Holistic, Motivational Life Management in Ageing: A Gerontological-Pastoral Perspective

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DECLARATION

I, P.L. MOOLMAN declare that this thesis, submitted to the North West University, Mafikeng Campus, is my own work and has not been previously submitted to any University. Sources used or quoted have been indicated and acknowledged by means of complete references.

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On completion of this study I bring the honour and glory to the God of Hope Who, through many years of my life, in particular the four decades of ministry, has always distinctly directed me into the directions of the pastorate where He particularly needed me. Directing me into the field of gerontological pastorate had been exciting and fulfilling and a blessed way to complete and fulfil my calling as a pastor.

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I dedicate this thesis

to Rita – whose premature death caused me to take a new look at LIFE and its MEANING

and

to Rina – God's wonderful gift to new MEANING and HOPE in a second life

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ABSTRACT

Gerontology is a well researched and established field, supported by participating sciences, namely the Biological and Health sciences, Psychology and the Social sciences. Although gerontological research indicates the positive role of religious beliefs in the process of ageing, literature often expresses the need for further research on religion and ageing from theological perspectives.

Research on ageing from a practical theological perspective seems to have a strong emphasis on the pastoral care of ageing people and their well-being on the one hand, and development of structures for maintenance, enrichment and reconstruction of life on the other hand. There seems to be sufficient scope for further research into a positive and motivational pastoral approach and strategy towards positive life management which will encourage ageing persons to live a meaningful to the end of life, in full knowledge and awareness of the realities of ageing.

Therefore, this research engaged in an extensive literature study of the multi-disciplined fields of gerontology on ageing. This included an analysis of pastoral and positive psychological approaches to ageing. Approaches to ageing amongst some of the well-known religions of the world were also investigated. This literature study provided basis theoretical perspectives for a proposed pastoral approach to guide ageing people towards meaningful ageing to the end of life.

In addition to the literature study, a qualitative investigation was done to determine why ageing people are not well motivated to pursue the ageing process with a positive attitude of meaningfulness to the end of life and how they could be guided to adopt a more positive approach towards meaningful ageing. The qualitative research revealed important contextual aspects, for example the "Border War" and the emigration of large numbers of younger people leaving ageing parents behind, that should be taken into account when a pastoral approach to meaningful ageing was considered.

The research provided sufficient support to propose and formulate a pastoral approach, which will assist ageing people in a congregational context, to manage ageing-related challenges towards meaningful living to the end of life.

UITTREKSEL

Gerontologie is 'n erkende wetenskap wat ondersteun word deur deelnemende wetenskappe soos die Biologiese- en Gesondheidswetenskappe sowel as die Geestes- en Sosiale wetenskappe. Alhoewel gerontologiese navorsing 'n positiewe verband tussen godsdiens en veroudering aandui, is daar dikwels pleidooie dat die verdere navorsing hieroor vanuit 'n teologiese perspektief moet geskied.

Bestaande navorsing oor veroudering vanuit 'n prakties-teologiese perspektief, beklemtoon gewoonlik die pastorale sorg en die welwese aan ouer persone aan die een kant, en die daarstelling van strukture vir instandhouding, verryking en herstrukturering van die lewe aan die ander kant. Daar bestaan dus ruimte vir verdere navorsing oor 'n positiewe en motiverende pastorale benadering tot positiewe lewensbestuur wat ouerwordende mense sal aanmoedig om betekenisvol te leef tot aan die einde van hulle lewe, midde die werklikheid van veroudering.

'n Indringende literatuurstudie oor veroudering is onderneem in die multi-dissiplinêre velde van die gerontologie. Daar is ook 'n analise gedoen van verskillende benaderings tot veroudering in die pastoraat sowel as die positiewe sielkunde. Benaderings tot veroudering in die hoof godsdienste van die wêreld is ook ondersoek. Die literatuurstudie het bygedra tot die daarstelling van basis-teoretiese vertrekpunte vir 'n pastorale benadering om ouerwordende mense te begelei om betekenisvol te bly lewe tot aan die einde van hulle lewe.

Tesame met die literatuurstudie is ook 'n kwalitatiewe navorsing gedoen wat daarop gemik was om vas te stel waarom ouerwordende mense dikwels nie goed gemotiveerd is om met 'n positiewe benadering betekenisvol te bly lewe tot die einde nie. Die kwalitatiewe navorsing het aan die lig gebring dat daar verskillende kontekstuele aspekte is wat in berekening gebring sal moet word wanneer so 'n pastorale benadering met die oog op betekenisvolle veroudering, oorweeg word. Voorbeelde hiervan is die Grensoorlog en die emigrasie van groot getalle jongmense na die buiteland, wie se ouers alleen agtergelaat word.

Die navorsing het aangedui dat daar ruimte bestaan vir 'n benadering waardeur ouerwordende persone binne gemeentelike konteks, gehelp kan word om ouderdomsverwante uitdagings só te bestuur, dat hulle steeds betekenisvol kan bly lewe tot aan die einde.

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CHAPTER 1: IN SEARCH OF A GERONTOLOGICAL-PASTORAL APPROACH TO MEANINGFUL AGEING

1.1   Introduction

The researcher's initial interest in this study resulted from his pastoral involvement, ministering to the church members in later life, of the Dutch Reformed Church, Ligkruis in Middelburg, Mpumalanga. The church is a relatively small congregation situated in a larger rural town in the heartland of the coal mining and power generating industries of South Africa. The population in the area where the church is situated could economically be described as middle to lower-middle income group. It is a predominantly white community, with younger black professional and mining industry related persons in management positions, progressively integrating with the existing community in the area. At the time of the research the church did not have black persons enrolled as members. I was commissioned to minister to the older members of the church which formed one third of the church membership.

From the onset of ministry in this congregation, several matters intrigued me, amongst which:

- A widespread resistance amongst people to be associated with the ministry to 'older persons', even those of advanced age, but particularly those who are still approaching retirement.
- A general stereotypical perception in the church that the 'elderly' should be the focus of the church's caring ministry only, rather than being perceived as potential serving members with much to offer. Except for my undefined mission as minister to the 'elderly' no ageing-focused ministry had been going. Only a small number attended a weekly Bible study group meant for the 'older' church members.
- Through my interaction with the ageing group, I observed that persons in later life are generally not motivated to plan for a meaningful and active lifestyle in later life. Except financial planning, very few church members were actively considering and planning for other aspects of life in the areas of social, physical, emotional and religious well-being in later life. This results in persons in later life simply being overwhelmed by the process of ageing in various dimensions of life, leaving many of them helpless and dependent upon the care of others.

Researchers in geriatrics and gerontology have over time, identified many principles regarding successful ageing, but also noted that the implementation of this knowledge in practice is challenging (Houston & Parker, 2011:111). One reason for this is the ignorance about the phenomenon of ageing and successful ageing in general. To the researcher, it seems to be valid also for the context of

ageing persons in the church of my research focus. The pastorate is in need of a structured motivational approach from a gerontological-pastoral perspective, which would assist people to change their mind-set regarding later life. This would enable them to live a meaningful life to the end, in full awareness of the 'terminal' nature of later life and associated obstacles towards the end of life.

1.2   Focus of the research

It is a well-known fact that life expectancy of people is increasing. It has been estimated that by mid-year 2017, 4 595 819 people of 56 521 948 of the total population in South Africa, would be older than 60 years of age (Stats SA, 2017:10). This amounts to 8.13% of the total population. Of this number Black African people represented 63.4%, Coloureds 9.80%, in Asians (including Indians) 3.8% and Whites 23%. In 2011 the estimated number of people in South Africa older than 60 was 7.7% (Stats SA, 2011:9) These statistics highlight the urgency, also to the church, to pay serious and focused attention to their members in later life, in a much more meaningful way as have been done to date.

The Statistician-General of South Africa expressed concerns about this increase of older people, due to the vast percentage of older that have to be cared for. His particular concern had been that 63.6% of persons older than 60 are African Blacks and 24.2% of persons older than 60 years are Whites, although white people form only 8% of the total population (Jonker, 2017:10). The growth in the White older population correlated with numbers in Western-Europe and parts of Northern America. As many as 54% of Black elderly people are included in extended family systems and are cared for financially and psycho-socially. His concern had been that 9 out of 10 people in South Africa receive grants in order to survive (Jonker, 2017:10). In terms of the government it is a valid question in South Africa as to whether communities and churches are ready for this rapid growth in numbers of ageing people (Houston & Parker, 2011:16 – with reference to the USA). This is also true of church communities. Senior adult members in the church are being neglected to a large extent in terms of their abilities and possible contributions they could make to the church's functioning. The growing ageing community represent a major resource which could be tapped into (Hanson, 2010:16-18). Houston and Parker, (2011:30) cautioned churches regarding this neglect. They referred to it as the possible presence of ageism in churches and a 'neglectful sin'.

Churches are important sources of reference in the lives of older people, but they also experience the impact of the 'graying' of the community (Knapp, 2003:11). With reference to the ageing of members of the Dutch Reformed Church nationally in South Africa, Schoeman (2011:482) mentions the challenges regarding its ministry to older members. Older persons have specific spiritual needs,

but they also need structures within the church to utilise the huge potential of older members with their knowledge and expertise the in the church. Churches are inclined to render services and minister *to* older individuals instead of a ministry *by* or *with* the older individuals who are healthier and more active than members in later life have been before (Knapp, 2003:21).

Questions posed, such as those by Knapp (2003:21) above regarding ageing people's active involvement in the church, should also be viewed as a positive indicator. It proves that the longer life expectancy, as well as their potential meaning and contributions to church and community are recognised and acknowledged. However, this positive intention still lacks a holistically integrated ministry. A comprehensive pastoral approach to meaningful ageing will not only change attitudes towards ageing persons in church context. Being holistic, such a gerontological-pastoral approach will benefit ageing people. It will empower them to cope and even prevent many problematic ageing-related difficulties in later life. If ageing people could be guided from a gerontological-pastoral approach to understand and manage later challenges through healthy lifestyle decisions, the process of ageing could be lived meaningfully to the end. Many pastoral structures established and developed for maintenance, enrichment and reconstruction of life would largely not be necessary if people in early late life could be positively motivated from pastoral perspective, to adopt a positive attitude towards meaningful ageing.

The contribution of this study is that it does not want to propose yet another model or structure to *support* or sustain people in later life. Instead, it aims to suggest a framework which can enable the pastorate to motivate ageing people in the church to adopt a new, holistic *attitude* and *approach* to later life. In search of such a holistic life management strategy, based on the Bible as the revealed Word of God, pastoral care will have to take cognisance of the wide knowledge and research of all disciplines aligned with the science of Gerontology. In return, a Biblically based pastorate could add unique value and strengthen the desire of all relevant disciplines to enhance meaningfulness to the lives of people in ageing process.

1.3   Terminology

- "aging" or "ageing"

In the literature consulted in for this study, the word used to describe the process of physical and mental decline of humans is spelt in two ways: "aging" (United States English) and "ageing" (United Kingdom English). In this thesis the United Kingdom English applies. In cases where direct citations are used, or when original sources are indicated, the spelling relevant source has been applied.

- "spirituality" or "religion"

In gerontological literature a distinction is normally made between "spirituality" and "religion". In Chapter 4 (4.2.2.2) the differences are indicated, and I concluded that from a reformed theological tradition, the two terms do not necessarily exclude but rather complement one another. In this thesis I used the terms alternately within a reformed tradition understanding and framework. I used the reformed Christian tradition as defining theology in this research to analyse and reach conclusions towards a final proposed approach in guiding ageing persons to meaningfulness to the end of life.

References to the Bible or the Holy Quran were cited from resources used. To control correctness of citations, the following editions of the Bible and Holy Quran were used:

Unless otherwise indicated, Biblical references are as follows:

Holy Bible. 1996. New Living Translation. Illinois: Tyndale House Publishers.

Holy Quran. 2014. Quran in English. Clear and Easy to Read. Translated by Talal Itan. http://www.clearquran.com/ Date of access: 1st October 2017.

1.4   Preliminary literature review

The field of the gerontology and the associated disciplines has a rich, well researched and documented literary basis. This is the world awaiting the researcher in search of a life management strategy from a pastoral perspective that could motivate ageing people to approach and live a full, meaningful life.

The phenomenon of ageing is intriguing. The earliest notions about ageing can be traced back to Babylonia around 3000 (Achenbaum, 2009:25). Philosophers and scientists have been writing about this as early as the thirteenth century (Aiken, 1995:21).

"Gerontology is an interdisciplinary field based on the premise that solutions to the problems of ageing require the combined efforts of specialists from various fields" (Aiken, 1995:21).

Gerontology is not a new science. In fact, it dates back to the late nineteenth century with the then new science of *senescence*, a concept derived from the Latin *senescere* which means "to grow old" (Quadagno, 2005:4). Expansion of the research to the *social* interest in the *biological* sciences dates back to the 1930s (Quadagno, 2005:4). In addition to work done by the biological and social sciences, early psychological participation in the field of gerontology was marked by two significant

publications: Minot's *The Problems of Age, Growth and Death* (1908) and Metchnikoff's *The Prolongation of Life* (1922) (Aiken, 1995:21).

In order to understand the process and impact of ageing, all the fields as mentioned above, have over time formulated sound theories in terms of ageing from the various scientific perspectives. Questions such as defining old age, studying all the forces and influences affecting development over the life span (Cavanaugh & Blanchard-Fields, 2011) have been well researched and debated (Louw & Louw, 2009).

In search of a pastoral strategy of motivational life management, it had been imperative for the researcher to take these theories into account. The participant sciences in the field of gerontology have covered vast ground in terms of most aspects relating to ageing, from which pastoral work could only be enriched.

Early studies in gerontology tended to focus on the crisis of growing old only (Quadagno, 2005:4). According to Row and Kahn (1998) as quoted by Quadagno (2005:4), later research started focusing on further aspects such as 'ageing successfully'. This referred to aspects such as optimal functioning and life fulfilment. From a pastoral perspective, it is encouraging to find in more recent literature, terminology and their meanings such as 'successful ageing' (Cavanaugh & Blanchard-Fields, 2011:546), 'wisdom' (Brugman, 2006:445), 'meaning of life in old age' (Missinne, 2000:126), 'purpose-filled retirement' (Koenig & Lawson, 2004:127), 'optimal aging' (Staehlin, 2005:165) – all indicating possibilities and bases for a pastoral approach to the guiding of ageing persons to a fulfilling and meaningful life to the end.

Positive psychology – a term coined by Martin Seligman in 1998 (Compton, 2005:3), in very broad terms refers to scientific studies on the normal strengths and virtues of man. It uses psychological theory, research, and intervention techniques to understand the positive, the adaptive, the creative, and the emotionally fulfilling elements of human behaviour (Compton, 2005:3). Positive psychology is well-positioned to make substantial contributions in terms of a motivational life management plan as envisaged in this study. It also addresses aspects such as positive emotions, emotional creativity, personal well-being and optimism, hope and wisdom, setting goals for life and happiness, reality negotiation, spirituality, aging well - just to mention a few (Snyder & Lopez, 2005).

In addition to the important contributions by positive psychology in terms of a motivational life management plan, practical theology should also contribute in answering relevant questions on ageing: Why do we grow older? Does the Bible assist us in understanding the phenomenon of ageing

and how to cope with realities of ageing in such a manner that life becomes 'successful', 'meaningful' and hope-filled in a Biblical way?

Hoffman (1988:35) pointed out that gerontology answered questions about ageing from a philosophy based on humanism and expressed the view that gerontology does not take sufficient cognisance of a Biblical perspective. Along the lines of positive pastoral guidance to ageing people, he recommends a deeper spiritual experience as individual in close relationship with the spiritual community and suggests guidelines to the Dutch Reformed Church for a preparation and caring model to assist persons through the processes of transition during retirement (Hoffman, 1988:96-100). In noting this, he emphasises the important question about the role that religion in general and Christian theology in particular have played in these important research and discussions of participating sciences of the Gerontology.

It is clear that in the last decades, social and behavioural sciences did in fact increase the research into the role of religion and spirituality, as well as meaning making in the lives of ageing people. Research topics such as religion and spirituality as well as meaning making, became 'fashionable topics' in the research of domains such as care of the elderly as well as studies of the potential of religion and spirituality as life-enhancing potential (Marcoen, 2005:364). It is important however that practical theology, also from a South African context, has been called upon to increase contributions towards the field of gerontology (Theron, 2013:6-7).

As far as gerontology from a health perspective is concerned, it is clear that religion is considered to be an important phenomenon, which affects the lives of ageing persons (Koenig & Lawson, 2004:78). Religion is a multifaceted and more or less institutionalized system, which bring people in contact with the transcendent and sacred dimensions of the reality in which they live. Important aspects linked to the system are beliefs, symbols, public worship and guidelines for religious practices. Studies indicate that religion has a seemingly positive impact on the ageing process, the life structure and self-concept of the elderly (Koenig & Lawson, 2004:78). Koenig *et al.*, (2001:513-589) reviews a list of more than 1200 research studies (covering 76 pages) already done with regards to religion and the fields of "psychoneuroimmunology" and psychosomatic medicine. Koenig emphasizes that these studies could provide 'highly plausible' explanations as to why and how religion may impact physical health (Koenig, *et al.*, 2001:591).

Louw (2005:500) makes a welcome contribution towards a new perspective on ageing, with special reference to frailty. It is necessary to expand one's life view beyond the boundaries of mere finite awareness. This implies an approach focusing on a person's capacity to find meaning in life, including

the capacity to find meaning in ageing, suffering and dying (Louw, 2008:500) and underlines a further aspect that will form an important cornerstone of this study, namely finding a powerful Biblical basis of understanding life, in terms of the Biblical thoughts on 'eternal life'.

In his Doctorate thesis, Van der Watt, (1986) provides a comprehensive and detailed explanation of the meaning of the expression: 'eternal life' in the Gospel of John. God gives 'eternal life' in Christ, turning life into a fulfilled, meaningful life with God (Van der Watt, 1986:765). He quotes Clarke (1968:101) to emphasise that Jesus becomes normative for entering into 'true life' (Van der Watt, 1986:770). This implies that the person who possesses eternal life is free from eternal condemnation, thus living a life of abundance (Van der Watt, 1986:773). This aspect will form an important argument in developing a religious approach in meaningful living to the end of later life.

The literature research reveals strong indications of the serious need to introduce gerontology as part of the Theological curriculum. In addition to literature mentioned above, many authors in more recent works, formulate concerns, ideas and models of Christian Pastoral involvement in order to assist in the pastoral guidance of ageing persons (Graham, 2011:vii; Houston & Parker, 2011:139; Knapp, 2003:33; Marcoen, 2005:365).

In the following chapters I will continue to report on the results from an in-depth literature research on gerontological, pastoral and other relevant literature which forms the theoretical basis for the proposed comprehensive approach to meaningful ageing. The brief literature overview supports the valuable contribution the wealth of existing research can make towards an approach which could enrich ageing lives with meaningfulness to the end of the lifespan.

1.4.1   Problem statement

The preliminary literature research indicated that notions about ageing as phenomenon could be traced back as far as 3000 BC. Scientific references to ageing date back to the late nineteenth century. Participating gerontological sciences have over many years formulated theories on ageing from their different perspectives, resulting in a holistic approach to ageing.   Both gerontological literature and practical theological literature in the late 20th Century express a need for deeper involvement of pastoral-gerontological research into the ageing person's capacity to find meaning in ageing and ageing-related challenges (Louw, 2008:500; Theron, 2013:6-7). My initial observation of an apparent absence of a focused personal life approach to meaningful ageing in the lives of members of a local church was supported by the conspicuous shortage of practical theological literature guiding members of the church in a search for meaningfulness in ageing amidst ageing-related challenges. This posed the research question: What are the indicators in an ageing person's

narrative preventing them from meaningful ageing and how could the pastorate – taking cognisance of decades of gerontological research - provide in the need of an approach motivating and guiding the ageing individual Christian believer to live meaningfully to the end of life, strengthened by a Biblical perspective of hope?

1.4.2   Main research question

The context which stimulated this study had been my ministry with a smaller church in the town of Middelburg, Mpumalanga, highveld in South Africa. The observations made stimulated questions about the ageing persons in the focus of my ministry. They were mostly retired, committed Christians and actively involved in the congregation's activities. Astounding however had been my observation that they approached ageing and post-retirement life with a onspicuous absence of motivation to allow their faith in God, in the context of their local congregation, to generate meaningfulness and emotional energy in their process of ageing.

The central research question which emanated from my observations is: Would it be possible to provide a gerontological-pastoral framework, enabling the congregational-based pastorate to motivate ageing people, in managing their ageing in a holistic manner which would transcend ageing-related challenges and create meaningfulness in life to the end?

1.5   Aims and objectives

1.5.1   Aim of this study

This study firstly aimed to contribute to the practical theology, more specifically to congregational pastorate from a gerontological perspective. The literature as well as empirical research aimed to establish a practical gerontological-pastoral approach, which would enable pastors ministering to ageing persons, to guide and positively motivate them in adopting a managed and faith based, meaningful lifestyle to the end of their lives.

It secondly aimed to contribute towards gerontology from a practical theological paradigm. The pastorate, particularly in congregational context is well positioned to adopt a gerontological-pastoral approach which does not only impact on their religious lives, but also gives transcendent meaning to all dimensions of life as holistic beings (Louw, 2008:48-49). The knowledge and applications gained from the gerontological literature research should add to the wellbeing of ageing persons addressed by the intervention of the pastorate (Theron, 2013:6-7). It should also add to the wellbeing of

caregivers to ageing persons when the pastorate is equipped to do so. This study aimed to make a contribution to this effect.

1.5.2 Objectives

In order to reach this aim, the following objectives were set:

- To gain knowledge and insight through an in-depth research of existing literature, into the well researched field of gerontology and the participating sciences, regarding the impact of ageing on persons.

- To determine from the Gerontological research and conclusions, the role of the Christian faith, as faithful persons 'interact with the practices of the world' (Swinton & Mowat, 2006:6). According to Kushner (1989:206), a world without God would amongst many other serious shortfalls result in old age being a weakness, not wisdom. God gives meaning to old age. Some writers of the twentieth century such as Pargament (1997), Richards & Bergin (1997), Shafranske & Maloni (1996) considered spirituality as less important in various ways. Contrary to their views, Pargament and Mahoney (2005:646) perceive religion and spirituality as important to consider for Psychologists, not only because spirituality and religion is a cultural fact, but because of the many empirical studies that reveal the important influence it has in people's lives. Coleman (2010:164) adds that this is also because of the increased recognition of the role religious and spiritual beliefs can play in maintaining personal well-being and even physical and mental health. The latter focus has been particularly evident in gerontological research.

- To define the role and position of practical theology in the field of gerontology and establish the areas in which practical theology in general and this study in particular, could make a contribution in terms of meaningful ageing. The study will indicate the important contributions of the pastorate with reference to personal faith and the role of the local church as important source of reference in the lives of faithful ageing persons. Practical theology, different from liberal democratic society, that perceives Christian life to be primarily about religious belief, takes seriously the idea of performing faith and the faithfulness of performances (Swinton & Mowat, 2006:4). Practical theology explores faith within the framework of the Bible as God's revelation and the innovative performance of the gospel as it is embodied and enacted in life and practice of the church as they interact with life and practices of the world (Swinton & Mowat, 2006:5). In later years, spirituality, or lack of it, is present in all of the challenges of the aged man or woman of God - from changing of multiple roles, declining health, losses of life-long partners, seeking to ascertain self-worth, making new friends, to anticipation of the

end of our earthly existence' (Thorson, 2000;45). Gerontology, from its different scientific angles, explores the process of ageing. Practical theology adds to this knowledge and practices by researching the practical performance of faith in the process of ageing against the backdrop of the Bible as God's revelation (Swinton & Mowat, 2006:5).

- To establish life-enriching structures from a practical theological approach which, in addition to the existing ministry to ageing persons will assist ageing persons to adopt a mind-set and attitude of positive life management in later life, to live a meaningful life to the end.

1.5.3 Central theoretical argument

The central theoretical argument of this study is that a gerontological-pastoral framework which adds a holistic, motivational element to pastoral activity will enable the pastorate to holistically guide ageing persons to manage ageing-related challenges of physical, mental, social and spiritual nature, in view of a meaningful life to the end.

1.6 Research method

This study intended to contribute to the field of practical theology, and in particular to the field of pastoral care. Practical theology critically reflects on practical situations in order to guide theology and ultimately, also Christian believers, to a faithful practice of life in the light of Scripture (Swinton & Mowat, 2006:vi). In this study, research critically reflects on the process of ageing and how ageing persons integrate faith into managing a meaningful, lifestyle in accordance with the Bible as the revealed will of God and how pastoral guidance and intervention could positively motivate the ageing person in doing so.

This contribution hopes to enhance the knowledge regarding a new area of focus in the existing pastoral approach regarding the ministry and pastoral care to older persons. The pastorate to ageing persons to a large extent tends to focus strongly on the care for these persons, without taking into account the invaluable contributions these persons are able to make in terms of the ministry themselves (Knapp, 2003:21). On the other end, pastoral care, with good intentions, create structures, which allow ageing persons to grow in terms of maintenance, enrichment and reconstruction of life (Coetzer, 1993:236-279). The addition and contribution this study intends to make is to establish a pastoral approach which would enable the pastoral ministry to guide ageing persons to a motivated, life management process that would enthuse them to live a holistic, Bible based, meaningful lifestyle to the end. In this way ageing persons could live their lives to the full, within in their faith community. Developing this approach full cognisance will be taken of two important

scientific fields, namely the well-established research done in the field of gerontology, as well as the exiting developments in the positive psychology.

To achieve the aims and objectives of this study, the methodology for research will be the following:

1.6.1 Literature research

Following the preliminary research review indicated earlier (1.3), an in-depth literature research of books and articles relevant to the theme had been undertaken at the University libraries of North West University, UNISA and the University of Pretoria to which I had access to perform the comprehensive literature research. Knowledge attained resulting from the literature research was applied in a proposed gerontological-pastoral approach to meaningfulness in management of ageing and wellbeing.

1.6.2 Qualitative research

A qualitative empirical research project was applied. This added to the knowledge and information obtained from the literature research and the combined results suggested guidelines from a pastoral and practical theology perspective to the pastorate to guide ageing people to a motivated life management attitude to adopt a meaningful lifestyle to the end of their lives. The qualitative research was a suitable method to establish an in-depth understanding of what people experience (Louw & Louw, 2009:26). The results of this study will be transferable insofar as findings of one couple in a sample group to resonate with the experiences of other couples within the research (Swinton & Mowat, 2006:47). Brunsdon (2006:52) states that the results and conclusions of qualitative research, are not generalised, but are credible because of the specific context of the research. It offers the opportunity to develop possible solutions to ageing challenges of practical value to the pastorate with ageing people (Lowton, 2012:57-58). This is because of the nature of qualitative research which studies things in their natural settings and attempting to make sense of phenomena in terms of the meaning people attach to them (Denzin & Lincoln, 2005:3).

The choice of qualitative research was not been made as opposed to quantitative research. For the purpose of the study, the choice of qualitative research was based on the following considerations:

- As pointed out earlier (1.1) my interest in possible research, originated from a general observation of older persons in the local church of a resistance to be associated with the ministry to older people. Firstly, a stereotyped general perception had been observed that older members should mainly be ministered to and were not motivated or appreciated as

significant role players in the senior adult ministry of the local church in focus of this study. Secondly, it had also been observed that except for financial planning, older persons in the church of focus often appeared not to be interested or inclined to plan or manage later life in order to live a meaningful lifestyle to the end of their lives. A reason for this would probably being oblivious to useful gerontological knowledge regarding holistic wellbeing in ageing.

- In line with the methodology of qualitative research, the intention of the research is to come to an in-depth understanding of this observation in the lives of some older people. Qualitative research allows the researcher to analyse this behaviour – if needed, even as a single case study (Brunsdon, 2006:196), as qualitative research is more focused on 'understanding' a situation rather than a quantitative verification of a specific hypotheses (Brunsdon, 2006:195)

- To achieve the aims of this study, depending on statistical data of quantitative research would not provide an in-depth understanding, through closely engaging in ageing persons' narrative, actions and personal environments (Maykut & Morehouse, 1994:17). Qualitative research focuses on things in their natural settings. In this research I will attempt to make sense of these observed phenomena in terms of the meanings people bring to them. Qualitative research uses a variety of empirical materials including case study, personal experience, life stories amongst other obtained in personal interviews, and a variety of texts and productions (Denzin & Lincoln, 2005:3). In this study the focus will be on semi-structured interviews which will be analysed and reported on in terms of important incidents, transitions and changes which could influenced the future wellbeing of participants' ageing process (Marston. 2010:335).

1.6.2.1 Data collection

Collecting data in qualitative empirical research in Practical theological context, explores a situation identified within the contemporary practice of the Church (Swinton & Mowat, 2006:81). Data will be collected, in order to establish if and why there is a tendency amongst some ageing persons, who, despite the assumed strong faith-based structures offered to them, tend to live a lifestyle, which is not fulfilling and meaningful. It will also research as to how the Practical Theologian can contribute in offering guidelines to a meaningful practice that will impact upon and transform the original situation to the end (Swinton & Mowat, 2006:81).

As opposed to an 'exact' scientific model, in this study data will be collected through personal interviews with the selected persons, and will be interpreted in Gerontological, Pastoral terms in order to define the guidelines which could be offered to ageing persons to live a meaningful life to the end.

For the purposes of this study, the qualitative research will comprise of the following:

1.6.2.1.1   Interviews with a sample group

Eight married couples or individuals selected from four categorised groups of ageing as indicated had been envisaged. In the selection of a sample group it was taken into consideration that older people is not a homogenous group. The mere necessity to define age as biological age, social age, psychological age and functional age (Whitbourne, 2005, 8-9; Louw & Louw, 2009:5-6) amongst other already indicates that older people cannot be named as a homogenous group. When compiling the sample group, it was also taken into account that similarities across life stages amongst older people exist. Because of people's resistance to identify with any term containing the word "old", the groups were selected without mentioning a particular chronological age number. The following focus groups of distinct stages in ageing, health and social context were be distinguished:

- Persons approaching retirement (irrespective of a person's retirement age, and preferably ten years before retirement)
- Persons recently retired but still economically active (following a secondary career/part-time work)
- Persons retired and not working, but socially active.
- Persons housebound or bedridden as a result of ageing-related restrictions.

1.6.2.1.2   Social and cultural context

The sample group had been approached from persons associated with the Dutch Reformed Church, Ligkruis, in Middelburg Mpumalanga. This had been the geographical and religious context of the participants. It had also been the context in which the researcher's questions and concerns regarding senior adult ministry in the church originated. In order to find sound and scientific answers to the relevant questions from Pastoral (a Christian, Biblical term and Theological field) perspective, the researcher is obliged to restrict the research to the context of this group. The research was limited to a white middle to lower-middle class population linked to the particular church. This is the population group within the congregational context to which the researcher had access and of which he formed part. Although a wider population representation of research inclusive of for example the black African population and the Muslim community would be very interesting, this would have simply been overstretching the research. It would make conclusions from a Christian Biblical and particularly Reformed pastoral perspective impossible. Similar research into other cultures, religions and context are open for future studies.

1.6.2.1.3   Semi-structured interviewing

The interviews were done through semi-structured questioning (Marston. 2010:335). Applying knowledge based on approaches and aids such as the General Systems Theory and the narrative approaches pastoral interviews strived to obtain answers on questions such as: :

- What are participants' attitude and approach (on all levels, including, physical, psycho-social and religious) to ageing?
- What are the levels of their sense of meaningful life?
- What are their motivational levels to search for noetic goals and meaning in later life?
- In preparation for later life, have they ever done or considered an approach to later life such as life planning and life management?
- What are the obstacles impeding their positive wellbeing and sense of meaning in the process of ageing?
- How could they be assisted through pastoral inputs to overcome or remove these obstacles in life?
- What role does faith play in their ageing process?
- How do they perceive life in general and later life in particular from a Biblical and faith based perspective?
- How could personal faith assist them to review and improve their attitude towards life in later years in order to live a meaningful life to the end?

1.6.3   Ethical considerations

Ethical considerations in research are always important. Because older adults are often more vulnerable (Louw & Louw, 2009:39), ethical considerations in research with the elderly becomes even more important. For that reason in this study great care have been taken to ensure that participants in the study were carefully selected to ensure their voluntary participation. Personal details and privacy were protected as their names were kept anonymous. Written consent had been obtained for their participation in the study. They have been fully informed on the terms and the purpose of the research as well as their participation in the research (Du Plooy, 2000:108-122). The focus of this study was primarily based on the narratives of people who voluntarily participated in the research. It did not research or reflected on the ministry of the particular local church which the participants are related to.

Although the project did not relate to the church where participants are members, for ethical considerations I informed the Church Board of the research being undertaken. I resigned my position

in the church with effect of 1 November 2015. For as long as I had been linked to the in the ministry, I regularly updated the leadership of the church on the progress of the research.

