's Role in Ministering to the Aged in Pietermaritzburg	97
6.1	Conclusion	101

BIBLIOGRAPHY	106
---------------------	-----

APPENDICES

- APPENDIX (1)** United Nations Declaration of the Rights of the Elderly
- APPENDIX (2)** Children legally obliged to support elderly parents
- APPENDIX (3)** Questionnaire to the Aged
- APPENDIX (4)** Questionnaire to the Care-Giver
- APPENDIX (5)** Questionnaire to the Clergy

Please Note

In this dissertation, all names of interviewees have
been changed to preserve anonymity

CHAPTER ONE

In this Chapter I will attempt to discuss the spiritual, emotional and physical needs of the aged. I will present figures indicating the number of residents living in the fifteen old age homes in the city of Pietermaritzburg. The different types of loneliness experienced by the aged will also be discussed. As an Anglican priest in Pietermaritzburg I have been involved in visiting the aged and I will therefore share some of my personal experiences which I hope will give us a new awareness of the plight of the aged in this city.

1. LONELINESS IN OLD AGE

The United Nations has declared this year of 1999 as **"THE INTERNATIONAL YEAR OF ELDERLY PERSONS."** Aging is a common human experience yet for many people this phase of life is full of problems. Even in the most developed nations of the world, old age is increasingly understood as being a **"SOCIAL PROBLEM"**. Aging is one of the normal processes in the lifecycle of a human being.

We move through contexts of life as child, adolescent, as adult and as old people. (Bate : 1998 : 2)

Aging is a stage of life that must be lived. A popular concept of the different ages of life is given by gerontologists as follows:

First Age which is childhood;

Second Age which is the younger adults, employed and are settling down to family responsibilities;

Third Age is that period of active, independent life which is beyond child-rearing and employment, usually lasting for 30 years or more;

Fourth Age which is the age of dependence and frailty. Older people belong in the Third and Fourth Age. (Australian Journal on Aging Vol.12. No. 1 : 13)

At a debate held at Carter High School in Pietermaritzburg in May 1999, as part of the celebration of The International Year of Older Persons, Senior Social Worker, Margaret Van Zyl, of the Pietermaritzburg Agency for the Development and Care of the Aged (PADCA) said in her address :

We change and our perceptions change but we don't think much about this change called aging. We don't like to think about it because "old" has such bad press. "Old" has been twinned with being finished and decrepit. "Young" has stolen the limelight. The very word "young" rings with dynamism, energy and speed. In this Year of Older Persons, there is one undeniable truth for each individual. No matter what age you are now, you will be older tomorrow. It's not a case of it could be you; it's a certainty that it will be you. The process of aging is a constant one and each generation has a vital role to play in the life and well being and the continuity of the community. The thrust of this special year is to see a society as a whole, integrated, not with the older members of our community marginalised; a society where everyone has an important contribution to make. (The Mirror : 05:05:99 - page 7)

Society is criticised for ostracising and expelling the aged from the community of the living. Thus for the aged, their world is full of destruction and darkness.

1.1 CHANGES IN OLD AGE

1.1.1 PHYSICAL CHANGES

Old people face a number of life span transitions. Retirement is foremost which results in a reduction of income. Then comes the likelihood of frailty, illness and disability. There is also the prospect of widowhood and living alone.

Physically as their muscles shrink and there is a decrease in elasticity, the aging experience loss of stature and slump in posture. As people grow older they begin to lose their sense of hearing and eyesight and this results in problems of communication which increase the social isolation of the aging.

They feel embarrassed and frustrated that they are no longer able to participate in conversations and others realise that it is an effort to communicate with them so they keep away from them.

It must also be frustrating to watch television and not know the exact words being spoken. Very few programmes cater for the totally deaf and those hard of hearing. Failing eyesight sometimes means that the person's mobility is restricted as he/she can only move about with the aid of others. The fear of falling especially at this age also inhibits free movement. There are no braille facilities available in the old age homes in Pietermaritzburg. The affected person usually sits in one place all day and this isolation leads to great loneliness as one cannot read, watch television or knit.

Many older people suffer from chronic illnesses. Some of these chronic illnesses are arthritis, diabetes, rheumatism, hypertension and heart disease. The health condition of the aged is so fragile that a minor illness could lead to major complications. According to Hippocrates older people have fewer diseases than younger people but their diseases seem to remain with them. (Australian Journal on Aging : Vol.12, No. 1)

1.1.2 CHANGE IN ENVIRONMENT

The living space of the elderly decreases with age. With the decline in health and finances, the living space is often reduced to a room sometimes no bigger than an en-suite.

Many people who had previously lived in bigger homes and enjoyed their gardens now have to adjust to living in restricted space.

These physical and mental changes means that housing and service needs change as people age. Some of the living quarters for the aged need to be flat areas with fewer steps and railings to assist one's balance in walking.

1.1.3 EMOTIONAL CHANGES

When one's strength is failing it causes one to be anxious about the next loss. For some older people it is the fear of becoming a burden to their children. Seeing one's self getting older can be shocking if one is afraid of growing old. Our society continues to emphasise youth and beauty. The media does not often focus on the aged. When the media takes note of the aged then they are usually shown in a comical or patronising way. The advertisements in this latter part of the twentieth Century feature creams and drugs for younger looking, wrinkle-free skin as a way of dealing with the physical symptoms of aging.

Facial contours need to be firm and well defined for a younger-looking appearance, Use CLARINS. (Fair Lady : 25 May 1999.)

Older men are catered for with the latest drug called "Viagra" for those who are sexually impotent whilst women now have the new drug called "Ellya".

So often one believes that old age is a time of peace and tranquillity, where people can relax and enjoy the rewards of their work. Yet in reality the aged experience great stresses in matters of health, finances, crime, loneliness and isolation.

1.2 LONELINESS OF THE AGED IN SOCIETY

The greatest crisis of the aged is the fear of isolation, loneliness and the fear of dying alone. Loneliness is not merely feeling that no one needs or longs for someone, instead it is the awareness that others no longer need one or are interested in one. In a sense loneliness is a functional crisis. (Freeburg : 1981: 110)

The aged person feels that they no longer have a function or a place in the family, church and community. Their constant cry is : "Please visit me!" or "Please come again!"

There is no doubt that elderly people in the western society are devalued. Ageism denotes stereotyping elderly people negatively which results in prejudice, discrimination and a lessening of self-worth among elderly people. (Butler : 1980 : 8)

Families and society encourage the elderly to withdraw by transferring their functions to the younger generation both in work and family responsibilities.

The cry of the elderly for attention is summed up in the following extract :

What do you see Nurse, what do you see ?
Are you thinking when you are looking at me
A crabbit old man, not very wise;
Uncertain of habit, with far away eyes.
Who dribbles his food and makes no reply;
so, open your eyes, nurses, open and see
Not a crabbit old man. Look closer :
"SEE ME"! (Nouwen 1990 : 23)

The following principles were approved by the United Nations General Assembly on 16 December 1991 :-

Older persons should benefit from family and community care and protection in accordance with each society's system of cultural values.

Older persons should have access to health care to help them to maintain or regain the optimum level of physical, mental and emotional well-being and to prevent or delay the onset of illness.

Older persons should be able to enjoy human rights and fundamental freedom when residing in any shelter, care or treatment facility, including full respect for their dignity, beliefs, needs and privacy and for their right to make decisions about their care and the quality of their lives.

Older persons should be treated fairly regardless of age, gender, racial or ethnic background, disability or other status and be valued independently of their economic contribution. (United Nations Resolution No 46/91)

The following letter written by Miss Bonisiwe Mbanjwa appeared in a local newspaper:

It is sad to see how elderly people are being treated these days . At the clinics, the nurses shout at them as if they are deaf. When they wait for their pension they have to stand in the rain or in the hot sun. In their homes, they are badly treated. It seems that, even within a family, there is little respect for the elderly. You will be shocked to hear how teenagers talk to their grandparents, as if they were talking to their friends. They even demand money from them. This must stop immediately. Where is our humanity?
(The Echo : 14:10:99 : 9)

Due to the escalating level of crime, many White elderly folk have sold their homes and for security reasons have moved into retirement/old age homes. The neighbourhood where an older person has lived for most of his/her life can change as neighbours move or die. Especially the birth of democracy in South Africa has ended apartheid and now people can live anywhere they wish. It seems as if more people have moved in the last five years in Pietermaritzburg. There is a new generation of neighbours and these people who have lived there for the most part of their lives feel like strangers in their own district.

This could lead to great loneliness as one has enough time to socialise and yet one feels lonely and isolated. Poor health and the declining capability to cope with housework, maintaining the home and the garden causes older people to move into retirement homes. Many of the elderly who require special care have no alternative but to move into these old age homes many of which also have well-equipped frail care units. There is an increase in the number of residents in these homes. In fact, there are long waiting lists for admission into these homes. Choosing the appropriate old aged home to suit one's need and finances can also be very traumatic for the aged. The fear of not knowing other residents and members of staff causes additional trauma.

Sometimes there is also anger with one's family for making the final decision for moving from familiar surroundings to the unknown. Likewise children feel guilty at allowing parents to move into old age homes. The shortage of jobs, affirmative action, the devaluing of the Rand and the high crime rate has caused many younger White families to emigrate, leaving their parents and grandparents in these institutions.

The following figures indicate the number of aged persons living in old age homes in the city of Pietermaritzburg as at 1 June 1999 :- (These figures have been obtained through telephonic enquiries to the Matron /Sister in Charge of each home : June 1999)

Queen Mary and King George	370 cottages, of these, 180 cottages are for couples.
N.C.C.V.	95 people who are frail and in need of constant attention.
Marian Home	126 residents with 50 on the waiting list.
Victoria Memorial	36 people . 20 subsidised by the State.
Sunnyside	107 people in frail care. There are 33 boarders who are provided with only one meal a day. There are 28 other residents.
Riverside	105 in frail care.
Ken Collins	48 residents.
Kenwyn	56 residents.
Woodgrove	130 residents and 20 in frail care.
Villa Assumpta	33 residents.
Emma Barter	45 residents
Aryan Benevolent Home	30 residents. There are 35 on the waiting list.
Jacaranda Lodge	85 residents.
P.F.R.A.	20 residents
Emuseni	36 residents

1.3 LONELINESS IN THE OLD AGE HOMES

It is true to say that many of the aged who are well, spend their entire days and nights, in their little rooms without seeing another human face, besides those who work there.

There are no television sets in their rooms. The only television is in the lounge and one cannot even select one's favourite programme. No pets are allowed in these homes and the aged are left without a pet to cuddle and love. There is no one with whom to play a game of scrabble. Those who were keen gardeners are no longer able to continue with that hobby because all that there is room for is a few potted plants.

Especially with the shortage of staff in many old age homes, the aged are not given much contact time and individual attention. There is often nobody to push their wheelchairs out into the garden. There are even fewer social workers employed by the State. At each visit one notices visible signs of deterioration.

The inability to communicate adds to the aged's feelings of rejection. The process of becoming lonely is profoundly aggravated by a poor self-esteem, feelings of inferiority and depression. There are new adjustments to be made, for example, eating with strange people. There is a loss of independence and privacy as one now has to share a room and in some cases one is given a bath and changed by the staff.

1.4 TYPES OF LONELINESS

In order to help the aged we need to understand the different types of loneliness. These can be summarised as follows : (Freeburg 1981:105)

1.4.1 EMOTIONAL LONELINESS

This is associated with the experience of loss. The loss of a loved one especially a spouse or a child could aggravate loneliness.

1.4.2 EXISTENTIAL LONELINESS

The loss of security and experiencing life as a vacuum exacerbates loneliness. Existential loneliness could develop as a result of a loss of meaning and a negative vision of the future and the fear of death.

1.4.3 SOCIAL LONELINESS

This is related to a feeling of redundancy, of being pushed out and rejected. There is also the fear of dying alone.

1.4.4 RELIGIOUS LONELINESS

Separation and estrangement from God and a feeling that He is in the distance adds to this type of loneliness. There is the question : 'Where is God?'

1.4.5 LONELINESS IN DYING

Death is increasingly a phenomenon of the aged. Those dying tend to be older and the family members who need to be comforted are aged spouses, siblings and friends.

1.5 LONELINESS IN BEING SEPARATED FROM FAMILIES:-

The aged experience the loss of the extended family and feel that they are deprived of love especially if their children and grandchildren are overseas. Many of them cannot write to their children because of trembling and weak hands. Many of them are hard of hearing and therefore they cannot even use the telephone.

They experience the same in public life and in employment where they are too readily discarded and hid out of sight and mind. Attitudes toward aging affects the adjustments that elderly people have to make. Negative attitudes could lead to premature death. Attitudes of family and society affect the way older people feel about themselves. If they are regarded as being worthless, the chances are that they could become invalids, dependent and helpless.

There is also the frightening reality as indicated at a recent AIDS Conference held at the Pietermaritzburg Campus, that up to 13% of students are H.I.V.- positive. This means that their parents and grandparents will not be able to get any assistance from them. From this revelation we can predict that in about twenty years time there will be more older people than young people. (Natal Witness : 31 August 1999)

1.6 LONELINESS IN ONE'S FAITH JOURNEY

The aged feel that God has rejected them or that past guilt and missed opportunities have come between them and God. Often the aged's unfinished business of the past and a negative concept of God are the greatest causes for alienation from God. There may also be anger with God about their particular circumstances in life. Many feel they have not been rewarded for all they have given to the work of God. This may cause them to keep away from religious activities and this could result in further loneliness and isolation.

1.7 PERSPECTIVES

1.7.1 MY PERSONAL EXPERIENCE :-

Part of my duties as the Assistant Priest at the Anglican Cathedral in Pietermaritzburg was to minister to the aged, especially Whites, in retirement/old age homes in the City Centre. I visited fifteen of these homes every month. The Cathedral Parish has eight hundred and fifty members, 60 % of whom are over the age of sixty-five. There are about seventy people who are in their nineties. Several months ago I buried a lady who was 103 years old! Many of these elderly people do not even get a visit from family or friends. They spend their days and night in isolation from the world .

Being an Indian and coming from the culture of the extended family and the sense of belonging in community, this experience of dying with no one else being present and of living alone without seeing family and friends, sometimes for years, is an entirely new and shocking experience for me.

On 4 May 1998, I visited Victoria Memorial Home in Retief Street. This home is for those who mainly receive meagre Government pensions. The person I visited was Mrs. J. Wilson, a widow, eighty nine years old who had no relatives in South Africa. She was dying of cancer. As I sat next to her bed, she held my hand tightly and said : **“Please don’t leave me, I am frightened!”** I sat with her for an hour and then managed to release my hand from her tight grip and left the room silently for another appointment elsewhere. Mrs. Wilson died three hours later, without anyone being there with her.

There are numerous other occasions when I was called by Nursing Staff at these various Homes to administer the last rites. In 95% of cases, there was no one present to even hold the hand of a dying person. The only exceptions were the nurse who came to take the pulse of the person or the care-giver who came from Hospice if the patient had cancer.

There is a stark contrast between the rich and the poor even in their time of dying. The privileged class enjoy the facilities and care of the upmarket old age homes like Woodgrove and Villa Assumpta. At Woodgrove one can have a day/night nurse in the frail care unit. The Dominican Nuns are in charge of Villa Assumpta and they need to be commended that they are always able to keep a constant vigil at the bed of a dying person. Even retired nuns are called upon for this compassionate duty.

The words of Mrs. Wilson whom I have mentioned earlier have haunted me for months. Being highly sensitive I felt guilty that I was unable to respect the wishes of a dying person. In my culture a dying person is given undivided attention. In fact activity for others around the dying person comes to a standstill. The aged have always been part of the family although this seems to be changing slowly.

As a priest I feel that all parishioners, young and old are equal in the sight of God and older people should not be made to feel that they are second best. The older people have served the church in the past and now it is their turn to be served.

1.7.2 THE PERSPECTIVE OF THE AGED IN THE CITY OF PIETERMARITZBURG:-

Many of the aged are experiencing great financial constraints and many cannot afford the necessary medical expenses. They spend almost a whole day at Grey's Hospital waiting for treatment and medication. Many of the aged leave home sometimes at 5am to join the long queues at the Provincial Hospitals in Pietermaritzburg. Their problems of going in the early hours of the morning are aggravated especially in the cold winter months in this city.

The following letter of Mrs. M. Tinson in the local newspaper reveals the plight of the Elderly:-

Once more we, the elderly and sick have been ripped off by the medical aid schemes. Further to Dr. Nkosazana Zuma's insistence, medical aid companies were rapped over the knuckles for putting a very low limit on chronic medicines with the result that many pensioners had to become hospital patients as some of their medicines were so costly that the limit was reached within four months. In order to keep my costs down I have mostly generic substitutes. I also pay C.O.D. in order to qualify for a discount from the pharmacist. Consequently my monthly contributions and pharmacists' payments take out approximately R705 from my pension which is not quite 50% if one also counts levies, excess payments and so on. Even our savings have been eroded because interest rates have been downsized by six percent to give those people who borrow our money cheaper mortgages when they can look forward to large increases and subsidies each year. The elderly - in the Year of the Older Persons are being sidelined. We have difficulty in walking far, but find that we must have a sticker from Cripple Care (after seeing a doctor for writing a letter stating our infirmity). Supermarkets reserve places for disabled people but the rest of us "walking wounded" get no such concessions, with the result that we must park far away from the stores while really able-bodied people snap up the parking bays closest to the shops. Social pensioners without transport are really stuck when it comes to shopping and hospital attendances and have to rely on family and friends, most of whom are working people. So if this town is really concerned about its elderly why not show the consideration they deserve. Don't leave it all to PADCA - their funds are not elastic. (The Natal Witness : 06:05:99)

1.7.3 THE CULTURAL PERSPECTIVE

Aging is affected by the physical process that happens to all human beings and the influence of cultural values. One's culture affects the experience of aging. In some cultures the aged are admired for their wisdom and they are treated with respect. In other cultures they are ignored and regarded as being senile.

