

Ministering to the Elderly

by Robert W. Schlicht

“The care of the soul is the soul of care,” says the motto of the Lutheran Home at Belle Plaine, Minnesota. The words of that motto—for many people—probably say much more by way of implication than they do merely taken at face value. To some, the care of the elderly involves a myriad of concerns for the maintenance of the body, that marvelous mind-boggling machine that defies adequate scientific description and explanation—as they see it. For them, the care of the elderly is pursued ideally with a primary focus on scholarly findings, demographics, statistics, current trends and up-to-date philosophies. From the perspective thus gained, many feel that they can provide the best kind of service to members of an aging population. Quite recently, in some of the circles governed by this philosophy, there has been a great deal of discussion and emphasis on the psychosocial aspects of care. That is simply a recognition of the fact that there is far more involved in serving—or in ministering to—the elderly than the addressing of purely physical needs. That is not a new idea.

Bible students are well aware of the fact that in its account of creation the inspired Word says of the creation of man, “and God breathed into his nostrils the breath of life, and he became a living soul.” The soul, further, is destined for eternity. The soul is of priceless worth—of such worth that a man is profited nothing if he should gain the whole world and lose his soul. The soul is of incomparable worth regardless of the physical age of the body. The aged have souls—priceless, blood-bought souls, the same as young people. Behind the wrinkles, there is still always a soul. The soul needs to be nurtured on the Word of God. It needs to hear the message of salvation. A well-favored soul—though it be housed in a lean body—always bodes well for the individual. A well-favored body and a starved soul is an omen of eternal disaster. That is the basic implication of the statement, “the care of the soul is the soul of care.” It can be called a Christian psychology on aging.

This Scriptural philosophy or psychology on aging is not always well received. It is, however,—and without apology—the perspective from which this monograph is penned. For the author, that perspective provides the only light in which a study of the scholarly findings, of the demographics, of the statistics and of all the remaining scientific data really comes into its fullest bloom. That is what provides the solid motivation for a dedicated, full-scoped ministry to the elderly. And, that is not in any way meant to set aside a high regard for all forms of knowledge worthwhile in the provision of physical care because, quite obviously, there is no ministry possible on earth for a soul that is parted from the body.

For that reason, it can be very helpful for those who would minister to the needs of the souls of the elderly to be aware of special needs and programs that are current in the world. The thoughts most highly regarded in the world at one given time may not always meet our approval, but we should know them well enough to speak with some intelligence about them. In a sense, the minister to the elderly finds himself in a position somewhat parallel to that of Moses in Egypt or Daniel in Babylon, not in any way completely committed to subscribe to everything that may be learned but gaining sufficient knowledge to be able to act and to advise astutely those whose lives are highly affected by contemporary thinking in the world.

In other words, one who will minister to the elderly can well seek answers to the question: *What, in the world, is going on?*

Well, what are people saying about the elderly that may have an impact on one who would minister to those of advancing years in the congregation and in the general community? What makes this segment of ministry different? Why are there special needs?

In a sense, ministering to the elderly reflects upon one's total scope of ministry because it puts a focus on the general subject of aging with all of its variety of needs. In the final analysis, no living being can claim exemption from aging. We may claim exemption from specific handicaps like visual and hearing loss, for instance, and we may count ourselves outside of the number of people who reside in institutions, but *no* one can say he is not aging. From that point on, one can begin to consider the several categories of aging. Chronological divisions are the most easy to establish and from them society draws its comments on the young aging, the seniors and the older elderly. This kind of stratification is of valid, but somewhat limited use, because it is readily possible to find oneself ministering to an old forty year-old at the same time as to a young seventy-year-old. There will always be the young at heart in word and deed and there will be youthful counterparts who are geriatric by function. The caution against categoric classification by chronology is only an initial caveat for the minister to the elderly to observe.

There are a host of other criteria on the basis of which the elderly are at times categorized. Society speaks of the elderly on the basis of health level, handicap severity, marital status, mental frame of mind, level of independence, level of mobility and financial strength. The medical world struggles with the difficulty in distinguishing between biological aging and pathological aging, and between pathological aging and disease—especially vascular impairment—with its profound repercussion on organ function. All of these areas of concern find expression among the elderly. At one time or another, the individual who would minister to the elderly will encounter one or more of the so called “symptoms” of aging. It is well that such an individual have not only some knowledge of the broad range of categories into which the elderly population is at times classified, but also a certain amount of understanding of specific ways in which the aging process in general manifests itself. That information provides answers from a second perspective to those who ask in reference to the elderly, “What, in the world, is going on?”