1.6.3.1 Ethics approval of the research project

Details of the ethics approval are as follows:

Ethics number: N W U - 0 0 0 7 1 - 1 5 - A 9

Approval date: 2015-03-05

Expiry date: 2020-03-04

1.7   Actuality of the study

- Examining the literature concerning the field of Gerontology, the following becomes apparent:
- Gerontology is a well researched field by participating sciences, namely the Biological/Health sciences, Psychology and the Social sciences.
- Researchers in gerontology have taken the role of religion into account and often express the need for further research in this regard (Krause, 2006:499).
- The role of the local religious community and religious professionals in the physical and mental wellbeing of ageing people is acknowledged and appreciated in gerontological literature (Koenig, *et al*., 2001:458-459). Although much research regarding religion and health was done over years, Theron, (2013:2) stresses the need for a greater practical theological engagement in gerontological research to contribute towards a reciprocal and effective inter-disciplnary involvement with the ageing person.
- Although preparation for retirement and relevant pastoral models have been included in the theoretical discourse in the South African academic context, theological research relevant to the field of gerontology have a strong emphasis on pastoral caring for ageing people and their well-being in various aspects of ageing, for example (Theron, 2013:1-7):
  - Cancer affected retired persons (Brunsdon, 2006).
  - Elderly persons older than 80 years (De Wet, 2012).
  - Structures for a Bible based ministry to the elderly in terms of maintenance and enrichment of life, reconstruction of life and transcendence (Coetzer, 1993).
  - Developing a movement (or action) for senior church members as a model for pastoral work dealing with the elderly (Venter, 1986).

Against the background of the orientation and interest in the subject as set out above, the preliminary literature research has at least shown that:

- There is scope for further research in the area of Religion and Gerontology.
- That a need exists for a study on a positive and motivational pastoral approach for a life management strategy that will encourage ageing persons to live a meaningful life to the end, in full knowledge and awareness of the realities of aging.
- That such a study will benefit pastors in terms of discovering and developing new pastoral skills when dealing with ageing persons,

That such a study will contribute to the field of gerontology – from a theological perspective.

1.8 Structure of the thesis

1.8.1 Structure of research report and findings in the thesis

The research report and research findings as well a proposed approach to meaningful ageing and the role of the pastorate will be structured in the following chapters:

CHAPTER 1: IN SEARCH OF A GERONTOLOGICAL-PASTORAL APPROACH TO MEANINGFUL AGEING

1.1   Introduction

1.2   Focus of the research

1.3   Terminology

1.4   Preliminary literature review

1.4.1   Problem statement

1.4.2   Main research question

1.5   Aims and objectives

1.5.1   Aim of this study

1.5.2   Objectives

1.5.3   Central theoretical argument

7.4   Future research

7.5   Conclusion

CHAPTER 2:   AGEING FROM A GERONTOLOGICAL PERSPECTIVE

2.1   Introduction

The aim of this study was to contribute towards practical theology and in particular to the Pastorate within the framework of Gerontology. The goal was to establish a practical gerontological-pastoral approach in guiding ageing persons to a motivated, managed, faith based and meaningful lifestyle to the end of their lives. This chapter forms the first part of developing a basis theory to achieve this pastoral goal. It is necessary for a pastor ministering to older persons, to understand ageing from gerontological perspective as well as the perspectives of the participating sciences in Gerontology, the science of ageing (Hanson, 210:117). The process of ageing cannot be discussed without reference to the phenomenon of ageism and negative stereotyping of the aged and ageing. In practice it would be necessary for the pastor to understand ageing as holistic and integral part of human development with characteristics and capacity of adaptation to the constant changes encountered in everyday life (Atchley & Barusch, 2004:164-185). The meta-historical theories on ageing as well as the theories of the main participating sciences in gerontology will be reflected upon in this chapter.

2.2   Gerontology – the science of ageing

The phenomenon of ageing is intriguing. The earliest notions about ageing can be traced back to Babylonia around 3000BC (Achenbaum, 2009:25). Philosophers and scientists have been writing about it as early as the thirteenth century (Aiken, 1995:21).

Gerontology, derived from the Greek word 'ΓΕΡΩΝ' (geron), (A Lexicon, 1966:140) meaning old man, refers to the phenomenon of or the study of old age (Hattingh, 1996:9). By definition, gerontology represents a comprehensive field, referring to various aspects of physical, psychological, socioeconomic, historical, clinical and sociological nature, and consequently embracing the associated disciplines of these aspects (Hattingh, 1996:9). Being an interdisciplinary science, gerontology is based on the premise that solutions to the problems of ageing require the combined efforts of specialists from various fields (Aiken, 1995:21).

Expansion of the research to the *social* interest in the *biological* sciences dates back to the 1930s (Quadagno, 2005:4). Early studies in gerontology tended to focus on the crisis of growing old only (Quadagno, 2005:4). According to Row and Kahn (1998) as quoted by Quadagno (2005:4), later research however started focusing on the quality of life during the ageing process, for example, "successfully" with reference to aspects such as optimal functioning and life fulfilment. This was also

the trend in pastoral literature with themes such as 'successful' (Cavanaugh, 2011:546), 'wisdom' (Brugman, 2006:445), 'meaning of life in old age' (Missinne, 2000:126), 'purpose-filled retirement' (Koenig & Lawson, 2004:127), 'optimal ageing' (Staehelin, 2005:165) – uncovering possibilities for a pastoral approach in guiding persons to a fulfilling and meaningful life to the end.

When thinking about ageing and Gerontology, one is entering a dynamic field. Walker (2014:1) mentions that significant changes had been taking place in the field of Gerontological science and that the launch of "The New Dynamics of Ageing Research programme", or NDA Programme in recent years, has been both a reflection of the shifting in scientific context as well as a source of further stimulation to the changes already underway in the field of Gerontology. He describes the launch of the NDA programme under the title of his book as: The New Science of Ageing (Walker, 2014:1-8)) thus highlighting a shift in the approach to Gerontological research. The NDA programme was launched during a complicated commissioning process which commenced in April 2005 as a unique, first of its kind collaboration of a number of Research Councils in the UK. Despite a disappointing beginning, other Research Councils joined in with an ultimate impressive list of Collective Research Projects (CRPs) over a wide spectrum of multi-disciplinary research projects. In 2008-2009 the final commissioning stage was launched with a further 12 projects added. The team of Research Councils by then included the Canadian Institute of Health Research which represented 10 linked projects (Walker, 2014:5-8).

Walker (2014:5-8) provides a detailed explanation of the NDA Programme's commissioning between 2005 and 2009. The key elements from this emerging new science of ageing are multi-disciplinarily, user engagement and knowledge exchange. It also deals with the life course perspective and increasing recognition of inequalities and diversities in ageing. Of great interest, is the specific reference to a new perspective on "active ageing", suggesting important new views on older concepts such as "successful ageing" (Walker, 2014:248-250).

It is disappointing however, that religious aspects of age did not receive attention in any of the projects listed as CRPs by the NDA programme (Walker, 2014:3-5) to the point of the launch of this new direction in the sciences of age and ageing.

2.3   Gerontological perspectives on age and ageing

Probably at the centre of all questions in people's minds regarding ageing, are questions such as: Why do we grow old? Where does this limit on longevity come from? Why the abrupt cessation of a healthy existence (Moody, 2006:27)? Why the increased lifespan of mankind? In view of the

increased lifespan, how can people grow older in good health and a live a meaningful life in the later years? (Quadagno, 2005:3) These are some of the questions gerontology is interested in.

2.3.1 Increased lifespan of mankind

To get an idea of the growth of the older population, an overview of the American statistics, gives a good indication of the position. Richardson and Barusch (2006:4) point out that the number of Americans older than 65, has increased tenfold during the twentieth century, from 3.1 million in 1900, to 35 million in 2000. During the same period, the age group 85 and older grew substantially from 122,000 in 1900 to 4.2 million in 2000. According to Phillipson (2013:14), the global population of people over 65 is growing at a rate of 2.6% per year, against the population as a whole which grows at 1.2% per year. Kinsella and He (2009) as quoted by Phillipson (2013:14) highlights the fact that the rate of ageing in the global southern regions where most developing countries are situated is more than double than the world's 65-plus population (2008 figures).

Phillipson (2013:12) considers the ageing of populations as one of the most important developments of the twentieth century, posing major challenges for life in the twenty-first century. As health and life expectancy advanced over years, the age that people reach, increased. Sanderson and Scherbov (2008:3) provide figures indicating that in 1800 in Western Europe, less than 25% of males would survive and live to 60. Today, in the twenty-first century, more than 90% are expected to live to 60. A 60-year old man in Western Europe today has a life expectancy equal to a 43-year-old in 1800, while today's medical treatment and practices enable older people comfortably to continue life's challenges. Phillipson (2013:12) estimates the proportion of the global population aged 65 and over in 1900 at 1%. It rose to 7% in 2000 and is estimated to reach 20% in 2020. The growth rate of ageing populations varies in terms of the different circumstances of populations, especially such as social differences between richer and poorer countries (Phillipson, 2013:14).

From a demographical perspective, the concept of age has become more complicated because life expectancy has increased and people at each age have had progressively more remaining years of life. People adapt to modified behaviour. A person of 40 would act like a person of 30 years did in the past (Sanderson & Scherbov, 2008:3). The question is how society responds to the ageing population, and for the purpose of this study, in what way will the church as faith-based system respond to growing numbers of ageing persons in its social context?

It is also important to note demographic researchers' prediction that the trend of the older growing population growing faster than the total population will continue well into the twenty-first century. This is mainly due to the baby boomers (Erber, 2010:18). Referring to the American population, it is

estimated that only after 2030, the proportion of those aged 65 and older, should stabilise to around 20% (He, *et al.*, 2005).

The South African demographics reflect a similar growth. It has been estimated that by mid-year 2017, of 56 521 948 of the total population in South Africa, would be older than 60 years of age, or 8.13% of the total population (Stats SA, 2017:10). In 2011 the estimated number of people in South Africa older than 60 was 7.7% (Stats SA, 2011:9).

2.3.2 Defining old age and ageing

The intriguing nature of ageing is reflected in the way people speak about ageing and the way authors write about it. More than three decades ago Neuhaus (1982:1) suggested that although all human beings share the common experience of growing older, not all of them deal with ageing in the same positive manner. Supporting this notion, nearly thirty years later, the renowned Evangelist, Dr. Billy Graham (2011:1) admits that growing old had been the greatest surprise of his life, the reason being that young people live for the here and now, and the future ahead oftentimes has a fairy-tale ending (Graham, 2011:1). From our daily observation of older people around us, it is obvious that people deal with age and ageing in different ways. Thus leading to questions such as: When is a person "old"? Why are some people able to cope with more positively than others?

Age and ageing are generally and scientifically viewed from many perspectives. We are all familiar with the expression: 'You are as old as you feel'. It is a well-known and common phenomenon that many older people often perceive to be younger than they physically are (Sanderson & Scherbov, 2008:7). They would for example be unwilling to move to a retirement home where there are too many 'old people'. In gerontology terms this personal perception of age is referred to as personal and selfless age (Louw & Louw, 2009:7). Louw and Louw (2009:5-8) summarise various important perspectives on defining age:

- Chronological age is the number of years since one's birth.
- Psychological age reflects the ability of a person to adjust to and cope with the environmental challenges as compared to others of the same age.
- Social age (or as a synonym, Cultural age) is determined by the degree a person lives up to the norms and expectations of that specific society.
- Biological age describes the physical condition of a person, compared to the person's peer group.
- Functional age refers to a person's total ability, jointly considering the person's psychological, social and biological age. Functional Age is seldom used in research and legislation, due to

difficulty assessing the various functional definitions, which rely on observable individual attributes to assign people to age categories (Atchley & Barusch, 2004:7).

Louw and Louw (2009:6) further mention the gerontological differentiation between:

- Primary ageing (typical due to universal, inevitable biological deterioration due to biological factors.
- Secondary ageing, which is often preventable, but caused and accelerated by disease.
- Tertiary ageing which indicates the terminal decline in the time before death steps in.

2.3.3 Ageing as unavoidable life phase

"Aging is a fact of life. From the moment one comes from the 'dust of the ground' to the moment one returns to the 'ground' the process of aging is present (Genesis 2:7; 3:19)" (Tatenhove, 1995:417). De Lange (2015:1) starts his book on the ethics of ageing by stating: "Old age is here to stay". With these two opening remarks one is reminded of well-known statistics indicating that life expectancy is increasing and fertility rates are declining. De Lange (2015:1) cites a United Nations report (2002) which considers ageing of the global population as "unprecedented", with no parallel in the history of humanity. It pervasively and profoundly affects the lives of ageing persons but also impacts on the structures of society. The UN report World Population Ageing: 1950-2050 (2000), indicates that in 1950, one in fifteen persons over sixty was eighty or above. In 2000, this ratio increased to one in nine and it is expected that in 2050 the ratio will increase to approximately one in five.

Koenig and Lawson, (2004:20-26), like many authors in the field of gerontology, put the emphasis on medical concerns in their discussion of the impact of the growing ageing population. Due to improved healthcare, people with chronic conditions live longer. But, at the time of publication of their book, the prime cause of the growth of the ageing population is ascribed to the ageing of the post-war baby boomer generation. Their concern centres strongly on the need for healthcare and accommodation. In other situations they also fear the social situation in terms of young families that would have to take care of the elderly close to them. They do however also express concern about social challenges to families and communities when children leave home for further education and do not return to their home areas to follow their new careers. What would happen to their elderly parents?

The increasing numbers of people in the aged category put serious pressure on resources and on society as a whole. It also confronts society with ethical questions such as: How does society prepare for the increase in numbers of elderly people? How will challenges of health-care access, quality of life issues of human dignity of the oldest elderly be met? (De Lange, 2015:1-2).

Higgs, (2012:9-23) on the other hand, describes from another perspective the transformation of ageing to where we actually find ourselves in the twenty-first century. The nature of ageing in the modern context has undergone noticeable changes. Despite the challenges presented by the significant growth in the numbers of aged people, the circumstances of the elderly have also changed considerably over the past century. The social space old age occupy today is far removed from the experiences of old in the industrialised world of the majority of the twentieth century. Higgs, (2012:9-23) gives us an overview of this transformation into a new generational culture today known as the 'Third age'. Changes in employment and social life and the consequent affluent life and improved health have also transformed old age. It shifted persons in old age from a residual category of health and social policy, to be much closer to the mainstream health and societal processes. Differently from generations before them, the now post-war baby boomers entering later life, left behind some inherited values and approaches (Hansen, 2010:9-10; Higgs, 2012:9). The term 'Third age' refers to ageing people in the post-career phase of life past the normal pre-retirement responsibilities that absorbed life before. Contributing to a perspective of an improved position than retired generations experienced before are factors such as increased longevity and often improved economic environment with more financial security than a few decades before (Rubebstein, 2002:29-30). This adds to a more positive view on life after retirement. 'Third age' people became responsible for their own maintenance and self-realisation. Third age people are pushed towards proactive intervention such as medical and health awareness, even cosmetic surgery to enhance appearance, cultivating their selves through travel and seeking new experiences (Rubenstein, 2002:38). They search for meaning and purpose as they want to be productive and wish to discover the exciting possibilities of later life (Hansen, 2010:10-11).

Positively, this transformation and creation of a "new" world, can be interpreted as a marker of the success for modern society. The improvements of health services that have positively transformed the lives of older people have also added to a reduced mortality rate in children and across the life course. In addition, the institutionalised implementation of a retirement age, through relevant policy making and improved pension schemes, brought a new improved status to many more ageing persons than to generations before (Higgs, 2012:10-13). The earlier concerns about redundancy and poverty marked retirement in earlier years as a time of "structured dependency" have been replaced by a new interest in life after retirement in North America and the United Kingdom. Since the1970s late life retirement has been perceived as a new time of self-realization and of personal interests (Higgs, 2012:13). The negative perceptions of old age have made way for positive expectations as it is currently considered as the 'crown of life". A new nomenclature emerged for older people replacing terms like 'pensioner' and the 'elderly'. These terms became inaccurate and obsolete (Laslett,

1989:2-3). With reference to this study, the transformed view of and the Third age also creates an opportunity and challenge to persons to plan and manage their lives in a meaningful way for much longer.

In the South African context, the scene of ageing in positive or negative terms is different from the first world conditions indicated in the history above. The progress from negativity to more positive perspectives on ageing may apply, but only to a small minority of elderly people. The white ageing population lived comparably the same as developed nations worldwide. Prior to 1994 white people were advantaged in terms of levels of education, employment opportunities and living conditions. Black, coloured and Asian population groups were less fortunate in terms of unequal access to resources to all basic levels of life. (Lombard & Kruger, 2009:120-121). The South African scene of ageing had been analysed and briefly formulated by the Statistician-General when he announced his concerns regarding the position of ageing people in South Africa in 2017. He raised his concerns about the reality that 63.6% of persons older than 60 were black. Whites represented 24.2%, although they represent only 8% of the total population. Notwithstanding a substantial percentage of elderly black people still being included in extended family systems and are cared for, 8 out of 10 people receive state grants to survive (Jonker, 2017:10).

2.3.4   Ageing as social and economic burden

In terms of increasing lifespan, ageing is generally seen as a potential social problem and financial burden. Phillipson, (2013:1-2) offers four reasons for this: (i) Projected demographics indicate that many societies across the globe could expect a one third of their population to be 60 years OR older by 2050; (ii) Continued decline in fertility, resulting in continued rise in longevity, "intensifies" ageing, as more negativity toward is assumed by governments; (iii) The potent fears are reinforced as is not only viewed from a "nation-state" perspective, but is seen as a globalised problem; (iv) Ageing is viewed to be a problem because the family and community framework which previously provided the necessary moral framework to older persons, seems to be fractured and leave individuals adrift when their needs are increasing.

Phillipson, (2013:24-28) provided a detailed overview of ageing as a social and economic problem, especially regarding the impact and feeling of unease and insecurity of the growing numbers of elderly people on the available resources in countries globally. To illustrate how serious the concerns of an society have been over many decades, he mentions the example of authors of the early 1940s when Britain experienced a low birth rate Richard and Kay Titmuss (1942), as cited by Blaikie, (2006:13) stating amongst other that an society would "lose the mental attitude that is essential for

social progress the future will require greater intelligence, courage, power of initiative, and qualities of creative imagination qualities not usually to be found in the aged".

During the 1970s to 1980s the economic impact of ageing came to the fore referring to the burden ageing would be on the economy, especially of welfare states. Older people were depicted as a 'selfish welfare generation' (Thomson, 1989), 'greedy geezers', (*New Republic, 28 March 1988*), diverting money from the young while they are mainly contributing to the public deficits. As recent as1987, Callahan, in his book *Setting Limits: Medical Goals in an Ageing Society*) added fuel to an already heated debate by suggesting some aspirations of an ageing society: (1) Stop pursuing medical goals featuring high costs marginal benefits mainly for the old; (2) Older people should rather prioritise the welfare of younger people than their own; and (3) Older people should accept death as a fact of life, at least for the sake of others.

In the 1990s the emphasis on problems of an ageing community shifted from aspects of financial and public costs to social interest (Phillipson, 2013:25). Social scientists went as far as linking ageing populations with other crises such as climate change and global terrorism as developments that could destabilise social and political institutions. Age could therefore contribute to what was coined by Giddens (1991) and Beck (1992) as 'risk societies'. The reality of the South African context calls for particular mentioning of such societies. High rates of unemployment and growing numbers of teenage pregnancy put heavy burdens on limited financial resources of the elderly depending on social grants as only income. In the Mpumalanga province 23% primarily elderly women are living in "skip-generation" households where ageing grandparent take responsibility for young children of parents who have either relocated or have died (Makiwane & Kwizera, 2006:302).

The second millennium marked the time of the baby boomers' generation then entering retirement. This left societies with a concern that the growing numbers of the retired population could potentially have a negative effect on the economy. In the United States of America the baby boomers numbered seventy eight million people (Hanson, 2010:xiii). The increase of a cohort of boomers also had the potential to impact negatively on the life chances of the younger generation in the labour market (Phillipson, 2013:25-26).

In order to change negative perspectives on ageing, Phillipson (2013:26-28) proposes indicators for directions that could be followed in thinking about ageing. The most important aspect he identifies is the fact that the diversity in the group called "older people" or "ageing populations" should be clearly recognised and identified. The variations and changes in ageing populations, their differences in vulnerability and dependence are immense. It requires different perspectives to evaluate ageing

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populations in terms of social responsibility towards them. Different and contrasting situations exist in terms of their needs and access to economic resources. It is also important that the changed position of ageing populations highlights a greater interdependency between age groups and generations. In this study, with particular reference to the pastorate and the church, it should be recognised that the "graying of the flock" should not be treated as a threat but rather as growing opportunity for an active involvement of the growing numbers of ageing persons in the church's senior adult ministry (Knapp, 2003:21).

2.3.5   Challenges of the ageing process

Moody (2006:13) proposes that in the twenty-first century it has become difficult to "box" older people into stages of life. Society has to come to terms with the unpredictable process of ageing. The character of major events in people's lives continues to change. A female professional would have children at a later time in her life than previously expected as the norm. It is also not surprising if a person retires at sixty and takes up a new career.

It is clear that thinking and research on ageing has gained a new and more positive momentum. According to Johnson (2005:569) family care and the belief that it declined markedly in the twentieth century have now become the subjects of extensive research and policy analysis, worldwide. Something of this new internationally positive climate of ageing was reflected in UN adopting its International Plan on ageing in 2002. In this plan the UN calls upon governments to improve the quality of life of older people. The UN's motivation is that older people strengthen cohesion in families. Thus, the family must be seen as the point of departure in light of changing demographics, familial and social structures and social policies (Lowenstein, 2005:403-412).

Modern developments have led to the decline in the mortality rate as well as the decline in fertility. In turn this has led to increased individual ageing as well as growth in population ageing. This had dynamic influences on family life. According to Lowenstein (2005:403) parallel population marked changes occurred in families: (1) In terms of timing of family transitions; (2) family structures; (3) patterns of family formation and dissolution; and (4) ensuing diversification of families and household forms. Stacey (1990) as cited by Lowenstein (2005:403) has labelled the postmodern family as structural fragile with greater dependence on the voluntary commitment of its members. It also affected life course role transitions such as retirement, grandparenthood and a growing number of elderly single households.

It is clear that ageing in the twenty-first century cannot only be viewed as burden or as problem. The reality of ageing also has positive effects on and challenges the central context of any individual. It

particularly affects the ageing person and the family system of which the ageing person is an important member with important roles to play. This contextual position must be taken into account when pastoring senior adults. With direct reference this study, statistics of the Dutch Reformed Church in 2006 indicated that close to 25% of its membership of 1.178 million members were in the age group 60 and older. In his review of this census, Schoeman (2011:482) commented that the growing numbers of ageing persons posed at least two important challenges to the church. Firstly, together with the huge increase in the number of older members, the church must develop a strategy to assist these persons in their growing needs related to ageing. Secondly, on a positive note, the church is challenged with a growing number of people in their midst with incredible potential available in terms of time, and expertise to fulfil creative roles in the church and its ministry in the world.

2.3.6   Ageism

2.3.6.1   Ageism as stereotype

The most common and yet the most discriminative way of speaking about ageing, is expressed in what literature refers to as "ageism". The interesting part of ageism is that different from other "isms" such as "racism" or "sexism", persons guilty of ageism, will eventually join the elderly group themselves (Nelson, 2002:x). It is widely agreed that the origin of ageism to a large extent, is our fear of and our own mortality (Greenberg *et al.,* 2002:29). De Lange (2015:ix) means that throughout history, old age evoked distaste and disgust to young people, using ageism as kind of "terror management strategy". This helps them in silencing "their own fear of decay and death".

Ageism has existed since time immemorial (Bytheway, 2005:339). The interesting fact however, is that the word "ageism" was not invented by gerontology, but by the psychiatrist Robert Butler, who in 1969 got involved in a controversy over a housing facility for old, poor, black people which caused a public debate marked by public prejudice against excluded groups, called the "NIMBY tendency" ("Old people? – Not in my backyard"). When asked by a reporter of the Washington Post if the negativity was a function of racism, Butler coined the word by responding that it rather was a function of '"ageism" (Bytheway, 2005:339). To Butler, (1969:243-246) the term implied stereotyping and discriminating against people simply because they are old.

Quadagno (2005:11) highlights two concepts which are encompassed in the term ageism, namely *stereotyping* and *discrimination*. Louw and Louw (2009:257) added another concept, namely *prejudice*. Ageism could therefore be defined as a form of prejudice based on stereotyping and discrimination against people especially in their later adulthood (Louw & Louw, 2009:257). A simple definition of ageism toward the elderly would refer to negative behaviours and attitudes toward an

individual simply based on the person's age (Greenberg *et al.*, 2002:27). This could also include what Quadagno (2005:12) terms "New Ageism", pointing to the tendency by well-meaning people to patronize older persons by for example dissuading them from taking risks or exercising and even deny their sexuality. Kite and Wagner (2002:131) explain these attitudes in terms of a 'tripartite model', comprising three components of attitudes toward the elderly: an *affective* component, represented by feelings that one has toward older individuals; a *cognitive* component, represented by beliefs or stereotypes about older people; and a *behavioural* component, represented by behaviour. These components can have both positive and negative sides.

An important aspect of stereotyping in ageism is the fact that diversity of elderly people is ignored. Social gerontologists for instance, understand ageing in terms of the diversity context of historical, social and individual time. Richardson and Barusch (2006:12) accordingly refer to five major principles which Elder and Johnson (2003:49-81) have identified, underlying a life course perspective of diversity. These are: (i) human development and ageing are lifelong processes; (ii) individuals are shaped by historical times and places; (iii) antecedents and consequences of varied life transitions; (iv) people live their lives interdependently; (v) individual choices are made within opportunities and constraints of circumstances. Ageism simply ignores all these principles, as well as diversity factors as noted by Calasanti (1996:147-156) of context, agency (structural forces that are imposed on individuals), dialectical processes (processes that are dynamic as well as contradictory), oppression and liberation (unequal power relations that a dominant population often displays toward minority groups), and the historical context of individuals (Richardson & Barusch, 2006:14-17). Ageism thus stereotypes and generalise. Louw and Louw (2009:257) offer the following examples:

- "Old people are all alike.
- Old people have little to offer society.
- Old people behave like children.
- Old people feel lonely and are just waiting to die.
- Most old people are "senile".

Although negative cultural stereotypes in ageism, such as association with inevitable cognitive decline, have a negative influence on cognitive performance and harm self-image of persons (Louw & Louw, 2009:130), many older people do not simply passively accept society's negative stereotypes, prejudice and discrimination. Louw and Louw (2009:258) refer to research by Richeson and Shelton (2006:174-208), indicating that many older people apply various personal strategies and are thus able to cope with the negativities of ageism, protecting their self-esteem and well-being. Older persons who positively believe in their ability to function effectively, not only combat decline in

cognitive functioning, but they do in fact perform effectively. Portraying all older people in cartoons, for example, as being incapable of leading productive lives, is based on myths that are very damaging to the real image of older people (Cavanaugh & Blanchard-Fields 2011:4). As opposed to ageism perspectives, recent research has confirmed the view of Sen (1992:39) as cited by Vera-Sanso, *et al.*, (2014:181-206) that participation and social connectivity adds life to years and healthy years to life.

2.3.6.2 Ageism and the church

The aim of this study was towards a positive, holistic approach from a pastoral perspective, to motivate and guide ageing persons to live a meaningful life to the end. The necessity for a study such as this partially stemmed from the fact that ageism is not only visible in our secular society. It also affects the church, spreading throughout the church like a virus. In the church also, older adults suffer the same ageism symptoms of inadequacy and inferiority (Arn & Arn, 1999:48).

Rogler (2009:15) highlights the fact that the impact a person's own negative attitude towards ageing, can turn 'inwardly' as they advance in age with negative consequences. These may include self-depreciation, negative self-esteem and feelings of being abandoned by God and by others as well as negative attitudes towards the ageing process. Even the danger of *gerontophobia* (the irrational fear of growing old and of older persons) is not excluded and is a real danger, as a result of 'inwardly'-inflicted ageism (Rogler, 2009:17).

Ageism is more than just another issue to be addressed. Houston and Parker (2011:30-31) are adamant that ageism in the church is a "neglectful sin" that must be dealt with. They point out that research clearly indicates the painful presence of ageism in the modern church (Parker *et al.*, 2002:405-415).The church can unknowingly take over and reflect the same ageism characteristics and attitudes towards older people, thus practising ageism in the church. Rogler (2009:18) points out that even in pictures and statues of biblical personalities like Mary, the mother of Jesus and the Apostle John, are predominantly depicted as youthful adults. While both died in old age, images never present them with white hair, bent over and frail.

Various further examples of ageism in the church are mentioned such as separating believers by their ages, depriving everyone of opportunities of learning from and caring across ages (Houston & Parker, 2011:31); according to Parker and Powers (2009) as cited by Houston and Parker, (2011:31) pastors discontinue visits to elderly members suffering from dementia once admitted to frail care facilities; a senior pastor categorised his senior adult members as "no go, slow go and fast go", varying between frail, dependent on others, strong and independent. These are in addition to more subtle examples of ageism in the church mentioned by Arn and Arn (1999:48), such as:

- Preference of youth and young families' ministry to older adult ministry, even though older adults are also well represented.
- Absence of ministry to persons who are in the transition of retirement.
- Low representation of older adults in leadership positions compared to persons under the age of 55.
- Neglecting older adults in teaching and evangelistic opportunities and therefore not maximizing their accumulated years of experience and knowledge.

As far as this study is concerned, one serious aspect highlighted in literature regarding ageism in the context of churches and the ministry to senior adults, is the fact that pastoral work normally takes on the form of a ministry 'to' the elderly, and very little of a ministry 'by' senior adults. Ministry to the senior adult population is often considered to be 'caretaking problems' requiring much pastoral time and senior adult programmes are usually of entertaining and recreational nature (Arn & Arn, 1999:50). Obviously the health status of members often dictates their availability for such a ministry by them (Houston & Parker, 2011:32). Taking gerontology's activity theory into account, Knapp (2003:21) suggests a model of ministry 'by' older individuals. Instead of a fulltime personnel member dedicated to serving retired persons, the elderly could themselves be extensively involved in leadership roles within the organisational structure of the senior adult ministry of a church. This has since been advocated by more authors and leaders. Starr (2008:18-22) suggests that in developing leaders among the elderly in the church, senior adults should be trained to work with fellow seniors. This would, by using them, prevent the church from losing people with relevant abilities. Ignoring their members, churches can experience a devastating outcome due to wastage of gifts that lie within older members (Houston & Parker, 2011:33).

2.3.7 Resistance towards ageing and the aged

Resistance towards ageing and the aged is not a new phenomenon. Ancient classical Greek literature already divided the world into mutually exclusive categories. The division between youth and old age had been marked by this persistent theme in Greek myth, poetry and theatre. Youth represented sweetness, beauty and heroism. To the contrary, ageing and older people represented ugliness, meanness and tragedy. "There was no middle ground, no third age" (Gilleard, 2007:81).

Ageing is part of life and an integral phase of the life course. Yet, people continue to have a strong resistance towards ageing. It is not only proven in the presence of stereotyping, or what has earlier been discussed as "ageism", but also in people's attitude towards ageing and elderly persons in general. De Lange (2015:61-82) reflects on several reasons why such aversion exist with specifically

the older and frail adults in mind. He concluded that people have little love for old people and a deep-seated aversion toward ageing, because "we do not love growing old". Old age sometimes provokes strong antipathetic reactions from people because elderly remind them of their own mortality (De Lange, 2015:62-64). Aversion toward ageing not only presents in fear of ageing, but also in disgust, hatred, abuse even abandonment and neglect (De Lange, 2015:70-71).

Resistance towards ageing and the behaviour towards the elderly have consequences for the ageing community. Research in the field of the psychology of ageing is noteworthy as it also seeks answers as to the effect negative social attitudes have on the social behaviour of older persons. Hess (2006:379-406) has written comprehensively on such attitudes and consequent behaviour. It is a common perspective that culturally based attitudes on ageing influence social structures and the treatment of older adults. In turn it affects the behaviour of older adults and perpetuates such attitudes. The use of patronising language and in the worst form, "baby talk" by caregivers in institutionalized settings when communicating with older persons has also been highlighted by researchers as been consistent with stereotyped perspectives on the abilities of older persons (Hess, 2006:386). In some instances however the use of "elder speak" actually reflect accommodation on the part of the communicator of actual characteristics of ageing person and is not considered to be ageist behaviour (Hess, 2006:386). Research on doctor-patient interactions indicated that physicians' way of communicating with patients vary with the age of patients. Doctors were found to be more respectful and detailed in their responses to younger and middle aged patients than with older persons (Hess, 2006:386). Researchers agree that social environment has an influence on the behaviour of the older adults. Examples of such attitudes are found in, for example, the workplace where older workers are evaluated more negatively than younger workers. On the positive side, research has also indicated that not all perceptions ageing and the aged are negative. Although ageing could be associated with mental declining, old age is also associated with growth of other functional aspects such demonstrating wisdom associated with growing old (Hess, 2006:383).