Historically, families have been the major source of support for the aged. Today, geographic mobility, the high divorce rate, women having careers and the increase in the number of single parents have made it difficult to meet the needs of the aged. It is also true that living far away from the aged makes visitation difficult.

Some members of the White community are too often blind to the beauty of old age such as : wrinkles, trembling hands and white hair. The community emphasises the needs of children, adolescents and young adults but has neglected the aged. Many regard the aged as a stigma. Some families feel socially embarrassed to introduce an aged parent who finds it difficult to hear, dribbles his/her food and is slow to communicate. From my experience the White community finds it difficult to face the reality of death. Many of them refrain from showing any signs of emotion and all the possessions and belongings of the deceased are immediately removed. Even the coffin is sealed and the cremation is done privately with only the undertaker being present. This fear of death could be a reason for families not being present at the bed of someone who is dying.

Even in the Indian, Coloured and Black communities, there is a change in attitude towards the elderly. The extended family is disappearing as couples move away on their own as a separate entity. The effects of westernisation are becoming more and more obvious in these cultures. With the birth of democracy, there is also a new freedom to break away from family ties and traditions. We need to face the reality that in years to come more and more elderly people will reside in old age/retirement homes.

In the retirement/nursing homes there are no children and teenagers around to add zest and vitality to life. If one has no family then watching others receiving visits from their families causes pain and sometimes jealousy.

1.7.4 THE IMPACT OF THE ECONOMY ON THE AGED

Everything now is more expensive. In South Africa, the subsidies to Old Age Homes have been drastically cut by the State. The global financial crisis has impacted on those living on fixed incomes. This is a new trauma as they wonder if their individual life savings will be sufficient or if there will be a shortage. The size of a room and the choice of the old age home is entirely dependent on the individual's financial situation.

Millions of rands are spent on cosmetics to prevent us from looking old and yet very little money is spent on the aged by the State. Many of the aged live in fear that their finances may not be sufficient for the future. This fear of insufficient money adds to their trauma and robs them of the joys of the golden years.

1.7.5 THE PERSPECTIVE OF THE CHURCH

The Cathedral provides a Eucharist once a month in each old age home. This is a 30-minute service. The only other visit to the old age/retirement home is in response to a call to someone who is very sick and to administer the last rites to the dying.

The only occasion that the aged are invited to the Cathedral is during the "Honour the Aged Week" when they are given a tea-party. This is a once-a-year treat.

The Cathedral employs a youth worker to help the young Blacks who now worship at the Cathedral. The Cathedral marginalises the aged and yet many of the aged leave their entire estate to the Cathedral. The Cathedral is only able to be financially secure because of these bequests. The emphasis is on children and youth who are to be the "future" Church. Even the Liturgy is selected to meet the needs of young people.

A team of visitors to the aged has been formed but the majority of these members are themselves over the age of seventy.

On the positive side, pupils at Girl's High School in Alexandra Road have adopted a Gran/Grandpa from Marian Home. The girls visit this Gran/Grandpa once a month with special home-made goodies, friendship cards and flowers.

The work of welfare agencies such as PADCA Christian Care and Hospice is valued greatly in this city. However, they seem to be stretched to the limit and are at times unable to provide much support to those in need.

1.7.5.1 OTHER ANGLICAN CHURCHES IN THE CITY :

St. Alphege's (Scottsville) The layministers conduct a half-hour service at Azalea Gardens once a month. The priest anoints the dying and conducts memorial services.

St. Matthew's (Hayfields) Only parishioners living in old age homes are visited mainly by the laity. No Eucharist services are conducted in these homes.

St. Paul's (Longmarket Street) The priest visits only members of the Parish in The Aryan Benevolent Home.

St. Luke's (Woodlands) The priest takes the Reserved Sacrament to the sick in the Isabel Beardmore Home.

St. David's (Prestbury) The layministers conduct a monthly communion service for the aged in the Sunnyside Home. The priest anoints the dying.

Holy Angels (Northdale) The priest visits parishioners at The Aryan Benevolent Home.

From the above information, one notices the neglect of the aged by the Church. Many of these elderly people were once enthusiastic, faithful and committed members of the above Churches. The aged living in Old Age Homes in Pietermaritzburg appear to be sidelined by families and the Anglican Church. The Church in the world is meant to be a Redemptive Community showing the love of God especially to the needy, sick and aged. There is a need for the Anglican Church to have a better understanding of the various losses experienced by the aged in order to help them adjust to these changes and to cope with their losses. The Church and society needs to be made aware that aging is a normal process of the life-cycle of human beings.

In this Chapter I have discussed the different types of loneliness and have also included some of my personal experiences from my ministry to the aged . In the next chapter I will discuss the various losses and limitations experienced by the aged. Included among these losses will be a discussion on death and the fears of those dying alone.

The challenge for society, individuals, organisations and governments is to investigate the means by which elderly people can be empowered to meet their needs for social interactions thereby giving people the opportunity to age successfully. (Australian Journal on Aging : August 1989 : 34)

CHAPTER TWO

In this Chapter the various emotional, physical, spiritual and social losses and limitations of the aged will be presented. The subject of death will also be discussed.

Although death is inevitable, it is a most common phenomenon of the aged. In fact death is an imminent reality among the aged.

2. LOSSES EXPERIENCED IN OLD AGE

Growing old involves many losses often intertwined and overlapping. Physical losses cause many changes in the aged. If they suffer with poor digestion then they are fussy and anxious about what they eat. When they begin to lose their hearing they are nervous to be in the company of others, so they prefer to be alone. They withdraw from any social contact because of weak bladders and the inability to eat without drooling. Due to trembling hands they are unable to keep their hobbies such as playing the piano or knitting. Each loss is like a death as these physical losses take away their dignity and independence. The common words are "I just can't do what I used to do!"

Old age is associated with a decline in physical abilities, social network changes, the loss of income and societal devaluation in all these threaten the older person's sense of self. (Lieberman & Tobin : 1983 : 8)

Many old people have great fears and pains. Many of them are on their own and the end of their lives are filled with bitterness and despair. The French author Simone de Beauvoir conducted a research of the biological, ethnological, historical and phenomenological aspects of aging and she wrote:

The vast majority of mankind looks upon the coming of old age with sorrow or rebellion. It fills them with more aversion than death itself. (1972 : 77)

Loneliness is one of the most awful emotions a person can feel. It is different from the physical state of being alone. Being lonely is psychological and is a feeling of not being loved and cared for by others. Loneliness can make a person feel depressed and empty on the inside.

Research at Iowa State University (Doctor's Guide : 1998) on elderly men and women over the age of 65 has shown that loneliness may quicken the deterioration of an individual's health. The researchers also state that chronic loneliness may trigger depression and demoralisation and that extreme loneliness was a significant reason for admission into a nursing home. Their study focussed on the four year histories of over 3000 rural elderly men and women averaging 74 years of age at the beginning of the study in 1981. They used standard psychological questionnaires in assessing levels of loneliness, depression and social interaction in each of the participants. Study subjects were then re-assessed once a year over the next four years. Researchers collected information on age, education, income, gender, medical conditions and marital status.

They discovered that individuals who were the most lonely at the time of the first interviews were most likely to be admitted to a nursing home over the four subsequent years, as compared with their less troubled peers. This effect remained even after the researchers adjusted for the incidence of other known predictors of nursing home care, including age, income, depression, mental or physical health status or extent of social contacts. They point to research that suggests that loneliness may hasten the deterioration of an individual's health status through its negative impact on the immune system.

The Iowa Team also state that chronic loneliness may also trigger depression, demoralisation and the associated effects of neglect of self-care. They speculate that nursing homes may offer hope to some of the lonely elderly. Those who are extremely lonely may enter a nursing home to seek companionship with others.

G.N. Freeburg (1981) explained that the following factors could play a role in the loneliness of the aged.

2.1 DEVELOPMENTAL FACTORS OF LONELINESS

This refers to being excessively attached to one's children or a feeling of not being accepted. Even poor health can aggravate the feelings of loneliness. There is trauma in being alone. There is no one with whom to share memories, dreams, fears and anxieties. There is also the trauma of selling one's home and possessions which are very often of great sentimental value.

2.2 SOCIO-WELFARE FACTORS

The process of urbanisation and the modern pace of life could exacerbate loneliness. There are also the economic fears that everything is more expensive now and the savings for the later years are insufficient. In South Africa this economic fear is also aggravated by drastic subsidy reductions to Old Age/Retirement Homes by the State. This is a new trauma to be faced as they become anxious about the sufficiency of their life savings for the future. A very real fear is : "Will my money enable me to continue living in this old age/retirement home?"

2.3 EMOTIONAL AND PSYCHOLOGICAL FACTORS

The inability to communicate adds to the aged's feelings of rejection. The process of becoming lonely is aggravated by a poor self-esteem, feelings of inferiority, suspicion, mistrust and a negative attitude towards life.

This leads to depression and a hostility towards others and to the environment. There are constant new adjustments to be made. The loss of speech, hearing, vision and health are handicaps to successful living in the old age/retirement homes. This is social loneliness that is connected to a feeling of being left out and rejected.

Although we experience loss throughout life, it is more painful in the later years. The loss of work, the loss of home and neighbourhood and a spouse are common but are more difficult to cope with in the later years of life.

2.4 SITUATIONAL FACTORS

Grief is an unpredictable and disorderly process that usually evokes a number of intense feelings such as numbness, emptiness, loneliness, isolation, fear and anxiety, guilt and shame, anger, sadness and despair and physical symptoms such as pain or shortness of breath. (Niebuhr : 1956 : 233)

The loss of children, spouse and friends aggravates the feeling of loneliness. This is an emotional loneliness. Many of the elderly are treated as "children" by their own children. This change of roles is stressful for the aged as they are not allowed to make decisions without consulting their children.

Families tend to “spare” older people details of their lives. They feel they ought to protect the elderly so they only reveal selected news. Ironically this makes the elderly feel less human.

Their friends get fewer and fewer. The children resent being burdened with their aged parents and the parents in turn feel trapped. There are often complaints from the aged that their children do not understand their feelings. Sometimes even the staff in old age homes have the same patronising attitude towards the aged. Even the activities for the aged which are created by younger people are often futile tasks such as the making of raffia baskets, knitting squares, etc. These old people are capable of doing much more responsible tasks.

There is no one to whom one can say : “Do you remember?” There is no room for creativity and freedom and many of them live in bitterness and despair. They have no hope.

2.5 OTHER FACTORS AFFECTING LONELINESS OF THE AGED

2.5.1 RETIREMENT

The word “retirement” means setting aside or laying down duties and responsibilities. As a worker a person is expected to be at a certain place at a certain time to perform a task for which he receives monetary payment. The worker is also expected to join the various organisations associated with his job, such as unions, and through this various friendships are formed. When a person retires, he loses his work role as well as the friendships. The retired person is now expected to make new friends and be involved in community organisations.

The retired feel they are no more a part of society and they feel marginalised as they are no longer productive. This could be the reason why so many old people cling to outdated customs and viewpoints. This is their only means of self-identification. Some wives may regret their husbands' retirement as their presence at home means that they too have to make adjustments in their life-styles.

Prior to retirement the housewife had her space and now she may feel this space has been invaded. The retired husbands may feel that they do not belong at home.

The income after retirement is usually forty percent less. There is also a loss of fringe benefits after retirement. With retirement comes a lull after the hectic pace of work. This can affect household routines which may be stressful.

Work provides one with a place to go to, a place where we belong, away from home. Work provides status, a place where we belong in society and in its pecking order. Work involves a formal or informal code of ethics that defines appropriate behaviour. Retirement strips these away and can lead to feelings of rootlessness, rolelessness and anomie ". (Robb : 1991 : 78)

Perhaps what people dread most about retirement is that for men it is reduced income and for women it is the loss of friendships of colleagues. Many people panic before retirement about how they are going to manage on a reduced income.

Spouses are also affected by retirement. New adjustments now need to be made. The reduced income can also affect the lifestyle of the family. Being alone at home all day can lead to one turning to drugs and alcohol to ease feelings of uselessness. If one spouse is involved in Church/Community work, the other feels resentful. Very few people think and plan about what they will do in their retirement. Those with poor health are able to do very little.

Winston Churchill said:

It is hard to find new interests at the end of one's life. (Stafford : 1991 : 45)

In research carried out, five distinct types of retired men were identified. These were classified into two groups: (Golan : 1981 : 204)

A. THE WELL-ADJUSTED TYPES

1. The "mature" men moved easily into old age and found genuine satisfaction in their activities and relationships. They took old age for granted and made the best of it.
2. The "rocking-chair" men were generally passive and they welcomed the opportunity to be free of responsibility. Old age brought satisfaction that compensated for its disadvantages.
3. The "armoured" men were unable to face passivity or helplessness in old age. They kept active and this protected them from the fear of growing old.

B. POORLY ADJUSTED TYPES

4. The "angry" men were bitter about not achieving their goals and blamed others for their disappointments. They were unable to reconcile themselves to growing old.
 5. The "self-haters" looked back on their past with a sense of disappointment and failure, turning their resentment inward and blaming themselves for their misfortunes. They tended to be depressed, felt inadequate and worthless as they grew old.
- (Kimble : 1995 : 15-20)

Yet old people should feel that retirement is their reward for hard work and it is not a gift from society. Therefore they should be enjoying themselves and this will be a double benefit for the old people and for the rest of society.

The older people will be able to show the rest of us how to live and grow old gracefully. (Lowe : 1979 : 204)

2.5.2 PHYSICAL LIMITATIONS

Researchers in the United States have found that most elderly people remain active. In old age it is natural that the physical organs wear out and there is a loss of energy and the body becomes slower. Chronic diseases, such as heart problems, arthritis, hernias, cataracts, asthma, hypertension and prostate problems are common among the aged.

Although old people suffer from chronic ailments such as arthritis, rheumatism and respiratory setbacks, the advancement in medical science is enabling people to enjoy reasonably good health until their seventies.

Researchers in the United States have found that most elderly people remain active despite their ailments until they are in their late seventies. So they should not be prematurely put on the shelf. (Rapoport : 1980 : 104)

About 30% of those over the age of sixty five consider themselves to be limited by illness in activities such as moving about, feeding themselves, and climbing stairs. (Golan : 1981 : 214)

In the New Testament, Jesus spoke to Peter, about the limitations of growing older.

I tell you most solemnly
When you were young
You put on your belt
And walked where you liked.
But when you grow old
You will stretch out your hand
And somebody else will put a belt round you
And take you where you would rather not go. (John 21:18).

Other physical limitations include the use of spectacles, hearing aids and dentures. Visits to the doctor and to hospitals increase with age. The aged are also more accident-prone because of trembling hands, unsteady feet, poor vision and hearing.

The injuries sustained in these accidents are serious because of brittle bones and hip replacements are common among the aged. (Robb : 1991 : 25)

2.5.3 MENTAL PROBLEMS

The physical and mental problems are inter-related. One of the main reasons for this is the rise in organic disorders associated with age, such as chronic brain syndromes of cerebral arteriosclerosis and senile brain damage, marked by relatively permanent deficits in intellectual functioning and symptoms such as confusion and difficulties in orientation, memory and perception, knowledge and judgment. Such persons are likely to have various forms of physical illnesses at the same time. (Golan : 1981 : 214)

2.5.4 DEPRESSION

One of the most common mental problems is depression. The depressed person often displays a lack of interest in almost everything, painful sadness, and diminished self-esteem. This person also finds difficulty in making decisions and the physical symptoms may be a loss of appetite, weight loss, tiredness, sleeplessness. There is increased tension and anxiety. Often the depressed person becomes paranoid and they become suspicious of everything around them even of the very people who care for them. They are even afraid to eat or take medication because they are suspicious of someone wanting to kill them. This affects their sleep as they are constantly watching out for the actions of those around them. This often leads to tensions between the aged and the care-givers, including family members who are implicated. These paranoid feelings even cause the aged to accuse staff and family members of theft. (Stafford : 1991 : 119)

For example: a wallet or some other valuable possession may be misplaced and care-givers may be falsely accused. Since many of the staff in old age homes in Pietermaritzburg are from the Black Community, there is evidence of the racial tension that was common in the apartheid days. This friction leads to care-givers doing the minimum for the aged. It is a common sight to see many of the aged carrying keys or having them pinned on them. This increases their tension as they are constantly looking for their keys. I find that women are more suspicious and paranoid than men. This constant pressure of being suspicious affects the sleeping patterns of the aged. Many complain of being unable to fall asleep or they have insufficient sleep and are often restless. Their paranoia prevents them from taking sleeping pills, or other medication to calm their anxieties.