While certain functions may show little or no change with age when measured at rest, when measured under stress, distinct declines can be noted. Blood sugar level and body temperature are examples of such functions. Certain functions decline early in life, but the decline is evident only under heavy stress. The swimmer, for instance, is old in the twenties. Some processes first begin to decline in a person's third, fourth or fifth decade of life and then often change level only gradually. There will always likely be some problem with exact definition, but there is truly a large body of information on the changes that come with age. A knowledge of some of these details can be helpful to the persons who are ministering to an aging clientele. Only five or six percent of this clientele, incidentally, will be found residing in institutional settings. The great majority—over ninety-five percent—will be found living in their own homes or in apartments, and they will likely present evidence to those ministering to them of the following changes common to advancing years.

Aging commonly brings with it changes in the skin and, consequently, changes in appearance. To people living in a society highly prizing “youthful” appearance, changes in the skin that cause it to lose its elasticity, to become dry and wrinkled and to develop focal pigmentary disorders can be unnerving and depressing. The structural changes in the skin that account for the appearance of color changes, warts, fissures about the mouth, tiny hemorrhages (that result in black and blue spots from the slightest trauma) can make it easy for the elderly to

perceive themselves as being unattractive and anything but beautiful. Add to that the high value some people have placed on their hair and then realize that atrophy of hair follicles normally causes graying-ultimate whitening—of the hair as well as a progressive loss of hair from the frontal and vertical areas of the scalp in men and a general thinning of the hair in women, and you can easily understand why many of the aging can internalize some of societies current notions and consider themselves of very little worth.

Advancing years bring with them—for the elderly—fairly common changes in the skeletal system. The resultant stooped posture, stiffened joints and porous bone structure present not only a less attractive physical image, but also a limitation in mobility and in the independent activities of daily living, both at home and in the community. Skeletal changes can be observed in a slight reduction in height and in a loss of muscle power (especially to perform rapid voluntary movements) in addition to the joint and posture changes. These skeletal changes, because of the thinning of the muscle fibers, the calcification of the ligaments, the erosion of the cartilaginous joint surfaces and other factors (like ossification of the joint surfaces and the degenerative changes in the soft tissue which line the joint cavities), all contribute to an increased level of difficulty in the performance of the activities of daily living, to respiratory system impairment, to excretory function problems and to a decrease in storage capacity for the reserve sugar supply from which power for emergency activity is derived.

Ministering to the elderly involves not only an acceptance of and an understanding of the skeletal changes common to aging, but also an appreciation of nervous system changes because they affect, to a significant degree, the speed with which responses may be given to certain messages, the accuracy with which they are received and the very manner in which they may be accepted. The aged, because of nervous system deficits, experience some loss of efficiency of sensory organs as is easily noted from their raised threshold for taste and smell. The sense of touch—more specifically, tactile discrimination—is diminished, reflexes and adjustments to stimuli are slower and less efficient, the recovery of balance from changes in position is retarded and there is a greater susceptibility to shock as well as a decrease in the speed and accuracy of psychomotor functions. While short-term memory very often is impaired with advancing years, long-term memory is generally well preserved into old age. Factual knowledge (experience) grows with age and the elderly generally increase in their ability to coordinate and order these facts to a degree that it off sets other mental impairments.

Perhaps most critical—and at times most disturbing—to those who would minister to the elderly (especially to their adult children) are the personality or behavioral changes that can come with advancing age. The family members often find these changes frightening and distracting and, when they do, they may need counseling and help with their feelings. These behavioral changes or personality “shifts” as they are sometimes called, have been presented somewhat along the following lines.

The elderly are described as people who develop a continually narrowing scope of interest and as folks who fail to accept new ideas. They are often considered melancholy and pessimistic. The elderly are at times believed to suffer a loss of intensity of emotional response and a loss of adaptability. Old folks often exhibit an abnormal possessiveness and, in advanced senility, there is mental confusion with intervening lucid periods. Quite incidentally, perhaps, but very worthwhile to keep in mind, is the fact that in comment on the sum of all the personality shifts we have just enumerated, the U.S. Department of Human Services cites the comment that some observers believe that many of the characteristics listed are not, in fact, indicative of advancing years, but only an exaggeration of earlier traits!