Patronising speech or any other stereotyped behaviour such as over-helping has a negative effect on the older person. It can lead to behaviour such as poorer motivation, lower self-confidence, reduced participation in activities, depression and even lower memory performance. It could also foster dependence on carers in older adults (Hess, 2006:398). Demographic transition, as society transforms from mainly agricultural to industrialised, has also changed the role of the aged in society from power and high status in agricultural society, to less prominence, power and status in the developed more stabilised society. Cox (2006:73) points out that the transition in such traditional societies, especially when relocating does not exclude the older people often having to make important sacrifices sake of survival of the group. Different variables determine the status of the

elderly in communities. The transformation from extended families to nuclear families is an important example, as the role of older people in these different family systems varies. Religious requirements that believers should honour the elderly do not always come to the fore. Older people in Kibbutzim in Israel having difficulty keeping up with hard working younger members, may find their status becoming ambiguous in the harsh environment (Cox, 2006:74-89).

According to Cox (2006:2-3) the interest in age and ageing has been changing. A marked growing sensitivity towards the science of ageing has been developing and gerontologists seem to be in the forefront of new knowledge and understanding of human ageing.

2.3.8 Subdivisions of adulthood

An observation at the onset of my research for this study has been about the resistance among elderly persons of the local church relevant to this study, to be associated with a ministry to the age group called the "elderly". Dividing life experiences into stages is as old as the study of age and ageing itself (Laslett, 1989:2). The life-span perspective on ageing divides human development into two main phases, namely an early and a later phase. Both phases are subdivided. The early phase comprises childhood and adolescence and the later phase, young adulthood, middle age and old age (Cavanaugh & Blanchard-Fields, 2011:4). Since the earliest studies of ageing, attempts have been made to systemize the ageing process by identifying different phases or stages in the ageing process. However, strong objections were lodged against the notion of phases. Louw and Louw (2009:4) agree with researchers that dividing ageing into sub-stages is helpful for functional purposes. Subdivisions such as "early adulthood" (approximate ages 20-39), "middle adulthood" (approximately 40-59), and "late adulthood" (approximate ages 60 to death) should however not be applied too rigidly. Weiss and Bass (2002:3) suggest another division of the ageing process. First age: Youth, preparing for activities of maturity; second age: maturity, when their lives are given to those opportunities; third age: The phase when there is no longer employment and child-raising, and before the fourth age of decline and when mortality brings everything to a close. In terms of changes in all areas of functioning, and for practical purposes in research Louw and Louw (2009:4) prefer to divide the process of into early adulthood (approximate ages 20-39), middle adulthood (approximate ages 40-59) and late adulthood (approximately age 60 and above).

Fisher and Simmons (2007:18-21) suggest that transition from one stage of to the next is often driven by significant experiences such as the loss of a spouse, deterioration in health and loss of independent functioning for various reasons. Fisher and Simmons (2007:20) provide more integrated and detailed division of the ageing process, with specific reference to later life in particular:

- Extended Middle Age: Middle age lifestyle continued. Goals for retirement pursued. Other activities substituted for or combined with work.
- Early Transition. Involuntary transitional events. Voluntary transitional events. End of continuity with middle age.
- Older Adult Lifestyle. Adaptation to changes of early transition. Stable lifestyle consistent with older adult status. Socialization realized through age group affiliation
- Later Transition. Loss of autonomy. Loss of health and mobility. Need for assistance and/or care.
- Final Period. Adaptation to changes of later transition. Stable lifestyle appropriate to level of dependency. Sense of finitude and mortality.

The study is aimed at designing a framework for the pastor to guide ageing persons towards living meaningfully to the end of life. For the purpose of research in this study, a division was adopted to divide the older persons in categories of senior adults sharing fairly homogeneous stages and circumstances. Although this study proposes that older people is not a homogenous group - in the sense that old age unfolds precisely the same for every person - it also recognises that general similarities in this life stage appear amongst most older people. It therefore suggests that at least the following stages are distinguishable amongst older people:

- Persons approaching retirement (age group 55-65 or when the person retires).
- Persons recently retired but still economically active (following a secondary career/part-time work).
- Persons retired, not working, but socially active.
- Persons home bound or bed ridden as a result of age related restrictions.

These stages are proposed as a practical way to differentiate between persons sharing in the same time frame of life and ageing. It is mindful of the fact that life experiences of ageing individuals differ and may even overlap with persons in other stages. Each case would however be unique. The proposed stages agree with Moody (2006:6) who suggested that ageing should not be considered from a stage perspective only as ageing cannot be viewed as passing through rigid stages only, but should be treated as an organic process.

2.4   Theories about ageing

The most general but crucial questions asked by Gerontological researchers are why living organisms age at all. Why do people for instance, not simply grow into, and continue to live, a stable state of health and of meaningful life? Or, as Bengston, *et al.*, (2009:3-4) ask amongst other

questions: What causes ageing and why are there variations among members of the same species? Why do some older persons perform as well as younger people, despite their age, while others show signs of deficits in their cognitive functioning? Why do some older people manage to live a gratifying life, despite experiencing significant losses? Kirkwood (2005:78), with reference to the generic concept proposed by biological gerontologists, argues that "Instead of being programmed to die as the gene concept suggests, organisms are genetically programmed to survive. However, in spite of the formidable array of survival mechanisms, most species appear not to be programmed well enough to last indefinitely.

The answers to these questions require theories that attempt to explain these questions. Although the scientific study of ageing is only three-quarters of a century old, and has accumulated a wealth of data about ageing, we still do not know as much as we would like to (Bengston *et al.*, 2009:4).

2.4.1 Metahistorical perspective on theories of ageing

Bengtson, *et al.*, (2009:4) defines theorising as a "process of developing ideas that allow us to understand and explain empirical observations". Some perspectives of a theory, being developed as part of a process over time, may therefore change. The mystery of growing older has been a subject of much thought and speculation over ages with theories about ageing an obvious outcome.

The first known theories about ageing date back as far as 3000 BC and in those early times were based on enmeshed representations of death, late life and futile quests for immortality Achenbaum (2009:25). Through many ages theories about ageing have been formulated and influenced from a wide variety of directions, examples of which Achenbaum (2009:25-28) highlights, such as:

- Theories of the body and nature set forth by physicians who subscribed to the teachings of Hippocrates (460-377 BC).
- Scientists such as William Harvey (1596-1650) and philosopher René Descartes (1596-1650) reworked the writings of Galen (129-199), who had incorporated Greco-Roman ideas.
- Hebrew and Christian Scriptures added insights about wisdom associated with ageing while "teachings of Jabir (721-815) pervaded Islamic views of physical and spiritual ageing for centuries" (Achenbaum, 2009:26).
- The world of art in early days also contributed to the later and modern theories of successful, by allegorising the journey of human life in a blend of moral and religious casuistry with biological causality.
- American historians and authors have developed various perspectives on the process of ageing in the developing field of gerontology since USA independence.

In his historical overview of these developing perspectives, Achenbaum (2009:28-37), highlights the importance of 'dualisms' in theoretical thinking. He proposes an alternative way of using dualistic thinking in dialectic approaches to generating theories in gerontology. In the development of theoretical thinking, dualisms have been present historically since the Greek mythologies distinguished gods from human mortals and celestial gods from terrestrial gods. Similarly Hindu philosophers distinguished between an ultimate reality and the illusory nature of phenomena, and there has been mind-body dualism in various schools of philosophy over centuries (Achenbaum, 2009:28-29). He mentions eight significant 'dualisms':

- <u>Ageing as a disease versus a normal process</u>: According to Achenbaum (2009:29) this dualism could be traced back to classical Rome with Seneca (4BC–65AD) claiming that a short life could thrive in meaning if life is lived productively. Conversely, the aphorism attributed to Seneca goes: *senectus morbidust est* ("old age is a disease"), indicating his fear of living amidst the reality of social and physical deterioration.

- <u>Prolongevity versus natural limits to ageing</u>: On various levels such as biological and pharmacological sciences, the quest to finding ways of living longer persists to this day. Nevertheless, the battle continues between those who foresee dramatic extensions of life and those who accept limits to life (Achenbaum, 2009:30-31).

- <u>Disengagement Theory versus Activity Theory</u>: The disengagement theory, according to Achenbaum (2009:31), was constructed by Gerontologists Cumming and Henry (1961). They based their theory on the stipulation that "ageing is an inevitable, mutual withdrawal or disengagement, resulting in decreased interaction between the ageing person and others in the social systems he belongs to" (Cumming & Henry, 1961:14). The disengagement and activity theories provoked immediate controversy. The theories were opposed by, amongst others, Bernice Neugarten (1964) who suggested that they are innate, unidirectional and universal, without taking into consideration late life satisfaction. This depends on aspects such as maintaining existing relationships and continuing involvement in meaningful pursuits. Also prevailing theories of 'productive and successful ageing' arising from the activity theory have been challenged on charges of not taking into account health and economic disparities diminishing the desire of older people to engage in familiar activities. Achenbaum (2009:32) is of the opinion that neither disengagement nor activity theories "captures the range of potentials and pitfalls common to late life" opening up or decreasing opportunities in which people can engage as they grow older.

- <u>The Marginalised versus The Self-Dependent</u>: According to Achenbaum (2009:32) two schools of thought are represented among gerontologists: One school emphasised the

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marginalisation of elderly people in the workplace, the community and other institutions. Other scholars of this school of thought such as Townsend (1981), Phillipson (1982) and Walker (1986) formulated 'dependency' theories, underscoring the institutionalisation and marginalisation of the elderly. Another school of thought such as Minkler and Estes (1998) however, highlighted a growing sense of realisation and empowerment, as well as cohorts of the elderly, enjoying more and better financial and health resources and being able to make their own choices regarding treatment (Achenbaum, 2009:32).

- Reductionist versus Holistic Approaches to Gerontological Theory Building: Physicians and laboratory scientists initially dominated research on with a commitment to reductionism which permeated theory building. As gerontology emerged as a science, researchers like Lawrence Frank (1956) called for a holistic approach in gerontological research, requiring multidisciplinary, cross-disciplinary and interdisciplinary collaboration of participating sciences (Achenbaum, 2009:33).

- Continuity versus Dialogic Theories of ageing: Despite empirical evidence that validated the strategy of people learning to adapt to changes in their identities and environment, critics of the activity theory and its presuppositions, like Cowgill and Holmes (1972) and Riley and Kahn (1994) emphasised the salience of structural and cultural lags as well as economic, social and political factors that altered the status quo, forcing older adults to cope with the dysfunctions in the dynamics of societal trends (Achenbaum, 2009:33).

- Chronological versus Age-irrelevant Definitions of the last Stage(s) of life: Achenbaum (2009: 31) mentions the fact that 65 years (other policymakers using age markers such as 55, 60, 62, 66, or 72) generally marked the onset of old age and eligibility to relevant resources. He however agrees with gerontologists recognising that chronological age is a poor indicator of important dimensions in late life. He quotes Neugarten (1982) suggesting that 'need' and not chronological age should preferably be used to establish age-based policies.

- Stereotypes versus Varieties of Age: Both stereotyping and discrimination (putting ageism on the same footing with racism and sexism) against people because they are old, as well as homogenising in representations of age, both fail to take into consideration that most theories of ageing agree that there is a variety of late-life meanings and experiences influenced by race, gender, ethnicity class, or region affecting continuities and changes over the life course (Achenbaum 2009:33-34).

In his response to these 'dualisms' in theories on ageing Achenbaum (2009:34-36) proposes a dialectic approach in Gerontological research and formulating theories of ageing. As an example, he highlights the dualism in the disengagement and the activity theories. On the one hand

disengagement presumes that the process of withdrawing from labour and social networks is a universal and inevitable phenomenon of ageing. On the other hand, we have the correcting views of the activity theory proponents citing empirical evidence that people so choosing remain engaged. They failed however to take sufficient account of ageing people who were physically and mentally incapable of working. Dialectic thinking would not consider differences as absolute and would maintain that these are in fact deeply interconnected, while dialectical orientations such as the 'critical gerontology' also borrow from other disciplines in shaping theories of ageing

In their investigative activities researchers, including those involved in the study of adult development and usually "have a particular viewpoint about the nature of the universe in general and about developmental phenomena in particular. Such a viewpoint is a meta-theoretical orientation, or metamodel" (Erber, 2010:35). Metamodels serve as a framework for their hypotheses and the design of their research. Examples of such metamodels are (Erber, 2010:35-38):

- The Mechanistic Metamodel's research focuses on the organism's reaction to external forces rather than the role of the organism in constructing the environment. In a study of development it would break down the complex phenomenon into smaller parts and study those, as the model considers the complete phenomenon as equal to the sum of its parts.
- To the Orgasmic Metamodel, contrary to the Mechanistic Metamodel, the complex whole of the phenomenon is greater than the sum of the parts. It would therefore focus on the whole rather smaller parts. The Orgasmic model perceives development originating "from within the organism and that the developing organism acts upon, rather than reacting to the environment" (Erber, 2010:36). Applied to research, it would concentrate on qualitative changes in development. Older persons would then not be considered to have lesser or greater ability to solve problems, but it would rather study the difference in approaches when solving a problem.
- The Contextual Metamodel considers the organism as constantly in interaction with the environment. A constantly changing organism functioning in a constantly changing environment is concerned with special variables influencing the changes. In a study comparing older and younger people in terms of memory performance, all variables such as years of education, prior experience, present lifestyle, socioeconomic status, and cultural (ethnic) background will be within the focus of the study.
- Erber (2010:37-38) also highlights the Lifespan development perspective, which draws from the three Metamodels above, but shows the greatest similarity to the Contextual Metamodel. It views development as multifaceted, ongoing process, in which the organism is affected by the environment, but at the same time also changes the environment. From this perspective –

which can be applied to cognitive, biological research as well as social development research – both gains and losses could indicate over a lifetime, but the proportion of gains and losses changes in the process of aging.

2.4.2   Biological theories on ageing

The biological ageing process is a continued and gradual process which commences very early in life. Ageing does begin at a particular stage later in life (Kirkwood, 2005:75). In the search for answers to the questions of ageing, there has never been a shortage of theories. Austad (2009:147) refers to Russian geneticist Zhores Medvedev (1990) who attempted to list and categorizes existing and known biological theories of ageing. He finally listed more than 300 of which many were overlapping or closely related to each other. Louw and Louw (2009:48) are of the opinion that most people assume that ageing has a biological basis and that physical ageing is more prominent than other forms of ageing.

Austad (2009:149) however, explains the large number of 'theories' by differentiating between scientific theory and hypothesis. He defines a hypothesis as "a falsifiable statement consistent with what is already known from which a prediction or predictions can be made". These predictions can be supported or "falsified" through research. By contrast he defines a theory as something considerably larger – as it "contains within it numerous related hypotheses, all of which need to be consistent with the known facts for the theory to be valid". Although he admits that there is no "unique, clean, and sharp dividing line between theories and hypotheses", he suggests that

> a reasonable distinction might be that "no two valid theories explain the same set of observations. Theories necessarily compete. If two theories exist for the same set of observations, then one must be wrong. On the other hand, multiple hypotheses about a set of observations may be simultaneously correct because each represents a contributing causal factor (Austad, 2009:149).

Louw and Louw (2009:48-52) summarise biological theories into two general categories as discussed below.

2.4.2.1 Programmed ageing theories

Due to its simplicity, the genetic programming theory is one of the most popular biological theories of ageing. However, genes represent only 25% of what determines human longevity (Kirkwood, 2005:72). Programmed theories are based on the assumption that ageing and death are built into

the genetic blueprint of all organisms. Although a living organism has an impressive arrangement of mechanisms to survive it is not programmed well enough to live indefinitely (Kirkwood, 2005:73). The various theories represent genetically programmed issues such as ageing after reproduction ability ends, molecular cells losing their ability to divide and reproduce, and the loss of neurons in the brain, causing ageing (Louw & Louw, 2009:48).

According to Kail and Cavanaugh (2007) cited by Louw and Louw (2009:49) an important matter regarding this theory of programmed self-destruction, is that it is not known how this self-destructing process is activated.

2.4.2.2   Random error theories

2.4.2.2.1   The wear and tear theory

This is a variant of the Rate of living theory (Erber, 2010:74). According to Louw and Louw (2009:50) the wear and tear theory sounds logical, but it is not widely supported due to opposing arguments. If the theory is true, for example, strenuous exercises would add to wear and tear. It is also argued that wear and tear may also be the result of ageing and not the cause of it. Hayflick (1994), as cited by Erber (2010:74) in a further example said that people who work in physically strenuous jobs do not show signs of ageing any earlier than those who work in less physically demanding jobs.

2.4.2.2.2   The free radical theory

This theory describes the formation of unpaired electrons when atoms sometimes lose surrounding electrons previously present in pairs. The atom is then called a 'free radical' (Louw & Louw, 2009:50). Free radicals produced over the lifespan, attack the structure of cell membranes, causing cellular damage and dysfunction. They are also linked to dementia and brain damages associated with ageing.

2.4.2.2.3.   The cross-linking theory

With ageing it is observed that body tissues become less flexible and less functional. Cross-linking occurs when certain proteins bind and produce molecules called collagen that makes the body stiffer. Cross-linking increases with ageing, impacts negatively on for instance the functioning of heart muscles (Louw & Louw, 2009:50-51).

2.4.2.2.4   Evolutionary senescence theory

In addition to the random error theories above, Austad (2009:147-162) as cited by Bengston, *et al.*, 2009:10-11 concludes that the evolutionary senescence theory finds the greatest empirical support in the literature. "This theory proposes that genes with deleterious effects in later life accumulate because they have escaped the force of natural selection" (Bengtson, *et al.*, 2009:10-11).

Kaplan, *et al.*, (2006:39-40) refers to the different views scientists have on life expectancy. They base the differences between scientists on longevity on beliefs about the "relative importance of environmental and genetic variance" in determining life expectancy. Those who are negative in an estimate of life expectancy "believe that most of the existing gains came from improvements in pre-adult survivorship and that there is an innate program of physiological decay." A positive outlook on life expectancy however, is based on "evidence suggesting that secular trends in life expectancy due to improvements in the environment (broadly conceived in terms of public health, social services, and so on) show no signs of deceleration to date." Kaplan, *et al.*, (2006:40) consider it necessary to understand how age-specific mortality, the ageing process, and behaviour respond to novel environmental variation. This requires a theory of how "natural selection has acted on our biology over the course of human evolution." According to their theory "improvements, in environments in which humans spent the majority of their evolutionary history, natural selection has resulted in a species-typical human life span of about seven decades, as part of a larger adaptive complex. They also argue that human response to the novel environments of today "grows out of our evolutionary history and, to a large extent, is predictable."

Taking the large number of theories on biological ageing into consideration, Austad (2009:147) broadly defines the phenomenon of biological ageing as "the gradual and progressive decay in physical function that begins in adulthood and ends in death in virtually all animal species". He does however point out a biological paradox inherent in the phenomenon of ageing: "Although one could almost define a biological organism as any entity that is capable of self-repair", ageing ultimately is the ultimate failure of self-repair. One goal of a general theory of ageing would be to resolve this paradox, explaining why ageing exists in the first place.

Louw and Louw (2009:51) conclude that with the present support of scientific evidence, it is the safest to conclude from psychological perspective that biological factors may determine the maximum life expectancy of human beings. Other factors also determine whether or not potential maximum age is achieved. Cavanaugh and Blanchard-Fields (2011:67) hopefully conclude that although none of the more than 300 theories of provides a full explanation of changes causing ageing, scientists are

making progress in "unlocking the keys to our genetic code, (and) hope is rising that we may eventually have an answer" to the intriguing questions as to why people age and die.

2.4.3 Psycho-social theories on ageing

In an overview of the development of Psychological theories on ageing, Baltes, *et al.*, (2005:48) explain how psychological theorising on passed through various stages. The psychological science of ageing initially differentiated itself from the larger field of multidisciplinary gerontology. It moved from efforts that were sheer descriptive to more theory focused efforts. Psychological theories also developed from a largely biologically inspired view of ageing as phenomenon of decline to a multidimensional conception of that also included forms of growth and advance as recorded by authors like Aspinwall and Staudinger, (2003); Baltes, 1987; Commons *et al.*, (1989); Erikson, (1959); Labouvie-Vief, (1982). In the development of theories from philosophical inquiry into human functioning, the lifespan approach to adult development and ageing played an important role. To contemporary researchers on psychological changes, gains and losses in the adaptive capacities are included in the nature of ageing (Baltes, *et al.*, 2005:48).

Social gerontology initially started with developmental psychology, including research into later maturity with biological and mental decline and vulnerability as concerns which, according to Orbach (1974:71) as cited by Quadagno (2005:24) were almost synonymous with ageing. The growing interest in the vulnerability of older persons increased as ageing people suffered disproportionally from poverty and unemployment due to external forces like the Great Depression of the 1930s. However, research on ageing also flourished during the unpredicted prosperity which the US enjoyed after World War II. At the University of Chicago a Human Development Committee sponsored an important study which resulted in the publication *Personal Adjustment in Old Age* (Cavan, *et al*,. 1949). This study revealed that "poor adjustment in ageing correlated with a lack of activity. People who continued to lead active and productive lives remained well adjusted in old age" and that the most active people also score highest on measures of life satisfaction. This study set off the quest to define the boundaries of "normal" aging. Further studies researching the concept of a social role performance continued over a long period of time from which the later "disengagement theory" was derived (Quadagno, 2005:25). It is not the intention to provide yet another critical overview of gerontological theories on ageing from a psycho-social perspective. A brief summary suffices:

2.4.3.1 Disengagement theory

The disengagement theory, initially described by Cumming and Henry (1961), argued that ageing people inevitably withdraw or disengage from the social milieu due to a process of decreased

interaction between them and the social system they belong to (Cox, 2006:41-42). This specifically applies when the ageing person becomes sharply aware of the fact that lifetime is short and opportunities are scarce. Proponents of the disengagement theory assume that both the individual and society benefit when disengagement takes place. The individual experiences a grateful release from the pressure associated with productivity. Society welcome the opportunities created for young and energetic persons to fill the roles which are vacated due to disengagement (Cox, 2006:42). It was viewed to be advantageous to the ageing person in terms of maintaining a higher morale than when they would attempt to remain active in the same social activities prior to retirement (Phillipson, 2013:33). The disengagement theory was controversial mainly because it considered the idea of disengagement as universal, inevitable and intrinsic. It was met with contradicting studies substantiating the criticism empirically, indicating that people grow old in different ways and aspects such as culture, social environment and personality play important roles in the individual's process of ageing (Quadagno, 2005:26).

2.4.3.2 Activity theory

Largely in response to the disengagement theory, the activity theory was formalised by Robert Havighurst (Quadagno, 2005:26). The theory emphasised that ageing people only withdraw and disengage due to events beyond their control. Activity theory advocates that individuals should continue to remain just as active after retirement by fulfilling other roles and taking up new responsibilities (Cox, 2006:44-45). Research confirmed that ageing persons, when participating especially in informal activities with friends enjoyed higher levels of life satisfaction. Formal activities such as church and club activities did not have the same positive results (Lemon, *et la*., 1972). However, with reference to church participation and activities, and the impact thereof on ageing, later research suggested much more positive findings (for example, Levin, *et al*., 1996; Kennedy, *et al*., 1996).

Although activity theory does not consider disengagement from social roles as normal ageing, it does admit that changes exist that are associated with withdrawal. Researchers however now ask questions such as "Who withdraws and why" (Quadagno 2005:18). An obvious example is the difficulties an ageing person could experience attempting to maintain the high standards of middle age whilst being frustrated with loss of physiological abilities in later years (Cox, 2006:46)

2.4.3.3 Continuity theory

Robert Atchley (1989) first elaborated on the activity theory by defining continuity from a life course perspective to distinguish it from pathological ageing. Atchley (1989) as cited by Quadagno (2005:29)

distinguishes between an *internal* continuity process as a "remembered inner structure, such as the persistence of a psychic structure of ideas, temperament, affect, experiences, preferences, dispositions and skills." On the other hand, *external continuity* relates to "past role performance which can be observed in continued skills, activities, environments, roles and relationships between middle and age old age." It also refers to continued personality traits that preserve the person as unique human being, by incorporating changes. A controversial element of continuity theory, which was challenged by Becker (1993:183-184) as cited by Quadagno (2005:31), is its definition of 'normal ageing'. In his definition he included the perception that normal ageing is the ability to meet normal needs of living such as income, health care and nutrition unless a person ages pathologically, in which case they are unable to meet these normal needs because of poverty or being disabled. Through research Becker (1993:157) found that persons who were disrupted by a stroke were still able to absorb such disruption into their lives.

2.4.3.4 Theories concerning the individual and the social system

2.4.3.4.1   Subculture theory

Rose (1964) was the first to apply the subculture theory to the study of He, *et al.*, (2005), suggesting that people share a common interest in a physically calm existence, as well as a "common generational experience in the rapidly changing society" (Quadagno, 2005:31). According to Rose as cited by (Quadagno, 2005:31) a subculture is formed firstly while isolated from young people, older people share common experiences with other older people. Secondly they share "common role changes and common generational experiences in a rapidly changing society" (Rose 1964:47). This theory, with special reference to a specific single subculture, has now been discounted in favour of understanding the formation of more affiliations based on family ties, racial en ethnic identity, social class and religious affiliation rather than on age (Quadagno, 2005:331).

2.4.3.4.2   Exchange theory

The underlying basis of the exchange theory is that social interaction is based on rational calculations by people and the search to maximise their rewards from these exchanges. Partners contribute to the relationship in terms of things the other partner would be hard-pressed to provide (Cavanaugh & Blanchard-Fields, 2011:446)., Interaction between the old and the young In the gerontological context decreases because older people have fewer resources to bring in exchange in terms of income, health and education. As a result, older people tend to disengage except they have the greatest resources when they remain engaged. The exchange theory has however also been contradicted

because it ignores non-rational resources such as love and companionship, as well as the importance of strong ties built up over a long time (Quadagno, 2005:34).

2.4.3.4.3   Social constructionism

Proponents of social constructionism perceive human beings as active agents creating the society in which they live. In this process older people continue to be included as active participants in the construction of their own world and do not become passive objects of the active community. This is possible through their interactions with structures and processes which form part of their personal social worlds (Phillipson, 2013:40). Passuth and Bengston (1988) as cited by Quadagno (2005:34) however emphasise the danger of neglecting the social features formed by external structural forces that are imposed upon society.

2.4.4   Macro theories of ageing

Psychosocial theories are not only explained in individual patterns of behaviour. There are also macro structures that impact on not only interpersonal processes, but also the status of the aged.

2.4.4.1   Modernisation theory

Social scientists after World War II in the spirit of the economic optimism in the US formulated a world view – the modernisation theory – that if only other nations could follow the US example, they could also create and share this prosperity and economic growth. This theory of socio-economic development was transmitted to social gerontology as a theory of ageing. In their view socioeconomic forces such as urbanisation and industrialisation caused the status of the aged to decline instead of being revered. Their theory hypothesised that the status of the aged was high in preliterate societies but lower and more ambiguous in modern societies. In modernisation the aged in traditional societies, as the work moved from home to factory, ultimately lost their economic independence. The areas of social change that would supposedly affect and undermine the aged are health, technology, economic technology, urbanisation and education.

According to Laslett (1976) as cited by Quadagno (2005:35) historians challenged the theory and it was largely abandoned. They questioned its understanding of a 'golden age' of Historically people in Europe and USA rarely lived in extended families in three generations sharing one roof, except in circumstances where children moved to ageing parental homes for economic reasons. Although retirement as known today did not formally exist, people who could afford it 'retired' and those who were dependent on their jobs worked until they died (Quadagno, 2005:34-35)

2.4.4.2   Age stratification theory

Riley (1971) pioneered the age stratification theory (Quadagno, 2005:38). The purpose was to analyse the relationship between age and social structure. The underlying proposition is that all societies group people into social categories, age is one which, together with wealth, gender and race comprise the principles of ranking. The key concept is an age cohort (referring to a group of people born at the same time and sharing similar life experiences – such as people born during the great depression and their children, the 'baby boomers' growing up in the 1950s and 1960s, with totally different life experiences to previous generations). This implies that groups could be looked at by social scientists in terms of particular demographic characteristics such as race, sex, history and social structures (Cox, 2006:53). Scientists of the age stratification theory would be asking questions regarding:

- Influences due to location and changing age structures.
- Relating to each other within and between age strata. (Is there is 'gap' between generations?)
- Key transitions from infancy, through childhood and adolescence to adulthood and old age.
- Impact of the answers to these questions on the society as whole?

2.4.4.3   Age integration theory

According to Uhlenberg (2000:261) as cited by (Quadagno, 2005:40), this theory "draws on a core premise of age stratification theory: the idea that society is stratified in the basis of age and that age stratification can create age-segregated institutions in which age acts as a barrier to entrance, exit, or participation. But society also has age-integrated institutions, with no age-integrated institutions which are characterised by an absence of age-related criteria."

Quadagno (2005:40) emphasises that age integrated as well as age segregated institutions are part of most people's lives. This is not only true of social institutions, but also periods in the life course, such as education reserved for young people, work for people in their middle years and leisure for the retired. In an age-integrated life course, everyone, irrespective of age is allowed to pursue education, work and leisure.

2.5   Preliminary synthesis

To establish a basis theory for a gerontological-pastoral approach to meaningful ageing, this chapter reported on a literature which studied ageing from a gerontological perspective. I not only reflected

on the development process of ageing in adults, but also the views on ageing as phenomenon over time. I also probed the ageing and social and economic impact of ageing on communities.

Ageism is a prominent aspect of perceptions on ageing which had been indicated in this chapter. This included an overview on the stereotyping of ageing which is often experienced even in the church. A summary had been provided of Metahistorical theories on ageing from multi-disciplinary perspective. This did not include theological views on ageing.

I will deliberate on a literature research on ageing as viewed by different religions in general and Christianity and the pastorate in particular in the next chapter.

CHAPTER 3   AGEING AND RELIGION

3.1   Introduction

The purpose of the literature research reflected on in this chapter is to establish how religion in general and Christianity in particular relates to ageing. This research should contribute to a theoretical basis for an envisaged gerontological-pastoral approach to meaningful ageing. The previous chapter reported on a literature research of gerontological perspectives on ageing. Basic perspectives defining ageing as well as perceptions on ageing have been analysed. Multi-dimensional theories on ageing have been explored in order to understand the holistic nature of gerontology as multi-disciplined science of ageing.

In this chapter I will explore the theories on ageing in a variety of global mainstream non-Christian religions as well as Christianity. A Reformed understanding of Christianity forms the framework of this research.

3.2   Ageing and religion: An overview of general perspectives

For a large part of the twentieth century the study of religion in ageing played a limited role in social gerontology. Religion was viewed as uninteresting and with disdain. Since the last decade of the twentieth century research of religion in terms of physical, mental and social wellbeing escalated. This became particularly apparent in gerontological research (Coleman, 2010:164).

Koenig, *et al.*, (2012:15-34) outlined the history of religion, medicine and health through the ages. They start their overview with notes from prehistoric times (3500 BC), with prehistoric medicine men, the priest physician, with supernatural powers to reverse the evil spiritual powers from the gods who are punishing people with illness. They cover history through modern times when psychology started to emerge as discipline in its own right, distancing itself from the philosophy and religion in 1930-1940. This terminated the study of religion and its relationship to mental health. In the mid-twentieth century psychology resumed scientific studies on religion and psychology, *inter alia*, by the introduction of courses in religion, spirituality and medicine at 124 medical schools in the United States. In the first decade of the twenty-first century the Centre for the Study of Spirituality, Theology and Health was established in 2006 at Duke University.

Over time theologians and authors made important contributions on religion and spirituality. Yet, literature on gerontology still regularly speaks out on the need for a deeper involvement of theology in the study and research on ageing. Research on ageing and religion has played a minor role in

gerontological research. Until now, in the American society, no other social institution except the family is more prevalent than the church and synagogue (Stancil, 2001:19). Coleman (2010:164) explains that the past 10-20 years have marked a growth in interest in the social scientific studies and related concepts of spirituality. This had been partly because of a growing recognition of the role religion plays in physical and mental health wellbeing. Gerontology has also participated in the discourse on religious views and role in ageing, but by focusing on an imbalanced way on just the intrinsic value of religion, instead of studying the influence of religion on life during old age (Coleman, 2010:164). Furthermore, in the main it has focused narrowly on Christianity alone. In the South African context, the need for theological and in particular practical theology's contributions towards gerontology has also been voiced by Theron (2013:2). There is positive evidence of a much-needed growth in research, particularly in response to the ageing of churches, requiring more research to fulfil their particular needs (Stancil, 2001:22).

De Lange (2015:10-11) adds his voice to the plea for religious participation in gerontological research. He emphasised the need for a contribution on ageing from theological ethics. He considers the role of theology to be important because of the pastoral dimensions it brings to the discourse. The value it adds is "preventing a further stimulation of "medicalization", as Hadler (2011) terms it, and which the objective and individualised descriptions of old age policies brings along. Religion also adds important considerations to the subjective and communal experience of ageing. It does so especially in the religious practices of lament and thanksgiving, grief and compassion, thus transcending the factuality as brought to the studies in gerontology by the so-called humanistic gerontology. He refers to Biblical narratives of theology that add a language of emotion, love and social relationship, which is less abstract with regard to ageing (De Lange, 2015:11). The important role of the church, which already contributes to the lives of elderly members, cannot be underestimated, but it should also provide more than focusing on the spiritual needs of elderly people. Their social needs such as their financial position, families and neighbourhoods should also receive pastoral attention.