2.5.5 ORGANIC DISORDERS

According to Levinson, (1978 :11), the damage to brain cells often leads to organic brain syndromes which affects the memory, the use of the limbs and the ability to carry out certain tasks. This leads to depression, irritation, anger and loss of interests and hobbies. In severe cases there is loss of memory especially regarding names, places and events. The person becomes confused and perplexed. The affected person can no longer even remember the names of family members and friends. One notices constant repetition in conversations. This prevents the aged from communicating with others and leads to social isolation. The person loses toilet control and is unable to even feed himself/herself.

2.5.6 WIDOWHOOD

Widowhood affects women more than men as men commonly marry women younger than themselves and women live longer than men. If the spouse has endured a long illness and then died, there is the emptiness for the survivor who feels that as a care-giver he/she is no longer needed. There could also be financial burdens after long term care. Often the survivor has to ask the question: "Is there enough money for me for the future?" Remarriage is often difficult as the survivor and the children idolise the deceased and prospective partners fail to meet the standards of the past. Many feel that remarriage would be an insult to the memory of the deceased. More men remarry than women. Children often put the surviving parent through a guilt trip.

Widows are also marginalised by society. Prior to the death of her spouse, the wife and husband were invited to many functions. But now that she is alone she is left out of that social circle. Men often find it very difficult to adjust after the death of a spouse. They need to adjust to living alone and cooking meals for one person. (Clements : 1979 : 37)

2.5.7 RELIGIOUS FACTORS

The aged often feel that God has rejected them or that past guilt and missed opportunities have come between them and God. Often their deep hurts of the past and a negative concept of God causes this separation from God. One often hears the question: "Where is God?"; "Why doesn't He help me?"; "Why doesn't He take me now?"; "Why is He punishing me?"; "Why doesn't God love me?"

Pessimistic attitudes are common among the aged. It is difficult to feel good when everything has been taken away from a person - especially health, memory, home, authority and control. In these circumstances the aged struggle to remain human and to continue to believe that God is with them.

2.5.8 SEXUALITY

The assumption that older people are not interested in sex has led to many old people feeling that sex is perverse and obscene at their age. This prejudice is untrue as heterosexual interests are not diminished.
(Lowe : 1979 : 246)

Masters and Johnson have listed some factors that tend to diminish sex in old age:

Physical exhaustion tends to diminish sexual urges. Over-indulgence in food and drink depresses sexual tensions. Illness leads to a reduction or loss of sexual response. The fear of sexual failure is an important factor in the withdrawal from sexual activity. (In Lowe : 1979 : 247)

From the Bible we read of King David's impotence:

David was old and advanced in years so they searched for a beautiful girl throughout all the territory of Israel and found Abishag the Shunammite and brought her to the king - but the king did not know her sexually.
(1 Kings 1 : 1-4)

Masters and Johnson further stated:

If elevated levels of sexual activity are maintained from earlier years and neither acute nor chronic physical incapacity intervenes, ageing males usually are able to continue some form of active sexual expression into the seventy-and even eighty-year old age groups. (In Lowe : 1979 : 248)

The preference for sexual activity depends on the individual.

2.5.9 ABUSE

The abuse of the elderly is becoming common in our society and social workers now regard it as a form of societal violence. The Senior Social Worker for The Pietermaritzburg And District Council For The Aged stated:

There is a growing incidence of financial abuse, along with physical, psychological and sexual abuse among the aged. (Natal Witness : 27:08:99)

These kinds of abuses are often kept behind closed doors because the elderly are afraid to betray their families. Some of the elderly who have worked hard to save for the later years discover that they have lost their life-savings not through poor investments or an unscrupulous financial adviser but robbed by members of their own family.

In South Africa the elderly experience difficulty in collecting their old age pensions because they have a long wait at the pensions pay points. The queues are often very long and many of the elderly joined the queue in the early hours of the morning. Often these pay points are greatly disorganised and there are very poor facilities available to meet the needs of the aged. The high level of crime makes the aged more vulnerable.

Some elderly people who live with their families are forced to sleep in the children's rooms. Some of them are even scolded for eating certain foods that were reserved for other family members. When families go on holiday, some of the elderly are put into old age homes for that period.

2.5.10 DEATH

As people get older there is great difficulty in doing ordinary things like getting dressed, cooking a meal or going shopping, without help. Their chronic health conditions begin to deteriorate and this final stage of life leads to death. Chronic conditions that are common are high blood pressure, diabetes, arthritis, loss of hearing and sight.

Those dying tend to be older and the family members who need to be comforted are aged spouses, siblings and friends. This awareness of death gives rise to fears, anxieties and sadness. Some of the many thoughts with which the aged concern themselves are: "Will I suffer before I die or will my death be sudden and quick?" "Will I die with dignity?" "Will I die alone?" "Will the dying process be long and drawn-out?"

The individual also has to watch others get very sick and eventually die. Sometimes in an old age home there are several deaths in succession especially during the winter months. This can be very traumatic as the grieving process is prolonged. There is also the question: "Will it be my turn to die next?" in the mind of the survivor.

There is also the stress of losing a spouse especially if that spouse is in better physical and mental health. The anxiety is even greater if it has been a long marriage and in this instance the crisis of death is the fear of parting. In the first few weeks after a loss there is great support from family and friends. Thereafter one is left on one's own. Generally men find it more difficult to adjust after the death of a spouse.

The greatest fear is the crisis of loneliness in dying.

It could be said that the nucleus of the crisis of the aged is a problem of termination (finiteness, mortality and fear of death). (Louw : 1994 : 164)

Socially, the dying need caring people around them as expressions of love and devotion. The greatest social fear is parting from loved ones although death is an experience that one has to face alone. Many aged people spend hours thinking about a close relative or friend who has died. Some of them even confess to talking to the deceased and relating to them the events of their day. This demonstrates their great loneliness and this could lead to social displacement.

Loss of status and self-worth comes with the death of a mate. It is painful to be labelled 'widow' or 'widower' after proudly bearing the title 'wife' or 'husband'....Persons know how to be husbands or wives. No one knows how to be a widow or widower . (Oates : 1976 : 41)

Some old people look on death as a merciful release. Some of the aged who are very ill usually wish for the end to happen quickly. The common words heard by caregivers are: "I am ready to die!" and "Why doesn't God take me now?" Those who are lonely after the death of a spouse are eager to die so that they can be reunited with their loved ones.

Old people, like others in society, fear the unknown more than death itself. Even some who are religious fear the unknown and fear leaving their loved ones behind. Some also fear that because of their sins there will be retribution after death.. Others feel that they have not really accomplished much and that there is still so much that can be done. Some doctors and nurses do not inform the elderly patient that he/she is terminally ill. The reason for this withholding of information is to allow the person to die in peace.

The patient usually gleans his/her information from the behaviour of family, the medical team and the medication administered.

Many of the aged die in institutions and in isolation. They hardly show any sign of movement and even refuse to take medication. Some of the dying already feel separated from the living world as they lose awareness of their surroundings and the people around them. In other cases there is often an awareness of deceased family and friends calling out to them. This creates fear in those watching over the dying.

In some cases parents do not want their children to see them dying and likewise children do not wish to see their parents dying. In many cases there are usually strangers at the bed of a dying aged person. These strangers are usually the Nursing Staff, Hospital Chaplains and Hospice Staff.

Sometimes there is a desire for privacy and a preference for quietness and even solitude. They do not have the energy to talk. Some do not want visitors. As a priest and a visitor it is not uncommon to see a dying person turn his/her head towards the wall. Those watching a dying person feel completely helpless and this becomes a painful experience that is difficult to deal with even long after a person has died. Many relatives and friends are nervous about what they should do and say. Families and friends avoid the subject of death and they try to protect the dying person by not informing him/her about their actual physical condition and of their nearness to death. Sometimes a dying person who has a strong faith knows that God is present even in death. The Psalmist declared:

If I go up to the heavens, you are there;
If I make my bed in the depths,
You are there. (Psalm 139 : 8)

In my experience in visiting the Old Age Homes in Pietermaritzburg, I have seen on several occasions , a dying person being ministered to by another aged and frail person. This is usually a room-mate or a friend.

In this late 20th Century with the advancement in Medical Science, relief is given to the dying by way of sedation. As euthanasia is forbidden by law in South Africa, some of the aged linger for days and weeks before passing away. The only consolation is that many of them are unconscious at this stage. The poor health care in South Africa sometimes makes it impossible for the poor aged to receive proper medical care and therefore they are left in some pain and discomfort in their dying phase. I have seen dying patients in great pain being administered with drugs such as Panado's instead of being given stronger pain-killers. In the cases of the last stage of cancer, sometimes the morphine-drug is too expensive to be administered in Provincial Hospitals.

Kubler-Ross in her book "On Death and Dying" gives a description on the five stages of dying: denial, anger, bargaining, depression and acceptance. (1979:38) In many cases this does not apply to the aged as some of them prefer death to continued illness or chronic disability. Some of them even make their own funeral arrangements, regarding the type of service, choice of hymns and Scripture Readings and other instructions concerning pall bearers, burial and cremation. Many of them also make practical arrangements concerning wills and finances.

Spouses or family members also go through their grieving process when they are told about the terminal condition of the aged patient. A spouse is often angry that she is going to be left behind and she anticipates this lonely journey.

There is also anger that the previous doctor or hospital failed to give the correct diagnosis. Sometimes the staff at the old age homes are blamed for not caring enough and not being thorough enough.

There is also the huge financial burden that should the patient linger the costs may then be more than what they can actually afford. There are feelings of guilt in secretly hoping that the patient dies sooner.

There is also the mental and physical exhaustion of the family in waiting for the patient to die. In these cases many feel that euthanasia should be allowed to offer relief to both patient and family. Others surrender to death through actual or attempted suicide.

A relatively frequent phenomenon in old age has been called occult or slow suicide, during which the person becomes clinically depressed, loses his appetite and sometimes even literally willing himself to death, as noted in hospitals and homes for the aged. (Golan : 1981 : 232)

According to Louw, the aged like terminal patients have biological and physical needs which relate to pain and their fear for deformation and discomfort. Their psychological needs are denial and anxiety. There is a fear about the loneliness and isolation of dying. (1994:170)

2.6 RITUALS : THE LAST RITES

The administering of The Holy Sacrament can be very comforting as it reveals the love of God. Often in cases where the dying person is not conscious and is therefore unable to physically receive The Holy Sacrament, there are liturgies available for such circumstances.

This liturgy takes the form of Spiritual Communion. An example of a traditional prayer for Spiritual Communion is found in the Anglican Prayer Book :

Soul of Christ, sanctify me.
Body of Christ, save me.
Blood of Christ, refresh me.
Water from the side of Christ , wash me.
Passion of Christ, strengthen me.
O good Jesus, hear me.
Within Your wounds hide me.
Let me never be separated from You.
From the malicious enemy defend me.
In the hour of my death call me
and bid me come to You
that with Your saints I may praise You
For ever and ever. Amen. (1989: 516)

The ministry of The Holy Sacrament, Anointing and Spiritual Communion is also comforting to the loved ones around the dying person. Often the reading of the twenty-third Psalm brings great comfort to the dying and the living.

These liturgies also enable the dying person to let go of this world and the living person to release the dying into the next world. These prayers often bind together families where discord and disunity had been present.

The last twenty years of life bring as many great changes as the first twenty years of life. We need a better image of old age to move away from the pessimism of the past.

One of Grimm's fairy tales goes like this :

God had set 30 years as the span of life for all animals, including man. The ass, the dog and the monkey thought it too long, however, and begged God to reduce their years by 18, 12 and 10. The man, however, was greedy. He asked to be given these extra years and God agreed. So man's years totalled 70. The first 30 are his own and they pass quickly. The next 18 are the ass' and during these he has to carry great burdens on his back. Then comes the dog's 12, where he can do little but growl and drag himself from one corner to another, for he has no teeth left. After these are over, man is left with the monkey's 10. He is no longer in his right mind, but grows rather strange, doing things that make children laugh at him. (Stafford : 1989 : 17)

As Grimm's story demonstrates the fear of aging has a long history. The aged in Pietermaritzburg who live in the fifteen old age homes within the city have similar experiences. As we approach the next century and the next millennium we are challenged to have a new perspective and optimism regarding the losses experienced in old age as part of the normal cycle of life. This can be achieved by engaging in research in order to evaluate the effectiveness of the Ministry of the Anglican Church in Pietermaritzburg to the aged in the city. In the next chapter I will present the interviews with four residents living in four different old age homes in Pietermaritzburg and representing the major cultural groups in this city.

CHAPTER THREE

In this Chapter I will present the four interviews conducted with aged residents living in old age homes. Each interviewee represents a different cultural background. These interviews will be the case-study for the research work in order to gather material to enhance the Anglican church's ministry to the aged. The interviews form a basis of the descriptive part of this thesis.

3. RESEARCH AND INTERVIEWS

Fifty questionnaires were given to the elderly in the retirement/old age homes within the city. Ten questionnaires were given to superintendents/matrons who are the major care-givers in these institutions. Six questionnaires were given to the Anglican clergy in this city. From the interviews with the elderly I wish to highlight the plight of four of them who are from different Anglican Churches and who are representative of our Rainbow Nation.

Please Note: All names have been changed to protect the identity of the interviewees.

3.1 INTERVIEW NO. 1

PERSONAL DETAILS

Name : PEGGY SMITH

Marital Status : Spinster

Age : 80

Address : Frail Care: Marian Home in Alexandra Road.

LIFE EXPERIENCE

Peggy Smith has been at Marian Home for the last twenty years. She was an occupational therapist who qualified in the United Kingdom. Whilst working in a hospital in Durban, she was pushing a patient in a wheelchair when she slipped and fell. She sustained severe spinal injuries which made it impossible for her to work again.

She underwent major operations but all were unsuccessful. Peggy was unable to walk without the aid of special heavy "shoes" and a walker. Ever since that fall, she has been unable to sit. For the last twenty years, Peggy had to endure this heavy pair of shoes and the tragedy of not being able to sit. I call this a tragedy because she cannot be put into a wheelchair and taken around, nor is she able to get into a car. She cannot even sit at a table with others for a meal.

She cannot be taken for drives easily because she is unable to sit. Therefore she spends all her time in a little room that has only a bed and a chair. Fortunately for her she has a television and a telephone. She has spent entire days and nights in this room for the last twenty years.

FAMILY LIFE

Peggy had a twin sister named Mary who died of cancer two years ago. Prior to her death, Mary organised Peggy's life. Mary did all the accounts, shopping and spent valuable time every week with Peggy. With Mary's death, and Peggy being a single person she now has no relatives. Peggy was traumatised by the fact that she felt "useless" in not being able to be with Mary, especially in the last month before her death.

With all the morphine being injected into her to alleviate the unbearable pain of cancer Mary was too weak to even answer the telephone. So Peggy lost all contact with Mary.

PRESENT SITUATION

Peggy now has a family who have adopted her. This was the result of a group of girls from Girls High School in Alexandra Road who were given a project in 1995 to visit the aged at Marian Villa and adopt a gran or grandpa. A standard eight pupil, Monique Saint adopted Peggy as her gran. Peggy describes this moment as: "mutual love at first sight." This relationship led to the involvement of Monique's parents, John and Gill Saint.

PRESENT PHYSICAL CONDITION

Peggy although physically disabled has a very alert mind and has always been an avid reader. But recently her sight in one eye has begun failing and she is no longer able to read a lot. She now has to watch television with one eye and she is careful not to strain this eye. These days Peggy spends her days and nights just lying on her bed. She still suffers with great pain in the spine and she is given a dose of morphine every night to enable her to sleep.

MINISTRY OF THE CHURCH

Peggy receives Holy Communion once a month from either the deacon or the assistant priest. She appreciates this very much but feels she longs to have a stimulating conversation about issues that are pertinent to the Church and the world.

In the last twenty years the Dean of the Cathedral has seen her twice. She states that there are no telephonic conversations from the Cathedral. She still loves to relate the visit from the Archbishop Emeritus, Desmond Tutu and about her achievements especially in her thirties when she won the South African Toast Master/Mistress Competition in South Africa.

When Peggy was asked the question: How can the Church be “aged friendly”?, she stated that the Church could send tape recordings or video recordings of special services. As Peggy also spends time in thinking about the future and about death, she feels that the Church should teach people how to age and die successfully.

Peggy herself has revealed that in the past she too avoided the subject of death but now her views have changed. She is more positive in her attitude towards death. With a twinkle in her eye she says: "Where am I going to next?" She quotes from Scripture: "Eye has not seen nor ear heard, nor the heart of man conceived what God has prepared for those who love him." (1 Corinthians 2:9)

She was even more delighted when I informed her about that verse being one of the opening sentences in a funeral service as set out in the Anglican prayer book (Page 534). Peggy feels that she needs to share this joy and acceptance of death as being a part of life with others who are afraid and nervous of the unknown.

Being an avid reader in the past Peggy was disappointed that no one brought her books from the Shalom Library at the Cathedral. Peggy feels that this could have stimulated discussions about the books she has read.

Her special desire is to have someone read a poem or an essay and be able to share in a discussion. Due to her inability to sit, she is unable to attend services at the Cathedral or in the Chapel at Marian Home.