In the cumulative body of medical research, considerably less attention has been paid to the impairment of the special senses than to the impairment of functions whose complete loss would threaten life itself. It can hardly be argued that the total loss of a special sense is not compatible with continuing life. Nevertheless, it is also impossible to deny that the loss of one or more special senses can have profound personality effects and cause serious problems in coping with the environment.

Changes in vision, for instance, have a tendency to be limiting as to one's involvement in activities, both active and passive. Many vision problems prevent enjoyment of travel, of shopping, of reading, of television and other forms of diversion and are viewed by some as the most difficult physical handicap to which an older person must adapt. The most common types of visual deficiency include farsightedness which results from a progressive rigidity of the eye's lens and a reduced ability to accommodate. (This occurs commonly among that segment of the aging population which might prefer to call itself the "very, very young aging.") It generally manifests itself clinically at about the age of forty. A second common visual problem among the elderly is called senile cataract. Cataracts reduce visual efficiency because of increasing opacity of the lens. The problem can most often be corrected by surgery. The course and rapidity of the development of cataracts is highly variable with each individual, and it is possible to live to an age well beyond eighty without any significant handicap from cataract.

The elderly are susceptible to the effects of glaucoma, a malady which can cause visual loss as a result of intraocular pressure and consequent asymptomatic destruction of the optic nerve. Although glaucoma occurs more commonly in older people, eye examinations (with a tonometer test to measure intraocular pressure) should be given periodically to the very young aging, that is to those over the age of 35.

A total loss of vision may occur in advancing years and will compound the problems of life facing the elderly. Blindness can be a significant contributing factor to feelings of depression and a loss in one's estimate of self-worth. In this respect, visual losses and hearing losses somewhat parallel each other in effect.

The loss of hearing that is associated with advancing age has been technically named "presbycusis." The gradual loss of hearing is common for advancing years. It begins at about the age of thirty, but it ordinarily causes no problems until the middle-age years. Initial hearing losses usually affect the higher frequencies of sound and, as the losses become more severe, the lower frequencies are also affected. Hearing losses can be attributed to a variety of causes such as the aging of the brain, the aging of the total auditory system, disease, trauma and noise. Because hearing losses tend to rob receptive speech of its intelligibility, music of its more subtle nuances and preclude normal conversation in an area of background noise caused by a flood of generators such as furnaces, fans and machines in reverberant fields, hearing handicaps can cause severe limitations in social relationships. The enjoyment level of activities can also suffer because of decreased hearing sensitivity. Church attendance is surely one of those activities. Also included are activities like listening to the radio, attending concerts, enjoying television and social visiting. Social interaction is particularly important to the mental health of the elderly. A hearing disability can have serious implications when it leads to isolation which, in turn, may result in withdrawal, frustration and all the attendant personality (behavioral) changes. Those who would minister to the elderly will want to be able to recognize and to meet the kinds of challenges that a hearing limitation or loss can place into his ministry.

Among the common physical limitations that are ordinarily associated with the aging process, and which in their own way impact upon the unique needs of the elderly, are a

progressive lack of quality in speech, a progressive loss in the senses of taste and smell, and a progressive loss of ability to experience heat, cold and touch sensations. The elderly commonly exhibit changes in the use of language, pronunciation and even in their voice in advancing years. There are a host of possible causes to account for changes in pronunciation and vocal usage, but an overall weakening of the muscle fibers used in respiration and articulation can readily account for speech that is less intelligible than it may have been in younger years.

The loss of the senses of taste and smell can be responsible for a parallel loss of appetite and other pleasurable sensations. As the number of taste buds decreases with the passing years, it becomes more and more important to appeal also to the eye through an attractive presentation of food in order to whet the appetite and keep nutrition at an acceptable level. The loss of the sense of smell can also create a hazardous situation since it may involve inability to detect odors of dangerous gases. In general, the impairment of the special senses can give rise to a number of special needs which cannot be overlooked if one is to pursue a successful ministry to the elderly.

Although numerous other—perhaps more subtle—changes concomitant to advancing years can be listed as the valid causes for many needs of the elderly, we shall note but one additional such change at this point. That change is urinary incontinence. It is a common problem with the elderly, brings a feeling of shame and is often difficult for family and friends to understand. It brings with it a number of needs to be met by those who minister to the elderly.