When considering religion and ageing, it is important to note that the observation of religious practices also reveals negative aspects viz. the practises of some clergy and religious officials from various traditions. Considering these practices and also the outcome thereof on elderly believers, psychologists and medical practitioners may have good reason to be sceptical about religion and its sometimes negative effect on people. Koenig, *et al.*, (2012:58) refer to an accumulated notion in literature that religion is neurotic, hysterical, delusional or detrimental to the health. In particular there are some doctrines that cause guilt. These are oftentimes induced for less sacred purposes such as power, control and economic gain.

3.3   Religion, ageing and psycho-social health

Although much sociological research has been done on religion and its role in the life course of men and women in general, not much has been done on the role of religion and ageing. Available literature has become outdated, and do not distinguish between religions such as Protestantism, Catholicism and Judaism. This lack in research is especially relevant to literature on non-Christian religions. Cox (2006:374) ascribes this to a general scepticism among the scientific community on the role of religion in solving human problems and cites other authors (Crandall, 1980, Thalheimer, 1965) blaming it on the role of secularisation in society. In the last four decades this position has changed, with more research in the areas of religion and spirituality and the life-enhancing potential of religion on meaning-making in ageing has been emphasised (Marcoen, 2005:364).

A few examples of religious beliefs and practices adding value to psycho-social health emphasised by research, are the following:

- Research generally agrees that attendance of religious activities such as services at church and synagogue over the life course increases after 30 until old age. Black persons are more consistent in their participation in these meetings over their lifetime. The very old discontinue attendance merely because of health and immobility and not because they distance themselves from religious activities for other reasons. They do however increase their private devotions and studies and do not disengage from their spiritual beliefs. Many studies have confirmed positive associations between religious activities such as church attendance, prayer meetings and the coping strategies and wellbeing of older people (Marcoen, 2005:368; Idler, 2006:279; Krause, 2006:500-501).
- Research indicates that a person's sense of self-efficacy, for example personal control in life declines in the process of ageing. This loss of control could be challenging for the ageing person, but many succeed to deal with it by engaging in compensatory control. This implies giving over control to someone trustworthy. The trusted other could be a relative or friend, but religious involvement offers the opportunity to the ageing person entrusting control to God. Faith in God therefore serves as motivation to pursue God-mediated control in maintaining their interests and actions (Krause & Hayward, 2014:367).
- Research on the association of religious involvement and cognitive decline showed that a higher level of religiosity and religious practice were associated with slower cognitive decline in Alzheimer patients. Involvement includes religious practices that stimulate cognitive abilities such as prayer meetings, sermons, scriptural studies and discussions (Hill, 2006:1176).

- The availability of social resources and support arising from religious activities play an important role in the beneficial effects of religious involvement on emotional wellbeing relating to lower levels of stress and better functional health (Aranda, 2008:12).
- Belief in immortality proves to be of significance especially for older people, assumedly because they realise that death is possibly not too far away. Liberal Protestants of younger ages are fairly uncertain about life after death. Their certainty grows with age and more than 80% of persons older than 70 are completely convinced of their immortality (Cox, 2006:377; Davis, 2000:49-50).
- Ritualism and private devotion, for example belief in baptism and communion as well as private devotional practices such as study of the Bible and private, personal prayers noticeably increase as believers grow older (Cox, 2006:376).
- Small groups in religious activities, offering excellent opportunities for sharing and expressing of emotions create valuable opportunities for older people to grow in spiritual and emotional wellbeing (McFadden, 2003:55-56).

These examples confirm the general positive views researchers hold about religion's mental and physical benefits in older age. Religion contains the power to meet the diverse needs and interests of people. This is of particular relevance to the ability of coping in stressful periods of life (Pargament, 2002:170-171). The aim of this study was to empower the pastor in congregational practice to guide ageing persons to meaningful ageing. The proven value of spirituality in psycho-social wellbeing must serve as motivation for developing senior adult programs in the local congregation. It should inspire ageing persons to make use of spiritual and faith development programs in creating social and religious support structures around them well in advance of late age (Noronha, 2015:27-28).

3.3.1 Negative perceptions about religion in mental health

Religion has costs and benefits. Although literature mostly reports positively on religion's beneficial contributions to health and general wellbeing, it is also true that a negative impact in some cases cannot be denied (George, *et.al,* 2000:110). Literature refers to various negative aspects and perceptions about religion, having a negative impact on people in certain circumstances and on ageing in particular. In a resource with the significant title: *The dark side of religion* (Koenig, *et al.*, 2012:58) explains why scientists in the health sciences are often sceptic about religion as solution to human problems. He refers to one of Sigmund Freud's first papers on the subject, "Obsessive Acts and Religious Practices" (1907), in which Freud takes an unfavourable view on religion. Freud considered "religious practices such as prayer and religious rituals as obsessive acts of the neurotic."

It is important for the pastorate to note that not all negative experiences of religion in later life could be contributed to external factors such as a particular church or religion. The manner in which religion is practiced may also have an effect on the positive or negative experiences and perceptions on religion in ageing. Negative religious impact may vary according to the kind of religion, and the degree to which elements of religion are integrated in personal life. The reason for involvement in a particular religion plays an important role in the way it impacts on a believer. Internalised religion, in terms of own choice and how the religion of choice is valued, contributes positively to a believer's wellbeing. To the contrary, involvement in religion out of fear, guilt and external pressure (introjection) may result in the experience of emotional difficulties in the areas of depression, anxiety and social dysfunction (Pargament, 2002:170-171).

In terms of this study on meaningful ageing, negativity and feelings of disillusionment in God could have a serious negative impact on the ageing person's sense of meaning in life. Depending on the individual, the ageing person's personal inactivity and non-participation in activities has a negative impact on their coping skills and experience of typical ageing related ailments. This could be due to neglect from the congregation's side, but it could also reflect the person's passivity out of own choice (Davis, 2000:47-48)

This study also intended to present the pastorate with knowledge to positively guide ageing persons in coping with typical ageing-related deterioration. Negative religious coping may occur when a person applies negative religious perceptions in a coping situation, for example, when a person feels punished or deserted by God during a crisis situation. Feelings of anger and persecution in these difficult situations leave the ageing person with negative emotions, which effect their religious experiences and capacity (Pearce, 2005:104). Related to this, in the field of caregiving to Alzheimer and dementia patients, research generally reports positively on persons who are involved with religious practices. They experience lesser caregiving burden. However, those who were not involved in religious activities, felt angry, experienced God as being distant from their situation and reported greater caregiver's burden (Pearce, 2005:104-105).

However, examples of religious practices and beliefs having negative effects on people's health pose serious questions and could cause negative perceptions on emotional wellbeing. It is important for the pastorate to ensure high standards of practice. Koenig, *et al.*, (2012:63-68) mentioned a few examples of acceptable reasons for scepticism on religious practices:

- People rely on God and prayer rather than taking medication for medical conditions.

- Faith healing is practiced worldwide, sometimes accompanied by "miraculous" results, although it is usually accompanied by standard medical treatment.
- Refusal of blood transfusions by religious groups.
- Refusing child immunizations.
- Religious abuse related to education, age, marital status, economic status, mental distress and blame for not being healed after prayers for healing.
- Due to an overlap between mental illness and spiritual illness, mental health treatment is often replaced by religious practices.

3.4   Religious differences and theories of ageing

An important aspect in the research of religious and spiritual theories on ageing and older people is the fact that religions and denominations or same religion traditions, differ. Koenig, (1994:xxv) closely links faith with religion and describes these terms as the force that organises and aligns a person's life towards his or her ultimate concern, which will centre on God and on a person's relationship with God. According to Fowler (1981) as cited by Koenig (1994:xxv), this constitutes one's life wages, loves and trusts, values and visions, and also people's characters as persons and communities of faith. Due to the wide variety of religions and, as far as Christianity is concerned the variety of Christian denominational perspectives and beliefs, many images of God exist. They range from the perspective of God equated to the universe, to God separated and distinct from the universe, either at a distance, or God in a relationship with creation.

Pherigo (2001:79-87) published an article titled: *Perspectives on Aging: Jewish, Roman Catholic and Protestant*. In his article the serious nature of these interpretational differences is highlighted. They represent significant differences in views and perceptions, which people of different religious traditions have towards the world of ageing and older people. One example is the fact that Judaism, Roman Catholics and Reformed Christians all believe in the Biblical doctrine of creation, that man was created "in the image of God" and that God declared the creation of humans as "very good". The three different traditions however, interpret this Biblical doctrine in different ways, with different attitudes towards older people and ageing:

- On the basis of this doctrine, ageing is perceived by Judaism as positive and as part of God's divine plan. The elderly are venerated in observing the commandment: "Honour thy father and thy mother" and that old age can be rich and productive.
- Christianity also adopted the Hebrew Scriptures as Old Testament of the Christian Bible, thus including the same doctrine of the *Imago Dei* (image of God). Christianity "nullified' the

doctrine by teaching of the "Fall' and subsequent depravity of man. Death became allied with sin, which was to be overcome by the resurrection of Jesus Christ. This established a negative attitude towards ageing, as ageing is perceived as a movement towards death (Pherigo, 2001:82). Van Tatenhove (1995:419-420) holds another view on the human being as *Imago Dei*, which from reformed tradition does not reflect a negative attitude towards ageing. He follows Calvin's take on being *Imago Dei*, emphasising that God's image is "reflected in every area of one's being" (Calvin, 1960 XX:188). This implies that ageing does not exclude or pardon one from reflecting God's image. Reconciliation with God through the resurrection of Christ sanctifies the whole life in every dimension of life, including ageing.

- In classic Latin and Catholic Christianity, veneration and respect as well as a positive outlook on ageing is not typical. Life is perceived as disciplined hardship in preparation for the next life. "Death is the end of life's miseries, and in this sense sometimes welcomed by the Catholic faithful, both as the end of a pilgrim journey in a strange hostile world and as the doorway to the new life with God" (Pherigo, 2001:83).

- In both the Lutheran and Calvinistic traditions of Protestantism the doctrine of Election, expressed by Calvinism as Predestination, plays an important role. According to Pherigo (2001:84-85) this doctrine has influenced the Western world in their perspective on meaningfulness linked to productivity. From this perspective, meaningfulness comes to an end on retirement. Retirement brings an end to work and one's productivity. Retirees have then "outlived their usefulness. Snodgrass and Sorajjakool, (2011:88) to the contrary, do not view retirement from this negative perception. They perceive retirement as an opportunity for the ageing person to reappraise their own feelings at retirement and experiencing new challenges.

- A growing number of gerontological research publications in the twenty-first century on religion and ageing indicate a rediscovery and a new interest in the usefulness of religion in late life (Idler, 2008:278-280; Field, 2007:74). Even in older local publications in the South African context, such as Nieuwoudt (1990:200), the positive value of life as a gift from God is underscored and the ageing process of the human body positively viewed from a Biblical perspective. It also repudiated ageism in the church and calling for the rediscovery of older persons as a valuable workforce within churches.

3.5   Religious faith development

Growth of faith in one's religious life does not decline or come to an end in old age. To the contrary the process of ageing and even in late life is often difficult. Negative conditions are a valued time of reflection on the past and the future in the face of one's mortality (Noronha, 2015:20). Faith in late

life does not necessarily imply a matured faith. Faith development models imply a process of religious growth towards matured faith. In the process of faith development, a believer grows towards a personal relationship with God where God becomes the ultimate motivation and concern in life (Koenig, 1994:113).

This process of growth is uniquely personal and oftentimes moves forward but, it also takes a course of regression. Most people develop a unique system of learning through life experience (Atchley, 2006:21). Spiritual development in later life is spontaneous and maintained in association with supporting groups of family and friends tapping into and sharing wisdom learned over years of experience in life (Atchley, 2006:24).

Prior to adulthood and late life, development is a process beginning from very early childhood, through late childhood and adolescence during which parents and influential role models play important roles in faith development (Koenig, 1994:119-123).

Development models agree that faith can develop into a broad spectrum of increasing maturity from an undeveloped, juvenile condition to a fully mature and seasoned state of faith (Koenig, 1994:122-123). Spiritual growth and meaning does not only take place in favourable conditions. Ageing and declining physical strength is also understood as human and spiritual fulfilment (Lyon, 1985:43). Again the religious differences and interpretation of religious rituals and beliefs make it very difficult to measure or indicate maturity of faith. Understanding matured faith is however of utmost importance. A decision to freely and wilfully enter into a personal relationship with God and to believe in God is the first step to matured faith. It serves as an indication that the believer is prepared to sincerely repent and change direction in life (Koenig, 1994:124). Pastoral guidance of ageing people to a meaningful life could provide in an important need for growth to maturity. Koenig, (1994:124-129) provided a helpful list of aspects on growth for possible inclusion in pastoral programs for ageing believers to enhance meaningful ageing. The list follows below, with the analytical remarks in *italics*:

- Following the Judeo-Christian Biblical guidelines of a personal relationship with God in which God becomes the real focus and ultimate concern: *Biblical studies on ageing and growth are of great value to the believing ageing person and should be included in congregational Bible studies with ageing persons.*
- Trusting God under all circumstances, as Christian faith seldom develop to maturity without trying circumstances in life: *Hardship and suffering in many ways is an integral part of ageing and therefore part of maturing of faith. Pastoral guidance of ageing persons at difficult stages and times in ageing provide opportunities for growth counselling.*

- Mature faith implies action and faith, putting into action and mobilising the resources of faith promised by God: *Moving onto constructive action despite experiencing the opposite, for example moving from bereavement and isolation to new socialising could develop into times of growth.*

- The older person is likely to have encountered many adverse circumstances in their past: *Reviewing the past offer opportunities for faith to grow into maturity in the future.*

3.5.1 The role and impact of faith and religion in ageing

Gerontological and Social research, using age as independent variable, indicate that ageing affects religious changes and practice, rather than religious practice changing ageing behaviour. Normal ageing (such as retirement and health) for example, affects religious participation, devotional practices and faith (Stancil, 2001:20). Despite the presumed important role of religion and spirituality in ageing persons' lives, Atchley (1997:131, 136-137) reports on a research project involving 1,100 respondents older than 50, who were interviewed several times between 1975 and 1991. The particiapants were members of a variety of churches. Two-thirds of them were positive about religion throughout the period of research. The research however indicated that faith and religion did not have noticeably impact on their health or general wellbeing. Contrary to the outcome of this research project, Quadagno (2005:30) highlights research findings which agree that faith and religion do sustain older people, especially in role transitions, loss of loved ones and declining health.

Marcoen (2005:364) defines *religion* as an organised system of beliefs and practices that has the aim to worship and honour God or a god. This includes organised worship opportunities as well as private religious practice. *Spirituality* essentially is a response to the search by human beings for meaning in their life. It is not an organised system such as religion, but rather a private and individualized connection with God (Marcoen, 2005:365-366). The concepts of religion and spirituality in the Christian reformed framework of this study are used alternately as the two concepts as understood from gerontological literature are interrelated in the reformed understanding of spirituality. Activities in the context of the church and organised belief systems are also included in the reformed understanding of spirituality (Smit, 1989:88-92). In an article on the variety of spiritualities Laubscher, (2014:228) does not distinguish between spirituality and religious activity. In this thesis, I adopted the same approach because in reformed Christian terms the two terms do not oppose, but rather complement one another. A more detailed reflection on and defining of these terms will be done in Chapter 4, Section (4.2.2.2).

Gerontological literature in the areas of the gerontological participating fields, widely report positively on the influence of religion and spirituality on ageing. In a qualitative research project with 21 participating physicians on their experience of the intersection of religion, spirituality and medicine (Curlin, *et al.*, 2005:761, 765) reported that:

- Religion has an important and positive impact on medical outcomes. Because of existing research in medical literature, participants were not expected to share direct influences as observed.
- The participating physicians found religion to be a "paradigm for interpretation and decision-making related to illness".
- Physicians considered religion as positive when it enable patients to cope with difficult treatment regimes. (They did however viewed it to be negative if patients did not adhere to recommended medical advice.)
- Being professionals, participants would not allow the findings to change their approach to patients and medicine practice.

From a psychological perspective Louw and Louw (2009:269) valued research indicating religion as positive and advantageous to the mental wellbeing in general and on ageing in particular:

- Higher general psychological well-being and life satisfaction (Van Ness & Larson, 2002:386-399).
- Fewer physical health problems and even lower mortality rate (Kirby, Coleman & Daley, 2004:123-129).
- Fewer mental health problems such as depression and lower suicide rate (Nisbet, *et al*, 2000:543-546).
- More positive relationships with other people and a better social network from which to draw emotional support and encouragement (Levin, *et al.*, 1996:454-463).

In gerontological literature certain religions with strict rules such as the prohibition on alcohol and drugs, result in consequent healthier lifestyles amongst their followers. Religious practices such as prayer and meditation and social support in religious activities prove to be advantageous to believers in their general wellbeing (Louw & Louw, 2009:269-270).

Address (2011:5-17) reported on a Jewish religious community and the impact religion has on ageing members. They expressed their own experiences and expectations of their religion, their church and the clergy. They experienced a strong sense of support from the church as family, to the extent that

clergy actually fulfilled a much lesser role in the relational support received from the church family. What they needed from clergy was actually very basic and fundamental:

- Understanding of the "new" older adult that has emerged and who has the desire to live to the full in old age. Literature also reflects on a "new" generation of older people. In literature they are associated with the cohort of "baby boomers" who reached the age of retirement. The term "Third age" refers to the years between retirement and the age when ageing-related limitations step in. The same group reached retirement at a time of much improved health services, being better educated than generations before them in a generally better financial position. They have also adopted a postmodern focus on health, pleasure and youthfulness (Weiss & Bass, 2002:29-30).
- A sacred context in which they are met "where they are" with messages of value that transcend the mere attendance of services and meetings.
- Spiritual guidance, in particular encouraging older persons regarding search for meaning and purpose in life.
- Education, in particular to be educated on the religious tradition relating to the journey of ageing.
- Learning about illness and end of life decision-making. The ethics of decision-making regarding modern technology and treatment or termination thereof.
- Rituals for later life passages. A good example mentioned is possible rituals regarding the role and continued marital bond in cased of dementia of one partner.
- Their desire to serve should be tapped into. Clergy are dealing with new generations of ageing persons, who are due to live longer, with a greater necessity of living a meaningful and purposeful life and finding that in participation.

3.5.2 Ageing: The journey from failing certainties to transcending growth

The aim of this study was to establish a positive gerontological-pastoral approach in pastoral involvement with ageing people. The purpose was guiding them to manage ageing and the related challenges in search of meaningfulness to the end of life. The search for meaning in ageing should not be viewed as an unfeasible dream from which they will wake up when the trying realities catch up with them. Meaningful ageing does not lose sight of the realities related to the ageing process because the painful realities of ageing contribute to a journey from failing certainties to transcending growth.

Ageing does have positive features, but it also has negatives attached to the process. Ageing involves people in a process of deterioration through all phases of life, but particularly in old age. It could be referred to as the beginning of a journey of failing certainties. Ageing is the time of progressive disengagement from previously achieved status, roles, income, physical and mental health, competency and significant others (David, 2001:132). Durand (2010:13-14) refers to this stage in ageing as a "crisis of certainties". This crisis does not refer to life goals that were not attained. It rather refers to things that were achieved and which added meaning to life in the past. Ageing becomes a threat to certainties of the past. How long will life partners be together? What could happen to one's children? How do people cope with the absence and emotional loss of children and grandchildren emigrating to foreign countries? How does one cope with loneliness in old age? One of the very important implications of the religious and spiritual process of ageing is that ageing could become frustrating and failing and could be assailed by doubting their longstanding faith. God could even 'disappear' as a person's physical strength declines.

A significant aspect of the older person's feelings of religious insecurity and failing certainties relates to the fear of the failure of one's faith and that one's concept of God would start fading. Durand (2010:25) takes a strong and encouraging view on this. Firstly, the fact of fading certainty of faith does not imply that the believer has lost his or her faith. Secondly, fading faith does not imply that the believer has lost his or her relationship with God. Uncertainty or insecurity relates to thoughts, feelings and emotions. Being in a relationship with God relates to God. As opposed to one's insecurity in terms of feelings, God's faithfulness is everlasting and eternal.

Positively, the process of ageing also entails a time of reflection and growth. Although ageing could be challenging, it is also a phase of maturation amidst the presence of age deterioration (David, 2001:131-132). Ageing becomes an opportunity of reconciling the inward urge of still being able to continue life challenges, despite the constraints in the outside world, with the ability to come to terms with the reality (Merchant, 2003:32).

Atchley (2008:12) approaches coping in old age as opportunity for growth. He views it from a gerontological-spiritual perspective, defining spirituality as an "inner subjective region of life that revolves around subjective experience of being transcending the personal self and connecting with the sacred." From this perspective the coping challenges of ageing present the ageing individual with opportunities to grow spiritually. Spiritual growth is also associated with a process of gerotranscendence Atchley, (2008:14-15). Tornstam (2011:166-173) elucidates on gerotranscendence as redefining oneself in terms of a materialistic and rational view of life to a more cosmic and transcendent one. The process entails a reinterpretation of the past, possibly even

though reconciliation and a shift from a cosmic self-centredness to a transcendent spiritual outlook in late life. The process of transcendent growth includes revisiting social relationships and a new fundamental understanding of existential questions. From a starting point of decreasing self-centredness, redefining social relationships, to discovering new wisdom related to old age and a closer connection with the sacred. This is a strengthening journey of increased coping capacity in stressful times of painful experiences of loss in later life (Atchley, 2008:16).

The positive challenges of spiritual growth and gerotranscendence indicated in this gerontological literature research forms a sound basis on which a pastorate to guide ageing people to meaningfulness in later life can be founded upon.

3.6   Religious theories on ageing

In this study on a pastoral approach to meaningful ageing, not only religion in general, but a comparison between approaches to ageing in different religions is important. Not all cultures and religions adopt the same approach to ageing and caring for the elderly. In the South African context, in particular since a new political dispensation in 1994, the differences between black and white communities in their approaches to ageing are significant. Prior to 1994 white ageing persons enjoyed a living standard which was comparable to that of global developed nations. Black elderly to the contrary, lived in poverty with inadequate levels of educations and living standards (Lombard & Kruger, 2009:120-121). Since 1994, migration increased from rural to urban and also in particular to former "white" areas (Makiwane & Kwizera, 2006:300). This has changed the demographics of churches significantly and is posing new challenges to churches in terms of pastoral care for the aged – irrespective of cultural background.

3.6.1 Non-Christian religions and ageing

Religion, of many traditions, plays an important role in the lives of millions of people globally. In 2009, a World Gallup Poll (Crabtree & Pelham, 2009) was conducted in 143 countries situated in the Middle East and in Africa. Poll statistics indicated that Christianity, Islam, and indigenous faiths were represented in these regions. Of the participating countries 97% of respondents indicated that religion was important in the lives of the population (Koenig, *et al.*, 2012:53-54).

Sociologists previously argued that as societies modernise, they are more inclined to secularism, this being the reason for the religious gap between richer and poorer countries. Sociologists going back to the nineteenth century have theorized that societies naturally grow more secular as they modernize and religion begins to recede. These have however been questioned by researchers, because the

theory does not reflect reality accurately. Other researchers concluded that religion is a powerful tool to disadvantaged populations as they are much more vulnerable to forces threatening their existence and they therefore rely strongly on religion for hope (Crabtree & Pelham, 2009). Koenig and Lawson (2004:78) are positive that these findings on populations also apply to ageing populations of mainly non-Christian traditions.

Before Christianity and its approach to old age is discussed, brief descriptions are provided on four major global non-Christian religions:

3.6.1.1 The Hindu faith and ageing

Muthuswamy (2014:165-174) provides the researcher with a detailed overview of the Hindu faith and ageing. The Indian culture dates back to 8000 BC. India, with the most religiously diverse nations in the world, is the birth place of the so called *Dharmic* religions, comprising of the Hinduism, Buddhism, Jainism and Sikhism, of which Hinduism is practiced by 80% of the Indian population and is the world's third largest religion. Hinduism is more of a philosophy than an organised religion. What Asian Hindus practice are mostly cultural interpretations of aspects of Hinduism. The Hindu philosophy is codified and contained scriptural documents comprising of the Vedas, the Upanishads, and the Bhagavad-Gita" (Deshpande, *et al.*, 2005:131).

Dharma refers to righteousness and good moral and ethical practices in accordance with the scriptures. Dharma includes all individual, social and religious duties. Because Dharma is not imposed on an individual by some arbitrary God, but it is something the individual is born with, as a result of previous lives and forms the basis of personal commitment and social responsibilities. Hinduism recognises and values interdependence, which implies that society meets the needs of a person, if the individuals perform their responsibilities. Together with children, the handicapped and women, the elderly are considered as people who need special support from others.

Since early times of Hinduism, the elderly have been highly regarded. They played important roles in the three to four generation extended family system functioning in the Indian culture. In the system where grandparents, children and grandchildren and their offspring live together, the elderly have responsibilities such as taking care of children, settling household and interrelation conflicts, matrimonial match-making, fulfilling useful roles in family and society. They are fully integrated with society and taking care of them is one of the greatest virtues and caring for them brings Karma and Dharma.

3.6.1.2 Islam and ageing

In Islam the elderly takes a high priority in the family system. (Coleman, 2010:167). Ageing people are expected to serve society as long as possible. Elders are required to be treated with respect and to be cared for in the family system, particularly in late life (Idler, 2006:282).

Yet, despite the role a functional family system should play to the benefit of the elderly, Atighetchi (2014:175-191) considers the ageing Islamic population as a vulnerable group in society. In the traditional family system the elderly were the pillars of a patriarchal society, protecting the values, traditions and knowledge of the system – as "living cultural computers" of society (Abdullah, 2016:389).

The respect and care for the elderly is based on the Quran's guidance in this regard as the only law which is truly the only universal law, revealed by the Creator (the Shari'a). Said, (1989:27-38), concerned with health and ageing in Islam, maintains that Islam's attitude towards ageing people is based on what the Holy Quran requires from Islamic believers:

- The various stages of biological changes in man to which the Ayat refers reflect God's omnipotence in the sense that it is He who pulls man out of childhood weakness and frailty and gives him the strength and power of youth and then leads him to old age. And the One who has command over this creation and transformation has also the divine power to lead men to life after death (al-Quran: Rum, XXX:54) (Holy Quran).
- The concept of family in Islam is a collective community in which care for each other as relatives and specifically for the parents is of paramount importance as the Quran vividly lays stress on the rights of disabled and old people in society (BaniIsrailXVII:23,24) (Holy Quran). Taking care of parents is a responsibility as children were supported by their parents when they were younger. Parents consequently enjoy a status of respect in the extended family. After God, parents have the greatest right to be cared for. In general, Islamic literature's appraisal on caring for older people is very high and positive as it is firmly based on the Quran. According to Shaikh (2013) Islam, in contrast to the Western world where the concept of ageing is one of fear and avoidance, approaches the ageing with honour and reverence.

Western influence has however affected the general positive position in Islam. Atighetchi (2014:175-191) explored Islamic perspectives on vulnerable groups such as the elderly against the background of modernisation due to western influence. Western influence, in almost all Muslin states, is present in most legal frameworks (Atighetchi, 2014:175). Universal declarations like documents on human rights of vulnerable groups appear with a "western" flavour of secular nature or religious neutrality.

With modernisation, the changes to old systems accelerated. Due to progressive individualisation in modernisation, older people are progressively removed from the role as custodians of traditional knowledge and values. They are less protected in modernised areas. With the fast increase of the ageing population, longer lifespan, and the fact that older people are practically deprived of earlier roles in the family system, older people are declining in cerebral and mental performances.

Said (1989:33) does however also mention the sad fact that in modern times also in Islam, it happens that elderly people are neglected in hospitals or just forgotten in homes for the aged. In areas less impacted by modernisation however, the extended family system continues to provide 'home care' as the best if not the only care for ageing parents.

It is paradoxical that with the increased lifespan of the elderly, ageing could literally be a painful process. In view of required care for the elderly based on the Holy Quran, one would expect from the Muslim society, medical care and palliative care in Muslim society is met with opposition. Due to high costs of care at palliative institutions, shortage of qualified nursing staff, inadequate pain control and cultural opposition to palliative care, ageing could be a difficult physical and mental challenge (Atighetchi, 2014:175-191).

3.6.1.3 Buddhism and ageing

Gerontological research on ageing indicates that in Buddhist environments like Thailand and China, caring for the aged is progressively shifting from a state responsibility to private home support where family and the local Buddhist congregations are playing a vital role (Yu & Rosenberg, 2017:199; Sasiwongsaroj, *et al.*, 2014:1210). The research indicates a slower decline and a higher wellbeing in terms of functional health in the environment of church-based support systems (Sasiwongsaroj, *et al.*, 2014:1215). This research is consistent with the approach to ageing in the Buddhist faith.

Buddhism, from a gerontological perspective, is based on the confrontation of the Buddha as young man, with old age, disease and death. Buddhism teaches ascetic renunciation of the world throughout life. Ageing is considered to be the result of good karma and a time of opportunity for further enlightening, especially focusing on high levels of spirituality and being concerned with the path of emancipation from reincarnation. Critics consider this aspect of Buddhism as reinforcing passivity in the face of older people's diminished economic and political status (Coleman, 2010:167).

Writing from the Buddhist perspective on vulnerable groups, among which are the elderly, Hongladarom (2014:117-133) explains that the two key elements in Buddhist philosophy are compassion and interdependence. These two elements are of great importance relating to ageing.

In all of nature, everything depends on another for its being. Compassion is an essential quality, especially for those dedicating themselves to ultimately become a Buddha (the Enlightened One). Compassion is the quality to feel the suffering of other as one's own suffering. It is therefore more than mere sympathy. It also defines the Buddhist attitude towards the vulnerable old age, which is described as the life stage, full of dissatisfaction and suffering as the stage of "wrinkled skin, loose teeth, white hair and general decay of the body" (Hongladarom, 2014:129). Nobody can escape this stage of life and this picture of old age is intentional, in order to understand the unsatisfactory nature of old age when frailty creeps in. Old age is however not only negative. It is also the stage of wisdom when the elderly could advise the community and the extended family wisely from past experiences associated with old age on the meaning of life (Hongladarom, 2014:129).

3.6.1.4 Jewish faith and ageing

Similar to the other major global religions, older people in the Jewish tradition are being treated respectfully, in accordance with Jewish Scriptures, because ageing is perceived to be a blessing from God, based on a life of righteousness. This attitude to older persons obviously also imply certain responsibilities to the elderly.

Greenberger (2012:282-283) refers to the dualistic nature of ageing as reflected in Jewish writings. On the one hand ageing brings along severe ravages of human deterioration as described and portrayed in Ecclesiastes 12:1-7. On the positive side, the Jewish Scriptures also encourage the elderly in terms of an old age status. Age is "enumerated alongside wealth, power, beauty, honour and progeny as 'spices' of life" – implying the soaring of the spirit (Mishna Avot, 6:8) and finally, old age is said to be a 'crown', specifically for the righteous (Proverbs 16:31).

Rabbi Dayle A. Friedman (2016:1-2) similarly describes ageing as fundamentally positive, despite the hardships associated with ageing. Long life is considered a reward for righteous living, especially with regard to the faithful study of the Torah and a life marked by righteousness. Because long life is valued as a blessing, it should be respected and be treated with reverence. This reverence should be shown to all people, normally over sixty or seventy. Even if they are affected by dementia, they still deserve to be respected. This respect is demonstrated in simple living practices such as rising to their level even if one is busy with your daily task.

According to Steinberg (2003:354-376) as cited by Halevy and Halevy (2014:194-195) Jewish Law defines old age according to chronological age, but age varies in regard to various legal situations, such as physiological characteristics in specific circumstances. Although "Zaken" in the Bible refers to chronological age, in the Talmud it metaphorically refers to any person of esteem, such as a great

Torah scholar, even if he is young in years, or "someone who has acquired 'wisdom". The usage of the word "elderly" in its various meanings is an indication of the esteem and respect Jewish faith has for persons acquiring wisdom through ageing.

Neither in the Bible nor in the Talmud are older people included in underprivileged groups such as widows and orphans (Halevy & Halevy, 2014:195). This implies that they are part of normal society. The elderly persons are fully accommodated and cared for as members of the family system. They are considered as active and responsible persons, and the rabbinic sages deal with limitations due to old age. Old age is viewed as a blessing according to Isaiah 65:20, Zechariah 8:4, Psalms 92:15 and Proverbs 3:16, although, excessive longevity is not (Tractate Berakhot 7a). Leviticus 19:32 is only one of 613 Biblical commandments where people are instructed to be respectful to the elderly. Even when a person becomes senile, they are not deposed of this status of honour. Jewish children are mandated to take care of their elderly parents in their physical and psychological needs. In the event of parents disturbed by dementia, they may arrange for care elsewhere (Maimonides, Mishneh Torah, Ishut l3:14; 22:3). Should children not be in a position to care for their elderly parents, this care becomes the responsibility of society at large.

In Jewish tradition, later life does not mean an end to studying and continued learning from the Torah. This is also the time of life with general potential for gerotranscendence – a shift in meta-perspective from materialistic and rational view, to a more cosmic and transcendent view (Tornstam, 1997 as cited by HøgskoleniVestfold, 1998). This is also a time of involvement with others. In the family system not only parents, but also grandparents have the obligation to teach the Torah to grandchildren. Jewish images on old age and ageing are radically different from the perceptions in secular cultures. The main reason being, that God is positive about age and the elderly (Psalm 92:15-16).