CHALLENGE TO THE CHURCH

Peggy presents a unique challenge to the Church. Although she is physically disabled, she still has all her intellectual faculties. Her mind is not being stimulated and Peggy is left to waste away. Her joy and enthusiasm leave the care-giver blessed.

An attempt could be made at least once a month to record the Sunday Service. Since the Cathedral has these facilities, recordings could be made easily. Peggy has accepted the fact that death is a part of life and she could be given recorded funeral services of people she knew and loved. This would also enable her to find peace and comfort in the grief process. This could not only be done for Peggy but for many others who are unable to move about. The Church could ask for a volunteer to phone the aged in retirement/old age homes at least once a month to show the aged that they are being cared for by the Church.

Those who are hard of hearing could have little notes sent to them informing them that they are loved and prayed for. Savings on postage stamps could be made if clergy personally delivered these notes as they visit these homes to conduct the monthly Eucharist. Someone who loves reading could visit Peggy and read to her a poem or an extract from a novel/book and engage in a discussion.

INTERVIEW NO. 2

PERSONAL DETAILS

Name : MR. DEVAN NAIDOO

Age : 77

Address : Aryan Benevolent Home : Pietermaritz Street

LIFE EXPERIENCE

Devan Naidoo is a widower with a married daughter living in Northdale and a son living in Canada. Devan is very bitter that seven years ago his wife and children sold the family home that he built and his wife emigrated to Canada with their only son. His daughter married and felt embarrassed to even visit him. He turned to alcohol and was left homeless and penniless. Some kind person took him and left him in this old age home, which was originally only for Indians in the apartheid era. Devan also claims that the family swindled him of more than R50,000 and left him to survive only on his old age pension. Devan is in poor health, afflicted with arthritis and heart problems. He has to visit the local clinic and Northdale Hospital regularly for treatment.

PRESENT SITUATION

He spends his time just sitting outside in the garden or in his room which he shares with another man who belongs to the Hindu faith. He is not allowed out of the premises because he has a drinking problem and at numerous times he has fallen and injured himself and has often been carried into the home.

The Sister on duty confirmed this and stated that this problem is getting worse. He has no visitors and even his daughter living nearby does not visit. Every time that anyone visits Devan he always begins with the story of his family selling their home and that he has not seen his daughter around nor has he heard from his son in Canada.

Unfortunately his wife died without being them being reconciled. Therefore Devan carries this bitterness daily which has exacerbated his addiction to alcohol. Tragically, Devan will also probably die without having had the opportunity to forgive and to be forgiven.

EMOTIONAL NEEDS

Devan is a lonely man who needs someone to listen to his sad stories. He needs to be healed of his bitter memories. The people in that old age home are unable to meet this need as many of them are also lonely and they too feel rejected. His bitterness is evident in the fact that he shows no sadness even at the death of his wife.

With the shortage of staff and with the great medical needs of the residents, there is little time for listening to stories. Devan finds alcohol the only solution to his problems. Therefore he is often 'stone' drunk. This is an unusual practice in his community. The elderly do drink but not to that extreme extent. It is regarded as a stigma as the elderly are to command respect in the home and community. His bitterness is evident in the fact that he shows no sadness even at the death of his wife.

THE CHALLENGE TO THE CHURCH

Devan is given permission to attend Church on Sundays only if someone gives him a lift. He is now frail and cannot walk without the aid of a walker and he therefore needs transport to Church. Since I have been at St. Paul's from February 1999, I have seen him at least twice a month in Church. He is given a lift by a family from the Parish. I have visited him four times at the home, taking him Holy Communion. Through these visits the Matron has asked that we conduct a service once a month in this home. With the generosity of a few people from the Parish we are now able to provide tea after this service.

Perhaps the greatest difficulty of ministering to Devan is addressing his drinking problem. He is beginning to lose his hearing and having a conversation with him is quite difficult. He is unable to read and this is a disadvantage as his horizons are limited. Due to his addiction to alcohol his concentration is also limited. These disadvantages makes the services of Alcoholics Anonymous almost impossible.

In my conversations with him I have attempted to speak about reconciliation with members of his family in Canada. I have offered to write to his family on his behalf. This has not yet happened but Devan is beginning to let go of his bitter experiences of the past. His failing health is prompting him to make peace with his family. His son is expected to arrive in South Africa in December and I pray that there will be healing and a new bonding.

In spite of Devan's many problems, he needs to be commended that he still tries to maintain the link with his Church that he worshipped in as a child. He does not wait for the Church to come to him. His efforts indicate that God is His only Salvation and Hope. He finds his comfort and peace in this God.

As his Rector, I am challenged to help in the healing of his memories. But will I succeed in doing this before he dies? I have just begun to build a relationship with him and there is still much to be achieved. Will I be able to complete this process or will I be transferred to another Parish before this is accomplished? These are very real concerns in the lives of both clergy and laity. The pain which lies with the laity is that each time there is a new priest there is always the journey back into the past. Old wounds are re-opened and the process of healing has to begin again. The past is never forgotten because of all these adjustments to the change of clergy, visitors and even staff at these institutions. The tragedy is that people like Devan will continue to deteriorate through addictions such as alcohol unless they are shown love and respect.

INTERVIEW NO. 3

PERSONAL DETAILS :-

Name : **MISS LINDIWE MOLEFE**

Age : **65**

Home : **Natalse Christelike Vroue Vereniging (N.C.V.V.)**

LIFE EXPERIENCE

Miss Lindiwe Molefe is a spinster. Her parents are deceased. Her father was a chef and her mother was a schoolteacher. Lindiwe speaks English fluently although she says she left school in Standard Six. She was unable to find outside employment in her youth so she took care of four children while their mothers went to work. Two of these children were three months old and the others were one year old when she started looking after them.

She lived with her sister and her family in Sobantu. She built that home by herself in Sobantu, using mud, trees and stones. She has another sister living in Durban. Both her brothers have died in the violence of the townships. She has been a diabetic for many years and was often comatosed. Three years ago she had her left leg amputated because of gangrene. She left Sobantu because she was ill-treated at home. She was physically and verbally abused by her nephew who was constantly under the influence of alcohol.

She sought help from a Social Worker who recommended the Emulseni Old Age Home in Edendale. But Lindiwe refused to go there. As an alternative, she found accommodation at N.C.V.V. She is among the first group of Blacks to be admitted to this home which was built predominantly for Afrikaans-speaking people.

PRESENT SITUATION

Lindiwe has adapted wonderfully to the routines in this home. She shares a room with two others from the White Community. Her friendly disposition enables her to be at ease with everyone although she mentions that she has no friends in the home. She proudly states that the Matron loves people to be "mixed". She is very independent and she manages to move her wheelchair around the premises including the lifts! She is able to have her own bath and change herself. The only difficulty she has is with making her bed.

In her spare time she watches television and she loves to sit in the garden and watch the different kinds of birds. She also weaves mats for bathrooms and toilets which are then sold. She learnt this craft at a women's group in Sobantu. Her determination to use her gift of weaving to supplement her old age pension is highly commendable.

She is to be admired for her ability to adjust in this home. In the apartheid era, Blacks were regarded as servants and especially with this generation of elderly people. She is now an equal and that must be difficult for both communities. Although she has been here for a year she states that she has no friends. She has never had a visit from her family or the members of her Church. Even her priest has not visited her. She has so much to share that on my first visit to her she was willing to tell a stranger her life story.

THE CHALLENGE TO THE CHURCH

Lindiwe's deep faith in God sustains her. She feels God is always near her. "God loves me and nobody loves me, only God!" Her ability to cope, her independent spirit and her cheerful disposition are indicators of this relationship she has with God.

Lindiwe is in a strange situation because in the Black Community the elderly have always lived within the context of the extended family. This could be an indication of transformation in cultural patterns in post-democratic South Africa. The Indian, Coloured and Black Communities have had very strong ties with the elderly. But like everywhere else, through affluence and westernisation and the reality that many young people are dying of AIDS, some are emigrating, and more and more women are working, this could be the future trend for our nation. Is the nation, together with the Church preparing for this?

The Church could administer the Holy Sacrament to her monthly and a few members from the visitation group could spend time with her giving her the latest news about life in Sobantu. This action would also be an indication that she is loved and cared for by her community. The minister could encourage reconciliation among the family members and Lindiwe also needs to forget the past and to offer her forgiveness to her family.

INTERVIEW NO. 4

PERSONAL DETAILS :-

Name : MRS. MARGARET KENT

Age : 75

Old Age Home : Marian Villa

LIFE EXPERIENCE

Margaret Kent has been a widow for the last fifteen years. She has no children. Her only living relative is a sister who is in her eighties and who lives in a home for the aged in Durban. Margaret lived in a beautiful, secure complex called "The Forest" which is situated in Haldane Road. Since Margaret was one of the earliest residents in this complex and especially considering the death of her husband she was the only resident who was allowed to keep a pet. She had a beautiful ginger cat who provided great comfort to Margaret.

Love is the most important tonic we have and pets are one of nature's best sources of love. Dogs and cats help everyone overcome the pain of loneliness by supplying companionship and affection. They also broaden your circle of friends and encourage good health through exercise. For an older person, whose wife or husband has died, a pet may be the only thing that they can touch, cuddle and talk to, giving them that feeling of intimacy which is so important for human existence. (Natal Witness : 31 July 1999)

THE PRESENT SITUATION

This special cat helped to ease Margaret's loneliness. Being the only pet in the complex everyone fussed over her and this led to many friendships being formed.

Sadly the cat died six months ago and Margaret was devastated. Her health began to deteriorate and Margaret became withdrawn. On the positive side, Margaret realised that she had to sell her complex and move into an old age/retirement home. God was on her side when she received news that a cottage was available for her to occupy immediately at Marian Villa. She was also fortunate that her complex was sold immediately. Margaret received an air ticket from a close friend to visit her in the United Kingdom. Margaret decided to move into Marian Villa and leave a week later on this overseas trip. The move was very traumatic. Three days after her move, Margaret became very sick and was admitted into the Frail Care Unit at Marian Villa. She was diagnosed as having Alzheimer's Disease.

This is a disease which affects the brain and gradually causes it to stop functioning. The patient loses his/her memory, forgetting names, places, routines, etc. Sometimes the personality changes. (Stafford : 1991 : 22)

Margaret had to cancel her trip and she was allowed to go back to her little cottage where she is presently being nursed day and night. Fortunately for her she has the finances that allow her to have full-time nursing care. She was also very fortunate to have had this cottage made available to her at the right time after being on the waiting list for years.

CHALLENGE TO THE CHURCH

Margaret is a sad picture of loneliness and poor health. Her bed is surrounded by teddy bears. This could, perhaps, be an indication of the children she never had. She needs the help of her Church desperately. As she is unable to do much for herself, the Church is called to minister in a very special way to her. Margaret needs regular visits from people who are compassionate and caring. Margaret's situation also challenges the care-giver to the needs of widows and widowers.

Learning to be a widow/widower usually follows the stages associated with dying and death described by Kubler-Ross: denial and isolation, anger, bargaining, depression and acceptance. (Robb:1991:82)

Margaret has suffered so many losses and each of them is like a death. She has lost her husband, her cat, her home, her car and the ability to drive, a golden opportunity to travel overseas, her physical movements and her independence. She now has to be subjected to the indignity of being bathed, changed, fed and pushed around in a wheel-chair by a "strange" staff. All these changes came suddenly and all at once. The adjustments that Margaret has to make are too stressful for a single person.

Margaret requires her priest and lay people to help her on this journey. She needs someone stable and "permanent" in her life. She will never be able to attend church services again and this is another loss because Margaret was a regular Church-goer. Margaret was once also part of the visiting team that cared for the aged in this home where she is now a resident. She has given so much to the Church and the question now is: "How much can the Church give back to Margaret?"

Margaret has a great love for children and it would be good if several Sunday School children were encouraged to adopt her as a granny. Visitors to Margaret could also read to her and perhaps play tape recordings or video recordings of Special Services. In this way she would still feel that she belongs to the greater Body of the Church.

As Margaret was a regular Church-goer, the Holy Communion could be brought to her on a regular basis. Someone on occasional visits could also take along a pet kitten that Margaret could touch and cuddle.

From these interviews it is evident that the Anglican Church needs to take responsibility to visit these homes in the city regularly and to show the aged the mercy and compassion of God. The aged need to feel they are still part of the church and the community.

Unfortunately getting old is bad news even in the Community of the "Good News". Many of the elderly in retirement /old age homes have no children or relatives who are near them. The Church needs to be the family to the aged.

Christ inaugurated a social personal transformation that affirmed and demonstrated liberty for the oppressed and compassion for the suffering. Unconditional love becomes central to the aged. Very often as priests and laity we feel that there is nothing much that we can do for the aged. In the next chapter I will present the theological perspectives to assist the Anglican Church in Pietermaritzburg in its ministry to the aged.

CHAPTER FOUR

Religion can offer people hope when everything seems hopeless. Religion may be the key to the realisation of accepting aging as a part of human life. When Meals on Wheels are brought to a lonely person, that person longs for you to stay and talk or listen. This is where Christlike love is needed. All the Church's assurance of God's love means nothing if this love is not embedded in flesh and blood people who care. Christian ethics emphasise caring for those who, for whatever reason, are in the greatest need.

This chapter offers caregivers some useful suggestions for action to assist the local church in meeting the needs of the aged.

4. A THEOLOGICAL PERSPECTIVE

We are nearing the end of a century and a millennium and we need the best guidance we can get for our journeys through a society that is changing in so many ways, including how many more of us are reaching advanced age. Centenarians are no longer a rarity. (Kimble 1995 : xxi)

We all must age and eventually die, and any cultural belief system that cannot provide security, meaning and self-esteem for those who reach old age will have to change their views. The meaning we attribute to old age shapes the very meaning of the entire human life cycle. In Christianity, God becomes Incarnate and He shares our experiences and suffers with us. In the Old Testament we see older people being chosen as prophets or as examples of righteous living. Abraham was well advanced in years when he left his country to go to the land of Canaan. (Genesis 12:4) Moses was 80 years old when he led the people out of slavery in Egypt (Exodus 7:7), Joshua was about 80 years old when he succeeded Moses and led Israel across the Jordan. (Joshua 1:1-2)

In the New Testament Simeon and Anna were the first people to recognise that Jesus was the long awaited Messiah. (Luke 2:25-38).

The Early Church tried to recognise and benefit from the wisdom of its aged. We note with interest the Church's action towards poverty, and that part of its programme included caring for elderly widows. The Church tried to mitigate the situation by recognising the state of widowhood, something of value. But what about the aged of our time? The aged are an integral part of the Church community. Pope John XXIII was 78 years, when he called Vatican Council II. But more often than not the aged are marginalised in the Church.

What is apparent in the city of Pietermaritzburg is that increasing numbers of people are old and that perhaps unknown to themselves, many of them may have a vocation for later life. A recent report from the United Reformed Church expressed it as follows:

God did not make us for eternal youth but God made us to age and die. Aging is part of what God intends for us. It is something good and part of us, not a tragedy to be avoided but a blessing. (Appelton : In Priests and People :1998 : 305)

The Church and society are knowledgeable about childhood, adolescence and adulthood. Yet the subject of old age is omitted from our curricula both in the spiritual and secular worlds. The Church has a responsibility to teach people how to age successfully.

Christianity has an impact on the lives of many of the aged in our city. Many of them spend much time in prayer and those whose vision is good read their Bibles and other devotional books. The most popular booklet is 'Faith for Daily Living', which is published by the Methodist Church of South Africa. This booklet contains a Scripture Reading, a simple message and a prayer. Many of the aged are blessed by this booklet.

Another favourite booklet is the American publication called 'Daily Bread'. Others who are able to hear, listen to the Church Services broadcast on radio on Sunday mornings.

I am reminded of Mrs. Banach, a Polish woman, who lived at Victoria Memorial Home. She was totally deaf and blind. Many people never went near her because they could not have a conversation with her. The only people who went near her were the nursing staff. Yet Mrs. Banach knew when someone was near her. Whenever the Holy Sacrament was administered to her, she stretched out her hand and felt my face and she immediately knew that I was from the Church, bringing the Sacrament to her. She immediately would say : "I love you, thank you very much!"

Even in her condition she understood the theology of her Church. She was aware in her blindness and deafness of the sacraments of the Church. One day, a Catholic nun went to pray with her. About one hour later I visited her to administer the Holy Sacrament. She immediately called for the Nurse and said : "I am dying!" In her own mind these two successive visits from the Church made her believe that she was nearing the end of her life.

There is need for educating pastoral teams, as people like Mrs. Banach needed more attention and visits than others. This is where the Church needs to work with other agencies like the Deaf and Blind Society so that the quality of life is still maintained for all people.

These challenges call for new thinking and responses about later life in all its stages, even though much of it contradicts our current culture. How can the Anglican Church in Pietermaritzburg respond creatively to people who are living longer, with many of them approaching 100 years of age?

The Anglican Church, like many other denominations, has focussed on the earlier years of life and thus the development of children and youth are greatly emphasised. Now the demand is to focus on the ministry to the aging.

4.1 UNITY OF THE CHURCH AND OTHER AGENCIES

The Anglican Church needs to follow the example of African Enterprise who have delegated the care of the aged in the city to a full-time worker. The Pastoral Visitation Team needs to be given some guidelines in caring for the aged. The Church needs to work with other agencies in the city such as PADCA and Hospice in order to be more effective.