In retrospect, we have recited a list of physical phenomena that are ordinarily associated with the aging process. The purpose in mind, to be sure, is to create an awareness of the losses, the deficits and the impairments that are common with the elderly. Anyone who would minister to the elderly is well disposed if he at least has an inkling of what is going on in the world of the elderly. If one treads capriciously into this arena of special need without making adjustment to compensate for the losses and deficiencies common to the elderly, he runs a far better-than-average risk of facing frustration—and failure. The person intent upon ministering to the elderly owes it to himself, then, to study the characteristics of the population he would serve and find good solid answers to the question, “What, in the world of the aging, is going on?” When he has a good understanding of the nature of the field, his ministry will surely be more effective and rewarding.

These assertions have a genuine validity also as one addresses the care of the soul. The care of the soul, as envisioned here, is a very broad concept. It takes for granted Scriptural truth that the soul needs to be nurtured on the Word and sacraments. It embraces all of the more diffused spiritual concerns and needs that can come to a believer when he or she begins to feel a special need for being wanted and appreciated. It includes provision of a sense of belonging, on the part of a congregation, to those who—as an age group—have characteristically experienced the loss of family and friends, a lack of flexibility in income, a lack of opportunity for productive and rewarding work and incidents of illness that require longer recovery periods. Spiritual needs are closely tied to the need of elderly for a sense of wholeness and interaction and to their need for reinforcement against societal pressures that urge them to conform to stereotypes of activities and behavior. The elderly need to feel a sense of self-worth in Kingdom work and they want to be active in meaningful service so that their time—of which they commonly have plenty—can bring to them the satisfaction felt by any productive citizen. As is often stated in current literature, the elderly can very significantly prove to be the greatest resource for the provision of service to the elderly. This marvelous resource of talent and experience quite often remains untapped even as a source of loving concern and strength for spiritual reinforcement in the congregation.

Having reviewed the fairly common aspects of aging along with their broad-scoped set of physical needs, and having noted the continuing spiritual needs of the elderly, it seems appropriate to proceed onward from establishing answers to the question, “What, in the world is going on?” to an honest appraisal of the activity or lack of activity that may be in place, especially in a congregation that addresses the spiritual needs of the elderly in a setting of concerned love. In a sense, what is being suggested is in effect a congregational self-assessment of the extent of its Christian love in action in a broad scope of service to the elderly, born out of love for the Lord. This self assessment can be carried out rather effectively by developing responses to the question someone once posed in a sermon theme. He asked, “*What, on earth, are you doing for heaven’s sake?*”

What are you doing? That seems to suggest a review or a survey. A survey of what a congregation is doing or ought to be doing most appropriately should flow from an assessment—at least first of all—of the specific needs in its own circles. In identifying needs in a congregation, concerns for spiritual well-being will naturally have the top priority. Very definitely, however, in ministering to the elderly there are going to be a number of instances in which some concern not particularly spiritual may have to be dealt with in order to open up an opportunity to proceed with the care of the soul, which truly is the soul of care.

A survey of needs among the elderly in a congregation can be a means toward discovering some very sensitive areas. First of all, if all the needs are to be assessed, all of the elderly should be contacted. That includes those who may be living alone and somewhat apart from society. Pray for the wisdom of Solomon when deciding upon a name for your survey of services needed by the elderly, because some of the needy elderly do not like to be called elderly or needy. They may not be enamored, though they may have needs common to the aging, of being called older people even though older is a relative term. In the long-term health care field it is not at all uncommon for people in their eighties to consider a home for the aged or senior housing accommodations inappropriate for them because such things are just for “old” people. Having, after earnest effort, come upon a name for your program that will inspire cooperation—rather than offend—the endeavor is well underway.

There are a number of assessment instruments available to help make the identification of specific needs of individuals easy. An elaborate form, however, is not necessary, and satisfactory results can be obtained from fairly humble means of data recording. Perhaps the most important factor in the survey of needs process is uniformity in approach as the survey is carried out. Of course, surveys do not carry themselves out. They require the involvement of manpower, as is implied in the question, “What, on earth, are *you* doing for heaven’s sake?”

Who is the “you”? The pastor of the congregation some will immediately contend. The support of the pastor, his assistance on occasion and his encouragement from a Biblical perspective are truly critical for the success of a special program of ministering to the elderly. But the fact is—as one author neatly put it—that clergy are rarely able to take on additional leadership roles because of their heavy duties in the church. A special program of service to the elderly can well be supported by volunteers. The volunteers can receive training from clergymen, social service and other human service oriented people and through self study. There seems to be little reason to assume anything other than that the elderly themselves can provide ample excellent leadership on a volunteer basis, beginning with a survey of needs and going on through the initiation and cataloging of services to the implementation itself of the services needed.