3.6.2 Christianity and ageing

As far as the Old Testament is concerned, Christianity and the Jewish religion partly share the same source and therefore agree on those aspects of ageing mentioned in that same Scripture or part of Scripture.

Watkins (2003:69-85) based his practical theology of ageing on Biblical perspectives of ageing. Old age is considered as blessing and consequently not something to resent, deny or dread. Wisdom comes with ageing and is always related to a close relationship with God through obedient and righteous living. He mentions a number of relevant principles on which the role and the care of the elderly are affirmed:

- Man was created in the 'image of God'. God breathed life into the nostrils of man (Genesis 2:7) and even despite the deterioration through age-related diseases like Alzheimer's disease, this 'God-breathed' life remains.
- Man is created from the dust of the earth and therefore an earthly being. Life on earth is not the whole life, as after death, life is raised to eternal life.
- Man was made in a relationship with the surrounded community.
- Frailty and ageing is inevitable and part of God's plan for life. Our days on earth are determined and precious (Psalm 139:16; 90:12).
- All people are created in the image of God and ought to be respected, revered and cared for. This particularly applies to the weak, the oppressed and the infirm. Although old age is not singled out as a specific vulnerable listed group but as part of life and of the living community, the Bible prominently refers to respecting the elderly as a theme.

Different from the Old Testament which is very specific in terms of the respect and reverence owed to the elderly, the New Testament seldom refers to the responsibility of honour and reverence to the elderly as specific group. They are rather inclusively portrayed as part of the New Testament community. However, it often refers to older persons in dignified roles, for example in the narrative of the emerging Messiah, persons like Zechariah and Elizabeth (Luke 1:5-25), and Simeon the devout and righteous man, filled with the Spirit (Luke 2:25-38). More examples are Jesus' defence and plight for the elderly parents taking preference to the sacred vow of Corban in the faces of the Pharisees (Mark 7:9-13) and his honouring of his mother at the cross by providing a means for her care in the person of his disciple (John 19:25-27). His healing of the sick should be considered as inclusive of elderly people, and should serve as great comfort to those suffering from age-related diseases like Alzheimer's disease. Also in pastoral relations, Paul specifically mentions the elderly widows and obligations of Christian believers regarding their parents and grandparents (1 Timothy 5:9-10) as well as the exemplary life that should be lived by older persons (Titus 2:3-5).

3.6.2.1 Ageing: A blessing – to bless

Most literature on the Christian perspective on ageing, emphasise that the Bible often refers to ageing and the elderly as a blessing. A very early reference and promise in the Bible concerning the role of blessing, is mentioned in Genesis 12:2. God called Abram from Haran to Canaan, when he was already seventy-five years old (Genesis 12:4). At the time of his calling God said to Abram:

> *"I will make of thee a great nation,*

> *And I will bless thee,*

And I will make thy name great,

And be thou a blessing;

And I will bless them that bless thee,

And I will curse him that curseth thee.

And in thee shall all the families of the earth be blessed."

(Genesis 12:2 and 3 – King James Version KJV)

After this blessing from God, two more references follow:

- "And be thou a blessing". Written in the imperative form, the promise becomes an imperative. God is the One who asks Abram to be a blessing but this has a consequence: He should live his life in such a way that he becomes a blessing to others (Leupold, 1972:412).
- "And in thee all the families of the earth be blessed". According to Leupold (1972:413) this verse refers to the 'divided families' on earth and is Messianic. Through Abram's generation the Messiah will emerge. This announcement is repeated as parallels in Genesis 18:18, 22:18, 26:4 and 28:14). In Biblical times of the Old Testament the ageing grandparents were fully integrated as part of the extended family. They had specified obligations towards grandchildren and in that respect became a blessing. They could feel worthy and added meaning to life (Halevy and Halevy. 2014:195). In response to God's unconditional love, they need to serve and love others in spite of limiting circumstances of old age (Koenig, 1994:290).

The promises of being blessed and consequently being a blessing to others are in a particular way also fulfilled in the Christian obligation to love the other as one loves oneself (Matthew 22:39). In Christian life, serving, caring and loving each other is the mark of true Christian faith. When old age is viewed as a blessing, the reciprocal blessing of others seems to be an integral and natural part of later life and the Body of Christ.

3.6.2.2 Ageing and wisdom – to share

Wisdom is traditionally associated with religion in general and with Christianity in particular. The past three decades saw an interest in the study of wisdom from psychological perspective, largely ignoring the religious connotation of wisdom. It is also incorrect to insist that only Christians understand wisdom (McLaughlin & McMinn, 2015:121). It is generally agreed that wisdom originates from life experience, but life experience alone does not guarantee wisdom (Weststrate & Glück, 2017:811).

From a psychological perspective defining wisdom includes experience-based knowledge on fundamental as well as complex life issues, which is shared in the form of advice-giving, decision-making and problem-solving capacities. Theories of wisdom indicate that wisdom develop over a lifetime through an interpretative approach to self-reflection, which contains an element of emotional closure on past events (Weststrate & Glück, 2017:800-803,811). Older people do have an advantage in terms of decision-making from an age-based expertise. Although ageing might lead to some degree of cognitive decline, ageing also gains in insight and wisdom (Worthy, *et al.*, 2011:1379).

From the psychological perspective above, the ageing person continues to gain wisdom through life experiences to the end of life. This study searched for a theoretical basis to find wisdom in ageing as integral part of meaningful ageing. It recognised the role and findings of psychological research on wisdom. It is correct therefore, also from a Christian perspective to view wisdom as a perpetual process of gaining new experiences, which are fulfilling one's purpose in life. These age-based experiences should however also be forwarded to future generations.

The Bible provides multiple examples of people like the prophets, apostles and followers of Christ who made a profound impact on many generations after them (Graham, 2011:34-37). Sharing experiences and their interpretations of history with the new generations remains a very important role of the elderly, which they should not disregard. The prophet Joel (1:2-3) serves as an example when his fellowmen was experiencing economic ruin:

> *Hear this, you elder, and give ear …*
>
> *Has anything like this happened in your days,*
>
> *or even in the days of your fathers?*
>
> *Tell your children about it,*
>
> *Let your children tell their children,*
>
> *and their children another generation.*
>
> *(New King James Version – NKJV)*

Also Deuteronomy (32:7) reminds the young generations to continue asking the elderly about the history. Proverbs reminds children to embrace the instruction and doctrine presented to them by the father (Proverbs 4:1-2). Widows over sixty in the church are called upon to continue serving like they

did in the past to her husband and children, strangers, fellow believers and the afflicted (1 Timothy 5:9-10).

The wisdom of the elderly grows from rich experiences of the past and life lessons to be shared with younger generations (Howie, 2000:32). If the church is church of all people, the elderly are to be included to share with the young generations. A ministry with the elderly should allow ageing people to share from the wealth of their knowledge and experiences of the past younger generations do not know. The ageing members of the congregation should not be on the receiving end of the senior adult ministry only (Howie, 2000:33-34). Both Job (28:23, 27-28) and Proverbs (9:10-12) teach that wisdom comes from God and can only be attained by man, by serving Him. The youth are challenged to listen to the elderly with open minds for the wisdom they have to share. The authors of the Old Testament came from all walks of life to share the wisdom of the fear and knowledge of God, and these elders for ever shared their counsel with us (Knierim, 1981:33-34).

In a proposed theological framework for the ministry with the ageing, Coetzer (1993:23-27) suggests that the elderly and their sharing role in terms of their life experiences and wisdom, should be provided for in the ministry (Howie, 2000:32). This view of Coetzer (1993) underlines the importance of the elderly not only to be 'tolerated' in the church. They should also not be considered as objects of a helping pastorate only. The respect for the elderly should be demonstrated in an attitude of eagerness to be taught by their wisdom, deeply rooted in God that has developed over many years of serving God righteously.

Research indicates that the answer is to be found in an intergenerational ministry, which is currently being researched widely. Grobbelaar (2008:v) postulates that the congregation as intergenerational space could serve as corrective on the disintegrative trend of family life and the fragmentised society in different generations. He concludes that this will not only be achieved by developing a functional program to realise intergenerational goals. A functional intergenerational ministry will only be possible when a new intergenerational ethos, climate, culture, attitude and lifestyle has been established in the church (Grobbelaar, 2008:479).

3.6.2.3 Ageing as deterioration – a spirituality of hope

The physical and mental deterioration in later life is inescapable. The sense of decline, loss and loneliness is inherently part of old age suffering. For the pastorate to engage in supporting older persons to a meaningful process of ageing its approach should be based on the Biblical message of hope. Hope does not escape or bypass suffering in ageing. Instead, it provides a framework within which spiritual endurance, tolerance and courage is activated (Louw, 2014:6-8).

Peter wrote his first letter to fellow Christians scattered over the Northern parts of Asia Minor (1 Peter 1:3-9) (Wheaton, 1970:1237). They were suffering in the world, mainly because of their faith in Jesus Christ. Peter explains how this hope of being saved in Christ, serves as dynamic encouragement and support in suffering. It puts them in a position to cope with trials of suffering (1 Peter 1:6). In the context of the letter, ageing is not particularly mentioned by Peter as reason for his writing. However, in order to apply the blessing of hope in Christ in everyday life in late age, whilst having to cope with the effects of ageing, this proclamation of hope is obvious.

Transforming loneliness into solitude is a good example of how elderly could cope with the holistic, destructive nature of ageing in late life. Being alone is a consequence and part of the process of ageing due to age-related losses. In a study of the way loneliness and solitude relate, aloneness is a challenge experienced by most ageing individuals in their lifetime (Payne & McFadden, 1994:13). Due to the many losses ageing persons accrue during the process of ageing, the loneliness is evident and is part of their psychological vulnerability.

To the emotional, social and existential loneliness, Louw (2008:505) adds the very important aspect of spiritual loneliness. In a sense the experience of being separated from God in old age is real loneliness and catastrophic. The spiritual challenge in old age therefore is to change loneliness into solitude. Tillich (1980) as cited by Payne and McFadden (1994:14) explain that "aloneness" amongst other physical and mental losses emerges when human beings are socially and bodily separated from others. Isolation is part of the human experience. It applies to all people.

Being alone has two sides: loneliness and solitude. Loneliness is the *pain* of being alone, and solitude is the *glory* of being alone. The process of transforming loneliness into solitude is associated with a spiritual capacity to experience transcendental wholeness of meaningful connectedness within oneself, others, the environment and ultimately a meaningful connectedness with God. God provides a secure base from which the believer can counter the challenges of life and in particular the suffering aspect of ageing (Payne & McFadden, 1994:19, 21). The church and its pastorate by far remains the most important vehicle promoting a sense of belonging to a spiritual community.

Unfortunately, religious institutions often lose contact with older members when they have to scale down on personal attendance due to physical deterioration of impairment. Being separated from the spiritual community cause loneliness, which can be ameliorated by organised pastoral visits and creative planning to stay in touch with the ageing members (Payne & McFadden (1994:22-23). It is very important that church programmes should not only aim to keep older people busy or to filling

their time. It should be "fulfilment" of time, developing spiritual realisation of God's faithfulness and presence and growth in their vision on the resurrection of hope within them (Louw, 2008:505, 506).

The Biblical passage from 1 Peter 1:3-9 provides an answer as to how to transform suffering into bearable living from a spiritual perspective of hope. This transformation emerges when suffering becomes instrumental in a process during which faith is sharpened (Louw, 2008:67-69). It brings out the pureness and genuineness of one's faith (1 Peter 1:7-8). It is not suffering and deterioration that brings an individual to faith. God graciously brings about faith. Suffering in life does not teach one to pray. Faith does. When a person prays in faith, one does so from a basis of fulfilled promise. Peter calls it an inalienable hope. What suffering and frailty does is to bring about adjustments in the life course. Suffering is an exercise in faith, bringing us face to face with God's eternal promises. It teaches an individual to get rid of excess 'luggage' and to travel light in the process of ageing. Translating the message of hope into the context of frail late life means that the message of hope transcends ageing into a context of spiritual joy (1 Peter 1:6).

3.6.2.4 Christian faith in context: preliminary remarks on the role of the church in ageing

In the reformed tradition of Christianity, the role of the church as corporate body of believers forms the context where the ageing person experience belonging, meaning, support. The Heidelberg Catechism (XXI: 54-55) expresses the role of the church in the life of a Christian believer as follows:

> I believe: That the Son of God through his Spirit and Word, out of the entire human race, from the beginning of the world to its end, gathers, protects, and preserves for himself a community chosen for eternal life4 and united in true faith. And of this community I am and always will be a living member.

About the church as "the communion of saints" it continues: I believe

> First that believers one and all, as members of this community, share in Christ and in all his treasures and gifts.

> Second, that each member should consider it a duty to use these gifts readily and joyfully for the service and enrichment of the other members.

It is evident from this historic confession of the reformed Christian tradition, that the church comprises all believers, irrespective of age or social standing. Together with Biblical references as previously indicated, it is evident that the elderly are inherently part of the social and religious systems. The elderly are unambiguously part of God's family and have an undisputable role to fulfil. What matters

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is whether the church, amidst the growing numbers of ageing people, has the will or the capacity to embrace and mobilize the whole "family" to fulfil God's purpose with His Church. When the church is successful in doing so, does active involvement in religious activities make a difference in the lives of the elderly?

Gerontological literature responds positively to this question. Research on the meaning of the church to ageing people indicated that attendance of and participation in church and religious meetings exceeds the attendance and involvement with other non-religious activities (Cox, 2006:381). There is a growing interest from churches and Christian faith-based organisations to develop programmes for the elderly. A good example of Christian organisations reaching out to ageing people and their needs in terms of research, and services is the Shepherd's Centresin Kansas City (website: www.sccentral.org). They offer a variety of services to midyear and elderly people also involving them as volunteers (Atchley & Barusch, 2004:299). Although research indicates a slow decline in the frequency of attending and participation in religious activities after the age of seventy-five, this is largely due to disability in that age group. Committed personal devotions, Bible studies and prayer and meditation provide special "soothing and supportive self-care for the mind and the soul" (Atchley & Barusch, 2004:301-302). The church plays a vital and encouraging role with regards to life event transition in ageing through the use of religious rituals such as births, marriages and celebratory occasion in families and church. These celebrations provide comfort, understanding to and relief of persons from the stress of transition. The repetition of such rituals strengthens a sense of meaning in transition – especially understanding the meaningfulness of life at major turning points in life (Binstock & George, 2006:285-286). Although many clergy give preference to working with the youth rather than with elderly, most of them do care for elderly people and are open to working with them when required to do so (Binstock & George, 2006:299).

A second perspective is less positive. There are concerns about the impact of growing numbers of elderly on the church's capacity to effectively manage the increased numbers (Knapp, 2003:11-21). Questions are raised about the preparedness of churches in terms of planning for senior adult ministries as well as active inclusion of the elderly in such programmes (Gallagher, 2002:10-11; Houston & Parker, 2011:40). The aim of this study was to contribute from a gerontological-pastoral practice to enable the church to run a meaningful senior adult ministry, giving meaning to the elderly on their challenging journey.

3.7   Ageing and pastoral practice – a preliminary exploration and analysis

The purpose of the literature research in this chapter had been to establish the role of *religion* in the multi-disciplined science of gerontology. The setting of this study was congregational. The observations made by the researcher raised questions from a religious perspective. I observed that the ageing persons, who formed the basis of my ministry, were set in a harsh, industrial context but they were active and committed Christians of a church. Yet, they approached ageing and post-retirement life with a conspicuous absence of motivation to allow their faith in God, in the context of their local congregation, to generate meaningfulness and emotional energy in their process of ageing. The central question the researcher raised, and which prompted this study related to the Christian pastorate was: Would it be possible for the pastorate to motivate people in this setting, to manage their ageing in a manner which would create meaningfulness even in the wake of typical ageing related challenges? The previous chapter provided a theoretical basis of gerontology. The question posed in this chapter had been to explore the theoretical role of religion in gerontology to establish a pastoral-gerontological basis theory, which would enable an envisaged the pastoral approach to meaningful ageing.

I briefly report and *analyse* (in **bold italics**) the relevance of religion in the gerontological research and search for a pastorate to address meaningfulness in ageing:

- An overview of relevant literature revealed that early references to healing in ancient times indicated the presence of a priest physician, with supernatural powers to reverse the evil spiritual powers from the gods, who are punishing people with illness. In the early-twentieth century research of religion in psychological studies terminated. It also terminated the research of religion in gerontology. The later part of the twentieth century saw a new interest in religion, which gained momentum in the twenty-first century. Research widely reflects positively on ageing and the positive effect religious beliefs and practice have in the lives of older people.
  It is evident that religion forms an integral part and has a positive impact on human ageing and wellbeing. It extends to the end of life. The gerontology, continuing to request more pastoral inputs in the study of ageing, confirms that the religious basis of this study is timeous and valid.

- It had been noted that although the pastorate and religious beliefs in past decades have been acknowledged in gerontological research, religion also exposes a negative side, which

neglects and obstructs scientific healing processes. This is not welcomed in psycho-social sciences.

The intended contribution of this study is to establish a pastoral approach, contributing towards, rather than estranging the pastorate from participating gerontological sciences. It is important and enriching for the pastorate to take note and apply relevant knowledge of psycho-social sciences, without sacrificing its own Biblical identity. While religion and the pastorate is acknowledged and respected in biological and psycho-social sciences, the pastorate should also reciprocally honour God's use of science in healing and ageing. This study strives contributing toward gerontological research and practice in order to add meaningfulness to the ageing person from a pastoral perspective.

• A prominent aspect of this research indicated that religion and spirituality is not stagnant but contributes to an ageing person's wellbeing because of the process of growth in spiritual and religious experience. Growth develops in a process of gerotranscendence as a process of growth away from self-centredness to a meaning-making attitude of reaching out to others. The need for spiritual growth is specifically evident in late life when the ageing person is confronted with the typical ageing-related challenges in later life. A significant part of religion and spirituality is founded upon the rich social character of religious local church activities in which the ageing person can participate, and which provides in a much needed spiritual support systems and new friendships in late life.

The pastoral approach to meaningful ageing which was envisaged in this study would not have be possible without the role of the local congregation of the church where the pastorate is practiced. This literature study reaffirmed the need for a pastorate that would guide ageing people through the process of ageing and spiritual growth in the context of a community of believers who breathes the spirit of understanding, support and growth.

• The literature study drew attention to the fact that gerontological literature of all participating sciences distinctly differentiate between "religion" and "spirituality". Gerontological research is not religion-specific. Nor is it, in relation to Christianity, denomination-specific. When gerontological literature refers to religion, except when otherwise specified, the contents of religion and spirituality is generally based on Judeo and Christian belief. Against that background it is understandable that differentiation between religion and spirituality is made. Religions do differ in terms of a primary focus on spirituality or religion.

This thesis adopted the approach to use the terms alternately because in reformed Christian terms the two terms do not oppose, but rather complement one another. A more detailed reflection on and defining of these terms will be done in Chapter 4, Section 4.2.2.2.

- Gerontological literature is not religion-specific, nor is it denomination-specific, in terms of Christianity. This is because researchers in the psycho-social and gerontological perspectives are writing from those perspectives and not from a theological perspective. Having studied the literature on religion and ageing, it became obvious that readers should interpret the gerontological reference to religion and spirituality from the tradition they represent. Although there are certain resemblances between major religious traditions, there are just as many differences.

This study approached gerontology from the perspective of Reformed Christianity. The attempts of gerontologists and in particular students of psychology to research the strengths as well as the weaknesses or religious and spiritual practice was to be appreciated. It was useful to note how these religious aspects benefit or adversely affect the ageing person on the journey of ageing. I fully agreed with the recommendations made in the literature research report of this chapter, that theology and in particular Pastoral theology should contribute more to the studies of gerontology. That would result in scientific gerontological researchers in religious or spiritual matters to gain a better understanding of their research in areas where their knowledge and understanding fall short of their field of expertise.

- In view of the remarks above, the section in this chapter exploring the approaches of a number of mainstream global religions had been an enriching experience. The researcher values understanding ageing from different religious perspectives. In keeping with the open ended approach of gerontology, it is advisable that religious not only understand, but also appreciate the positive aspects of different religious and cultural contexts of religion and ageing. Examples of approaches to ageing in the major non-Christian religions like Hinduism, Islam, Buddhism and the Jewish faith revealed aspects of religious-gerontological practice Christian pastorate could take note of.

The major common aspect regarding ageing is reverence for older persons. The holy books of all the major religions refer in no uncertain terms to the need of respect and responsibilities towards older adults. In religions and cultures such as Islam, Jewish and Hindu faiths, the extended family system serves as stronghold for the elderly to

be cared for. In some cultures, this social stronghold has been or is in the process of being eroded, especially in the Western world, which is also strongly associated with Western Christianity. In the Western lifestyle and nuclear family the elderly are mostly excluded and moved to a clinical environment of old age homes and retirement villages. This new development of caring for the aged, poses sophisticated and innovative challenges to the pastorate to render effective pastoral services, which will add meaning to the lives of the ageing population. In the absence of the extended family system, the pastorate is challenged to find innovative ways of motivating ageing people to live a meaningful life to the end. The context of this study represented an environment where ageing persons are often isolated from the significant others in their lives. This requires a new approach to guiding the ageing person into a new stronghold, the church as caring family of God. If the pastorate succeeds through a comprehensive senior adult ministry, it will become an effective tool with a unique capacity to reach into lives of older people in a way no other instance is allowed to do.

- In conclusion, the literature commented on the role of the church as context for spiritual growth and support. Positively, the role of the church is reaffirmed, but questions are also raised about the church's capacity to manage with the growing numbers of ageing persons.
  There was no doubt in my mind that the church has an undeniable role in the meaningfulness in the lives of ageing people. Based on Biblical principles the church cannot be replaces as emotional haven of spiritual support and growth. Structurally it is well-positioned to fulfil a role no other organisation or group is able to fulfil. The envisaged pastoral approach to assist people in meaningful ageing, will be based on and the success thereof determined by the willingness and readiness of the church's pastorate to fulfil its Biblical role.

3.8   Preliminary synthesis

This chapter provided an overview and analysis of gerontological literature on the role of religion in the lives of ageing people.

Although religion is largely perceived positively in the process of ageing, it also has an ambiguous side. Ageing has been viewed from different religious traditions, different perspectives and different practices.

The next chapter will explore the relationship between pactical theology in the field of the gerontological sciences.

CHAPTER 4   PRACTICAL THEOLOGY AND AGEING

4.1   Gerontology and practical theology

4.1.1   Introduction

In the previous chapter the impact of religion on psycho-social health as well as the value of religion and the relevance to ageing had been explored. Approaches to ageing of various main global religions had been analysed. The approach of Christianity in particular had been in the focus as Christian faith forms the religious framework of this study. In this chapter the relation of practical theology to the gerontological sciences was enquired into. Practical theology has a dual purpose in its relation to gerontology. It facilitates in the application of gerontological knowledge into pastoral practice. Practical theology, with the Bible as the basis, participates in the gerontological research and discourse. It brings a theological perspective that transcends beyond mortality to the gerontological-pastoral discussion. It adds hope and meaning from an eternal perspective to the process of ageing in the lives of persons in later life. To formulate a basis theory for a gerontological-pastoral approach in practical theology to meaningful life management in later life, this chapter considers different practical theological as well as gerontological approaches relevant to ageing. Various approaches to practical theology was analysed in terms of its relevance to ageing and the focus of this study. Meaningfulness in ageing was surveyed from a pastoral perspective. It was analysed and evaluated in terms of their value to a motivational pastoral approach, which aims to guide ageing persons to a meaningful life to the end. The possible application of positive psychological views to a meaningful life to the end was also analysed for the same purpose.

4.1.2   Pastoral and gerontological approaches to ageing

4.1.2.1   Practical theology and the modern-postmodern transition

Practical theology has continuously been a subject of discussion and debate regarding its status as a science, how it relates to the psycho-social sciences and its own position in the various sub-disciplines of the theological encyclopaedia. The question regarding the direction of its development has always been part of practical theology, both within the theology and its position in relation to other social sciences and other religions (Ganzevoort, 2007:20-24; Graham, 2006:845). Modernity and postmodern thinking have had and continue to have a distinct practical impact on all disciplines, also on practical theology. In modernity the conscious inclination to secularism has tended to replace religious authority and claims to truth. Postmodern thought however brought a re-evaluation and transformation of the spiritual and the numinous (Du Toit, 2000:88-90; Graham 2006:845; Hugo,

2009:142). Postmodernity developed in the twentieth century through philosophers like Michael Foucault, Jacques Derrida and Richard Rorty (Wittmer, 2008:15). Their thoughts were shaped against the background of twentieth century tragedies such as colonialism, the world wars and the holocaust, which not only characterized their time, but also marked the ethical failure of modernity. The same technological achievements of modernity also enabled man to master fellow human beings through colonizing and sometimes even killing (Wittmer, 2008:15-17). Whilst defining South African modernity in temporal, cultural and institutional terms, Fourie (2011:229-230) explains the complexity of modernity. It requires navigating through the "complex and entangled historical, philosophical, sociological, religious and legal narratives and their multi-faceted and diverse contemporary expressions". In terms of understanding South African modernity, it is important to take cognisance of the fact that the South African context was further influenced by European and American forms of modernity (Fourie, 2011:229). This complexity of the modern-postmodern discourse is further marked by the loaded and elusive terms, 'liberal' and 'conservative'. These terms are often used to describe political, moral and religious views, cluttered with much cultural baggage. They also reflect on our own understanding and practice of theology (Wittmer, 2008:16). The liberal and modern culture denied traditional religious (and Christian) beliefs and reduced Christian faith to ethics. In opposition to liberal thinking, conservatives sought to reclaim traditional beliefs, but their authoritative and exclusive attempts to provide 'proof' of the Bible as Word of God resulted in fundamentalism and Biblicism (Du Toit, 2000:88-89; Wittmer, 2008:16-17). Whilst the modern-postmodern and liberal-conservative debates address different issues, and could therefore result in a 'mix and match' of these categories (Wittmer, 2008:17), two broad directions of thought persist. The challenges of postmodern culture are viewed as a 'great opportunity', but at the same time as a 'grave peril'. With the latter, a tolerance of personal perspectives and a relativity of truth are implied (Wittmer, 2008:28). Other theologians recognise the developing tension in churches because of the speed, diversity and complexity of social and cultural change (Niemandt, 2007:47-49). This is not negative *per se*, but with its inclination towards the Word of God and simultaneous openness to contemporary and cultural developments it poses a specific challenge to Reformed theology. The phenomenon of postmodern thinking then becomes a blessing in disguise and an opportunity for an honest faith narrative. In the emerging postmodern world, God will not only be perceived as 'lost' but, in that He Himself 'is stirring the pot'. He will also be found again (Niemandt, 2008:49).

This positive view is also observed in various theories of Pastoral theology that have developed in recent decades. These developments are practical indicators of Pastoral theology's interaction with change and development in society under the influence of globalisation and modernist theories and postmodern culture (De Jongh van Arkel, 2000:143-145; Heitink, 1977:209-212). The positive

approach in Pastoral theology to psychotherapy through the pastoral counselling movement, as well as new forms of therapy and new appreciation for psychoanalysis are examples of this interaction (Heitink, 1977:259; Graham, 2006:853). Although postmodern culture and thinking may pose a threat to modernist structural thinking, it also opens up new challenges to pastoral therapy for closer interaction between both community and church as a religious community, for the demarcation between word and deeds to fade (De Jongh van Arkel, 2000:143-145).

4.1.2.1.1   Gerontology in the postmodern age

Similar to practical theology's processes to finding direction in the modern debate, gerontology has also been confronted with different schools of thought regarding postmodern perspectives on ageing. In the second half of the twentieth century, not only the age brackets of increasing longevity have changed, but the meaning of ageing in society and ageing itself has undergone serious changes. This is more specifically relevant to the age groups 40 – 60 years. The focus of gerontological studies was compelled to move from ageing as a "problem" to the challenges posed by theories of the Third age, the years between retirement and the age when ageing-related limitations step in. (Gilleard & Higgs, 2010:121).

In his widely quoted work, *A Fresh Map of Life*, Laslett (1989) popularised the term, Third age (Gilleard & Higgs, 2010:122). The term originated from the French Les Universités du Troisème Age when Universities of the Third age were established and later spread to the United Kingdom where the first University of the Third age was established at Cambridge in 1981 (Laslett, 1989:3). Due to the sudden transformations of society's age constitutions, age expressions became inaccurate and even obsolete. A new 'language' was needed to prevent the misclassification of the whole society of retired persons as if they belonged to a small group, demeaned and stereotyped in terms of descriptions fitting a very small afflicted minority (Laslett, 1989:2-3). It was against this background that the term, Third age became widely used in gerontological literature. In the course of time however, gerontologists explained that the emergence of the Third age was perceived as more than a prolonged middle-age or a sustained and active old age. It should be understood as a transition of institutions, norms and opportunities for older individuals (Rowles & Manning, 2011:149; Weiss & Bass, 2002:3-12). Laslett (1998:4) initially referred to the Fourth age as the era of "financial dependence, decrepitude and death", as opposed to the Third age that he characterised as fulfilling, independent, matured and financially stable.

The term Third age drew the attention to developments within contemporary social and cultural practices such as "commodification of the body", with accompanying practices such as anti-ageing

strategies and transforming the mass consumer market by presenting later life as a field of agency and choice (Gilleard & Higgs, 2010:121). Polivka (2011:173-183) positively embraces the postmodern views on de-categorising the process of ageing, not 'locking' life into predetermined stages of life with appropriate age-relevant ways of thinking or being. This open-ended view of life, even under ultimate conditions of impairment, has positive implications for the ageing life experience. Under these circumstances age is released from its negative status and could be reconstructed in playful and self-conscious ways (Higgs & Rees Jones, 2009:59-62).

On the other hand, Polivka (2011:174-175) opposes the postmodern pursuits of economic freedom and security, obsessed with an affluent Third age, which is difficult to maintain in vulnerable economic populations. Since the Third age emerged, it was broadly conceptualised as a period of healthy retirement (Rowles & Manning, 2011:147). Other disciplines have strongly criticised the paradigm of successful ageing as only speaking of privileged groups (Dillaway & Byrness, 2009:707).

Critique against the emphasis on the Third age as being the only successful stage of life, also pointed to the importance to acknowledge the ambiguity of late life that has to be dealt with. Living as Third ager, does not exclude the continued search for life's meaning as well as a conscious awareness of responsibilities for self-maintenance, including medical awareness, physical health and fitness and wellness techniques. The Third age should also be perceived to be the time of taking cognisance of challenging times and uncertainty that may be looming, but positively coming to terms with difficult realities in future (Rubinstein, 2002:29-39; Moody, 2002:41-52). Practical theology, specifically the pastorate, is well positioned to guide ageing persons onto a meaningful life to the end. On the one hand it is important for the pastor to understand the positive nature of the Third age. Pastoral involvement should however not become part of the general tendency to concentrate on venerating "old age without age" (De Lange, 2015:4). Positivist Third age try to concentrate the majority of the physical and mental decline of age into the shortest period (called "compression of morbidity"). But they refrain from asking what makes frail old age with its dependence on others and chronic diseases still worth living (De Lange, 2015:5).

The elderly of the twenty-first century are exposed to both modern and postmodern worlds and could in the later stage of life be caught up in the tension of change as a result of the transition from modernism to postmodernism. It has consequently become important to me and for the purpose of this study, I positioned myself and my own thoughts regarding the influence of the transition from modernity to post modernity on practical theology and how it specifically relates to ageing and the elderly. Taking the exposure of both practical theology and gerontology to the modernity debate into account, I was convinced that the positive aspects of postmodernism can benefit pastoral

involvement with ageing persons. They are frail and dependent not only on others, but they are depending the honest Biblical guidance from a pastor who steers clear from the dangers of both modernism and postmodernism and embraces the positive transformation of norms and new opportunities available to this sensitive pastoral care to Third and Fourth agers in present times.

4.1.2.1.2   Gerontological-pastoral work: The South African context

Watkins (2003:26) introduced his publication: *Practical theology for Aging* with the following meaningful remark: "Any theology that addresses the everyday-lived-lives of older persons are potentially practical … all good theology is practical and any theology that is not applicable to the everyday lived lives of human beings is not good theology". His contribution is also particularly useful in view of the fact that human ageing is not a field that has very widely been addressed by practical theologians, especially in the South African context.