The Church needs to take note of PADCA's Mission Statement

To liaise with other organisations serving the aged in order to be cost-effective and avoid duplication of services; to provide day care services for senior citizens who are not resident in old age accommodation; to cater for the social needs of the elderly by offering recreational services at various community centres; to provide a comprehensive and professional counselling service that caters for the specific needs of the aged; to enlist the assistance of capable volunteers in all sections of its operation and to be engaged in research in order to keep abreast of developing trends in the care of the aged. :(Padca News : March :1999: 1)

The Church in Pietermaritzburg, like elsewhere, is in a society of multi - faith communities. The Church is one among many agencies with skills designed to help the aging, for example, psychiatrists, doctors, nurses, social workers, etc. This is the kerygmatic role of the Church.

Other Churches in the city could be challenged to offer their resources and be involved in this ministry. The time of working in isolation has come to an end and Churches need to work together on common projects. This will result in saving of energy, finances and personnel. In an era when our institutions and businesses are finding new ways to be in partnership with one another, like the amalgamation of Volkskas, Allied, Trust and United banks in our country, the Church too needs to create a network ministry team from within the different denominations. Such a team would give mutual support and stimulation.

Baptism challenges us to be and to live as a community with universal co-responsibility. The Church needs to be a sign of God's Kingdom in the world, especially in the world of the aging. The world needs saints like Mother Teresa. The Church needs to work in partnership with other organisations.

4.1.1 AIMS OF THESE ORGANISATIONS

Some of the aims of this combined effort by the organisations could be :-

- i) To sustain elderly people who desire to live independently in their own homes.
- ii) To provide retired people with an opportunity to use their training, expertise, skills and experience in significant social roles.
- iii) To enable self-realisation through community service, caring relationships and the diversity of inner resources.
- iv) To demonstrate life at its best in the golden years.
- v) To contribute to knowledge about the requirements of successful aging.

- vi) To experiment with new approaches and programmes for meeting the needs of the aged.

Pope John Paul II wrote in 1982:

Do not neglect your sick and elderly. Do not push them to the margins of society, for if you do, you will fail to understand that they represent an important truth. The elderly and the dying teach us that weakness is a creative part of human living, and that suffering can be embraced with no loss of dignity. (Priests and People August-September 1998 : 305)

Society's protection of the aged begins with protection by the family, basically expressed in the fifth commandment:

"Honour thy father and thy mother" (Exodus :20:12)

The Biblical writer, Sirach wrote:

My child support your father in his old age. Even if his mind should fail. Show him sympathy, do not despise him in your health and strength. (Sirach 3:10; 12-13)

The Psalmist cried out to God:

Do not reject me now that I am old, nor desert me, now that my strength is failing. (Psalm 71:9)

No matter how helpless or senile, the aged cannot be kept under constant sedation. We need to ask the question: "How can we maintain the belief that life is meaningful in old age?"

Even to your old age, I shall be the same. And even to your greying hairs I shall bear you. I have done it and I shall carry you. And I shall bear you and I shall deliver you. (Isaiah 46:4)

4.2 DEALING WITH DEATH

The fear of death can be stressful as one gets older. Effective ministry with the aged must include an understanding of the process of dying, the effects of significant losses and the value of caring. We need to rediscover our unique vocation as Christians, this time within the context of an aging Church whose membership is increasingly becoming older.

The Church can be a source of great help in preparing people to deal with the end of life. We teach people how to live and yet we neglect to teach people how to die. Death has been a subject which is regarded as taboo for any discussion or conversation. We are even afraid to say the word "death". We conceal it by using words such as "passed away" and "deceased". Yet we face the reality of death everyday in this city as we read the local newspaper and watch the news on television. The Church has the message of the Resurrection that Jesus conquered death:

Death where is thy sting, grave where is thy victory? (1 Corinthians : 15:55)

The Church has failed to announce this part of the Good News to the aging and those who are afraid of the unknown. When an aged person who has no relatives, is dying, one can feel the coldness of death as that person is all alone on the death-bed. The priest, due to the pressures of parish work, is unable to spend sufficient time with the dying. When we enter this world we are surrounded by people and yet when many leave this world they are all alone. This again depends on one's culture. Religion transcends culture.

The Church could teach and guide people on what happens in the aging process and to work together with Hospitals, Hospice and PADCA in ministering to the dying.

So often a worker from Hospice spends more time with the dying patient than the local parish priest or the laity. Hospice Workers only tend those who are terminally ill. One shudders to think what happens to countless others with other illnesses. The mission of the Church expresses itself in praxis. (Bate 1998:3)

4.3 THE ROLE OF SOCIETY

The United Nations Declaration of the Rights of the Elderly states:

Older persons should benefit from family and community care and protection. (United Nations Resolution No 46/91 : Appendix 1)

The Church should be encouraged to work on social issues like ministry to the aged as it did in the apartheid era when the leaders of Churches met and produced The Kairos Document in November 1985. This made people aware of Luke 4:14 : "To announce Good News to the poor and to set the captives free."

The Church should be concerned with the quality of life and the values on which society is based. Jesus came that we may have life and have it more abundantly. (John 10:10).

As a Christian Community we need to realise that we are created in the image of God. (Genesis 1:27) and therefore we are called to represent God's concerns, care and love for our world and its people, especially where the aged are marginalised.

This will be across all barriers of race, colour and creed. Old age is common to everyone. We need to be aware of kairos, as time is an aspect of our duty as Christians to care for God's people. The elderly are valuable members of our Church and Community. This enables us to approach old age with anticipation to see God's will being done in our lives.

God's image does not fade with the passing years. (Robb : 1991 : 23)

The Psalmist said:

The righteous are like trees planted in the house of the Lord, that flourish in the Temple of our God, that still bear fruit in old age and are always green and strong. (Psalm 92:13-14)

In our city, there is the Pietermaritzburg Agency for Christian Social Awareness which excelled in its work against Apartheid in the seventies and eighties. This Agency should be challenged in this age of democracy to take up other issues such as the ministry to the Aged.

The Aged are also feeling disillusioned that the former President, Nelson Mandela set up the Children's Fund and yet totally ignored the plight of the elderly in South Africa.

The Conference of Anglican Bishops at Lambeth in August 1998, debated the issue of Young People yet failed to address the needs of the Aged. The Anglican Church was too short-sighted to take into account that 1999 had been declared the United Nations International Year of Older People.

The Anglican Church in South Africa participated (12 July 1999) in the twenty-ninth session of Provincial Synod, at the University of Natal. Provincial Synod is held every four years to amend rules and regulations governing the Church.

In his Charge, the Archbishop of Cape Town, Njongonkulu Ndungane said:

In particular we believe the priority should be to help the elderly, the disabled and families who have lost their breadwinners.
(Natal Witness : 14 July 1999)

The theme of this Synod was "The Journey to Wholeness". Thus the challenge to the Anglican Church is to minister to the needs of the elderly. The Church, as always, should set the example so that demands can then be made of the State and society. The State must be challenged in this country, where the monthly pension of the aged is R500 and the subsidies available to the frail aged have been drastically cut whilst the cost of nursing care has risen sharply. These old age homes are struggling and their future is bleak unless the Government can be persuaded to provide more financial help. In countries such as Australia and America, the needs of the elderly are given priority.

The Federal Government has set the basis for a coordinated and integrated response to the aging of Australia's population. The Budget initiatives in pensions, taxation, housing and residential care provide the first steps towards a strategic approach to the needs of older Australians. (Australian Journal of Aging : August 1989 p. 2)

In America, the elderly are the most financially secure because one third of the Federal Budget is spent on the elderly. This is three times more than that spent on children and youth, including the cost of education.
(Stafford : 1991 : 60)

Our South African society is in fact contemplating how the “weak” Rand should be spent. Should it be invested in youth and all the things needed to equip them for tomorrow or should it be spent on the elderly?

I think that we have realised in South Africa that there is not enough to be spent on both. One solution would be tangible services performed by older people at low or no cost at all and acknowledged as essential for all ages in society. These are visible expressions of inter-dependent community life. Clergy need to enable laity and to give their support and encouragement to this new lay work-force.

4.4 SUGGESTIONS FOR ACTION

I) Effective ministry with the aged must include an understanding of the process of dying, the effects of significant losses and the value of caring. The author, Elizabeth Kubler-Ross has freed us from the fear of talking about death. God has promised us eternal life and we can look forward to leaving this world and being with Christ.

My desire is to depart and to be with Christ (Philippians 1:23)

ii) The current debate about long term care and its funding could be the stimulus for some creative thinking about new ways in which care can be provided for the aged. The State needs to be challenged in its responsibility for the future welfare and health care of the aged.

iii) In the age of democracy in South Africa, we need to educate and foster cross-cultural understanding as more people of different race-groups and cultures are now allowed to live in the same old age/retirement homes.

iv) The White congregation needs to be challenged to re-think issues such as death, independence, living in community, and preparation for old age. This can be done in teaching sessions, awareness programmes and parish forums.

v) The other communities, Indian, Black and Coloured, need to be prepared to see that within the next 5-10 years, the norm would be that the aged are left to be cared for in an old age home.

With the influence of western cultures and with affluence, extended families will be outdated. The Manager of The Association For The Aged (Tafta) said:

It is a complete myth that all the African aged are looked after by their families. There are five homes in the Durban area that cater specially for Africans and all are full. (Mary Leppens : Daily News : 20:10:99 : 11)

It is important that people be taught to deal with guilt or regret they feel about leaving their parents in an old age home for the last phase of their lives. Parents must develop that spirit of independence and not to feel that they are being rejected by their children. The Church has an obligation to educate people on how to spend this last phase fruitfully.

4.5 THE ROLE OF THE CHURCH

4.5.1 HOW CAN WE REACH THE DEEPEST NEEDS OF THE AGED IN THEIR LONELINESS?

There is an age revolution occurring in our society. That there are many more older persons is changing our institutions and our ways of working and serving. (Birren : 1995 : xxi)

Our speech is filled with stereotypes of old age. To be old is to be worn-out, unattractive, incompetent, uninteresting, over the hill, a has-been. In a society that places great value on youth, to come to the end of one's youth can be very traumatic. (Robb : 1991 : 65)

The challenge is how can our Churches respond creatively to persons who are advancing in years. In this age of democracy in South Africa, more and more elderly people from all communities will spend their golden years in old age / retirement homes. Ten years ago this was unheard of especially in the Black Community. Already at the old aged home of N.C.V.V. in Prince Alfred Street which is away from the townships there are eight elderly Blacks. At the present moment in every Anglican Parish in Pietermaritzburg, clergy and laity have limited resources and time to care for the aged. With the integration of people from all communities worshipping in the church of their choice, this means that the needs of people are now diversified and the Church must be prepared in its ministry of loving and caring.

4.5.1.1 TEACHING: Education is necessary to develop an understanding of the various cultures and traditions. Especially since we were isolated in the Apartheid Era, we have little knowledge of the values and customs of people from the different communities that make up this rainbow nation. People should learn to accept ageing as a stage of life and that it is a part of living. The younger generation should be taught to appreciate the contribution of the aged and to understand the harmful consequences of age discrimination.

4.5.1.2 PREACHING Even our sermons, homilies and liturgies need to be restructured and transformed to meet the needs of a multi-cultural congregation. As clergy and laity we need to understand that the fears and uncertainties of each community are different.

For example, dying, has been a part of everyday life in the townships and community presence at funerals and at the homes of the deceased has taken away much of the fear of death.

This is not the case especially with the English Community still being very “tight-lipped” at showing their emotions. Several years ago it was common to see mainly men attending funerals whilst women and children remained at home and were “protected” from facing the reality of death.

During my time of ministry at the Cathedral I met Mrs. Daphne Human whose husband had died six years previously. She said to me:

“There was no funeral for Jack because I did not know how to handle it. From my childhood we were never taken to funerals and even as an adult I have never attended a funeral.” (She is 89 years old!) “So I asked the undertaker to cremate his body and to dispose of the ashes.”

Only by caring for life can we eliminate the fear of death. The greatest fear of death is the fear of separation from loved ones. Our victory over the fear of death lies in the Promise of the Resurrection. (Louw : 1994 : 174) The Church needs to proclaim a Liturgy of Hope in spite of the pain of physical death and caring for the dying should be seen as thanksgiving to God for life.

4.5.1.3 GUIDANCE

There is much learning to be done even for clergy as they are sent into Churches where the majority of members are not from the communities they have grown up in. The Church can be a great source of comfort and hope in dealing with the last phase of life. Clergy and laity should be aware that the needs of the aged differ greatly depending on a variety of circumstances.

Older people are more diverse than any other age group because of their experiences. Each generation of older people bring their unique historical and cultural experiences with them. These experiences should not be devalued or wasted.

4.5.1.4 HEALING AND RECONCILIATION The Church must emphasise that nothing can separate us from the love of God:

For I am convinced that neither death nor life, nor angels, nor rulers, nor things present, nor things to come, nor powers nor height, nor depth, nor anything else in all creation, will be able to separate us from the love of God in Christ Jesus our Lord. (Romans 8:38-39)

People are created and loved by God. Yet the Church has in the past believed that it needed younger families to stay alive. The aged were already regarded as being dead. We must have a new image of old age and be "Aged-Friendly" to remove this stigma. One of the greatest problem of the aged is the attitude of society towards them. We must adopt a positive attitude especially when some people see old age as a time only of inevitable mental and physical decline, dependence and inactivity.

Congregational activities usually are planned for families with children or for adults in their working years. Few Churches have developed ministries designed to meet the needs and concerns of mature adults. As a result, older adults feel overlooked, misunderstood or unwelcome. (Robb : 1991 : 50)

The Church must devise ways to focus on the Elderly by involving them in planning services at least once a month. The homily, music and articles in the newsletters could be part of incorporating the elderly.

4.5.2 USEFULNESS AFTER RETIREMENT

The aging process has been identified with disease, deterioration and death. There have been very few models that reflect the vitality and rich diversity of human life which needs to be nurtured and encouraged in later years. The Church could develop significant lay ministries by older people.

Volunteer service can become a lay ministry when it represents a service or a cause that is meaningful to the volunteer. In South Africa, many teachers have taken the Early Retirement Package.

With the shortage of teachers, especially due to the retrenchment of locum teachers, there is a major crisis in education. The Community and society at large could benefit from the help of these retired teachers. They could help as volunteers at schools and also help in adult literacy classes. Many retired teachers from the Cathedral Parish assist the St. Nicholas School by helping teachers with weak pupils and also working in the Library. These retired teachers are known as "GRANS". Likewise there are many other causes just waiting for the abilities and energies of retired people.

The Church can use the elderly to fold pew leaflets, answer the telephone, be a part of the prayer network. People in other fields of work are also retiring early although they are able to work much longer.

As a result there are a number of people with no working responsibilities. They have the time and the skills. The Church needs to use these resourceful people.

Leah Khumalo aged 62 worked as a senior Sister at Edendale Hospital before her retirement in 1996.

Like most Township women she spends her days doing her Full Gospel Church activities. This includes going to Church services on Sundays and Thursdays and counselling church members who have social problems. She is part of a group of retired and unemployed women in the township who have been trained to make candles and fabric softeners. Their products are sold to the local community. (Natal Witness Supplement : 31:07:99)

We need to instil this belief that life is meaningful even after retirement so that people will be able to find satisfaction and purpose in life after retirement.

4.5.3 SUGGESTIONS FOR ACTION BY THE LOCAL CHURCH

4.5.3.1 Effective ministry with the aged must include an understanding of the process of dying, the effects of significant losses and the value of caring.

A rediscovery of our unique vocation as Christians is essential within the context of a Church whose membership is increasingly becoming older. At the Cathedral and at St. Alphege's in Scottsville over 30% of the congregation live in retirement/old age homes.

The frail elderly are those over 85. They are the fastest growing group in our society, predicted to increase 64% by the year 2000 and to triple by 2030. (Stafford-1989 : 9)

It is necessary to create some kind of action that deals with the different types of loneliness of the aged. Very few people think about and plan what they will do in their retirement. Those with poor health are able to do very little.

4.5.3.2 Explore liturgies that may be appropriate to the later stages of life. These liturgies are in addition to community worship such as the Eucharist. Elderly people who are no longer able to worship with others are at a disadvantage because there are no visible structures and icons and there is a danger of losing the depth of their faith.

4.5.3.3 Regular healing Services can be held in the homes. People feel special when they are prayed for. They can also be encouraged to pray for others. The elderly who have lost a spouse are often the best people to help other widows/widowers. The Church must be instrumental in encouraging this ministry of the aged.

4.5.3.4 The current debate about long term care and its funding could be the stimulus for some creative thinking about new ways in which care can be easily accessible to the aged. The Church needs to challenge the State in its responsibility for the future welfare and health care of the aged.

4.5.3.5 In this age of post-democracy, the Church needs to educate and foster cross-cultural understanding as more people of different race-groups and cultures are now allowed for the first time in the history of our country to live in the same old age/retirement homes.

4.5.3.6 The Church needs to address the issue that life is meaningful in old age. The aged need to be loved and given a sense of hope and satisfaction.

The early Church tried to recognise and benefit from the wisdom of its aged.

Now during those days when the disciples were increasing in number, the Hellenists complained against the Hebrews because their widows were being neglected in the daily distribution of food (Acts 6:1)

The Church needs to remind people to care for their families, especially the elderly.