What are some of the special services that one might expect to see in place in a congregation’s full-service ministry to the elderly. Since lack of mobility often is an all-

pervading factor that precludes participation on the part of the elderly in many programs, transportation is always a key factor. A number of different approaches have been made to meet the need for transportation, and very fine programs in many churches match the need of the elderly with available assistance in a noble program of service. As a result the elderly are present at and a true part of many church functions instead of becoming isolated from their spiritual home.

Closely coupled with the concern for keeping the elderly closely involved with church activities is the determination to meet their special needs—such as may be occasioned by physical limitations—when they come to church. The special needs require attention even before the elderly arrive at the place where they will participate in congregational activity. Transportation provided for the elderly would ideally, for instance, include the capacity for properly loading, carrying and discharging wheelchair occupants. The venture into the arena of providing transportation demands that attention be given to governmental regulations dealing with wheelchair restraints, special licensing for handicapped parking, sufficient insurance and driver competency. It may be well—if not formally required—that drivers of vehicles providing transportation for the elderly be asked to acquire a special Class “B”, or Chauffeur’s, license as an “entry level” requirement. Since eligibility for such a license is not governed by age, there is compelling reason to feel that transportation—the overall need of people who have lost their mobility—can be provided for the needy elderly by the able elderly under the coordinating efforts of a committee of elderly or simply by the direction of a talented elderly individual.

An effective program providing transportation has been put in place at St. Peter’s Lutheran Church in St. Peter, Minnesota, through the congregation’s purchase of a van that is ably driven about on its errands by one of the congregation’s able senior citizens. At Mt. Olive Church in St. Paul, Minnesota, a special time of the day is set aside to receive incoming telephone call requests for transportation to church, all provided by volunteers. There are, certainly, a number of innovative methods yet to be discovered and implemented which will effectively meet that barrier to participation for the elderly called “transportation.” Any group having the desire to minister to the elderly must address the transportation issue as an area of special need.

A reliable system of transportation which makes it possible for the elderly to travel to and from centers of activity will not in itself guarantee that the elderly will find a comfortable setting when they arrive and that they will be stimulated to feelings of greater satisfaction and self worth. The physical environment key to the achievement of such goals is the provision of accommodations or services that minimize or obviate factors that send messages of isolation rather than participation. A program of service to the elderly will be much more gracefully implemented at a place that is completely barrier-free, or offers elevators, than at one at which no special accommodation for elevation is provided and the meeting place is twenty or thirty steps above grade level at the approach. From the point of immediate access, the entity serving the elderly will want to shift its focus on to environmental conditions in the meeting or activity area itself.

The conditions that can make an activity appealing or less than attractive to the elderly are largely determined by the physical factors common to aging which were discussed earlier. By and large—and despite concerns for energy conservation—it can be predicted that a ministry for the elderly should be planned for an environment that is quite comfortably warm. People whose circulatory condition is such that they do not find it necessary to remove their sweaters until the temperature reaches eighty degrees Fahrenheit, or higher, are not eager to participate in programs

scheduled for cool and/or drafty environments. Such an environment may have boundless appeal and be absolutely invigorating to certain segments of society, but as an ideal kind of climate in which a ministry to the elderly will be carried out, a cool setting is a loser.

Other physical environment factors are of prime importance. One of them is lighting. Considering the fact that changes in vision are common after the age of forty, one who would carry on a ministry to the elderly will earnestly seek a setting for activity that offers good lighting. If printed materials will be used by the elderly participants at an activity, the print size of the text should be large—at least twelve to fourteen point type size (if typeset) and boasting a good solid book face. Typewritten copy is more easily read by visually handicapped if it is done in capitals. An attempt to conduct a program of ministry to the elderly on the basis of copy material printed in tiny, fine print, in a poorly lighted, cold room, can produce results quite the opposite from the hoped-for goals. Under adverse environmental conditions, people who are uncomfortable, who can barely see and who cannot read, only find their losses emphasized and almost inevitably drop to lower levels of self-esteem and self-worth in their own estimation because—in spite of being present—they cannot, in fact, satisfactorily participate.