Gerontology is an interdisciplinary science primarily addressing the biological, psychological and social aspects of ageing and older adulthood (Segal, *et al.*, 2011:14, 17; Erber, 2010:394). Being interdisciplinary by its nature, gerontology regularly seeks the participation of practical theology, in order to also address the spiritual aspects of age and ageing. Over time this need has been expressed in literature (Houston & Parker, 2011:139; Knapp, 2003:33; Marcoen, 2005:365). Equally, the need for integrating gerontology into the theological seminary curricula has also been mentioned over time (Payne & Brewer, 1989:5-10). In the South African theological and gerontological context, calls upon practical theologians to provide service in the field of gerontology have also been voiced (Theron, 2013:1-7). Only a relatively small number of academic studies in practical theology in the first decade of the twenty-first century in South Africa contributed towards to gerontology as the science of ageing. These contributions included three dissertations and five scientific articles (Theron, 2013:2-7). These researchers chose to explore pastoral approaches to ageing persons with specific needs. The studies were conducted by Brunsdon (2006), De Jager (2008) and De Wet (2010). Brunsdon (2006) has made a valued practical theological contribution towards gerontological research and ageing. The area of his research specifically related to ageing persons affected by cancer after retirement. De Wet (2010) focused on the age group older than eighty, who have been admitted to care units and whose circumstances have changed considerably as a result. De Jager (2008) presented a model to assist pastoral counsellors attending to grief counselling with elderly parents who have lost a child through unnatural circumstances (Theron, 2013:3). All three studies have analysed and considered a number of selected prominent approaches of the latter part of the twentieth century which were relevant to their studies. This study is in search of gerontological-pastoral praxis to establish an approach in aid of ageing persons to live a meaningful life to the end

through motivated, positive life management. It aims not only to provide practical theology with a Bible based approach to add meaning to the lives of ageing persons in all life phases, it also seeks to enrich gerontological studies. Gerontology should agree that from pastoral perspective, both the Third and Fourth ages are stages of life filled with hope. This hope goes beyond frail age, despite dependence on others and the threat of typical ageing medical conditions. From a pastoral perspective the challenges of ageing to the end needs not be feared, neither by the ageing person nor the ageing community (De Lange, 2015:5, 61-80).

4.1.2.2 Selected prominent pastoral approaches of the late-twentieth century

In order to assist the researcher in establishing a basis theory for this study it was necessary to take into account different approaches and aspects of practical theology in relation to ageing. It was also important to consider relevant influences of and responses to modern and postmodern thinking regarding the approaches (De Jongh van Arkel, 2000:142). Due to the ongoing discourse over time in the nature of practical theology, its approaches and its position in the theological encyclopaedia, it has been difficult for authors to define practical theology comprehensively (Swinton, 2000:7). However, discourse and suggested approaches have enriched practical theology and it is necessary to reflect on some of the prominent contributions by well-known practical theologians and emerging approaches. Selected approaches will be dealt with briefly below. Afterwards their relevance to this study in practical theology and ageing will be assessed.

4.1.2.2.1 Thurneysen's kerygmatic approach

Thurneysen's (1963:66) kerygmatic approach defines pastoral care in terms of focused pneumatic proclamation of the Word in an individual's specific situation, offering forgiveness and sanctification in Christ. He acknowledges psychology's meta-theory, but simultaneously he strongly emphasises the independent nature of pastoral care as a discipline. Ultimately his views on pastoral care could be perceived as over emphasising proclamation rather than addressing the existential needs of the individual in pastoral care. The strong accent on proclamation could create the impression that all human problems are reduced to the sinful nature of man (Louw, 1999:46).

Relevance for pastoral care of the ageing:

- The kerygmatic approach of Thurneysen has as its point of focus the proclaimed Word of God to the individual and the person's need of forgiveness and sanctification ("… Heiligung des Menschen für Gott"), (Thurneysen, 1957:43). The Bible as Word of God could never be neglected as basis of pastoral care (Louw, 1993:8). Bohren (1982:204-210) blames critics for

making a caricature of Thurneysen's kerygmatic approach and correctly points out that pastoral care without the Word as its basis, is without substance. Critics of Thurneysen do however agree that in his strong focus on the proclaimed Word to the individual and the forgiveness and sanctification, pastoral care becomes an extension of the Word, and that the emotional and physical needs of the person are not attended to. Louw (1993:9) is of the opinion that there is even an actual danger that human problems could be interpreted as a direct causal result of sin with a consequent neglect of the psychological approaches that could also bring about change and healing.

- Ageing does not only bring along a sense of loss, change, emotional and physical disposition. Ageing is also experienced as a "crisis of certainties" (Durand, 2010:13). A pastoral approach which offers support only from the perspective of forgiveness of sin, without insight into this religious crisis in ageing could have detrimental effects on the older person's faith, especially in late old age. However, overlooking and neglecting the kerygmatic needs of the older persons, with special reference to a perspective of eschatological hope, is just as detrimental. The balance of reverence and understanding the ageing decline as well as the need of the Good News of hope and meaning even in frail old age cannot be overlooked or overemphasised.

4.1.2.2.2   Hiltner's eductive approach

Hiltner's eductive approach (1958) was influenced by psychology and aimed at developing a stronger psychological approach through empirical observation in pastoral therapy. Critics of the approach of Hiltner were concerned about the way the idea was to be implemented in pastoral care. Hiltner's strong emphasis on the client-centred psychological element could underplay and ultimately neglect the role of the Word of God in pastoral care. If this is the case, pastoral care is deprived of its uniqueness which is reduced to a psychological understanding of man's needs (Louw, 1999:47). The anthropological perspectives of Pastoral theology and psychology distinctly differ, but it is certain that the two perspectives also clearly complement each other (Louw, 1999:298) and have moved closer to each other due to the hermeneutical approach by Hiltner (Louw 1999:12). Although Hilter's empirical-orientated model contains a strong emphasis on man's inner potential to self-realisation, he did not ignore the theological importance of Pastoral theology (De Wet, 2010:96). That is demonstrated in his development of the shepherding paradigm in pastoral care (Hiltner, 1958:15-29). He describes shepherding as distinctly Christian as it refers to the way our relationship with God and our relationship with our fellow men are regarded as inseparable (Hiltner (1958:17). He does however also distinguish shepherding as pastoral care when from a wider perspective it provides for

knowledge gained from other professions such as anthropology, sociology, psychology and psychiatry and integrates it theologically (Hiltner, 1958:21, 23, 25).

Relevance for pastoral care of the ageing:

The need for practical theology to integrate relevant knowledge, approaches and techniques developed and implemented by psycho-social sciences as part of pastoral care to the ageing is of utmost importance. The assistance offered to a person in pastoral therapy has the ultimate and constructive goal of positive implications to living a meaningful and functional life (Louw, 1999:510). The primary focus of the psycho-social sciences on therapeutic techniques and the outcome of cognitive restructuring have had a significant influence on pastoral practice. The uses of the sacraments, prayer, and fellowship or sharing (*koinonia*) should however not be neglected. In addition, to be familiar with psychotherapeutic techniques and models such as systems theories in pastoral therapy will increase the abilities of the pastor to provide care (Louw 1999:510-511). The pastoral involvement with ageing persons compels the pastor to gain and apply gerontological knowledge to pastoral work, thus preventing stereotyping of the elderly and consequently considering their age as a problem instead of a challenge to a meaningful life. Furthermore, in order to guide ageing people to a meaningful life to the end, the pastor needs to be shepherd and 'translator' of the eschatological message of healing and hope into the relevant context of the ageing person. This emphasis is not negotiable in the pastoral dealings with the ageing person. Knowledge of psycho-social techniques and models understanding and interpreting the Scriptures regarding life and its meaning and afterlife and its relevance to the persons in later life, is imperative.

4.1.2.2.3 The Nouthetic approach of Adams

Nouthesis from the Greek νουθεσία or νουθετέω meaning to warn or remind (A Lexicon, 1966:467) is the metaphor in terms of which Adams (1977:45) describes pastoral counselling. Adams (1986:17) understands nouthesia as the New Testament's word for counselling, meaning "to give advice or direction", which implies directive counselling. For Adams, non-directive counselling, biblically speaking, is a contradiction in terms. In his understanding of pastoral work, sin is the very reason for remedial and nouthetic counselling. The counsellor works in opposition to the world's sinfulness and counselling is perceived as a spiritual battle as the "enemy" must be defeated in its various manifestations (Adams 1986:117-118). The three enemies in the Christian's life are: the world, the flesh and the devil (Adams, 1981a: 31). That does not imply that an individual's human problems and misery exist due to actual sins of the counselee. Nor does it mean that people bring suffering upon themselves due to specific sins (Adams, 1979a:271). Original sin corrupted us all and brought guilt

to everyone. Sin and guilt create the need of transformation and heart regeneration (Ezekiel 36:27). Through a confrontational process a person is to be guided to personal and behavioural change. The aim of counselling is (1) to see a need for change, (2) through verbal means, bring about change which is (3) to be to the benefit of the counselee (Adams, 1979a:ix). To Adams the Bible is the counselling textbook (Adams, 1979a:xiii). From the onset it is clear that Adams's directive approach is in sharp contrast to the non-directive client-centred approach of psychology. In his view pastoral care and psychology are in competition. A feeling-orientated counselling which encourages counselees to follow their feelings, takes sides with Satan as the fall of man was due to desire (Adams, 1986:120-121). The role of behavioural change on psychological level is not acknowledged. Only repentance culminates in behavioural change (Adams, 1986:148). In his pastoral practice he actually forces the Bible from soteriological perspective onto all human problems and generation of change (Louw, 1999:48). Non-believers can consequently not be counselled unless they have been through a process of "pre-counselling" which implies being evangelised to Christianity. Once a Christian believer, counselling can commence, otherwise they are misled and given false assurance and could end up as hypocrites (Adams, 1981b:20-23).

Relevance for pastoral care of the ageing:

In response to modernity's challenging of Biblical truths, theology tended to move into a direction of protecting 'objective' truth (dogma) through an authoritative teaching of these truths (Du Toit, 2000:88-89). Adam's perspective on sin as the primary reason necessitating counselling, is an example of this response and therefore of importance in a negative way. In a chapter on counselling older persons, Adams (1979b:262-271) illustrates the validity of Louw's (1999:49) subsequent questioning of the necessity to develop an own counselling method based on the Bible only. The Bible-only approach and the neglecting of other therapeutic methods and approaches offered by psycho-social sciences proves to be out of touch with the context and knowledge of the elderly and ageing. Adams (1979b:263) teaches counsellors to "come to grips" with issues of old age but at the same time he reveals little understanding of the older person and their contextual needs. His focus is on the counsellor and the challenges of counselling the elderly. To him the main problems arising in old age are coping with change, fear of approaching death, loss of community, physical effects of ageing and possible decreased mobility and diminishing finances. In addition, significant "barriers" to aiding older persons exist. These barriers are the embarrassment of the older person to seek help from especially a younger person (the counsellor) and the notion that it is not possible to change in old age. In summary his advice to counsellors is the following:

- The younger person must not allow to be disregarded on the basis of age (1 Timothy 4:12), but they should demonstrate their maturity in Christian life.

- They must be willing to "speak with authority" (Titus 2:15) as they must be viewed as been called by the King to counsel in accordance with His Word.

- If the embarrassment of age difference continues, they are advised to make as little of it as possible and to concentrate on the problems at hand.

- In cases of stubborn unwillingness to forsake sin, they are referred to reconciliation and disciplinary dynamics and action as set out in The Christian Counsellor's Manual (Adams, 1986:52-62).

- Advice on counselling ageing persons with physical decline and associated problems is to shift the mind from the body to the mind in Christ's service.

- Retired persons should take cognisance that retirement is not a biblical opinion and that a person needs to work "as long as he lives" and retirement should be perceived as a "new work" (Adams, 1979b:269).

- Loneliness in old age is a "direct result of their own failure" to make new friends (Adams, 1997b:269).

With reference to Adams' views on pastoral care to the elderly as summarised above, a positive practical theology approach to meaningful ageing will be proposed later. I proposed a practical theological approach, viewing ageing from two perspectives. It could firstly be negatively associated with sin, death and dying. Preferably ageing could alternatively be viewed as part of life from an eschatological hope perspective. Different from Adam's nouthetic approach, other psycho-social approaches offering a positive challenge to meaning-giving in counselling the elderly will also be applied.

4.1.2.2.4   The bi-polar model of Heitink

The bi-polar model of Heitink (1977:78) was designed to bridge the tension and division between pastoral-theological and pastoral-psychological approaches in pastoral practice. Bi-polarity is to be understood as the tension field between pastoral care and other forms of care and its own identity (Heitink, 1977:15). Heitink (1977:75) defines pastoral care as a pastoral service rendered, not only within the sphere of the Christian community, but also in wider relation to anyone outside that sphere when they approach the pastor for assistance. Pastoral care, viewed as rendering assistance, emerges from the Gospel and is presented in relation to the church of Christ and with people within or outside of the church who are in search of answers to questions on faith and life. He considers both theological and other resources (such as psychology) as elemental in the practicing of pastoral

care when rendering aid and assistance. In addition, he defines pastoral care from a wider perspective as healing, assistance, guidance, and reconciliation (Heitink, 1977:288-311). Of further relevance to this study in search of a holistic approach for guiding ageing persons to a meaningful life to the end, are Heintink's perspectives on the person as a whole being, in the context of their world, in their alienation, anxiety and guilt, in growth and self-fulfilment as religious being (Heitink, 1977:88-108).

Relevance for pastoral care of the ageing:

In addition to the acknowledgement of Heitink's contribution to bringing pastoral care and human sciences closer together Brunsdon (2006:13) welcomes his clarification on the bi-polarity between revelation and experience in the relations between God and man as well as pastor-client relationship. As far as this study is concerned, Heitink's views on the nature of pastoral care as helping care in terms of healing, assistance, guidance, and reconciliation (Heitink, 1977:288-311) contributes towards a basis-theoretical framework for this study. This also applies to his holistic approach to people's context of their world, in their alienation, anxiety and guilt, in growth and self-fulfilment as religious being (Heitink, 1977:88-108). In formulating an approach of managing life in ageing to be meaningful to the end, all these aspects of pastoral care will be taken into account.

4.1.2.2.5   Convergence model of Louw

Through the convergence model, Louw (1999:14-15), further develops the notion of a bi-polar model for pastoral care. In this approach, the aspect of healing in terms of spiritual salvation, change, renewal, restoration and growth is the point of focus or convergence, which identifies pastoral counselling as therapy. The distinctive focus on a therapy of hope as promissio therapy (Louw, 1999:518-520) will play a key role in establishing a positive and meaningful approach to life and ageing of this study, especially with regards to persons in frail age. The value of promissio therapy, in terms of ageing, is founded on the following: (Louw, 1999:518-520):

- It is linked to God and the promises in the Word of God as well as the liturgical value of sacraments. The therapeutic effect of promissio therapy is based on the Word of God, providing faithful certainty, security and thankfulness that God fulfils his promises. Ageing is marked by an experience of loss in many areas of life. Spiritual and emotional comfort and support from the Word is an invaluable source of blessing.
- It is focused on man's total historical context, including human experience, needs and expectations with a direct effect on spiritual growth and development. All these aspects are relevant in establishing a pastoral approach towards meaningful ageing to the end of life.

- It has a long term effect on the anticipation of transformation via eschatological hope. The here and now is affected by the 'not yet' of the eschatology and brings hope also in the frailty of ageing.
- It creates the possibility of a life living from a future dimension of hope in the resurrection. In old age this therapeutic approach should refocus and reframe the ageing person's thoughts of negative experiences and change.
- It creates a restored and positive sense of faith and consequent positive meaning and purpose in life and behaviour.

Relevance for pastoral care of the ageing:

The inescapable process of ageing can be viewed from two perspectives. It could be regarded as meaningful and approached from a perspective of life, at the end of which dying is also a reality. Or ageing could be perceived as continued process of dying. Louw's promissio therapy (1999:518-520) provides the essential link between these two perspectives. This ageing-and-life approach does not exclude the inescapable realty of man's mortality. Death does not happen outside the dominion of God. Therefore, the fear of death has to be dealt with in pastoral therapy by caring for life (Louw, 2005:541-542). Promissio therapy inclusively provides hope in experience, needs and expectations also in late old age and frailty.

4.1.2.3   Contextual practical theology

The historical roots of the word "contextualisation" were founded in the circles of the Theological Education Fund (Bosch, 2004:420), teaching a methodology which maintains the interdependence of text and context in such a way that neither takes priority over the other (Cortez, 2005:348). The Theological Education Fund had a specific task of training persons for the ministry (Ukpong, 1987:163 cited by Bosch, 2004:420). The term contextualisation soon became a blanket term for various theological models which were identified, such as the models of indigenisation and socio-economics with subdivisions like the inculturation model, evolutionary and revolutionary models (Bosch, 2004:421). The thesis of Bosch in his study is that "in the field of religion, a paradigm shift always means both continuity, both faithfulness to the past and boldness to engage the future, constancy and contingency, both tradition and transformation" (Bosch, 2004:366).

Although it could be argued that all theology by nature is contextual, contextual theology explicitly and fundamentally incorporates aspects of specific situations, concerns, socioeconomic and political experiences. It particularly attempts to understand Christian faith in those contexts. Viewed against the vast Christian history of theology, theologians who explicitly demonstrate the effect of their own

context are not many (Pears, 2010:8-10; Bevans, 2002:1-4). What defines contextual theology is the hermeneutical understanding of human experience or context to the Scripture (Bevans & Tahaaf-Williams, 2011:9-10). It also recognises the context of Scriptures as context of man. Contextual theology is particularly deeply rooted in the incarnational nature of Christianity itself (Bevans 2014:48-49; Cortez, 2005:349). In Christ, God identifies fully with the context of the material world and human nature (John 1:14). When the "Word was made flesh" (σάρξ) the use of the word σάρξ is not just another way of saying "man". The word expresses "that which is earth-bound (3:6), transient and perishable (6:63), the typically human mode of being, as it were, in contrast to all that is divine and spiritual" (Snackenburg, 1968:267). In striving to be relevant to the people it intends to serve in ministry, practical theology cannot escape the context in which it is applied. It can therefore never escape matters such as the historical, social and political surroundings and consultation with others in such relevant fields (Smit, 2009:269).

In the context of this study, it is essential for practical theology to be able to invest the Good News of hope in Christ holistically into all levels of ageing. Context thus refers to an individual as well as collective experience such as personal or group successes or failure, births, deaths or any experience that allows or prevents people from experiencing God in their lives (Bevans, 2002:5). There are external reasons for the need to contextual theology such as dissatisfaction with traditional theology's attention to burning issues. Most importantly as internal reason serves the incarnational nature of Christianity and this process of incarnation should be continued in the world, when through Christians God must become relevant to "Asian and Black, poor or sophisticated" (Bevans, 2002:12; Yakubu, 1994:137;). Africa serves as a good example. In the specific context of Africa, earlier missionary activities, especially in the sixteenth century onwards, imposed foreign norms on Africans. Approaches of the neo-colonial period differ in that the Gospel is being introduced without destroying inherent values of local people (Yakubu, 1994:135). Africans need a contextual approach to address African political problems, poverty, sexism, colonialism, neo-colonialism and injustice, dictatorship, illegal imprisonment, drought and hunger and everything that hinders people's "growth into full humanity within the African cosmology" (Yakubu, 1994:131). In a "Trinitarian" way, it communicates God's act of incarnation into human's context, reveals an understanding and accommodates the "other" by taking the diversity of contexts into account (Cortez, 2005:347-361). The manner in which God's act of incarnation is credibly communicated into the context of those in need, is explained in the hermeneutic emphasis on "doing" theology. This explains the title of Pears' book: Doing Contextual Theology (2010). In Scriptures the doers are the ones that are blessed (Bosch, 2004:424-425).

Relevance for pastoral care of the ageing:

The question could be raised as to whether elderly or ageing persons as a group should be termed "vulnerable", and for the purpose of this study be included in or associated with groups who are the focus of contextual theology. I agreed with Ucko (2014:143-144) that in doing so, there is a risk of reducing ageing persons to "one identity". This could create a stronger "other" to be the opposite of the "ageing" or "aged" in society (Ucko, 2014:143). This could consequently have a further marginalising effect. Ucko (2014:143) uses the example of migrants and "Gastarbeiter" (migratory labourers) in Europe that feel marginalised when reduced to that one identity which degrades their status to victims or "underdogs". I also agreed with Ucko that many age-related circumstances are compelling reasons why the elderly are considered to be a vulnerable group, especially women in the later life. Concerns such as neglect and discrimination, social stereotyping, curtailed opportunities to participate in activities due to physical impairment and reduced benefit from available opportunities, are sufficient reasons for being considered vulnerable (Ucko, 2014:144). Contextual theology seeks to bring the Gospel to specific people and groups of people in their context, especially those in need and those being marginalised. Ageing is a process developing over the full lifespan and the focus of pastoral care on more than one category or phase of the ageing process is obvious. Changes over the lifespan and responding to those, takes place in a specific context that must be interpreted (Weiss & Bass, 2002:15).

The "context" of contextual therapy does not only refer to the individual in his or her personal circumstances. It also puts pastoral therapy in the context of the local church and its pastoral practice. In the postmodern discourse on the modernistic trend of individualisation and "psychology of separateness" (Bosh, 2004:362) pastoral therapy is integrated in the church as the Body of Christ. In the local church the Biblical idea of mutual care and support or sustaining gets a new meaning in practice (De Jongh van Arkel, 2000:161). Truter (2002:69-77) applies contextual pastoral therapy with coronary artery disease patients, to integrate pastoral therapy with other ministries within the local church. According to Bosch (2004:424-425) "doing" contextual pastoral theology expands beyond therapy and pathology to a holistic and preventative activity focusing on a person's context.

In terms of a basis theory for a theology of meaningful ageing, pastoral care becomes more than crisis care to a self-actualised individual. Pastoral care to the ageing person, like pastoral care to patients with coronary artery disease, shifts to the nurture and support of a person in need. It "negotiates a complexity of moral and theological challenges in a rapidly changing economic and social context" (Graham, 1996:51 as cited by Truter, 2002:77). In conclusion, contextual theology has much to offer to the church of the twenty-first century in terms of a new agenda, new methods

and a theology with a global perspective (Bevans, 2011:11-17). The church in the twenty-first century experiences contextual challenges which are unique to the present time. Depending on socio-political and socio-economic context, churches may experience challenges of being minority groups, poverty-stricken, multicultural and declining in numbers (Bevans, 2011:4-9). The global growing numbers of ageing people adds a new challenge to the church and the pastorate in its particular twenty-first century context. A new generation of ageing people who do not identify with stereotyped perceptions and roles of ageing in the church, serves the church with a new item on its agenda (Marris, 2002:15-28) The needs and agenda of the church have always been changing throughout history. The twenty-first century also brings new challenges to the fore. The question to be asked relates to the adaptability and ability of the church and pastoral practice to respond to these new challenges ageing pose with regards to the church.

4.1.2.4. Life course approach in Social gerontology and practical theology of ageing

From the abovementioned pastoral approaches as well as the contextual approach in practical theology, important aspects relating to practical theology and ageing came to the fore. It has become clear that pastoral involvement with ageing persons cannot be viewed from an individualistic focus, isolating the older individual from the context of their personal history, transitions, changes and Christian community. The life course approach in Social gerontology takes this important aspect of personal development a step further.

The social development of children and adolescents takes place in the context of family and significant others. In adulthood the social development contexts are much more extensive and varied. These divergent and rapid changes in life have to be incorporated into the adult's functioning. The life course perspective on adult development and ageing conceptualises a sequence of age-linked transitions embedded in social contexts related to life development, such as history, family, church and work (Louw & Louw, 2009:187). Transitional experiences during the life course could have great impact on development. The example of relocating in later life for different reasons, serves as a good example of such impact. Relocating could relate to amenity migration after retirement, independence move in terms of functional (but not yet to institutional) care or the very traumatic dependency move. This is often initiated by family members and often against the will of the person involved in later age (Weiss & Bass, 2002:95-99). Ageing cannot be viewed as one process, but many (Atchley & Barusch, 2004:4). These processes have unpredictable positive or negative possible outcomes. Positive ageing could mean a life of growing experience and gaining new skills and wisdom with a long vision on life's experiences. Retirement can bring more freedom and new opportunities. On the negative side, ageing may imply losses of life's securities, physical and health deterioration and the loss of a

spouse (Atchley & Barusch, 2004:4-6). The life course perspective emphasises the human development process in terms of age-based norms, roles and attitudes, shaping events throughout the process (Whitbourne, 2005:53, 56). Although the life course is partially shaped by decisions made in early life, it is also shaped by events that are beyond a person's control (Quadagno, 2005:50).

Prior to the 1960s, sociologists researched human development within the framework of the life cycle. The life cycle approach did however not provide for contemporary patterns such as divorce, remarriage, children outside of marriage and did not take life stage and historical context into account (Bengston, *et al.*, 2005:493; Louw & Louw, 2009:187). Historically, Leonard Cain (1964) was the first sociologist to articulate the concept of life course in which he conceptualised "some of the key paradigmatic dimensions of the life course that would later become central to life course analysis" (Dannefer & Settersten, 2010:4). In the later decades of the twentieth century, elaborative sociological thinking about human development led to further development of the life course perspective, particularly in the pioneering work of Neugarten and Datan (1973); and Bengston, *et al.*, (2005:493). Subsequently, research started focusing on age differentiation, family history and transitions in life development, continuity and change in human lives in relation to interpersonal relations, external structures and forces. Life course studies have become an integral part of social research into ageing. Bengston, *et al.*, (2005:494-495) defined the life course in <u>five principles</u> listed below. These are of special relevance to the South African context as it incorporates divergent lifestyles, historical and cultural context (Louw & Louw, 2009:188). It is also of direct relevance to this study in search of a pastoral approach to meaningful ageing.

Relevance for pastoral care of the ageing:

As mentioned, life course principles are of particular relevance for this study, in order to establish a pastoral approach to meaningful ageing. When guiding ageing persons to live a meaningful life to the end, it is imperative to understand the ageing person's historical context and developmental and transitional aspects of the life course. Some principles of the life course approach and their relevance to practical theology and ageing are the following (Bengston, *et al.*, 2005:494-495; Louw & Louw, 2009:188; Carr & Komp, 2011:19):

<u>Principle 1</u>: The "linked lives" principle refers to the intergenerational connectedness of lives in bonds of kinship. People's lives are always linked in terms of resources, failures and successes, expected or unexpected transitions. These could be very supportive or causes of strain and conflict (Carr & Komp, 2011:19). Life impacting aspects such as changing times, places and social institutions influence the linked lives due to the relationships of which they form part. Louw and Louw (2009:188)

mention the example of many young South African families relocating abroad, due to local economic and crime conditions. This changes intergenerational relationships significantly. Schoeman (2011:482) reflects on the ageing membership of the DR Church and the growing number of ageing persons, most certainly also include ageing parents staying behind after relocation of children abroad. Their lives have been influenced significantly. Their changed position poses new challenges to the pastorate in understanding their new position and concerns.

Principle 2: The "historical time and place" in the life course emphasises that major events such as wars, economic and political instability and policies that shape lives, interactions, opportunities or constraints and consequent behaviour. In the South African context, the influence of the past political struggle, with specific reference to the war on the borders of South Africa has been an example of such "historical time and place". It has left noticeable emotional scars in the life of at least one participant in my qualitative research. How this has impacted on the person's sense of meaning in old age will be reflected upon in the research report (Chapter 6).

Principle 3: While the "timing of life transitions" in relation to their social context is of benefit to some persons, it can be very detrimental to others. Louw and Louw (2009:188) mention the example of the apartheid political system before 1994, which benefitted some, but was socially detrimental to others. This system which was in place for forty-six years, shaped the lives and attitudes of both groups. In order for the focus group of this study to have a meaningful life in old age as white South Africans, both the past and the new political changes must be integrated and understood. The pastor must take into account the life course of the counselee.

Principle 4: The principle of "agency" refers to the individual as an active agent in the transforming and construction of their lives. The individual is not always a victim of his or her circumstances but may take an active role in planning and execution of changes that affect life outcomes. Life planning and personal efforts happen within the restraints of opportunities offered in the context of family background, the stage in the life course and history. With reference to this study, it is important to pastorally motivate the ageing person to remain "agent" and actively plan and manage life so that life can be lived meaningfully.

Principle 5: "Lifelong processes" as the last principle of the life course refers to the idea that aspects such as relationships, events, choices and behaviours in earlier life can influence later life, status and well-being. In the study of meaningful ageing this principle is important, especially when an ageing person has to come to terms with their past in order to continue later life without the burden of for example feelings of guilt over decisions and behaviour in the past.

In addition to the life course principles mentioned above, the Third age as conceptualised in the life course approach should also be noted in the gerontological pastorate. Third age to ageing was made possible by advanced medicine and lifestyle changes, which produced increased longevity and vitality to persons in later years. It brought new meaning to the life course understanding of age and time. In life course terms, the first decades of the twenty-first century have seen the possibility of a new stage of the life course emerging because of the unravelling of cultural beliefs, age-graded policies and practices (Carr & Komp, 2011:13-17). In practice and of importance to a gerontological-pastoral approach to ageing, are recent trends impacting on the life quality of Third age Americans: First is the increased proportion of single people due to increased longevity, divorce and widowhood, postponement of marriage and remarriage, leaving millions of ageing persons without the support normally offered by a spouse. Secondly is increased numbers in three-, four-, or even five-generation families, This often results in Third-agers giving more care to elderly parents, the extended family and disabled children and grandchildren. In pastoral involvement with ageing persons, attention should be paid to the person as caregiver. Research has shown that the comprehensive social, economic and health-related stressors experienced by caregivers put them at risk of developing serious mental health problems – not only as a result of care-giving but also of their attitude towards themselves (Potgieter & Heyns, 2006:547-549) Third is the increased number of years spent in retirement with consequent isolation if persons are disconnected from former family systems (Carr & Komp, 2011:24-26). Observation tells that the situation is not limited to US but is no different in South Africa. Pastoral therapy with local Third-agers should take cognizance of these facts.

4.1.2.5 The narrative in research on the practical theology of ageing

Pastoral counselling with ageing persons will benefit from taking both the life course and narrative approaches into account. It is also important to note that these two approaches in therapy are complementary (McAdams & Janis, 2004:163-166). Construction of life-stories develops throughout the life course. The construction of a meaningful life-story until late adolescence may not be possible due to the absence of cognitive and psychosocial prerequisites for story formation. Children do however collect and process early life experiences that may make their way into the later construction of their life-stories (Fivush & Kuebli, 1997 as cited by McAdams & Janis, 2004:163). Fantastical autobiographical stories and personal fables of young adolescents fade over time, but they may be viewed as "initial rough drafts" of life stories (McAdams & Janis, 2004:163). Dominant themes and images of adult life-stories can be influenced by events from early childhood. Midlife narrative identity is marked by a strong emphasis on generativity. This relates to caring for the next generation and leaving a positive legacy for the future. It is also the time in the life course when middle aged adults have growing concerns about the ending of their life-stories (McAdams & Janis, 2004:164-165).

When assisting the ageing person to a meaningful life, the narrative approach reminds the pastor that every person has a story. It is not merely helpful to have a personal life-story. It is of vital importance in creating and recreating selfhood (Bruner, 2004:13). The absence of capacity to make stories of ourselves refers to the psychological condition of disnarrativia. This is a severe impairment in the ability to tell or understand stories which is associated with neuropathies such as Korsakov's syndrome or Alzheimer's disease, losing not only a sense of self, but also of other (Bruner, 2004:13).

People are not the sole authors of their stories as they live in the context of development, change, transitions and other people in society. There are co-authors shaping life stories. People organise their lives into stories through life experiences which direct their lives psychologically (Presbury, Echterling, & McKee, 2008:140). People cannot always be blamed for disappointments, failures and certainly not for catastrophes that may have befallen them. They can however control the rewriting of their life narratives to free themselves from being stuck in their life experiences and narratives as victims. In this process the counsellor assists them in creating new narratives (White & Epston, 1990:48-55).

Telling the stories contained in a person's memories of the past and their dreams for the future, is the way in which we construct and restrict our self to the needs of situations we encounter (Bruner, 2004:4). As circumstances, friends and enterprises change, stories may inspire or restrict the person. Through therapeutic intervention a person can be assisted to discover that the story itself is not absolute or fixed and that through deconstruction and reconstruction of a problem story, it could be less damaging (Brown 2007:7). This is necessary as people may even "suffer under its weight" as our stories can "imprison us". Such stories need to be revised (Presbury, *et al.*, 2008:140-143):

- When stories become outdated, as they are often repeated and the context in which they were constructed has long expired. The characters have become unrecognisable. If for example the story relates to an adolescent, who does not recognise or accept the outdated character, the adolescent may be viewed as rebellious.
- When stories are rigidified. This occurs when the main focus in a story is on beliefs how things are supposed to be, instead of taking reality into account. People may for example set unattainably high personal goals and consequently feel inadequate or unsuccessful in life.
- When stories are tragic. Many people suffer under tragic stories in which they are the "unhappy protagonists who face ruinous outcome" (Presbury, *et al.*, 2008:141), often with heroic tone and reluctant to give up these roles whilst being admired by some people around them.

- Bertolino and O'Hanlon, (2002) as cited by Presbury, *et al.*, (2008:142) expands on stories that need therapeutic revision and change. People telling stories of invalidation portray themselves as fundamentally wrong or abnormal and prove that their perspectives are not in touch with reality. In stories of non-accountability people have become victims, overwhelmed by their circumstances, who cannot be held responsible for the storyline of their lives. Stories of impossibility are told by persons who believe they cannot change or extract themselves from their situation.

Relevance for pastoral care of the ageing:

As to the value of the narrative approach to pastoral involvement with ageing persons, there is no doubt that the narrative should be a vital building block in assisting the ageing person to understand and come to terms with their past it is perhaps essential to reframe the story of the past in order to realistically understand their present situation as third-ager and to dream about a future – difficult it might be in view of the age-related obstacles on all levels of the human existence in the Fourth age. Revision of a life story does not only imply a revised perspective of the story teller on the past. Revision of the narrative also becomes a propellant to healing the future in order to change the present of the story teller (Muller, 2000:42-43).