And whoever does not provide for relatives and especially for family members has denied the faith and is worse than an unbeliever.
(1 Timothy 5:8)

Walter Woon, a member of the Singapore Parliament introduced the Bill under which an elderly person would be able to apply to the court for maintenance from any or all of his/her adult children. This legislation is not new. For many years, countries like India, Israel and Taiwan have had laws to enforce that children support their parents. The United Kingdom had such a law from 1601 to 1967. This Bill reinforces the traditional values of Christianity, Hinduism, Islam, Buddhism, and Confucianism. (Appendix 2)

Even in this century the Church is called to remind people of their responsibilities and core values. Elderly parents need to be supported not only with money, but also by being shown love and respect.

What about the aged in the next millennium? The aged are an integral part of the Church Community. The great sculptor and painter Michaelangelo completed the dome of St. Peter's at the age of 70. (Priests & People : August-September 1998)

The aged have more time to think and be creative as they are no longer busy with their careers and raising their families.

Unfortunately once elderly people are unable to leave their homes, they fade from the attention of their churches. (Stafford : 1989 : 178)

Pessimism is common among the aged. In South Africa there is great negativism especially with the increase in crime and the great financial struggles. It is difficult to feel good when everything has been taken away especially, health, memory, home, independence, authority and control. In these circumstances the aged struggle to remain human and to maintain their dignity.

Some of the common words heard on pastoral visits are:

“Why doesn’t God take me ?” ; “I am ready to die !” ; “There is nothing left for me !”
Many of these people feel their lives are meaningless and that they are a burden to others.

The Church needs to encourage the aged that:

God chose the weak things of the world to shame the strong; God chose what is low and despised in the world, things that are not, to reduce to nothing things that are, so that no one might boast in the presence of God. (1 Corinthians 1 : 27-29)

4.5.3.7 The church needs to help individuals to prepare for death in their own way. The Church needs to encourage people to draw up a will so that it does not become a burden to wind up the estate. The Church needs to be reminded that when wills were invented in the Middle Ages, they were regarded as religious documents. They indicated that a Christian had thought about his death and confessed his/her sins and was willing to be detached from material things. It was a sin to die without making a will. (Robb : 1991)
The Church needs to help people to draw up wills and to plan their special choice of hymns and readings for their funerals.

The Anglican Church in Pietermaritzburg can empower its members to listen and be sensitive to the feelings as well as the verbal content of what people say.

Active listening involves the whole self of the listener as a way of saying: "I am with you and for you." God's presence in human suffering is apparent in the ministry of Jesus who sought solidarity with the weak and vulnerable. Jesus expressed love and solidarity with those who were regarded as the "excluded" people in His community. Pastoral care shows Christ's interest in the total person: physical, social, emotional and spiritual. Jesus' ministry reveals that God's touch goes beyond the spiritual to all aspects of life. Worship is the central activity of the Church. Through rituals, ceremonies and sacraments, we experience the love of God in word and action.

In this chapter, suggestions, guidelines, and practical skills have been offered to aid Anglican clergy and laity in their ministry to the aged in Pietermaritzburg.

The next chapter will deal with practical skills for caring for visitors and care-givers in their ministry to the aged so that their spiritual and emotional needs are met.

CHAPTER FIVE

The purpose of this Chapter is to equip care-givers with practical skills so that they will be able to minister with confidence to the emotional, physical and spiritual needs of the aged, especially those living in old age homes.

5. CARING FOR THE AGED BY THE LAITY

Many of the visits we pay to the aged can be ones of joy and comfort. Sometimes it is not easy. Someone we have known for years starts to drift and to repeat phrases or is not even sure who we are or why we have come. Is there any way we can still be of help to this person? Can we still, with sensitivity, express our friendship and love? We need to recognise that a person's potential for understanding is the place to begin. For many elderly people night brings on confusion. Tiredness and too much / strong medication can also produce confusion.

Those who can listen in silence with their fellowman,
not knowing what to say;
But knowing they should be there,
Can bring new life to a dying heart
Those who are not afraid to hold a hand in gratitude
To shed tears in grief and to let a sigh of distress
Arise from the heart, can break thoughts paralysing
boundaries and witness the birth of a new fellowship:
the fellowship of the broken. (Nouwen :1990:1)

5.1 UNDERSTANDING THE PHYSICAL NEEDS OF THE AGED

As we approach the next millennium our society emphasises life, success, health and productivity. This emphasis makes the aged feel useless and unwanted. The aged desperately need someone to listen to them and offer comfort in their golden years. Care-givers need to impart love and to show the compassion of God.

5.1.1 Address the person by name and introduce yourself. Give them enough information about why you are there and where you are from.

5.1.2 Touching is important. Taking a person's hand is a helpful form of communication. (Hand-shake) But one also needs to be sensitive to people who are conservative and therefore prefer not to have a hand-shake. The care-giver needs to take the cue from the welcome he/she receives.

5.1.3 Sometimes, there is no need for constant conversation. Silence can be reassuring and comforting. Do not be concerned about the silence as often it is the best thing. Silence is our quiet caring presence with another. Often this is exactly what the person needs.

5.1.4 Speak in a way that the person is able to hear and understand easily. Always speak slowly and distinctly. If the person has difficulty, repeat the sentence / phrase / question. You may have to raise your voice but try not to shout and be high-pitched.

Those who are hard of hearing and those with hearing aids find it more difficult with the higher tones.

5.1.5 Be open to listening. The elderly love going back down memory lane and relating past experiences and stories. Others want to share how unfair life has been to them. They often express discouragement or frustration. At such a time what the person needs most is not advice but someone who will listen to feelings which may have been bottled up and now need an outlet.

A person who feels that someone is listening no longer feels alone. If the person cannot talk but is expressing an emotion through his/her eyes, or through facial expressions, follow the body language carefully with your own eyes. Every gesture indicates a particular feeling or mood. For example, restlessness is a sign of weariness, anxiety or irritation or it could just be a habit.

5.1.6 Many of the aged have a Bible right next to their beds, but are unable to read it because of failing eye-sight or loss of strength in their arms. They may welcome the sound of someone reading the Bible to them.

5.1.7 Let the person know that you can still show love. Your words and actions will reveal this love. Do not judge the person, instead you need to put yourself in that person's shoes.

5.1.8 You need to know that the person still has things to share with you. The aged want to be reassured that they can talk openly with you. Knowing that you can still show love is a vital part of your attitude as a visitor.

The other part of your attitude, equally important, is that the person you visit still has something to give to you.

So often it is not only the aged who are blessed by a visit. The visitor leaves that place with a feeling that he/she has also been ministered to. There is a blessing in giving and receiving.

In the book "Aging - The Fulfilment of Life" the authors, Henri Nouwen and Walter J. Gaffney constantly stress that if people are to give love to the aged, they must also realise how much the aged can give to them. (1990)

5.1.9 Pray before you visit and ask God to guide you and to increase your sensitivity to the one you are going to see. When you have finished, thank God for the visit. Commit to God the time you have shared together. Continue to pray for that person. Everything happens according to our relationship with God and our dependence on Him.

There is nothing in us that allows us to claim that we are capable of doing this work. The capacity we have comes from God. (2 Corinthians 3:5)

Sincerity in pastoral care is both costly and sacrificial.

5.2 UNDERSTANDING THE EMOTIONAL NEEDS OF THE AGED

Feelings are an important place to start. These include the feelings of the person whose life is changing. Some of these feelings are difficult to get at. Some are very negative, even frightening. Yet it is only when we recognise the feelings and deal constructively with them that positive adjustments to that particular situation can take place.

What feelings should we bear in mind? The person moving into a retirement or nursing home may have feelings of:

5.2.1 REGRET

It is difficult to leave a home/neighbourhood where one has lived for many years. The new resident in the retirement or nursing home may express these feelings openly or even angrily. Or he/she may quietly cope bottling them inside.

5.2.2 FEAR

A person entering a retirement/nursing home may need you to cope with his/her feelings of fear. What are the people in the home going to be like? How are they going to treat me? The first weeks are often full of new faces, different routines and strange experiences. "Am I really going to be happy here?" If one is frail and unable to move about then there is also that awkwardness and embarrassment that a stranger is going "to give me a bath and change me." There is the fear of settling in that is often displayed in stubbornness, defiance and rudeness. This is used as a form of defence to prove that the aged person is still in control.

The most difficult time for both the new aged resident and the staff is the first few weeks in a new nursing home. It is a natural feeling to dislike taking orders from strangers and adjusting to new rules especially at this stage in life!

5.2.3 LONELINESS AND YEARNINGS

Loneliness is another emotion with which the person may have to contend. He/she may be wondering just when there will be a chance to see family and old friends. New relationships haven't been formed, so there is a possibility of withdrawal setting in. Some may even get into a state of depression and wish for death. Children often experience feelings of guilt when a parent feels lonely in a nursing/retirement home. They may be afraid that the parent will feel rejected by them.

5.2.4 ISOLATION

Being separated from families, relatives and friends increases the feelings of being isolated. The distance of the old age homes from families limits physical contact and this makes the aged feel even more isolated. The aged's inability to communicate with other residents because of poor hearing aggravates this feeling of isolation. Feelings on being isolated can lead to crabbiness and frustration. This could be an attempt for others to notice that the aged are still people of value.

5.2.5 DEPRESSION

The loss of physical beauty, energy, health and appetite together with the inability to do things for oneself, like bathing, changing and eating often leads to depression. These losses take away one's dignity and makes one feel useless and dependent on others. Other factors that could lead to depression are the loss of a spouse/friend, financial crises and chronic and terminal illnesses.

Depression plagues the aged and causes many of them to give up on life. They begin to withdraw from the company of others and very few words are spoken to families and friends. They even refuse to eat or take medication. They spend their days and nights waiting to die.

5.3 PROCEDURES FOR VISITATION

Visit the retirement/old age home and see all the facilities. As the care-giver ask the Matron/Superintendent to take you on a tour so that you are aware of its resources, the dining area, activity rooms, the layout of the garden, etc. If you as a visitor are familiar with the home then you will be able to relate more clearly to the daily experiences of the person you are visiting. And with the awareness of the home you may be able to help first time residents feel more relaxed and comfortable in the new environment.

Be honest as it gives people the respect they deserve. It also maintains trust. The most important thing you can offer the aged is yourself! Do not give the impression that you are tired bored or that you are in a hurry to get away. Let them know that you have set this time aside especially for them. In this age of cellular phones, switch them off when visiting the aged as this will make them feel concerned about the urgency of the call and they may also feel that you are not giving them your undivided attention.

Give the person you are visiting the opportunity to express his/her feelings. Many older people have a wonderful memory of their childhood days and their adult lives which they love to relate.

In fact many of them live in the past. They are “trapped” by old photographs, newspaper clippings and certificates. They want to share their pride in showing you a photograph of their wedding day. They need to be told how handsome or pretty they looked. They also love to show their achievements in the certificates or trophies they have gained.

What they want is someone to listen to them sympathetically and attentively. This listening also helps in their healing of memories which is a common concept in the democratic South Africa. Not all their memories are pleasant. Some of them have very bitter and sad memories.

An example of a sad memory was Mrs. Ann John who lived at Victoria Memorial Old Aged Home in Retief Street. She constantly shared memories of her wedding day. She had fallen in love with a super gentleman and she was married in the Pretoria Anglican Cathedral by a priest who was a friend of the groom. . Two days after her wedding, her husband asked to borrow her car to travel to Durban on business. She never heard from him again. She discovered her bank book stolen, together with her jewellery. She was more devastated when after a couple of years she started divorce proceedings only to discover that she was not legally married. The priest who claimed to be a friend of the groom turned out to be a bogus priest who was part of the scam. Ann John died at the age of eighty-four and for the last sixty years she carried these bitter memories.

She always quarrelled with the men in this home and often got into trouble with the Matron because of her hatred for all men after her bitter experience. Once, following a bitter quarrel with a man at the home, she carried a kitchen knife around and threatened to kill herself. No one had taken the time to help her psychologically to deal with this past

memory. The elderly need to come to grips with their past failures and losses and led to understand the forgiveness of God.

Share your own feelings too. If you are wishing you could more, do not be afraid to share such feelings. Be careful that you are able to keep the promises that you make. Ensure that the promises you make are realistic and within your reach.

Many elderly people experience financial worries when entering a retirement/nursing home. Some fear that they may have to leave when their savings are exhausted. Be aware that many of the aged feel that matters of finances are personal. Only with the approval of the aged and family members, enlist the help of an accountant who will be able to give free advice to the anxious aged person on the actual state of his/her finances. Will the person be secure for the next five years? Has the person calculated a loss through the fluctuating interest rates? What is the best form of investing the money?

Help the aged to make their rooms more personal. Visitors can help maintain a homelike atmosphere. Take a Church Bulletin when you visit, or some pictures and photographs. Such objects will brighten up the person as well as maintain contact with the larger Church Family. For those with failing eyesight, take along tape recordings of services held at the Church.

Let the person know your visiting plans. Tell the person when you plan to come back and keep that commitment. Vague statements of "I will be back" and broken commitments increase loneliness. A definite statement of when you plan to return gives the person something to look forward to.

Visit regularly to set up a routine so that, for example, the aged person knows that on Wednesday mornings at ten o'clock you will be there. Ensure that your visits are short as these are more effective than one long visit.

If you find that you are unable to keep an appointment, call the person on the telephone or leave a message to let the person know and say when you will be able to visit again. This will ease any worries the person might have relating to your absence. Your call will help the person feel cared for rather than abandoned.

Many elderly people have a Bible in their rooms but are unable to read it because of failing eyesight or loss of strength in their arms. Others can read and do, and yet they will welcome the sound of a friend reading to them. Vary the visits with some activity, for example, playing a game, walking, pushing a wheelchair out into the sunshine and the gardens.

Caring persons of all age groups provide entertainment for nursing home residents. Organise more socials so that the aged can build friendships and share common interests. The Holy Trinity Church which is part of The Church Of England, in South Africa, organises monthly concerts.

According to the Church worker, Jane Bannister whom I interviewed:

The Church needs to show people how to have fun. We organise exercises, Bingo, and even pyjama parties for the aged! Once a quarter we hold a Dinner/Dance where the men from the Church escort an elderly woman to this function. They serve the drinks, the meals and dance with the elderly women for the evening. Especially at Christmas, when families are often away on vacation, the sound of Christmas Carols is refreshing to the aged. Other programmes could include songs and dances of the past. Such programmes bring great joy. These performers return gifts of time and talent to the very people who have given those gifts for many years. (05 JULY 1999)

If you visit several persons regularly, keep notes. Include basic information such as birthdays, the next visit to the doctor/hospital; an anniversary of a loved one's death, etc. Write down the names of family members and special friends.

SAMPLE OF INFORMATION SHEET

NAME :

BIRTHDAY :

SPOUSE/CHILDREN/GRANDCHILDREN :

HOBBIES :

INTERESTS :

OTHER INFORMATION:

Use the Spiritual resources of the retirement/nursing home and of your Church which are already available. What are the opportunities for Worship in the home? Does the home have a Chaplain? Do people from various Parishes call or conduct a special programme of religious enrichment? The Spiritual Resources will vary from home to home. It is important to know these resources and to be able to share them.

Mutual support is another major resource available to visitors. Visitors need to share their experiences with one another in the Group. The most fundamental resource is Prayer. We need steady, continuous prayer in our Churches for the sick, the confined and those in retirement/nursing homes.

5.4 UNDERSTANDING THE SPIRITUAL NEEDS OF THE AGED

There are a number of other ways to reach out personally to the aged and to involve them in the ongoing life of your congregation:

Record special services and give the aged the opportunity to be part of that service. They will then feel that they really belong to that congregation. Many of those who are unable to attend worship services still long to be part of the worshipping Body they took part in for so many years. They miss the readings, the anthems and the prayers which nourished them. As the visitor you can take the initiative in playing the tapes for them.

Involve the aged in Intercessory Prayer. The aged have a rich part to play in the ministry of Prayer. One could involve them in a Prayer Chain especially in times of crisis. This will make them feel useful and that they are still able to serve the Church. Ensure that they are told the results after prayer for specific people and situations. This will build their confidence and self-esteem. Even if the news is bad, they will know you are treating them as "normal" members of the Church.

Generally, children are rarely seen in an old age/retirement home. On some visits take children with you. Make sure these visits are short so that they are beneficial to both the child and the adult.

Many of their grandchildren are far away and the adults therefore miss that enthusiasm and sparkle of children. On those shorter visits, the energy and innocence of a little child will bring more joy and leave lasting memories, more than any words uttered by adults.

Hold meetings and fun events in the retirement and old age homes. These meetings provide an opportunity for warm fellowship. As clergy are pressurised and have time-constraints, a small cell group made up of two or three healthy members of the retirement/old age home could be asked to make newcomers aware of the services available and to alert the clergy in any emergency such as hospitalisation or emotional distresses. The visiting team could also have monthly tea-parties at these residences.

Involve new members in visiting the aged. Visiting is often carried out by old friends. Older people deeply appreciate contact with those whom they have known for many years.

The elderly and younger Church members can benefit from meeting one another. Involving new members of the congregation in visiting helps prevent the aged from feeling: "There are so many new people at Church, I hardly know anyone!" It helps to build and expand relationships in the context of Christian caring and fellowship.