Concerns for the acoustical environment follow immediately upon the heels of factors dealing with adequate lighting. In some ways these concerns are parallel. It can be *highly counterproductive* for program satisfaction to transport the elderly to a beautiful, barrier-free and well-lighted, warm facility to participate in a program they cannot hear because of extraneous noise. What is more, offensive background noise can be generated by a variety of sources. A noisy air-handling machine, furnace fan or air-conditioning unit can produce a highly objectionable level of background noise. A number of noisy fluorescent light ballasts can combine their sound output in any given setting and produce a very offensive high-level “hum” which makes understanding difficult for the elderly. At times, externally generated industrial or aircraft noises can become so significant that they jeopardize the success of a program for the elderly in close proximity to them. At times, quite ironically, the very sound reinforcement systems employed as aid for those who may have hearing deficiencies are more of a hazard than a help. Sharp acoustical feedback caused by a sound system incorrectly set can be highly offensive. Even those systems set on the very threshold of acoustical feedback can generate a high frequency “ringing” that can obliterate intelligibility of speech and other program material for the elderly.

Since hearing losses customarily begin with a diminished sensitivity to the higher frequencies of sound already at the age of thirty, one who would effectively minister to the elderly must be aware of the need for adequate sound reinforcement as well as the necessity that spoken program material be articulated clearly and distinctly with strong voice projection. He who ministers to the elderly does well to avoid the double delusion that on the one hand allows some public speakers to believe that they could never be helped by sound reinforcement and, on the other hand, allows others to think that—no matter how careless their attention to articulation and projection may be—everyone will understand what they say because they use a sound reinforcement system.

It is, of course, not the purpose of this writing to present a lengthy discourse on the specific details of system design and optimum sound system usage in a ministry of service to the elderly, but pointing out a few cardinal transgressions of good technique may be helpful in avoiding pitfalls, especially in the use of portable systems. First of all, the amount of sound reinforcement possible in any system is directly proportional to the closest microphone and speaker, *regardless of their location in the system*. Placing speakers closely behind a microphone

minimizes the potential for good sound reinforcement in the same magnitude as the placement of a bright light or window directly behind a speaker decreases the level of potential of those listening to read the speaker's lips. While a microphone's position should not obscure the speaker's face because of poor placement, the minister to the elderly will want to cultivate good microphone technique, avoiding fast movement on and off the axis of the microphone—a practice that also makes lip reading extremely difficult because of “blurring.”

New technology has provided marvelous hearing assistance devices for use in a ministry to the elderly. New systems for churches and auditoriums can provide good noise-free sound, equalized for frequency response to the specific area being served. Excellent speakers make possible a very natural, low-level, evenly distributed sound. New technology in cable makes it readily possible to put the control of a system at a distance from the sound source so that minor adjustments for maximum listening ease may be made during a program or church service.

Further exciting technological advancements have made personal hearing assistance units available for the elderly. These devices make the program material available to the person wearing such a device, wherever they may be seated in a covered area. Experimental electronic devices for direct brain lobe implantation have been the subject of research in quest of additional assistance for the elderly who have suffered hearing deficiencies and a host of sophisticated personal hearing aids are available on the consumer market. Regardless, however, of the depth of technology that can be involved as an aid in ministering to the elderly, basic considerations such as well-projected, articulate and distinct speech will always be a prime key to a successful ministry. Add to that the positive effects of the speaker facing the audience—even that rides roughly on some cherished liturgical tradition—and the chances for the elderly to hear and understand are greatly enhanced.

All of the considerations just recited, when tied to the preaching of the Gospel and to a service of love for the elderly, fall properly into a category of fairly personal response to the old sermon theme, “What, on earth, are you doing for heaven's sake?” At least two responses could be developed to the question rephrased to read, “What are you not doing?” and they are critical to the success of a program of ministry to the elderly. Both involve plainly typical physical limitations common among the elderly. The first revolves about fluid retention problems and the necessity for conveniently located bathrooms. Tied in directly with that is the need for the program presenter, the preacher or lecturer, to be willing to keep his presentation within acceptable time frames. If the sheer length of time that a service—or any program—demands without a break becomes too extended, the elderly, especially, may be embarrassed and their sense of self-worth can be diminished. In this kind of forum, brevity is not only the soul of wit, but a virtue highly prized by the elderly who have special needs.

What else should one ministering to the elderly not be doing? In view of the fact that, due to circulatory deficiencies, many of the elderly find it difficult to change position quickly without experiencing a feeling of dizziness, one who ministers to the elderly ought to make a special effort to avoid a rapid series of standing and sitting responses in any program. The elderly will feel far more at ease in a setting that calls for a minimal amount of speedy position change.