Particularly in older age in the context of this study, stories echoing painful experiences of the past and impacting negatively on the present could also be revised. In the process of narrative counselling the Christian pastor should become instrumental in becoming co-author of a new story. In the new story history is broadened to create a story of hope through the historical story of Christ (Muller, 2000:43).

4.2   Practical theology and meaningful ageing

4.2.1   Introduction

In my personal pastoral dealings with ageing persons, it was observed that there are two broad approaches to ageing. To some ageing is a threatening experience, a life of painful loss, marginalisation, and meaningless. Others experienced ageing as exciting and fulfilling, even in the face of decline and typical ageing related challenges. The thesis of this study is that pastoral involvement with ageing persons should enable and motivate them to manage the challenges of ageing in such a manner that life is lived meaningfully to the end, despite the often difficult age-related, trying finalities of later life.

4.2.2 Spirituality, religion and meaning in later life

4.2.2.1 Religion and spirituality: defining the terms

In gerontological literature both the terms spirituality and religion are used in studies of ageing. In this section the attention is on the role of meaning-making as a people age. Observing the literature in this regard, two directions of thought regarding the use of the terms spirituality and religion and meaning-making exist. Some theorists insist on a definite separation of the terms while others are of the opinion that it is not necessary to differentiate at all. George, *et al.*, (2000:102-116) argue that the two terms should not be conflated, especially with regard to the growing secularism and disillusionment with religious institutions. They agree that both terms are focused on the sacred, but the feelings, thoughts and experiences of spirituality are less dependent on collective or institutional religion. Moremen, (2005:311) quoting George, *et al.*, (2000:102-116) above, however readily concedes that although by definition a person may be highly spiritual but not at all religious, religiosity does imply a "certain degree of spirituality".

In order to position oneself regarding the use and understanding of the terms spirituality and religion, the detailed definition of Koenig, *et al.*, (2001:18) is helpful:

"**Religion**: Religion is an organised system of beliefs, practices, rituals, and symbols designed (a) to facilitate closeness to the sacred or transcendent (God, higher power, or ultimate truth/reality) and (b) to foster an understanding of one's relationship and responsibility to others in living together in a community.

Spirituality: Spirituality is the personal quest for understanding answers to ultimate questions about life, about meaning, and about relationship to the sacred or transcendent, which may (or may not) lead to or arise from the development of religious rituals and the formation of community"

The differences are clear. Religion refers to more impersonal, system of beliefs, rituals and symbols in a community relationship. It refers to an institution which provides public worship opportunities and guidelines for private religious practices (Marcoen, 2005:364). Spirituality relates to a more personal quest of understanding which may or may not relate to a community (Merchant, 2003:126-127). This personal quest is a response to the search of the person for meaning in his or her life. Cognitive, social and ritual frameworks are provided by religion (Marcoen, 2005:364).

It is clear from research as mentioned earlier, that people in later life are inclined to withdraw from religious and other communal activities (Cox, 2006:365-388; Moody, 2006:109).

They particularly move into a more private practising of religious rituals like Bible study, meditation and prayers. Religious commitment develops into a more personal and relational practice of faith. At that stage and for that reason the pastoral, motivational role of the religious institution like the church in the life of the ageing person, should not reduce or decline. It is essential that the church continually analyses and revises its role in the life of the ageing person and continuously adopts a relevant approach in which all theological aspects of both the defined terms of religion and spirituality are accommodated.

The earlier reference to the "growing secularism and disillusionment with religious institutions" above, compels this researcher to take a view on the church as an institutional context of the ageing person. Does it, or is it possible for the local church to provide answers to ultimate questions about life, about meaning, and about relationship to the sacred or transcendent? This may (or may not) lead to or arise from the development of religious rituals and the formation of community as required in spirituality – as defined by Koenig, *et al.*, (2001:18) above.

Mechant (2003:125-131) argues that outside the church, spirituality and religion are becoming increasingly divided and incompatible. The expected default interconnectedness of religion and spirituality is dismantled by the church when it fails to engage in the contemporary debate of those who would seek to define our community (Mechant, 2003:127). The church "recoils from 'religion' and is left with 'spirituality', but outside of the church this is now defined by the individual who may choose the expression of his or her 'spirituality' according to personal preference. Therefore the consumer church is created out of a reactive fear rather than a proactive vision that entrusts the future church to the one who holds the past, present and the future in his hands". (Mechant, 2003:1281). This is also particularly relevant to today's ageing person.

The challenges faced by the church in response to these perceptions are enormous. It is a challenge to become the church as it is Biblically meant to be, satisfying both the 'spiritual' and 'religious' needs and assisting the postmodern person on a meaningful spiritual journey. Niemandt, (2007:87) suggests that the challenge to the faith community is to adopt an approach in which the postmodern believers:

- regain real joy of praise and worship
- feel part of a community in search of integrity and the truth
- experience a faith community which really cares about other people
- live in a community of hope
- are part of a community that takes mutual responsibility on the journey to a new Kingdom.

The final proposed pastoral approach in this study is based on qualitative research from a protestant, reformed tradition. The research was done within a confessional and denominational context and perspective. I suggest that from a reformed tradition, the two terms' perspective and theology are not mutually exclusive, but rather complement each other. With reference to the quoted definition of religion and spirituality by Koenig, *et al.*, (2001:18), the "personal quest for understanding answers to ultimate questions about life, about meaning and about relationship to the sacred of transcending", should be met by a Biblical religion and fellowship where a "system of beliefs, practices, rituals and symbols are designed to facilitate closeness" to God, foster relationships with others within a community of which one is part. In terms of this definition, spirituality should become a practical and living faith within a Biblically based religious community.

At this point there will not be a lengthy discussion on the reformed tradition and the way in which it relates to the context in which it is present. One reference to an ongoing urge of churches of reformed tradition in South Africa to give account of the hope within them would suffice. A relevant example of reformed churches reflecting on the need to be contextual from a reformed experience, to appreciate and understand each other ecumenically, and to be exemplary in understanding and living the road of reconciliation in a just society, is the intense and ongoing negotiations in the Uniting Reformed Church in Southern Africa and the Dutch Reformed Church since the adoption of The Confession of Belhar in 1986 (Smit, 2007:157-178; Plaatjies van Huffel, 2011:251-263). Smit, (2009:272-273), on the question of whether being reformed could have made a difference in South Africa from a practical theology and ethical perspective, concludes with the following two questions: "Do we care enough about real people" and "do we care about the real church?" To me, caring about the ageing and nurturing their needs in the 'real (Biblical) church' summarises reformed tradition's ability to be spiritual and religious simultaneously. By doing and being that to ageing persons, their spiritual as well as their religious quests and the needs to live meaningfully to the end, could be met in pastoral practice.

4.2.2.2 Meaning and ageing in history

In an overview of both popular and professional publications on the meaning of ageing, Moody (2002:41-54) explores the change in meaning attributed to aging in the post-war years in the US. The backdrop is the social response to the historical situation in the country. In the years following World War II, when the nation was returning to normality, the aged were considered as a vulnerable group and a social problem by social critics, gerontological literature and also public policy. In the late 1960s there followed a time of public pessimism, but private optimism. Other than being a social problem late life received little attention. In the 1970s to 1990s the US nation's initial focus was on

the Watergate scandal, the defeat in Vietnam, rising oil prices, a fall in the stock market and economic stagnation followed by hyperinflation. The aged were feared to be an economic threat that society could ill afford. This period is also marked by countervailing private optimism that offered a positive climate of self-help psychology and self-realisation. New models such as the continued development and activity were introduced. This mood continued into the 1990's economic prosperity but also concern about values in common life. Terms such as Robert Kahn's 'successful aging' (1998) became apparent. Positive images of aging grew at the time of a demographic age wave from age as failure to age as success (Arn, 1999:7). Also religious literature, such as the book of Win and Charles Arn, titled *Catch the Age Wave: A Handbook for effective Ministry with Senior Adults* (1999) picked up on this positive mode. They challenge churches to make use of the value of aged members. The "graying" of America could spark the "growing" of churches (Arn, 1999:7) whilst ageing is seen as a spiritual journey.

Moody (2002:47) points out that despite the treatment of the aged as social problem in the 1950s, at the same time, an overwhelmingly optimistic outlook did exist, for example marked by the publication of Norman Vincent Peale's *Power of Positive Thinking* (1952). The 1990s alike, were marked by the apparent 'self-help' mood as the millennium drew to a close. Historians view this decade as preoccupied with an uncertain image of the future. The economy and personal insecurity echoed that mood as millions of Baby Boomers turned fifty. Despite a broadly optimistic view, this uncertainty was demonstrated in the way people increasingly sought for guidance on matters of personal growth - as "we search for meaning of our lives within the context of meaning of age (Moody, 2002:48).

Looking at the way people have not been able to settle on a stable image of meaning in ageing and the aged, Moody's conclusion it would seem, according to an editor's note by Weiss and Bass (2002:41-42), is that ageing has no necessary meaning, except that, "philosophers and psychologists, pointed to changes that ageing brings to the way we understand our lives." As we age, we increasingly become aware of finality and how best to use the limited time left. The reason why the definition of meaning is continuously revised may be the awareness that we are continuously held in the limiting grip of time.

4.2.2.3 Meaning in later life – a pastoral perspective

4.2.2.3.1   Defining meaning in life

The results of Victor Frankl's historic research (first published in 1946 in Germany under the title *Ein Psychologic erlebt das Konzentrationslager* and later in various editions under the title *Man's search for Meaning*) generated a wide interest in scientific literature on man's search for meaning. Whilst

being incarcerated in prison camps during the Second World War, his work was validated over a period of three years. During this time his research proved that finding meaning is the single most important force making a difference to a person's health and ability to survive even the most stressful circumstances like those he personally encountered (Marston, 2010:331; Frankl, 1987:99).

Meaning in life is essentially concrete and substantial and more than a mere vague idea Pinning down a comprehensive definition of meaning proves to be difficult. Frankl (1987:110) stated that meaning is unique to a person and could even differ within short periods of time. He dismissed the idea of searching for an abstract meaning of life, as everyone's life fulfilment and mission is unique to that person. The will to experience meaning is generated by a person's search for "something" or "someone" to live and if necessary, to die for and this applies to people of all ages (Frankl, 1987:99-102). According to Schnell (2009:489), the sense of meaningfulness is experienced as each person appraises their coherent context in terms of significance, direction and belonging and continues to unconsciously shape perceptions, actions and goals. To the contrary, absence of meaning is experienced consciously and triggered by life crises, personal failure, and threats of a physical or psychological nature.

The difficulty of defining meaning is emphasised by research done by Leontiev (2013:459) who found 25 distinct different theories on personal meaning in psychological literature. This leaves psychology challenged with the difficulty of establishing what meaning is and what to search for (Leontiev, 2013:459). Defining meaning leaves the theorist with challenges of multiple nature, e.g. linguistic, ontological, anthropological, structural and ultimately also the methodological challenge of assessing meaning. (Leontiev, 2015:4),

In order more clarity in a comprehensive understanding of meaning, more aspects related to the sense and search of personal meaning are investigated.

4.2.2.3.2   Experienced meaning and meaning-making

Research on meaning across the life span (Steger, Oishi, & Kashdan, 2009:43-52), revealed a correlation between meaning in life and the experience of well-being, especially in later stages of life. Regarding the search for meaning, participants in all age groups, including older adults, reported mean scores. This is surprising for older adults. The researchers suggested as explanation of this, the possibility that later life is simply a more dynamic development stage than previously thought and that older adults continue to seek for meaning in their existential experience. They may also need to look for meaning in the new roles of their later life (Steger, *et al.*, 2009:48). In this respect, the interest in meaning making in recent years, for example in the context of stressful life events, continued to

grow. Literature in different areas of psychology such as positive psychology, cultural psychology, emotions, health psychology and clinical psychology presents a variety of theories to when meaning is conceptualised and made. In this regard (Park, 2010:257-301) presented an integrated model of meaning making in which the author distinguishes between the constructs of global and situational meaning and between "meaning-making efforts" and "meaning made". He elaborates on sub-constructs within these constructs as well as the processes or strategies in meaning making. It appears that in the processes of adjustment in finding meaning, research in religion-adjustment literature proposed a more focused approach to particular types of religions rather than a broad approach.

Theorists in general agree on the relation between the role of religion and the sense of meaning and purpose in life. Galek, *et al.*, (2015:2) refer to several theorists confirming this. Meaning and the search for meaning in relation to religion, focus strongly on the ability to cope with crises such as loss (Park, 2005:707-729). The research on a group of students who have suffered loss and bereavement, illustrates some pathways through which religious meaning-making can influence the coping process following loss and bereavement. Religion and faith are instrumental in the meaning-making model. The process of appraising and restoring disrupted beliefs and goals strengthens the belief that a benevolent God is in charge of the world (Park, 2005:711-712).

4.2.2.3.3   Meaning, religion and spirituality

Spirituality and the search for meaning is a journey which allows spiritual as well as scientific evidence to influence consciousness and which provides a deeper sense of meaning and understanding of life (Atchley, 2008:16). In a study on meaning in the projected lives of post-retirement baby boomers, Marston, (2010:339) concluded that those with a connectedness with God would be better prepared to finding and sustaining meaning in older age, others less so. Those with a connectedness to God had fewer concerns regarding the loss of meaning in older age, subject to their own retaining cognitive ability.

Researchers in gerontology, psychology and religion agree that older adulthood is a time of increased spirituality (Snodgrass & Sorajjakool, 2011:86; Neugarten, 1968; Jung, 1971). According to Marcoen (2005:366-367) Carl Jung suggested that middle and later life is more receptive to the essential spiritual development. Later life religion and spirituality therefore form a significant domain in which people express their search for meaning (Moody, 2006:109). This is the time when older persons tend to withdraw from formal participation in religious activities and when they get involved in private

spirituality such as Bible study, prayers and meditation. Personal faith in later life takes on new meanings in the learning process of coping with stress and illness (Moody, 2006:109).

Some theorists believe that one of the fundamental functions of religion is to help individuals fulfil their yearning for meaning and purpose in life. Galek *et al.,* (2015:2) refer to Jewell (2010) and Jackson and Coursey (1988). Especially relevant to this study and also confirming the relation between purpose in life and true faith is a study by Jewell (2010:158), of a sample of older British Methodist members. This found that only intrinsic (God-centered) religion showed a significant correlation between purpose in life and religion. A substantial percentage (90%) of respondents indicated that their religious beliefs affected the rest of their lives and that worship and prayer deepened their relationship with God. The "quest" approach to religion by people, involving deep questioning and agonizing regarding God and life, showed no correlation with purpose in life (Jewell, 2010:159).

In addition to the above, Marston (2010:332), says that religion as a meaning system is unique. Religion is founded on the concept of a higher power with the potential to become significant in people's lives. Religion prevails when all other personal belief systems fail under stress. For that reason, religion plays an important role in all the components that comprise a meaning system: beliefs, contingencies, expectations, goals, actions, and emotions. In terms of religion being defined as to be more institutionally related, Cox (2006:382) refers to researchers confirming that church participation was important in the relationship between religion and life satisfaction for older Americans.

4.2.2.3.4   A sound Biblical belief system

Psychological analyses of empirical literature on the role of religion and its positive or negative implications for well-being (Pargament, 2002:177-178) concluded that some religions are more helpful than others. Only an internalised, intrinsically motivated religion built on faith in and a secure relationship with God and which is well integrated has a positive impact on well-being, especially in stressful circumstances. This is particularly experienced in more marginalised communities e.g. the elderly, who are religiously committed. This finding underlines the pastoral role in the lives of ageing persons promoting and guiding the religious lives of people in later life (Pargament, 2002:177-178).

It is essential that the pastorate guides ageing people in establishing and sustaining a sound Biblical belief system to enhance a higher sense of purpose and meaning. On the question whether faith in God relates to a higher sense of purpose, Cranney (2013:643) found important differences in a higher sense of purpose between participants who believe in a 'higher power' or 'know there is a God' and

those whose belief is in a "higher power" or those with a sure belief in God. Those with an occasionally doubting belief do not experience a higher sense of purpose than non-believers (Cranny, 2013:644). His research also supports the findings of Vail, *et al.,* (2010:89) indicating that the difference between believers in a higher power and those who believe but doubt, are also significantly different from the sure believers. It points to their finding that more flexible belief systems "embrace uncertainty and ambiguity." While avoiding some of the potential religious strictures of fundamentalist religious belief, this also allows for existential uncertainty (Cranney, 2013:644). It is clear that no specific Christian grouping is better at promoting meaning than other. Galek *et al.,* (2015:2) concluded that since many different religions rely on their religious beliefs to also find meaning in life, the study of Steger and Frazier (2005:575, 577, 578) found no significant differences in perceived meaning in life among three groups of students, participating as Roman Catholics, Evangelical Protestants and non-Evangelical Protestants.

4.2.2.3.5   Meaning in the pastorate with the ageing

Taking the above discussion of meaning and religion into account, the following summary is important to the pastorate with ageing persons:

- Spiritual and religious growth creates an expanded context in which meaning, sense, significance and purpose is made and continually searched for throughout one's lifespan. People with a close experience of the sacred tend to integrate these experiences into various areas of their lives (Atchley, 2008:14). Throughout life, meaning is questioned by life events and meaning is modified. In old age, when fragility steps in, reflection and reconfiguration of meaning continues to be important (Snodgrass, 2011:87). In this process spiritual growth plays an evident role and the pastorate with the ageing person should be making a continuous input in their lives in terms of guiding them on the journey of growth.
- To enable older people in finding more meaning from their religious beliefs, the pastorate should pay serious attention to the uncertainties and questions of these people. Also, from a geriatric perspective, Gleason-Wynn (2003:35-50) makes a strong plea to the pastorate to participate in guiding ageing persons in geriatric establishments in the process of making meaning through religious and pastoral activity and involvement.
- It is important to the motivational pastoral involvement with ageing persons who cannot escape the normal age-related crises in later years, to seriously and professionally take the role of religion in meaning-making, into consideration.
- A study by Phinney (2011:254-268T) has a primary focus on the role of meaning in the lives of elderly people who have been mentally impaired due to age-related conditions. It is

however important that the pastorate does not overlook people with dementia – something that is often the case. People with dementia do find ways to live with their illness, even when it is most challenging. Studies done in this regard have unfortunately not directly addressed what specifically these older people do find meaningful in their lives. Indirectly, their relationships with others as well as their interactions with their social and physical environment assisted them in retaining meaning (Phinney 2011:255).

- The relation between old age and religion does have implications for the pastorate. This was confirmed in a research project with 400 British Methodist participants. The importance of purpose (meaning) in life for older persons was measured (Jewell, 2010:138-161). Information relevant to this study in terms of the church pastorate came to the fore.

  o Results confirmed that purpose or meaning which decrease with age, relates significantly and positively with extraversion. To the church wishing to make a difference in the lives of older members these findings are challenging. The church and the relational setting in terms of group activities which the church provides, play an important role increasing meaning of life for at least some elderly people. Although this may be of significance to a specific personality type, it does provide a good indication of the role inter-relational activities of a religious nature can play in the lives of older people.

  o It was also found that older people find fulfilment in less active roles. The church should take this into account and make use of older people in more deliberative and sedentary roles, away from the very busy and more public leadership positions. In this regard the need that some older persons are not burdened with stressful tasks should be respected especially when these people feel guilty scaling down their religious activities.

  o A very high percentage of older participants indicated that their religion affected the rest of their lives. A relationship with God is strengthened through worship, prayers and attending church.

  o A substantial 35% of participants indicated the experience of existential doubts. This is in consonance with the view of Durand (2010:13) who experiences ageing as a "crisis of doubts". The presence of existential doubt poses a challenge to the church and the pastorate, creating an environment in which older persons can air these doubts and find spiritual encouragement lifting their sense of spiritual meaning in ageing.

- The presence of bereavement in later life is another important aspect which impacts on meaning and meaning-making. In this regard Weis and Bass (2006:19-20) refer to the autobiographical work of C.S. Lewis (1967). He describes how the loss of his wife provoked a profound crisis of meaning and only later, when working through his grief, he was able to recover his faith which had disintegrated in the face of his painful loss. Weis and Bass

(2002:20-22) perceive religion as part of a personal structure of meaning and meaning-making. As personal structures of meaning and religious beliefs are vulnerable to bereavement and loss which come in various forms in old age, it becomes a profound innovative learning curve in adulthood.

4.2.2.3.6 The Bible on ageing and meaningful living

In the previous chapter religion and ageing from a variety of religious perspectives, including Christian perspective, was focused on. In the light of a further focus on motivational life management from a pastoral perspective, Biblical views on ageing and meaning in later life now need to be articulated.

From a positive angle, life can be lived only once. Ageing is unavoidable and integrally part of life. Davies (2008:274) describes his own mature adulthood as just the beginning of a journey ahead as gracious gift from God "to ask about and work on the significant issues of life". The Bible supports the fundamental principle of meaning in the process of positive ageing and a meaningful life (Davies, 2008:275). The Bible has much to say about aging and older people. Both the Old and New Testaments portray a person's life as a journey or pilgrimage (Genesis 47:9; Psalms 39:12; 84:5; 119:54; Hebrew 11:13). Several stages of life are depicted in the scriptures. Most often the stages follow a chronological or generational pattern: young children, children, young men, and mature fathers (Deuteronomy 32:25, Leviticus 27:1-8, Psalms 148:12, 1 John 2:12-14). The verses suggest that the stages of life are interlinked; and that ageing is part of the normal human experience, for the child as well as that of the adult (Van Tatenhove, 1995:423-424).

Although the ability to adjust to for example losses in life change with ageing, the ability to adapt to losses also develop with age as God teaches deeper spiritual insight (Davies, 2008:283). The series of bodily, psychological and social losses and deterioration, listed in Ecclesiastes 12:1-7, realistically reminds one in younger days of the one purpose in life, to obey God and His commandments, thus living a meaningful life. Suffering as part of ageing should in a robust practical theology using relevant Biblical passages such as Romans 8:17; 1 Peter 2:20, 5:10 assist the older adult to understand the purpose and meaning of suffering in and promote a deeper understanding of the love of Christ (Davies, 2008:285).

In the first part of this chapter, the literature study on the development of different approaches in practical theology, suggested that there is no standardised practical theology which is owned by any particular wing of theology (Swinton & Mowatt, 2006:v; Lyon, 1985:33). There are however Biblically based affirmations in theology which are also applicable to meaningful ageing. These are in line both with practical theology as practiced, and in relation to other social sciences (Van Tatenhove,

1995:423). The Bible does not provide a passage specifically dealing with the phenomenon of ageing as we attempt to understand it. Nor does it provide detailed passages on aspects of normal everyday-life on the meaning of life and ageing. These are contained within the broad principles of life as revealed throughout the Bible (Watkins, 2003:27).

The key to life as a meaningful spiritual journey, inclusive of everything associated with life and living, including suffering, is founded in the creation of human beings in the 'image of God' (Genesis 1:26,27;5:1;9:6). Humans created as *Imago Dei* is a familiar concept in traditional reformed literature, of whom Berkouwer (1957) is a good example. In brief, the expression does not imply that people any way possess the character of God, nor are they in any way identical to God. It s implies a person's status and destination in life (Durand, 1981:156; Heyns, 1978:124-125). Holistically human beings are representative of God in every respect of their existence. In their actions and existence, they reflect godly existence and become a 'window' on God's own actions. They become instrumental in the hand of an actively, working God (Heyns, 1978:125,126). Life is destined to living in the image of God, and being part of a godly creation, is an affirmative or negative personal response to the Creator. Humans can consequently never be understood other than in the context of relation with God and fellow humans (Heyns, 1978:128).

Following the *Imago Dei* principle, general Biblical concepts regarding ageing contribute to understanding more about life, and consequently also to ageing as a sacred journey to live meaningfully to the end. This should also assist the pastorate in understanding its inescapable responsibility to meaningfully care for the elderly. Some of these concepts are important and are noted below for the purpose of this study:

- The fact of man's creation in the image of God forms the basis of God's call to a faithful reverence to Him, which is to be expressed in faithful respect for the neighbour with specific reference to the weak, the oppressed and the infirm. Ageing, is included in God's intended plan for human beings. People are important to God and they are valued irrespective of age (Van Tatenove, 1995:419). The aged are specifically mentioned in God's commands relating to a dutiful responsibility towards the marginalised such as the foreigner (Leviticus 19:32-35). Although the New Testament contains very few specific references to the elderly, relevant pasages do include the role and due respect for older persons such as Mark 7:9-13 and Titus 2:3-5 (Klapp, 2003:69-76).
- The sacredness of life, its uniqueness and dignity is embedded in a covenantal relationship with God in Christ (Genesis 1:26-28; Psalms 8:5-6, 139:4; 1 Corinthians 15:39-40)

(Davies, 2008:275-276). This enables and inspires man to live purposefully as God's representative.

- Ageing is realistically portrayed in the Bible as temporal and the limited time on earth is clearly expressed in the process of ageing (Psalms 39:4; 90:5-6; 103:15-6; 144:4) (Davies, 2008:276).

- Chronological age, inclusive of ageing does however not affect life, as salvation brings life everlasting and transcendent hope. Despite the degenerative characteristics of typical later life, exemplified in diseases such as Alzheimer-dementia, the inward spirit of the God-breathed life remains. (John 3:16; 1 John 2:24-25) (Davies, 2003:70; 2008:276).

- Ageing is an opportunity to grow in spiritual maturity and wisdom (Ephesians 4:15; 2 Peter 3:18) (Davies, 2008:276).

- The journey of faith and hope enables the believer to face the difficulties of ageing and to focus on a future that transcends life (Hebrew 11:13-16) (Davies, 2008:276).

- Ageing is often considered as a blessing from God and certainly not to be resented, denied or dreaded (Klapp, 2003:70). In terms of meaning in ageing, life as "blessed old age" implies that ageing persons who are Christian believers discover the uniqueness of life as God's gift. The ageing person finds 'accommodation' within God's covenantal grace expressed as being connected to God in salvation (Louw, 2005:502). Age as a blessing implies faith in God and imparts meaning and value to ageing life. It implies a capacity to live (Louw, 2005:501- 502). The Bible and the Biblical concept of ageing as a blessing, does not neglect or consider the degeneration in ageing as positive. The Bible is realistic about the fear of loneliness and rejection by God in old age (Psalms 71:18) (Louw, 2005:501). Loneliness, defined as the lack of dynamic relationships and a caring environment (Louw, 2005:503), are dealt with in a realistic, positive way as being able to experience God's presence as prayed for in Psalms 71:18. This reflects the role of the pastorate in guiding ageing persons to a meaningful life. This life's journey during which the 'true self' begins at conception always involves loss, whether it is health, friends, spouses, employment or status. This is however not perceived as only negative. When one ultimately reaches the top of the mountainous journey, looking back in life's review, one recognises the wisdom brought about during the twists and turns, the deep gorges and sharp ridges (Huber, 2003:10-11).

- Meaning and fulfilment in life and ageing are found to be resources of wisdom to other. This generates a process of "conscious" ageing, not only by experiencing it, but also offering meaning to people around you. (Huber, 2003:12). Such a conscious model of meaningfulness, strongly opposes the devastating effects of ageism in a society where ageing is feared. This positive and conscious approach to ageing is included in the Biblical references

to the search for God's Kingdom such as the conscious search for a pearl of great price (Matthew 13:45-46) (Huber, 2003:11-19). The term "conscious ageing" became known after a conference with this theme held in 1992 by the Omega Institute (Moody, 2002:46; Moody, 2003:422-433). The idea of conscious ageing refers to an expanded consciousness and personal growth in later kife, cultivating the virtues of holistic lifelong development in all spheres of life. This also includes the realistic awareness of limitations and mortality an intensifying and broadening of religion and spirituality in ageing, depicting later years as a spiritual journey. They also intentionally combat the temptation of narcissism in the process of ageing indicating a preoccupation with oneself (Moody, 2003:428).

- Theological views on and interpretations of ageing largely determine a church or religious group's approach to age and ageing. Traditional catholic theology traced death back to the fall of man and God's condemning promise that death would follow the first sin of disobeying God's command. This had a disastrous effect on mankind. Death was allied with sin and ageing was perceived as a "movement towards death" (Pherigo, 2001:82-83; Conradie, 2006:73-74). This negative perception had an effect on how people in the catholic world were cared for in old age. Old age was associated with the sick and meaningful life in old age as a journey in preparation for afterlife (Pherigo, 2001:82-84). Also in local reformed circles the same view on ageing was held. In a prescribed prayer forming part of an earlier version of the formulary for baptism of infants in the Dutch Reformed Church, life was described as "nothing else than a continued process of dying" (Formulier om die Heilige Doop aan die Kindertjies van Gelowiges te Bedien, 1969:120-121. English: Form for the Baptism of Infants). Protestant theology as inspired by the doctrine of election also impacted negatively on Western society's perception on old age from another perspective (Pherigo, 2001:84-87). According to Nouwen (1974) as cited by Pherigo (2001:84) this protestant doctrine had a major influence in shaping Western society and even industry as old people "became victims of a society that identifies humanity with their productivity". Hard work was associated with the understanding that protestants do so, not to be saved, but because they are saved. The consequence in Western society and industry is that once people retire, which is inevitably inherent to ageing, they are not productive anymore and are perceived as worthless. This perception might be one of many criticisms on this protestant doctrine which possibly do not agree with election as doctrine (Berkouwer, 1955:375). More recent gerontological views brought corrections on these perceptions of later years and theological approaches are following suit, rediscovering the values of the elderly (Pherigo, 2001:85). Churches are called upon to overcome "age-graded" ways of thinking. Ageing people who are focused on God

and His work are generally happy and fulfilled in their ageing (Houston & Parker, 2011:224-225).

4.2.3 Positive ageing: meaning, positivity and wholeness

4.2.3.1 Gerontology and "successful" ageing

Gerontological literature is often blamed for portraying ageing in negative terms (Minkler & Fadem, 2002:229; Gergen & Gergen, 2001:3). One of the earliest references to the term "successful aging" occurred in the first issue of "Gerontologist", in which the editor, Robert Havighurst (1961:8,13) as quoted by Depp, Vahia, & Jeste (2012:460), claimed that gerontologists should promote successful ageing in terms of a temporary definition, "getting a maximum of satisfaction and happiness out of life". The tern "successful" ageing generally refers to the paradigm of Rowe and Kahn (1987) which was initially aimed at the avoidance of disease and disability, but later writings also included maintenance of physical, mental and social aspects of life (Minkler & Fadem, 2002:230; Depp, *et al.*, 2012:461). "Successful" ageing is widely used in gerontological literature with the obvious optimistic, activist intent to change the negative perceptions on ageing (De Lange, 2015:3-4). Although the negative terms as mentioned above continue to exist, it is also acknowledged that since the late 1960s, there has been a growing emphasis in popular literature on more positive references to ageing in order to counteract ageism in literature (Rudman, 2006:189). These terms have however also been widely criticised (for example by Holstein & Minkler, 2003; Minkler & Fadem, 2002; Rudman, 2006). According to Dillaway and Byrnes (2009:702) the use of the term "successful" ageing, its interpretation and influence in literature actually continues the negative perception of ageing. The strong positivist emphasis on ageing as successful as opposed to physical and mental decline, bears the inherent danger of "compression of morbidity", as it refrains from also asking questions as to the meaning and value of frail old age, which is a realistic part of the ageing process (De Lange, 2015:5-10). Minkler and Fadem (2002:229-231) demonstrate how the term "successful" ageing stigmatises and marginalises persons who, due to disability, do not meet the criteria for the narrowly defined term "successful aging". The role of personal effort and choice in the ageing process was overemphasised by early advocates of the term "successful" ageing. This is problematic, especially when disability forms part of the ageing process over the lifespan.

Gergen and Gergen, (2001:3) and De Lange, (2015:5-10) explore ways to reconstruct the potential of ageing in more positive ways. They blame stereotyped negativity on two particular phenomena in community. First is the individualist tradition which values life's integrity in terms of physical strength and the ability to make independent personal decisions. A second closely related benchmark is the

public perception that life's value is measured in terms of productivity. This presents ageing people or even women bearing children or in various stages of their lives, as not productive and therefore stereotyped as 'has beens'.

For the purpose of this study, one important critique of these terms is the danger of the "compressed morbidity" which refrains from asking the meaning of late old age, especially when frailty develops (De Lange, 2015:5-10). The relevant criticism as referred to above brought into the gerontological terms such as "successful", "healthy", "productive" and "ageing". The mere introduction of these terms does however also signal the intention to resist gerontological literature which presents ageing only as a negative time of decline, degeneration and decrepitude. In line with these observations of positive intent the purpose of this study is to add and contribute towards a positive view of ageing particularly from a gerontological-pastoral perspective. This study does however goes a step further. It ventures beyond the general positive public perspectives on ageing and proposes a positive approach, motivating and guiding ageing persons themselves, to live and experience ageing positively and meaningfully to the end of their lives. The holistic approach to ageing is which is presented is "meaningful ageing". It is holistic, because it considers ageing on all dimensions of life, physically, psychologically, religiously (spiritually) and socially. All should be experienced, developed and grow notwithstanding the typical age-related degeneration and restraints imposed on the ageing person. Meaningful ageing is always relevant to and never exclusive of the physical and mental condition of the ageing person. Frailty does therefore not exclude the search and experience of meaning. The proposed approach to ageing as "meaningful ageing", is based on the spiritual experience of Biblical hope, living life from an "eternal life" perspective. The latter will be dealt with in the next chapter.