Encourage Sunday School and Youth Groups to ADOPT A GRAN/GRANDPA. The aged who do not have family will then have the chance of enjoying a relationship with children and youth. Help them to observe special days such as Birthdays, Mother's Day, Father's Day, Easter, Christmas, etc with special gifts and greeting cards.

5.4.1 PRAYERS

Prayer bring people closer together. It gives the aged assurance and hope especially in their sickness, sadness and fears. Pray simply and directly. Avoid long and drawn-out prayers as God knows your feelings. This will also avoid the aged becoming uncomfortable and finding concentration difficult.

Be sensitive during your visit and ask God for guidance. Rather than just announcing that you are going to pray, it is always wise to ask: "Would you like me to pray with you before I go?" This will enable the person you are visiting to participate honestly in this act of worship.

If someone says "no", accept that response in the same spirit of honesty and love as you would accept a positive response. In the majority of cases you will find that your invitation to pray will be received with gratitude. In fact once you have established a relationship, the aged person will in fact ask you to pray. Visiting takes time and willingness to be open to the needs of others. Visitation also takes Spiritual preparation and one may be confident that it is God who will make the visit enriching.

Involve the aged in Intercessory Prayer, The aged have a rich part to play in the ministry of prayer, therefore use some familiar prayers of the past, for example:

- (a) O Lord, support us all the day long of this troubled life,
until the shadows lengthen and the evening comes,
and the busy world is hushed, the fever of life is over, and our work is done.
Then, Lord in your mercy grant us safe lodging, a holy rest and peace at the
last; through Jesus Christ our Lord. Amen.
(Anglican Prayer Book : 1989 : 567)

- (b) Lord, make us instruments of your peace
where there is hatred, let us sow love
where there is injury , pardon
where there is discord, union
where there is doubt, faith
where there is despair, hope
where there is darkness, light
where there is sadness, joy.

Grant that we may not so much seek
to be consoled as to console
to be understood as to understand
to be loved as to love.

For it is in giving that we receive
it is in pardoning that we are pardoned
and it is in dying that we are born to eternal life.
(Anglican Prayer Book : 1989 : 91)

5.5 WORSHIP RESOURCES

5.5.1 SCRIPTURE PASSAGES FOR LIFE'S SEASONS OF SPECIAL NEEDS

Psalm 13 : A Prayer for Help

Psalm 23 : The Lord's my Shepherd

Psalm 46 : God is our Refuge and Strength

Psalm 91 : God is our Protector

Psalm 121 : God our Helper

St. Matthew : Chapter 5 verses 1-12. True happiness

St. John : Chapter 3 verses 16-17. God's love

Romans : Chapter 8 verses 14-18. The future glory

1 Corinthians : Chapter 13. Love

2 Corinthians : Chapter 4, verses 16-18. Living by faith

5.5.2 A SERVICE OF PRAYER AND SHARING FOR VISITORS TO THE AGED

Many of the Parish visitors to the Aged find it helpful to gather together and share in a time of fellowship and prayer. Here is a simple service which may be used as a guideline.

AN INVITATION TO WORSHIP

A PRAYER OF INVOCATION

Father, we thank you for the privilege of visiting our aged friends

Thank you for all that we have learnt and experienced today.

Help us to share honestly, simply and openly with one another.

Make us sensitive, for it is as we share and as we listen that we can grow to love and serve you. In the name of Your Son, Jesus Christ, Amen.

Song : When I needed a neighbour

SCRIPTURE READING : Luke 4 : 16-19 : "Announce Good News to the poor."

A TIME FOR SHARING

Spend 5 to 10 minutes sharing in the group. The objective is to hear the joys, learnings or concerns of others. The leader of this team could use one of the following suggestions to begin these sharing sessions.

Care-givers need to be constantly reminded that caring for the aged can be emotionally, spiritually and physically demanding. This is especially true when the aged person you visit is dying. Sometimes this person can linger for a long time. One is physically and emotionally drained as one shares the burden of the dying person. Just watching someone slipping away drains our emotional energy. As care-givers we need to deal with death, grief and loss.

When a particular person has died we would sense a feeling of great emptiness. We need to be able to deal with this before we are able to minister to someone else. It is a good idea to meet not only in formal settings but also over a meal, a braai, or even in worship.

Care-givers may sometimes feel more depressed than the elderly due to feelings of guilt ("Have I sacrificed enough?") and exhaustion. It is not easy to listen to older people. Often the aged repeat the same stories and phrases. They live in a world that we feel helpless to change. Some older people can be nasty and rude. Yet these are often signs of behaviour that indicate a yearning for attention.

Invite each visitor to name the person he/she visited and to comment on how each person seemed to respond. Describe their mood, their condition and their level of sharing.

Each visitor should be given the opportunity to respond to the following question: What were you most thankful for in each of the persons you visited? This builds up a positive attitude and this can be an incentive for the next visit.

Practical knowledge differs from the theoretical. In fact we learn more through practice. We might even make new discovering regarding the aged. The team needs to discuss any new knowledge and insights that could improve the skills of visitors.

Ask each person to share a special concern from that particular visit. It could be a special need for prayer or some practical/physical help that is needed. It could be that the person is to undergo surgery or it could be that he/she needs a television set adjusted or is looking for a particular book or piece of music.

The team also needs to share any situation for which the visitor needs advice or guidance. For example, a visitor may be faced with an ethical problem: Mr Smith is not allowed any cigarettes because of his health. But today he looked weak and frail and he asked for a cigarette. What would be the right action? The group discussion would help that particular visitor to be free from guilt and regret.

The team also needs to share new insights about life, death and even insights about their own lives and personalities that they have gained through their visits. Sometimes our own fears and feelings of guilt and regret are awakened. On other visits, we manage to conquer them. For example, if we have a fear of death, we may be able to transcend this fear after we have ministered to someone who was dying.

INTERCESSIONS

The leader may invite those present to pray silently for the people they have visited and may then end with the following prayer:

FATHER ,YOU ARE THE SOURCE OF ALL OUR STRENGTH;
WE PRAY ESPECIALLY FOR ALL THOSE WE HAVE VISITED;
WE PRAY ALSO FOR THEIR FAMILIES AND ALL THOSE WHO CARE FOR
THEM.

MAY THOSE WHO ARE LONELY, KNOW YOUR FRIENDSHIP;
MAY THOSE WHO ARE SAD, KNOW YOUR COMFORT;
MAY THOSE WHO ARE AFRAID, KNOW YOUR PEACE;
AND HELP US TO SHOW THEM THE LOVE AND SUPPORT THEY NEED.
WE OFFER THIS PRAYER IN JESUS NAME. AMEN.

CLOSING HYMN : The Servant Song : Brother/Sister let me serve you.

BENEDICTION.

Caring for the aged is a Christian duty that ought to be performed by all clergy and laity. In order to empower the laity it is imperative for the Church to offer practical skills and guidelines in caring for the aged. The Church also has an obligation to care for caregivers. This will lead to mutual support and encouragement and also ensure successful caring for the aged. In the next chapter I will attempt to present a summary of the present status of the ministry of the Anglican church in Pietermaritzburg to the aged. This will enable the church to offer a better ministry to the needs of the aged in the city in the next millennium.

CHAPTER SIX

6. SUMMARY OF THE PRESENT STATUS OF THE CHURCH'S MINISTRY TO THE AGED IN PIETERMARITZBURG

The Cathedral of The Holy Nativity and the Parish of St. Alphege's need to be commended for their efforts in trying to minister to the needs of the aged. Their efforts could be due to the fact that they have more than one clergy person on the staff and an organised office staff with the most up-to-date office equipment. As more and more parishes are finding it difficult to be financially viable, there could be a possibility that these two parishes which are able to cater reasonably well for the aged may in the future also face a shortage of clergy.

In the other Anglican parishes, there is only one ordained priest with no other paid helper. The other parishes do not have administrative help and thus the clergyperson has a greater work load. This involves preparing sermons, conducting services, funerals, marriages, visitation and counselling, as well as the administration of the parish. Visitations and ministry to the aged are therefore limited.

A renewed church should bear new fruit that can be perceived as the church functions creatively and decisively in the community. One solution would be for clergy to empower laity. Yet many church-goers see the clergy as the main obstacle to the church becoming active in the community. Clergy are seen as people apart rather than being part of the community and sharing in its concerns. Clergy are possessive about their position so they actively oppose empowering other people. Laity continue to be passive and obedient.

The church in its own structures will have to reflect the openness and accountability that it demands from politicians. The church should provide a model of service and this will ensure new methods of training for ministry in order to easily relate to people and to understand their needs. The aged form part of this group of people.

Laity need to be empowered and to participate in all the ministries of the church. This is a team ministry involved in the mission of God in the world. There should be no distinction between clergy and laity. Instead they should form a partnership as they are entrusted with the vocation to heal and redeem a wounded world and to share its hopes, fears and struggles.

We do not make things happen by ourselves. We are instruments of God's Spirit. According to the grace we have received we can join hands and bring possibilities in meeting the needs of the aged. Ecclesial restructuring, the priesthood of all believers, universal co-responsibility are all aspects of our faith that everyone can share. Baptism is a commissioning for our ministry and this is to be a principle of a lifetime. When people realise this then there will an openness to ministry (Ephesians 4:12). This will change the passive version of the church into an active community of people who realise that they have been gifted by birth and baptism for building up the church. The ability of the church to carry out its mission in its ministry to the aged in the new millennium is increasingly dependent on the laity as the contact of the clergy with the masses is minimal. The laity are the ones who live on the frontier, who mix most easily with others. They are the ones who will extend the caring hand to the elderly in our land.

.

The Anglican parishes in this city need to meet and formulate plans and programmes to share the ministry to the aged. Each parish should take charge of two old age/retirement homes and minister to the needs of the residents. This clergyperson will be the Chaplain of these particular homes, offering the Eucharist, counselling and caring for the residents. This should go beyond Anglican membership to show the extent of God's love for all those in the golden years of their lives. We need to move away from the boundaries that enclose us, instead we need to build bridges. After all, everyone in this city has benefited in some way by their contributions and talents.

This will ultimately lead to greater benefits for both the aged and the parishes. It is hoped that the parish priest will no longer be stressed out and trapped by time constraints and the good news is that the aged would then receive qualitative ministry. The same clergy person does not have to visit all the retirement/old age homes in the city. This will enable a special bonding of friendships and relationships with the aged and they will no longer be stressed in having to see a different clergyperson everytime. Even when they are dying they would be at ease knowing they are in the presence of someone whom they have learnt to trust and therefore even spoken words are unnecessary.

The laity needs to be motivated to work together. Each parish should have two or three lay people assigned to these homes that their clergyperson is responsible for. This will enhance the contact with the residents and the clergyperson will receive first hand information about the needs of these particular residents. There will be a team spirit in caring and sharing.

This group can then meet fortnightly for an up-date and to pray together as a team. At the moment the majority of care-givers are women. Men need to be encouraged and challenged to meet the needs of the aged. After all, men too, get old and they also appreciate the company of others.

There should be quarterly get-togethers of clergy, laity and residents in these homes. This will enable the aged to witness this team ministry spending time together socially and thus build their confidence and trust to share their deepest needs with this team. It would be wonderful if the clergy and laity teams from these different old age / retirement homes organise a get-together at least twice a year. The clergy and laity teams will then be able to share their experiences and plan for new visions of ministry to the aged. There should be joint social functions for all the residents planned together by the churches in this city. At the moment, PADCA takes on this great responsibility.

This joint get-together will not only be an occasion for celebrating life but will also broaden the view of the aged that they are part of a greater number who have similar joys and pains. This will also be a wonderful opportunity for renewing old friendships and establishing new ones. The staff in these old age/retirement homes also need to be invited so that they can pool their resources and form new links for future caring and sharing in this ministry to the aged.

This would be part of the concept of Systems Thinking that uses the disciplines of shared visions, models, team learning and personal mastery to achieve its potential. Systems Thinking integrates the other disciplines such as sociology, psychology, theology, etc., and fuses them into a coherent body of theory and practice.

P.M. Senge in his book, "The Fifth Discipline" indicates that sharing a vision together binds people together in a common identity. The Systems Thinking model enables us to see how individuals see the world and themselves (1990). We need to use everyone's commitment and learning. The church can no longer afford to work in isolation if it wants to be effective in a changing world. This will change the passive consumer version of the church into an active community of people who will care for all God's people including the aged.

It is hoped that the new millennium will bring greater ecumenical opportunities for working together and across the existing boundaries. The ministry that the church offers is no longer seen as Anglican, Methodist or Pentecostal. Instead the Ministry that the church offers is the love of the Triune God whose love surpasses our understanding.

6.1 CONCLUSION

Until now, rejection, isolation, and loneliness have been the fate of the elderly. Being influenced by the images of youth, we develop a negative stereotype about aging from childhood and we grow into old age assuming this to be true. Even more tragic is the fact that we live down to it. Now, a revolution in attitude about age is coming from experts who are trying to help us to stop viewing old age as an incurable disease to be treated with plastic surgery and other medical interventions. A new respect for, and the recognition of the need for the wisdom of the aged is emerging.

In order for children to make it through the final stage of their lives being satisfied with their accomplishments and themselves, they must find inner meaning in their lives. The time may finally come when they are ready to look to their elders for guidance.

We are all aging. Aging is not a reason for despair, but a basis of hope, not a slow decaying, but a gradual maturing, not a fate to be undergone but a chance to be embraced. (Nouwen & Gaffney : 1976 : 20)

I believe this dissertation will affect what we think and do about our lives as we grow older and how the Church will be able to serve us and future generations of older people better. We can understand and affirm the aging process as a process of growth and part of the life cycle. Young people have the potential to live longer, productive lives in an increasingly aging society. Schools address issues such as sexism and racism and they are now challenged to include aging in their curriculum. The major areas of focus could include attitudes to the aging process and contemporary issues in an aging society.

There are very few direct references to old age in our media, including the advertisements. When these do appear they show the aged in a comical or patronising manner. Poor health, mental decline, dependence and inactivity are shown as the inevitable consequence of old age. Older people are shown as victims and burdens on society. Yet many older people are likely to provide financial and practical assistance to their families.

Older people are more diverse than any other age group. Each generation of older people brings their own unique historical and cultural experiences with them as they grow older. These experiences should not be devalued or wasted. We need to appreciate the contribution, needs and aspirations of all people, including the aged. Society needs to be aware of the harmful consequences of age discrimination.

The aging process is a part of God's plan of creation, with the good news of God's presence giving hope and purpose in life. This is translated by creative lay ministries through words and deeds. Older people often ask two questions of society and of life: "How can I maintain life?" and "What gives it meaning and purpose?"

The advanced countries of the world have recognised their commitment to the aged and the declaration of this year of 1999 as the Year of the Older Persons is evidence of this fact. The Government of South Africa needs to note that the majority of old people dislike institutions where rules and regulations need to be followed and where they are separated from the wider society. Local Councils ought to plan something where housing for the aged will enable them to live as independently as they desire and are able. Society needs to create an atmosphere of joy and happiness. In Canada and the United States of America, there are especially created communities for the aged. Many of the aged who are financially secure have combined their resources to live in communities known as "Sun Cities". These are "fun-oriented towns where no resident under 50 is allowed and where many of the residents are 80 years young." (Rapoport : 1980 : 115). One of the advantages of living in these communities is the absence of crime.

The affluent residents of this city of Pietermaritzburg live at the Retirement Home of Woodgrove which is similar to living in one of these "Sun Cities". But the sadness is that this place is only for the wealthy and at the moment there are only certain privileged members of the White Community who are able to afford to live in this complex.

We in Pietermaritzburg need to have a wider vision and network of all the community care in this city. This will include doctors, nurses, community workers, community organisations, local government, social welfare, religious communities and Telkom as all these agencies have a better understanding of the needs of the aged.

Perhaps the greatest challenge to the world and the Church are The Beatitudes For The Elderly.

Blessed are they that respect my lame leg and my paralysed hand.

Blessed are they who understand how much effort my ear makes to hear what they say.

Blessed are they who do seem to realise that my eyesight is misty and that my thoughts travel slowly nowadays.

Blessed are they who not only spare time to chat to me, but smile as they do so.

Blessed are those who never say: 'You have told me that story before!'

Blessed are they who know how to call up my memories of days gone by.

Blessed are they who bring back to my mind that I have been loved and esteemed in the past, and that I am not rejected even today.

Blessed are they who through acts of kindness make easier the days which separate from me the day of my arrival in the Realm of Eternity. (Parables for Preachers :

Vol. 2 : p. 146)

As one grows older it is inevitable that friends and family will dwindle. Older people may face the stress of bereavements in succession and there is the possibility of loneliness. Reduced mobility which often comes with age can make older people more vulnerable to loneliness.

Everyone needs solitude sometimes but human beings generally prefer company. It is different when people are isolated against their will as this can be emotionally harmful.