In bringing this part of the discussion to a close, one does well to review the more practical aspects of the services rendered here on earth as loving, dedicated children of God expend effort in leading and guiding the *elderly* to their eternal home. “What, in that sense, on earth, are you doing for heaven's sake?” If you are approaching the matter of ministering to the needs of the elderly being mindful of their common general and special sense loss needs, even though that may require some innovation and some trodding upon tradition, surely you have the

potential for great success and satisfaction under His gracious hand. Inasmuch as the good Lord blesses all our humble efforts—and that means also the efforts of the aging who help their fellow aging, the title of the final and quite practical segment of this monograph specifically refers to that blessing when it states: “*God helps those who help themselves.*”

The core of the consideration at hand is essentially, “How can the elderly be brought to the aid of the elderly in the most effective and rewarding way? What kind of a system or approach holds the best promise? How, under the gracious Lord’s bountiful hand of blessing, can a program of special service for the elderly be implemented in a congregation?” Along with that, one might ask, “Can a program be developed in which those who are served and those who offer the service both genuinely feel a sense of satisfaction in belonging and in meaningful effort?”

The implementation of any program is best begun with a plan. A program for providing special ministries to the elderly is no exception. The plan gives the overall program thrust and direction. The plan should be developed on the basis of needs. Needs can be determined on the basis of a survey. The surveys can be of varied sophistication. For those who prefer a kind of “checklist” approach to an assessment of needs, special forms have been developed. In carrying out the survey, one should be sensitive to the feelings of people who might indeed be elderly by definition—and, perhaps even interested in the survey—but not interested in being labeled “elderly.” The validity of the final results of a survey are going to be heavily dependent upon the hope that a generally uniform approach was used in making the survey. Once an assessment of needs has been completed, it should be possible with relative ease to determine the type of program that will be most effective in a congregation. If the needs survey has included information on services that individuals feel they need as well as on services they feel a willingness to share with others, the establishment of a program will, to a large degree, consist of a matching of noted needs and skills.

But who will be the person or the people into whose hands the leadership and the coordination of the program will be placed? As strongly intimated earlier—and contrary to the thinking of some—it is probably most expeditious not to cast the pastor into the leadership role. Given the prevailing multiple of leadership roles already assumed by clergymen and considering further the scarcity of time available to the average clergyman in the nation, the program is best placed into the hands of another individual. That individual might well be one of the younger aging, most likely a retiree. With solid support from the pastor and other church leaders, the key individual could be encouraged to select others who may work with him or her in the implementation of the program. (The selection of a key individual may also be made prior to the survey of needs. In that event, he or she would be in charge of making the survey and expected also to draw some conclusions as to most effective programming to meet needs.)

It may be that the program will be given a name to make its promotion easier. It may be that the coordinating function of a program of ministry to the elderly could cover a variety of services. Since so many of the services to the elderly may assist them in coping with a galaxy of differing needs, losses and deficiencies, one name that might be suggested for such a parish venture might be to call it a COPE program. The acronym would in itself tell an accurate story and would at the same time allow for a number of meaningful program names, such as:

Coordinating Our Parish Energies

Committee on Parish Enrichment

Commission On Personal Encouragement

As soon as willing volunteers have been recruited to serve on a COPE group, they deserve to be trained.

The training of the volunteers can be done by a number of people from differing disciplines in the congregation and even from the outside. The pastor will surely be a key resource person because his support and encouragement is critical to the program's success. Social workers, lawyers, financial experts, teachers and others can help train volunteers to the point at which they feel comfortable to begin providing the services considered most necessary. The range of potential services is as broad in range as the size and the constituency of the congregations to be served. As a kind of sample listing of the possible services a congregation might provide for its elderly members the following items could be considered. Not all of the items, understandably, may be applicable in every church setting.

Weekday Communion Services (mornings)

Organized Bible Classes (during the daytime)

Senior Citizens Sunday School

A special Senior Citizens Sunday

A "Golden Age" Social Group

Spiritual "Tape Club"—(including tape delivery/pick up)

Film Services

Daily Telephone Contact Program

Evangelism Groups

Stewardship Committees

A Nursery School As An Intergenerational Bridge

Service in Guiding Youth Groups

Teachers' Aide Program (parochial school)

Special School Programs

Nursing Home Visitation and Other Services (reading, etc.)

Visiting People in Their Own Homes

Retirement Programs

Preretirement Programs (AAL's SMART)

Deferred Giving Programs

Estate Planning Programs (cf. Bar Association Booklets)

Trips (shopping and recreational)

Large Print Materials

Special Sound Equipment (judiciously used)

Careful Architectural Design in Churches (quiet air-handling equipment, minimization of reverberant sound, good lighting and barrier free)

Special Efforts Toward Articulate Speech (enunciation and posture facing listeners)

Special Fellowship Events

Providing Transportation on Call or Appointment

It is seemingly of fair importance to advise that, if at all possible when selecting programs to begin, a duplication of service programs already in effect in a community be avoided. If a Meals-On-Wheels Program, for instance, is in place in a community, it seems a waste of effort to duplicate the service. In short, where a maze of reasonable new opportunities for service are apparent, it makes little sense to try to reinvent the wheel.

The range of opportunity for service is perhaps best defined through an assessment of the information that can be gleaned from a needs survey. Each congregation's listing of areas of potential service by the elderly of the elderly and for the elderly will include a variety of skill

areas. As a list of suggestions to promote discussion of the use of the elderly in the congregation, consider the following items:

1. Singing—Choir (In church, in nursing homes)
2. Ushering
3. Money Counters
4. Drivers (Transportation)
5. Advice on Retirement
6. Bible and Meditation Reading
7. Recording
8. Taking Tapes to Others
9. Volunteers (Nursing homes, In-home services, Hospitals)
10. Homemaking and Healthcare
11. Grocery Shopping for Shut-ins
12. Baking for Shut-ins
13. Recreation Volunteers (Card playing, Checkers, Puzzles)
14. Sunday School Teachers
15. Teacher Aides
16. Church Nursery
17. Hospital Nursery
18. Nursing Home Nursery
19. Coordinating Committee for All Services
20. Visiting the Sick
21. Church Custodial Work
22. Church Custodial Helper
23. Altar Guild Work
24. Church Sewing Projects
25. Delivering Meals-On-Wheels
26. Stewardship Committee
27. Church Greeters
28. Investment and Insurance Advice
29. Secretarial Work (Typing, Printing, Collating)
30. Choir Librarian
31. School Librarian
32. Church Attendance Counters
33. Chaperones for Youth Groups
34. Auxiliaries
35. School Sports Activities
36. Synodical Committees (District Special Ministries Board)
37. Delegates to Conventions
38. Assistants in Distributing Communion
39. Lutheran Women's Missionary Society
40. Coffee Hour Servers
41. Funeral Lunch Servers
42. Work with Flowers
43. Sending Cards to Visitors
44. Sewing/Helping with Banners/Decorations

45. Altar, Pulpit, Lectern Vestments
46. Maintaining Cradle Roll
47. Letters/Cards to Homebound, Retarded, Sick
48. Senior Citizen Outings
49. Visits to Synodical Schools/Institutions
50. Survey of Talents and Resources
51. Record Keeping in Church
52. Parliamentarian at Meetings
53. Congregational Newsletter
54. Handbell Choir
55. Senior's Band
56. Composing Music
57. Write Computer Program/Instruction for Schools/Churches
58. Travel
59. Be a Guest Speaker for Certain Occasions
60. Doing Institutional Ministries Work
61. Read The Bible
62. Get Active in Organizations (OWLS, Councilmen's Conference, Lutheran Home Auxiliary, Institutional Ministry, COPE Groups)

The elderly present a marvelous resource of skilled individuals having not only the wisdom but the time to accomplish many tasks. They have, indeed, the time to accomplish those tasks for which the young do not have adequate patience, as a wise individual years ago has pointed out. By involving the able aged in the provision of services to the elderly, a grand and noble resource is brought to bear upon an area of genuine need. And when, in a congregation of believers, this God-given resource begins effectively to assist in the care of the soul, then a ministry to the elderly has come into being here on earth that will not only put more meaning into temporal life but will boast overtones of joy that are timeless—overtones that will reach joyfully on into eternity in our Father's home above. There, where aging itself ends, all who believe will inherit the gift of eternal life. Higher motivation than the prospect of sharing that bliss could not be given for any phase of ministry and especially not for a ministry addressed to those chronologically closer to their final call into eternal life. Ministering to the elderly is one of the highest privileges accorded by God to mortal man!

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