For some people loneliness is the feeling that you do not matter at all. If you died tomorrow, no one would even notice, let alone care. It is a feeling of alienation ... a feeling of being cut off by others. It is a feeling that no one is even aware of your heart-hunger. Loneliness attacks the senses so that you feel isolated. You seem to be rejected, estranged and abandoned. (Huggett : 1991:173)

The Church in the new millennium is challenged to be inclusive in its caring and acceptance of people of all ages - believers and unbelievers. Pope John Paul II in his Homily during the Vigil of Pentecost said:

Older people must be integrated without any form of discrimination, into the Christian community. The parish community "family of families" must turn itself into a "diaconia" at the service of older people and their problems. (L'Osservatore Romano: 27-28 May 1996 : 7)

BIBLIOGRAPHY

- | | | |
|-----------------|--------|--|
| ABERNATHY, J. | 1975 : | <i>OLD IS NOT A FOR-LETTER WORD.</i>
Nashville : Abingdon Press. |
| APPLETON, N. | 1998 : | A Report to the Church and Society
of the Reformed Church Committee
<i>Priests and People:</i>
August-September 1998, p.302 -305. |
| BATE, S.C. | 1998 : | <i>METHOD IN CONTEXTUAL
THEOLOGY.</i> (Unpublished article)
St. Joseph's Theological Institute :
Cedara, Pietermaritzburg |
| BIER, W.C. (Ed) | 1974 : | <i>AGING - ITS CHALLENGE TO
INDIVIDUAL AND SOCIETY.</i>
Pastoral Psychology. Series No. 8.
New York : Fordham University Press. |
| CLEMENTS, W.M. | 1979 : | <i>CARE AND COUNSELLING OF
THE AGING.</i>
Philadelphia : Fortress Press. |
| | 1981 : | <i>MINISTRY WITH THE AGING.</i>
New York : Hawerth Press. |
| CLINEBELL, H. | 1996 : | <i>BASIC TYPES OF PASTORAL
CARE AND COUNSELLING.</i>
Nashville: Abingdon. |
| DAVIDSON, G.W. | 1975 : | <i>LIVING WITH DYING.</i>
Minneapolis : Augsburg Publishing House. |
| DEANE, B. | 1987 : | <i>THE OLDER YEARS</i>
California: Pacific Press. |
| de BEAUVOIR, S. | 1972 : | <i>THE COMING OF AGE</i>
New York : Putnam |
| DEEKEN, A. | 1972 : | <i>GROWING OLD AND HOW TO
COPE WITH IT.</i>
New York : Paulist Press. |

- | | | |
|--|--------|---|
| ENGLAND, G. | 1994 : | <i>PARABLES FOR PREACHERS</i>
Mowbray : The Printing Press. |
| FORBES, A. | 1998 : | <i>PRIESTS AND PEOPLE.</i>
August-September 1998, pp. 301-305. |
| FOURNIER, W. | 1980 : | <i>AGE AND GRACE.</i>
Collegeville, U.S.A. : Liturgical Press. |
| FOWLER, J.W. | 1981 : | <i>STAGES OF FAITH.</i>
San Francisco : Harper and Row. |
| FREEBURG, G.N. | 1981 : | <i>LONELINESS.</i>
Drew University : Microfilms. |
| GAFFNEY, M. | 1972 : | <i>GROWING OLD.</i>
Illinois : Claretian Publications. |
| GOLAN, N. | 1981 : | <i>PASSING THRO' TRANSITIONS.</i>
U.S.A. : The Free Press. |
| GOLDBERG, E. | 1970 : | <i>HELPING THE AGED.</i>
London : Allen & Unwin. |
| GOOSEN, M. and
KLUGNAN, B. | 1996 : | <i>THE SOUTH AFRICAN
WOMEN'S HEALTH BOOK.</i>
Cape Town : Oxford University Press. |
| GREENE, A. | 1995 : | <i>YOUR AGING PARENTS.</i>
Georgia : Smyth and Helwys Publishers. |
| HARTIN, P.J.
CONNOR, B.F. and
DECOCK, P.B. | 1991 : | <i>BECOMING A CREATIVE
LOCAL CHURCH.</i>
Hilton : Cluster Publications. |
| HENDRICKS, J. and
HENDRICKS, C.V. | 1977 : | <i>AGING IN MASS SOCIETY.</i>
Massachusetts : Winthrop Publishers. |
| HIESSEL, D.T. | 1982 : | <i>SOCIAL MINISTRY.</i>
Philadelphia : Westminster Press. |
| HUGGETT, J. | 1991 | <i>UNDER THE CARING EYE OF GOD.</i>
Surrey : Eagle. |

- KIMBLE, M. 1995 : Foreword. In : Birren, J.E. ed.
*AGING, SPIRITUALITY
AND RELIGION.* pp. xxi-xxii.
Minneapolis : Fortress Press
- KIMBLE, M 1995 : *AGING, SPIRITUALITY AND
RELIGION*
Minneapolis : Fortress Press
- LEVINSON, D.J. 1978 : *THE SEASONS OF A MAN'S LIFE.*
New York : Ballantine Books.
- LIBERMAN, M.A. and 1983 : *THE EXPERIENCE OF OLD AGE.*
TOBIN, S.S. New York : Basic Book Publishers.
- LOETHER, H.J. 1975 : *PROBLEMS OF AGING.*
California :
Dickenson Publishing Company.
- LOUW, D.J. 1994 : *ILLNESS AS CRISIS AND
CHALLENGE.*
Halfway House : Orion Publishers
- LOUW, G.R. 1979 : *THE GROWTH OF PERSONALITY :
FROM INFANCY TO OLD AGE.*
New York : Penguin Books.
- LOWE, G.R. 1979 : *THE GROWTH OF PERSONALITY.*
Great Britain : Cox and Wyman Limited
- MANNES, M. 1975 : *LAST RIGHTS.*
New York : New American Library.
- MONTAGU, A. 1974 : *CULTURE AND HUMAN
DEVELOPMENT.*
New Jersey : Prentice Hall.
- NIEBUHR, H. 1956 : *CHRIST AND CULTURE.*
New York : Harper Torchbooks.
- NOUWEN, H.J.M. and 1990 : *AGING*
GAFFNEY, W.J. New York : Doubleday
- NOUWEN, H.J.M. 1994 : *OUR GREATEST GIFT.*
London : Hodder and Stoughton.

- | | | |
|------------------------------------|--------|---|
| OATES, W.E. | 1997 : | <i>GRIEF, TRANSITION AND LOSS</i>
Minneapolis : Fortress Press. |
| PEPLAU, L.A. and
PERLMAN, D. | 1992 : | <i>LONELINESS : A SOURCE
BOOK OF CURRENT THEORY,
RESEARCH AND THERAPY</i>
New York : John Wiley & Sons |
| RAPOPORT, RHONA and
ROBERT | 1980 : | <i>GROWING THRO' LIFE.</i>
Kenwyn. S.A. : Juta and Co. Ltd. |
| ROBB, T. | 1991 : | <i>GROWING UP : PASTORAL
NURTURE FOR THE LATER YEARS.</i>
New York : The Hapworth Press. |
| SHELL, R.E. | 1979 : | <i>DEVELOPMENTAL
PSYCHOLOGY TODAY</i>
New York : Random House |
| SENGE, P.M. | 1990 : | <i>THE FIFTH DISCIPLINE : THE ART
AND PRACTICE OF THE
LEARNING ORGANISATION</i>
New York : Doubleday |
| SMITH, J.L. | 1972 : | <i>PORTRAITS OF AGING.</i>
Minnesota : St.Mary's College Press. |
| SPECK, P. | 1988 : | <i>BEING THERE</i>
Great Britain : Anchor Press. |
| STAFFORD, T. | 1991 : | <i>AS OUR YEARS INCREASE</i>
New York : Harper and Collins |
| TOURNIER, P. | 1976 : | <i>THE SEASONS OF LIFE.</i>
New York : Pillar Books. |
| WEISS, R.S. | 1973 : | <i>LONELINESS</i>
Cambridge : The MIT Press |
| WILLIAM, K.K. and
WEAVER, P.C. | 1997 : | <i>PASTORAL CARE
AND COUNSELLING</i>
Suffolk : Paternoster Press |
| WILLIAMS, D.R. and
STURZL, J.A. | 1990 : | <i>GRIEF MINISTRY</i>
San Jose : Resource Publications |

JOURNALS

1. Journals of Pastoral Care
2. Journals of Theology for Southern Africa
3. Priests and People : August-September 1998
4. Gerontology : Volume 2, Number 2 : October 1993
5. Australian Journal On Aging : Volume 8, Number 3 : August 1989
6. Social Work : A Professional Journal for the Social Worker :
Volume 28, Number 4 : October 1992
7. Doctors' Guide : 1998
8. The Kairos Document : November 1985
9. Nursing Update : April 1999

NEWSPAPERS / MAGAZINES

THE MIRROR : 5 MAY 1999

THE NATAL WITNESS : 6 MAY 1999; 14 JULY 1999; 27 AUGUST 1999;
31 AUGUST 1999

FAIR LADY : 25 May 1999

L'OSSERVATORE ROMANO : 27-28 May 1996

SCRIPTURE QUOTATIONS

HOLY BIBLE : NEW INTERNATIONAL VERSION

HOLY BIBLE : NEW REVISED STANDARD VERSION

Declaration of the Rights of the Elderly

The following principles were approved by the United Nations General Assembly on 16 December 1991:

Independence

- Older persons should have access to adequate food, shelter, clothing and health care through the provision of income, family and community support, and self-help. Older persons should have the opportunity to work or to have access to other income-generating opportunities.
- Older persons should be able to participate in determining when and at what pace withdrawal from the labour force takes place.
- Older persons should have access to appropriate educational and training programmes.
- Older persons should be able to live in environments that are safe and adaptable to personal preferences and changing capacities.
- Older persons should be able to live at home for as long as possible.

Participation

- Older persons should remain integrated in society, participate actively in the formulation and implementation of policies that directly affect their well-being and share their knowledge and skills with younger generations.
- Older persons should be able to seek and develop opportunities for service to the community and to serve as volunteers in positions appropriate to their interests and capabilities.
- Older persons should be able to form movements or associations of older persons.

Care

- Older persons should benefit from family and community care and protection in accordance with each society's system of cultural values.

- Older persons should have access to health care to help them to maintain or regain the optimum level of physical, mental and emotional well-being and to prevent or delay the onset of illness.
- Older persons should have access to social and legal services to enhance their autonomy, protection and care.
- Older persons should be able to utilise appropriate levels of institutional care providing protection, rehabilitation, and social and mental stimulation in a humane and secure environment.
- Older persons should be able to enjoy human rights and fundamental freedoms when residing in any shelter, care or treatment facility, including full respect for their dignity, beliefs, needs and privacy, and for their right to make decisions about their care and the quality of their lives.

Self-fulfilment

- Older persons should be able to pursue opportunities for the full development of their potential.
- Older persons should have access to the educational, cultural, spiritual and recreational resources of society.

Dignity

- Older persons should be able to live in dignity and security and be free of exploitation and physical or mental abuse.
- Older persons should be treated fairly regardless of age, gender, racial or ethnic background, disability or other status, and be valued independently of their economic contribution.

(Source: United Nations Resolution No 46/91.)

Children legally obliged to support elderly parents

Appendix 2

Adapted extract from an article in The Wall Street Journal (28.6.94) entitled 'Honour Thy Father and Mother - or Else' by Walter Woon, a member of the Singapore Parliament and a professor of law at the National University of Singapore.

In many countries, there is no way to enforce the moral obligation to look after one's parents. A father can be compelled by law to maintain his children. A husband can be forced to support his wife. But a son without a sense of moral obligation to support his parents may have no legal obligation to do so.

Under the bill I introduced in Singapore, an elderly person would be able to apply to the court for maintenance from any or all of his adult children. (Of course, the bill applies to mothers and daughters as well.) The court would have the discretion to refuse to make an order if it was unjust; for example, where the applicant abandoned or neglected or abused his children. Also, before the court orders maintenance for the parents, the court would be required to take into account the resources of the child, and the child's obligation to maintain his own spouse and offspring.

Such legislation would not be unique to Singapore. For decades, India, Israel and Taiwan have had laws to enforce the obligation to support one's parents. The United Kingdom had such a law from 1601 to 1967. A dozen American states, among them California and Illinois, have some sort of civil law provision for parents and grandparents to sue descendants for support.

Some critics have said that applying to the court for maintenance from one's children is undignified. I wonder whether it is more dignified to apply for public assistance or to depend on the kindness of strangers. Or perhaps it would be more dignified to starve quietly and without fuss.

Cynics have dubbed this the 'Sue Your Son' law. They miss the point completely. It would be only in a very extreme case that any parent would take his children to court. The effect of the bill, if it becomes law, will be more subtle.

First, it will reaffirm the notion that each individual has a responsibility to look after his parents. It is not society's responsibility. Singapore is still conservative enough so that this idea is not objectionable to most people. The bill reinforces the traditional values of Christianity, Islam, Hinduism and Buddhism as well as Confucianism. It doesn't hurt a society now and then to be reminded of what its core values are.

Second and more important, it will make those who are inclined to shirk their responsibility think twice. As things stand, if a person asks family members or clergymen or the Ministry of Community Development to help him get financial support from his children, the most that they can do is to try to mediate. The trouble with mediation is that the mediators have no teeth. They can exhort, preach, persuade, cajole, plead and even beg. But when push comes to shove, there is currently no way that a son can be forced to support his parents.

But if there were a legal remedy, that would be a different matter. To be sued by one's parents would entail a massive loss of face. It would be a public disgrace. The hand of the conciliator would be

immeasurably strengthened. It is far more likely that some sort of amicable settlement would be reached through private mediation if the recalcitrant son knows that the alternative is a public trial. So, one hopes that the fact that such a law exists will make it unnecessary for it to be invoked.

The critics who say that the proposed law does not promote filial piety are right. It has nothing to do with filial piety. It kicks in where filial piety fails. The law cannot legislate love between parents and children and husbands and wives. All the law can do is provide a safety net where morality proves insufficient.

I take a pragmatic view. The law I have proposed won't affect the people who already are supporting their parents, not only with money but, it is hoped, with love and respect. The only ones who need worry are those who aren't living up to their moral obligations. If the law helps even one poor person, I think the effort is worth it.

You can rate how well you like this idea. Click 0-10 below and press the Submit button.

Bad Idea <- ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 -> Great Idea

As of 04/17/98, 96 people have rated this page with the overall rating (0-100%) of: 60%

[Previous](#) / [Next](#) / [Table of Contents](#)

E-mail comments or new ideas to the Global Ideas Bank at rhino@diel.pipex.com

The [Global Ideas Bank home page](http://www.newciv.org/GIB/) is at <http://www.newciv.org/GIB/>

Order the publications on which the Global Ideas Bank is based

RESEARCH FOR A THESIS FOR A MASTER'S DEGREE IN THEOLOGY AT THE UNIVERSITY OF NATAL.

TITLE OF RESEARCH : AN EVALUATION OF THE MINISTRY OF THE ANGLICAN CHURCH TO THE AGED IN THE CITY OF P.M. BURG.

NAME OF STUDENT : REVD. MAY LABAN

NAME: _____

AGE: _____

HOME: _____

1. Why are you in this old age / retirement home?

2. How long have you lived here?

3. Do you have family / friends? YES / NO _____

4. How often do they visit you?

5. Would you like to be visited by the priest / members of your Church?

YES / NO _____

6. If you are already being visited, how often do you get a visit from your

(a) priest: _____

(b) lay people _____

7. Are you able to attend a Church service? YES / NO _____

8. If yes, do you feel that the service caters for your needs?
(example: do you like the music?)

9. What kind of help would you like to receive from your priest?

10. What kind of help would you like to receive from the members of your Church?

Thank you for your co-operation!

**RESEARCH FOR A THESIS FOR A MASTER'S DEGREE IN THEOLOGY AT
THE UNIVERSITY OF NATAL**

**TITLE OF RESEARCH: AN EVALUATION OF THE MINISTRY OF THE
ANGLICAN CHURCH TO THE AGED IN THE CITY OF PIETERMARITZBURG**

NAME OF STUDENT: REVD. MAY LABAN

QUESTIONS TO THE CARE - GIVER :-

Name of care-giver / Supervisor in this old age/retirement home:

**(1) In your opinion do you feel that the Church is adequately ministering to the
needs of the aged?**

(2) Is there opportunity for you to meet with Anglican Clergy in the city?

(3) As a care-giver, you also need to be ministered to.

(a) Has any clergy ministered to you in the past two years?

YES _____ NO _____

(b) If yes, is this an ongoing process?

(c) In what ways can the clergy meet your needs?

(d) What would be the ideal relationship between the care-giver and the clergy so that this can be beneficial the residents in the old age / retirement homes?

THANK YOU FOR YOUR CO-OPERATION!

**RESEARCH FOR A THESIS FOR A MASTER'S DEGREE IN THEOLOGY AT THE
UNIVERSITY OF NATAL**

**TITLE OF RESEARCH: AN EVALUATION OF THE MINISTRY OF THE
ANGLICAN CHURCH TO THE AGED IN THE CITY OF PIETERMARITZBURG**

NAME OF STUDENT: REVD. MAY LABAN

QUESTIONS TO THE CLERGY :-

(1) How many of the aged in your parish live in old age/retirement homes ?

**(2) In what ways are the aged catered for in Church programme, services and
administration?**

(3) How often are the aged visited?

(4) What is the usually the purpose of the visit?

(5) What can the Church do to ease their loneliness ?

THANK YOU FOR YOUR CO-OPERATION!