In order to be able to arrive at such a practical theology theory, it is important to examine how the field of Positive psychology can contribute and assist practical theology in this regard.

4.2.3.2   Positive psychology: a fresh approach to ageing

During a conference of the American Psychological Association, Positive psychology received pertinent attention. At the conference, M.E.P. Seligman deliberately set out to change the course of psychology and to create a new direction which he called Positive psychology. Compton, (2005:3) defines Positive psychology as coined at the conference as follows: "In the most general terms, Positive psychology uses psychological theory, research, and intervention techniques to understand the positive, the adaptive, the creative, and the emotionally fulfilling elements of human behaviour." In addition to this definition Seligman, (2005:3-8) articulates the necessity of psychology to change

from a preoccupation with therapeutic repairing worst things in life, to building the best qualities of life. This also implies a changed attitude from treatment to prevention of mental illness.

Seligman and Csikszentmihalyi, (2000:5-6) expanded on the historical developments in psychology in the mid-twentieth century. Although the initial threefold mission of psychology prior to World War II was to cure mental illness, finding and nurture genius and talent (development of intelligence) and to make normal life more fulfilling, the last two missions were largely neglected. The mentioned theorists single out two major developments in the history of psychology in the USA, which caused the discipline to mainly focus on the first mission, curing mental illness, only. These developments were both economically related. The first was the founding of the Veterans Administration after World War II in 1946, which opened a huge economical opportunity to practitioners to make money from post-war consultations particularly treating mental illness. The second event was the founding of the National Institute of Mental Health based on the disease model and academics qualified for grants on the condition that their research would be about pathology. Although this development contributed much to the understanding and treatment of illness, it unfortunately also resulted in a sharp move away from and neglect of psychology's two other missions, finding genius and talent, and making normal life more fulfilling. Yet another important event however was due to change the historical course of psychology (Compton, 2005:3; Seligman & Csikszentmihalyi, 2000:5-6).

Although Positive psychology could be described as simply Psychology, it brings a new focus on the abilities and potential of human beings, in contrast to the typical taught psychological approach, which is clinically sceptical about personal positivity behaviour suggesting this may only be denial and wishful thinking (Sheldon & King, 2001: 216). Positive psychology is intrigued by the way people are able to function positively and efficiently despite experienced difficulties (Sheldon & King, 2001:217). It has developed a specialised interest in a person's ability and potential to function optimally (Compton, 2005:4). It also redefines the general contemplation of what "good life" should be. Instead of defining it from a financial (wealthy), social and bodily (beauty) perspective, it is redefined in terms of fulfilment of life through positive interaction with others and the ability to manage personal qualities (Compton, 2005:6-7).

The new interest of Positive psychology in life fulfilment in search of connectedness with others and the ability to manage personal qualities, relates to another positive aspect which is the preventative nature of Positive psychology. In this regard Seligman (2005:4-6) refers to Positive psychology having started to raise relevant questions regarding the prevention of conditions such as depression and substance dependence in contexts where these conditions are nurtured. Positive prevention is possible through developing the human strengths such as "courage, future-mindedness, optimism,

interpersonal skill, faith, work ethic, hope, honesty, perseverance, the capacity for flow and insight, to name several" that act as buffers against mental illness. He emphasises the role of families, schools and religious communities where the climate to foster these skills can be fostered (Seligman, 2005:6).

For the purpose of this study to motivate and guide ageing persons to a meaningful life to the end despite the challenges of ageing, Positive psychology is a valuable indicator of the attainability of the proposed gerontological-pastoral approach. Similar to positive psychology, practical theology is challenged more actively to develop the ageing person's potential and capacity to meaningful life in ageing. The natural factors mentioned by Seligman, (2005:6) as "courage, future-mindedness, optimism, interpersonal skill, faith, work ethic, hope, honesty, perseverance, the capacity for flow and insight" are no less relevant to the ageing person than to a younger one. The approach which will be proposed should empower the ageing person to meet the challenges which are unique to ageing. The approach should motivate and enable them to manage into meaningful life to the end inevitable degeneration and typical obstacles presented by ageing.

4.2.3.3 Ageing, meaning and wholeness

The famous statesman-premier in South Africa, General JC Smuts, was one of the first religiously orientated lay people to write about the spiritual dimensions of the "whole person" (Djupe & Westburg, 1995:325). With reference to the parts moving towards the whole, he wrote that "the synthesis affects and determines the parts so that they function toward the whole; and the whole and the parts, therefore, reciprocally influence and determine each other and appear more or less to merge their individual characters (Smuts, 1961:xi). In terms of the ageing person as viewed from a pastoral perspective, this quote is of great essence. When the pastorate is involved with an ageing person, the concern should be the whole person and not merely a selected part of the person's life only. The holistic approach in the pastorate does not delegate tasks to different disciplines. The pastorate is concerned about the whole person, as physical, psychological, social and religious being (Heitink, 1977:84). The holistic paradigm and challenge to the pastorate, also goes beyond the physical, mental, social and religious components of man's being. It also adds to the ageing person's capacity to find meaning ageing, suffering and dying (Louw, 2005:500). The human person either as body and soul or as a "trichotomy" of body, soul and spirit is not found in Hebraic understanding of humankind (Swinton, 2000:20-22). In the Hebraic model of man, the various dimensions of personhood exist along a mutually interactive continuum in which the divinely inspired aspects of the human condition are directly apparent in the bio-psychological aspects (Boivin, 1991:162). The New Testament term soma is often translated as "person". The psycho-physical functions are closely bound in the physical

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nature of man (Boivin, 1991:157; Swinton, 2000:20-21). Elucidating on any human condition in psychology, man's wholeness implies that the focus would not be in one context only, but would be inherently part of life – from a Christian perspective, life is viewed as redeemed and fulfilled in God's Kingdom (Boivin, 1991:164). This is particularly relevant in the pastorate with the ageing person.

Salvation in Christ is regrettably often only singularly associated with God's redeeming mankind from sin and damnation, or as a narrowed eschatological view of eternal life thanks to salvation (Albers, 2001:55-56). This is in contrast to the wholeness of salvation and is ignorant of the life which saved people live in their contextual world. The Old Testament word shalom connotes a rich, multiple meaning of well-being and harmony integrated into a unified whole life lived in relationship with God and others. In Matthew 25 Jesus emphasised this wholeness of salvation as a reflection of His unequivocal concerns for persons who are hungry, naked, imprisoned and hungry (Albers, 2001:55-56). When putting into practice the words of Smuts as quoted as well as considering the parable of Jesus in Matthew 25 above, all facets of the ageing person's existence should be valued and nurtured in the pastorate, ensuring a life growing in meaning despite the degenerative powers associated with ageing.

4.2.4   Practical theology, gerontology and Biblical meaning: preliminary synthesis

The purpose of this chapter had been to provide a literature based foundation for a proposed theory on the pastoral guidance of ageing persons to live a meaningful life to the end. Through a literature study, the relation between practical theology and Gerontological theory has been established and prominent pastoral approaches have been elucidated with as assessment of the value these approaches could add to the proposed approach. In addition, contextualising practical theology, the life course approach in gerontology and the use of the narrative in practical theology as well as the role of positive psychological approaches have also been explored and considered in terms of its relevance to the study in order to assist the practical theology and pastoral dealings with ageing persons. As a practical theological study, the aspects of meaning, meaning-making, and the Biblical understanding of meaning have been analysed and evaluated.

The basis theory of this study was finally established in the following chapter. This chapter reflected upon practical theology's approaches to ageing, with particular reference to practical theology and meaningful ageing. The important direction Positive psychology provides to the proposed approach, was also considered. These reflections form a relevant part of the basis theory. The final proposal aimed to provide both the pastorate and gerontology with an approach from a gerontological-pastoral

perspective, motivating ageing persons to manage their ageing lives in such a way that they could live meaningfully to the end.

CHAPTER 5: HOLISTIC, MOTIVATIONAL LIFE MANAGEMENT IN AGEING: A GERONTOLOGICAL-PASTORAL PERSPECTIVE – A BASIS THEORY

5.1   Introduction

This chapter forms the last section of a literature study into the required gerontological and pastoral elements of a basic theory to a motivational approach in guiding ageing persons in a congregational context towards living meaningfully to the end of life. In Chapter 2, gerontology as the science of ageing was analysed, including basic definitions of ageing as well as ageing stereotyping. Metahistorical as well as multidisciplinary theories including religious perspectives on ageing were studied in view of the impact of religion and spirituality on the process ageing. Chapter 3 reflected on how religion relates to ageing. The approaches to ageing in various global religions were explored. Chapter 4 expanded on ageing and religion in order to arrive at a conclusive Biblical view on ageing as basis for a pastoral approach to meaningful ageing.

This chapter will give contents to elements of wholeness, motivation, bio-social as well as religious well-being in the basis theory of this study. It will conclude with perspectives on personal well-being in terms of dealing with the past, present and future.

5.2   The need for a holistic, motivational pastoral approach

5.2.1   Positive changes in perceptions on ageing

Moving towards a positive, motivational approach in pastoral practice is in keeping with changing perspectives on age and ageing in recent times. In the last decades of the twentieth century older persons were generally referred to as old, aged, elderly, marginalised, weak, and unimportant. They were collectively viewed as being in the late stages of decline, dementia and death and even referred to as the "populations of frail elder locked within their homes as ... prisoners of their illness" (Gergen & Gergen, 2001:3). In comparison the twenty-first century mirrors a much more positive view on ageing persons.There is a habit

Higgs (2012:9) mentions the social context in which older people find themselves in the twenty-first century as being substantially removed from the major part of the twentieth century's industrialised world. Changes in conditions for labour and employment, social relations, secured retirement and health provision created a more affluent society which embedded the development of a generational cohort culture referred to as Third age. This new generation of ageing persons

have redefined ageing as they had no desire of being viewed as 'old'. This transformation of later life included concerns with identity, consumption and lifestyle. Not surprisingly, this new attitude towards ageing shifted the focus from simply surviving, to a search of a more positive experience of later life (Higgs, 2012:21). In this search, 'later life' is being postponed to a later stage and currently individuals in their sixties do not longer refer to themselves as 'old' people (Lowton, 2012:41). This tendency of the postponement of late age, or elsewhere referred to as "compression of morbidity" (De Lange, 2015:5; Minkler and Fadem (2002:230), runs the risk of neglecting the need for asking the question of meaningful living at that stage. At the same time however, it offers a positive challenge to the pastorate for guiding ageing individuals from a Biblical perspective of hope in understanding and experiencing meaning, notwithstanding the reality and experience of one's mortality (Louw, 2008:500).

Zimmerman and Grebe (2013:22-32) reported on German research performed firstly on public discourses and references to the public discourse on ageing in public printed media and "self-help" publications, and secondly on qualitative interviews with ageing persons between the ages of 77 and 101, as well as some of their relatives. As a result of this research they have coined the term "senior coolness". With reference to the age group 65 to 80 years the analyses of public discourse on ageing, revealed positive outcomes. This group was retired from paid work, but still had opportunities for self-realisation. Media references to persons of later age older than 80 years were not positive. They were presented in negative, pessimistic and stereotyped terms. Reports on this group were mainly portrayed in the media from dementia-related perspectives and style. Dementia and Alzheimer's disease were described as a "national disease" and a "threat to the global economy". However, alternative discourses are also reported and the term "cool", which was adopted in popular German language, used. Discourses in this regard refer to role models that are found in elderly statesmen, athletes and examples of people demonstrating outstanding physical fitness, artists from the genres of painting, literature, films and music – typed as "cool". Thus, alongside the prevailing trend of negative reporting on ageing, a particular positive trend of positive reporting with a strong impact was found. These carried public appeals that individuals should take personal responsibility for staying active, productive, healthy and fit for as long as possible. The purpose: to postpone the final phase of life for as long as possible and to limit the phase of rapid decline into morbidity as short as possible. The comparison between public discourse and qualitative interviews with ageing persons showed a remarkable difference. Positive references on old age are made, despite vulnerability and frailty. Living well is not only experienced as having positive circumstances, experiences and activities, but in particular having a positive lifestyle and an attitude of poise in the face of ageing and old age. Circumstances refer

to positive environment and relations, but attitudes in particular refer to adoption of composure of letting go, not to be upset by losses and limitations and enjoying humour in the face of vulnerability and finitude. This attitude of "senior coolness" is expressed as a form of resistance which includes the following strategies (Zimmerman & Grebe, 2013:27-37):

- A habitus-based strategy of survival in which difficult conditions are controlled and improvised in a relaxed way and accepted if these cannot be changed instantly – an analogy of the Afro-American society in the face of discrimination, poverty and humiliation in a white dominated context. In ageing terms this points to the acceptance of circumstances that cannot be changed such as the external signs of ageing and inescapable difficulties posed by ageing.

- A strategy of affective modelling and social positioning – an analogy of the middle-classes – in order to maintain one's position and gaining the opportunities of improving one's social position in later life.

- A strategy of avoiding loss of everything important and being levelled and made unrecognisable in an anonymous society – an analogy of the "European *avant garde* of the 1920s. Translated to ageing, it implies preserving one's individuality and autonomy in the presence of destructive and overwhelming social forces, and making most of things you once had by gaining positive experience in the face of late-age limitations.

From the above it is clear that the twenty-first century gerontological literature presents the ageing person from a new and positive perspective, reflected in terms such as "positive" and "successful ageing". In dealing with the ageing person in pastoral context, this should always be kept in mind, In Chapter 2 I have already dealt with the degrading, discriminative way of stereotyping older persons in terms of "ageism", which is often present in church relations with persons in later life. (Louw, 2008:509; Shamy, 2003:33). Regression in ageing such as constraint in losing flexibility and adaptability, reduction life space and existential possibilities, loneliness, short term memory loss causing confusion, and their consequent vulnerability are at the roots of the challenges to growing old with dignity (Louw, 2008;509-511). Recognising this and taking these challenges seriously in pastoral dealings with ageing persons, should not only challenge, but particularly motivate the pastor to meet and guide the ageing person through these and other relevant difficulties of ageing with respect and a positive approach.

5.2.2　"Successful ageing" as indicator of positive ageing

Gerontological literature is often blamed for portraying ageing in negative terms (Gergen & Gergen, 2001:3; Minkler & Fadem, 2002:229). One of the first references to the term "successful aging" was done in the first issue of *Gerontologist*, in which the editor, Robert Havighurst (1961:8, 13) as quoted by Depp, *et al., (2012:460)* claimed that gerontologists should promote successful ageing in terms of a temporary definition, "getting a maximum of satisfaction and happiness out of life". The term "successful ageing" generally refers to the paradigm of Rowe and Kahn (1987), initially aimed at the avoidance of disease and disability, but later writings also included maintenance of physical, mental and social aspects of life (Crowther, *et al.*, 2002:615; Depp, *et al., 2012:461;* Minkler & Fadem, 2002:230*).* The term "successful ageing" is widely used in gerontological literature with the obvious optimistic, activist intent to change the negative perceptions on ageing (De Lange, 2015:3-4). As criticism also on the expanded model of Rowe and Kahn (1997, 1979), Crowther *et al.,* (2002:615) proposed a further element to the definition, namely "maximizing positive spirituality". This would add to the direction of a creating a positive view to the term "successful ageing". Although the negative terms as mentioned above continue to exist, it is also acknowledged that since the late 1960s, there has been a generally growing emphasis in popular literature on more positive references to ageing in order to counteract negative perceptions on ageism in literature (Rudman, 2006:189). These terms have however also been widely criticised by, among others, Holstein and Minkler (2003); Minkler and Fadem (2002); and Rudman (2006). According to Dillaway and Byrnes (2009:702) the use of the term "successful ageing", its interpretation and effects in literature actually continues to support the negative perceptions of ageing. The strong positivist emphasis on ageing as successful as opposed to physical and mental decline, bears the inherent danger of "compression of morbidity", as it refrains from also asking questions into the meaning and value of frail old age, which is a realistic part of the ageing process (De Lange 2015:5-10). Minkler and Fadem (2002:229-231) demonstrate how the term "successful ageing" stigmatise and marginalise persons who, due to disability, do not meet the criteria for of the narrowly defined term of "successful aging" with particular reference to individual choice and effort. This critique also applies to older people with age relevant diseases, which relate to earlier lifestyle and extrinsic factors such as diet and exercise. Previous choices and changes in social structures are fundamentally interdependent and play important roles in the prospects of ageing successfully. De Lange' (2015:5-10) and Gergen and Gergen (2001:3) explore ways to reconstruct the potential of ageing in more positive ways. They blame stereotyped negativity on two particular phenomena in the community. First is the individualist tradition which values life's integrity in terms of physical strength and the ability to make independent decisions of personal choices. A second closely

related benchmark is the public perception that life's value is measured in terms of productivity. This presents an ageing person or even women bearing children or in various stages of their lives as not proactive and therefore stereotyped as a 'has been'.

For the purpose of this study, one important critique to these terms was the danger of the "compression of morbidity", which refrains from interrogating the meaning of late old age, especially when frailty develops (De Lange, 2015:5-10). The relevant criticism as referred to above brought into the gerontology such as "successful", "healthy", "productive" ageing have been noted. The mere introduction of these terms however also signal important positive indicators of intended resistance to gerontological literature presenting ageing a negative light of decline, degeneration and decrepitude only. In keeping with these observations of positive intent, this study intends to contribute towards a positively reconstructed view on ageing, particularly from a gerontological-pastoral perspective. This study goes a step further. It ventures beyond the general positive public perspectives on ageing and proposes an intentional, positive approach, motivating and guiding ageing persons themselves, adopting a positive approach to ageing, to live and experience ageing meaningfully to the end of their lives. The suggested holistic approach to ageing is viewed as "meaningful ageing". Holistic meaning in ageing on all levels of life – physically, psychologically, religiously (spiritually) and socially, should be experienced, developed and nurtured even in the face of typical age-related degeneration, restraints imposed on the ageing person. Meaningful ageing is always relevant to and never exclusive of physical and mental condition of the ageing person. Frailty does therefore not exclude the search for meaning (meaning-making) and experience of meaning. The proposed approach to ageing as "meaningful ageing", is further based on a spiritual experience of Biblical hope, living life from an "eternal life" perspective. The latter will be dealt with later in this chapter.

In order to arrive at a motivational approach to ageing in congregational pastoral practice it is important to examine the nature and contents of existing theoretical approaches with an emphasis on positive motivation.

5.2.3   Motivational pastorate

5.2.3.1 Pastoral practice as motivation

This study explores a motivational approach into pastoral practice in terms of meaning in later life. It is also necessary to investigate the role of pastoral involvement beyond intervention and healing. Attitude towards ageing influences a person's experience of the ageing process. Multi-disciplinary research in gerontological literature indicates a relation between negative attitudes towards the

process of ageing and morbidity and hints that that a change in public attitude towards ageing could positively change the course of ageing (Depp *et al.,* 2012:471; Levy, 2003).

Different from animals, driven by instinct in order to survive, human beings rely upon a variety of emotions in search of meaningful living (Compton, 2005:33-39). In psychological terms this is complex, and the purpose of this section is not an attempt to a detailed discourse and analysis of all positive psychological views on motivation. In order to emphasise the need for a positive motivation side of pastoral involvement with ageing persons, it would suffice to reflect partially on positive psychology's understanding of motivated pursuance of a meaningful life in later years.

The difference between intrinsic and extrinsic motivation is considered as very important in terms of mental well-being. It is also significant to understanding motivation. Intrinsic motivation tends to enhance general well-being compared to externally rewarding motivation (Compton 2005:35). The transition from early to older adulthood, which is marked by mental and physical losses may impact on the person's motivational systems regarding achievement and social affiliation. Ageing consequently brings about a shift in emphasis within the motivational system. The ageing person is more inclined to pursue goals consistent with intrinsic personal needs such as emotional satisfaction, for example in social interaction, rather than goals extrinsically motivated goals related to salary or position (Czaza & Sharit, 2013:91).

Intrinsically man is sometimes motivated by compelling circumstances to participate in some activity for its own sake, without expectation of being rewarded for participating. On other occasions man is extrinsically motivated when actions are aimed at an external reward, irrespective of the nature thereof (Compton, 2005:34). Ironically however, research indicated that sometimes people are less motivated when being rewarded than when pursuing goals intrinsically and simply for their own joy. Calling this phenomenon "overjustification", Lepper and Greene (1978:12) cited by Compton, (2005:34) concluded that when people are offered an external reward for actions that are intrinsically satisfying, the reward can "undermine that individual's subsequent intrinsic motivation to engage in the behaviour". This means that external awards are not the only goals compelling one's motivation.

In terms of a pastoral approach motivating the ageing individual to live meaningfully regardless of ageing-related deterioration, the pastoral model referred to as promissiotherapy will be proposed. Promissiotherapy was coined by Louw (2008:237-239). In his book, *Cura Vitae* (2008) Louw included a dedicated chapter on the aged and the frail (Louw, 2008:495-498). He considers frailty as spiritual phenomenon and a time of growing awareness of human limitations and dependence.

Pastoral guidance can assist the frail person to actively engage in the transition from surrendering independent performance to transcendent dependence and grace (Louw, 2008:496). Promissiotherapy offers the same Biblical perspective of Christian hope to the aged, in a positive and peaceful environment in order to anticipate a positive future to the end. It motivates the ageing person to continue moving forward, and to reorient anew even in the face of late age-relevant difficulties. The dimensions of anticipation, future, quality of life expectations and faithful trust are particularly important in a motivational approach to the pastorate with ageing persons.

With reference to positive psychology's approach to motivation and emotions as set out above, the question arises whether promissiotherapy offers hope as a "reward" in terms of intrinsic or extrinsic motivation? Louw provides a relevant answer to this, referring to the contents of Biblical hope as intrinsically being resurrection hope, based on the resurrection power of Christ (Louw, 2008:238). Hope could therefore not be viewed as an external reward offered in terms of a meaningful life and which has to be obtained in future. Hope is intrinsic part of faithful trust and a basis from which a meaningful life could be lived, despite the challenges of later life (I Peter: 3-6). Proclaiming hope to ageing persons should not be seen as an additional technique that has to be taught (Louw, 2008:238). Hope is strength already contained in the Christian's faith in a resurrected and Living Christ – an intrinsic motivation to live meaningfully to the end.

5.2.3.2 Positive psychology and motivational pastorate

When M.E.P Seligman coined the term "Positive Psychology" in 1998, the course of psychology was changed from a perspective of cure and repair to a perspective of prevention. In considering a theoretical basis for a pastoral approach with a strong motivational element, the value of positive psychology as previously indicated (4.2.3.2) should not be overlooked. Instead of focusing on challenges which negatively impact on meaning in later life, the ageing person's human strengths can be developed (Seligman, 2005:6).

5.3 Goals for a holistic motivational pastoral approach

5.3.1 A church-related approach

St Paul's letters to the Romans (12:4-8) and I Corinthians 12:12-31 refer to the church as the "Body of Christ". He discusses the different members, with different functions and *charismata* (Spiritual gifts) which are to be utilised to the "benefit" of the whole body (I Corinthians 12:7). God's concern for the marginalised is abundantly mentioned in Biblical references. This also applies to the marginalised and the vulnerable of the church, including the aged. Pastoral care as

compassionate physical, mental and in interpersonal outreach to those with pain or woundedness (Rost, 2017:122), certainly also applies to the pastoral care to the ageing person. In the church and its pastorate, frailty should also not be viewed negatively in terms of psychological deterioration, but as the spiritual change from health to vulnerability (Louw, 2008:496). The church as body of the risen Christ is the context in which the ageing person should find new meaning. The congregation is the revelation of a restored community of the weak and the powerless. The church forms the ideal context for being guided spiritually to a meamingful life to the end (Swinton, 2000:156-159).

Gerontological literature indicate a conviction that involvement in religious activities could be positively associated with good health throughout life (Krause, 2002:S332; Koenig, *et al.,* 2001:53-58). Religious studies on the community of believers have indicated a definite social influence on members in terms of strong interpersonal ties, bolstered by the basic tenets of the Christian faith that serve as encouragement to members. Research results have shown that interpersonal support, spiritual support and emotional support from the pastor are positive outcomes of these interpersonal ties (Krause, *et al.,* 2001:640, 651-652). In the church strong interpersonal ties exist, which are experienced as a kinship in which believers are closely linked and related. The church has a particular responsibility, also towards ageing members, and should take cognisance of this Biblical responsibility and be aware of the vulnerable later life persons in their midst (Brasie, 2003:58; Swinton, 2000:157). The characteristic of the church as a caring community distinguishes it as ideal setting where the aged are not only nurtured, but where they have the opportunity to serve. They should become part of a pastoral ministry to the congregation by the congregation. Instead of being marginalised, they are "re-membered" as persons with abilities and will be of value to other (Rost, 2017:125).

Growing numbers of ageing persons offer a challenge to congregations to develop new methods of assisting later age church members towards spiritual growth in older age. This should result in older generations to become inspirational to all generations (Hendrix, 2015:30). Research indicate that activities such as church attendance by ageing persons may result in awareness of their needs by the church community and it may influence the nature of support they experience in the wider social support climate of the church. Regular attendance and being part of the church community strengthens this support. (Krause, 2002:S333). Spiritually, the interpersonal support present in the spiritual community also creates a climate for ageing persons to be strengthened through sharing their spiritual experiences and beliefs (Krause, 2002:S334).

For the church to adhere to these Biblical and pastoral expectations, it is necessary to enter into serious planning and providing for a ministry that is particularly aimed at guiding ageing persons through the processes of later life development. In Chapter 7 more detailed and practical suggestions will be provided for implementation of a comprehensive older adult ministry in the church. At this point it suffices to mention the role of interpersonal and interrelated activities. These should not only involve the ageing community in a church, but should be of intergenerational nature in order for the ageing person not to be served only, but to be offered the opportunity to serve the old and the young (Knutson, 2003:219-222).

5.3.2 Wholeness and the general systems theory

5.3.2.1 Wholeness of the person

The famous statesman-premier in South Africa, General JC Smuts, had been one of the first religiously orientated lay persons to write about the spiritual dimensions of the "whole person" (Djupe & Westburg, 1995:325). With reference to the parts moving towards the whole, he wrote that "the synthesis affects and determines the parts so that they function toward the whole; and the whole and the parts, therefore, reciprocally influence and determine each other and appear more or less to merge their individual characters (Smuts, 1961:xi). In terms of the ageing person as viewed from pastoral perspective, this quote is of great importance. When the pastorate is involved with an ageing person, the concern should be the whole person and not a selected part of the person's life only. The pastorate as holistic approach is not to be part of one or two selected different disciplines incorporated in pastoral practice only. Pastorate's concern is about the whole person, as physical, psychological, social and religious being (Heitink, 1977:84). The holistic paradigm and challenge to the pastorate, goes beyond the physical, mental, social and religious components of man's being. It also adds to the ageing person's capacity to find meaning ageing, suffering and dying (Louw, 2008:500). The human person as either being body and soul is not found in Hebraic understanding of man, nor a "trichotomy" of body, soul and spirit (Swinton, 2000:20-22). In the Hebraic model of man, the various dimensions of personhood exist along a mutually interactive continuum in which the divinely inspired aspects of the human condition are directly apparent in the bio-psychological aspects (Boivin, 1991:162). The New Testament term *soma*, is often translated as "person". The psycho-physical functions are closely bound in the physical nature of man (Boivin, 1991:157; Swinton, 2000:20-21). Elucidating on any human condition in psychology, man's wholeness implies that the focus would not be that one context only, but it would refer to an inherent part of life. From Christian perspective, life is viewed as

redeemed and fulfilled in God's Kingdom (Boivin, 1991:164). This is particularly relevant in the pastorate with the ageing person.

The salvation in Christ is regrettably often only singularly associated with God's redeeming mankind from sin and damnation, or as a narrowed eschatological view of eternal life thanks to salvation (Albers, 2001:55-56). This is in contrast to the wholeness of salvation and is ignorant of the life saved people live in their contextual world. The Old Testament word *shalom* connotes a rich, multiple meaning of well-being and harmony integrated into a unified, holistic life lived in relationship with God and others. In Matthew 25 Jesus emphasised this wholeness of salvation as reflection of His unequivocal concerns for persons who are hungry, naked, imprisoned and hungry (Albers, 2001:55-56). When translating the words of Smuts as cited earlier, as well as considering the parable of Jesus in Matthew 25 above to ageing persons, all facets of ageing person's existence should be valued and nurtured. According to Matthew citation, it includes physical, social and emotional needs. Even in frail age, with abilities which may be difficult to apprehend, perhaps mentally impaired age-related mental deterioration, the ageing person remains to be a whole person. In establishing a practical theological approach to dementia, Swinton (2012:27-67) warns against the danger of fragmenting persons with dementia into medical and psychological terminologies and categories and in the process missing the "person" with dementia in favour of pastoral dealing with a "patient" with dementia, becoming "typical" people rather than a person living in the memories of God. When only concentrating on a mental or physical condition, the danger of fragmenting and deeply reducing those persons are real. It is important to recognize the person in pastorate actions even when it seems to be extremely difficult. Research on non-disabled persons' perspective on mentally disabled persons' ability to think, indicated that it is possible. Disabled persons were described as having full thinking capacity, "but locked in a body that is incapable of or severely limited in its capacity for communication" (Swinton, 2012:57, citing Bogdan & Taylor, 1989:135-148).

5.3.2.2   The general systems theory (GST) in holistic pastoral care of the ageing person

Further to a holistic approach in motivating ageing persons to a meaningful living the end, the general systems theory as meta-approach is relevant to this study. The General Systems Theory (GST) was developed by Ludwig von Bertalanffy (1955), who as biologist, already formulated the GST in the 1930s, but it was not recognised until the publication in the American *Science J*ournal in 1950 (Skyttner, 2001:35). Since these early stages, GST has become a meta-discipline being appropriate to mechanical, cybernetics and information technology, social and psychological sciences and capable of being transferred from discipline to discipline (Caws, 2015:516;

Healy, 2005:134; Skyttner, 2001:37; Von Bertalanffy, 1972:414). The articulation of the GST into a diversity of sciences, developed in three waves. The hard systems wave originated from the first publication of the theory in the 1950s and addressed technical problems and had a united focus of purpose. It was not until the next decade that it became a second soft systems wave in the 1960s, articulated in social and organisational practice. The third wave of critical systems addressed the complexity of problems such as emancipation, and impacted on a range of fields, including the social sciences and humanities (Healy, 2005:134-146; Rousseau, 2015:528).

In the emergence of holistic thinking, systems thinking accepted that all wholes in the universe which seems to exist independently are an all-embracing organic pattern. This principle found its way to human existence which cannot be understood without our interactions with other 'parts' (Skyttner, 2001:34). In terms of the pastorate with the ageing person it is necessary to view the individual in interaction with relevant systems in the ecological context of biological, psychological and social subsystems. These include cultural, interpersonal, group-dynamic and community subsystems. Within the intra-psychological subsystem of perception, cognitive abilities and emotions, a person could analyse the self as a living person relating to the integration of the past, present and future in order to live meaningfully (Baumeister, *et al.,* 2015:50; Jordaan & Jordaan, 1989:40-44)

Some core concepts of the systems theory relevant to the pastorate and the ageing are:

- A system is a set of two or more elements standing in interaction and satisfying the following conditions: each element's behaviour affects the behaviour of the whole. The individual behaviour and effects on the whole are interdependent. Sub-groups of elements affect the whole, but none has independent effects on the whole (Skyttner, 2001:53). Systems are composed of objects, attributes such as goals, energy and attitudes and relationship within an environment, which shape the system or is being shaped by the system. The family as system is for example shaped by its environment, which could either provide opportunities or limit the family in the absence of opportunities (Hecker, *et al.*, 2003:42). From a systems perspective, the family is defined by the persons forming the family, whether it is a nuclear family or an extended family. In the pastorate to the ageing person, the family of origin is relevant, especially when analysing a person's past and the interaction and impact it had on the person over the life-course (Hecker, *et al.,* 2003:44).

- An example of the above is demonstrated in analysing and understanding family functioning from systems perspective: the family cannot be reduced to distinct parts, or looking at the

behaviour of a single-family member only. The family members should be studied in relationship to one another (Hecker, *et al.*, 2003:40). In the pastorate with persons in later life, the ageing person should be viewed from a systems perspective. It is important that these systems are identified and if a person is isolated, that new systems are established especially within the religious community. Isolation and loneliness implies a functional crisis of being excluded from dynamic relationships. On religious level the lonely person could even feel rejected by and alienated from God (Louw, 2008:503-504). The church is a relevant ecological system of the ageing person's functioning. In terms of the Biblical nature of the Christian congregation as caring community, it fulfils the need for support and sharing (De Wet, 2010:65). Ageing persons experience the faith community as eco-system, which is highly cohesive in terms of a strong spiritual and emotional support, which results in a deeper personal relationship with God. This strengthened connectedness with God develops a new sense of optimism and physical well-being (Krause, 2002:S333).

- Ecosystems surround a person in concentric contexts. Micro-systems such as the home, family and friendship networks provide the immediate existential environment. The faith community and other local institutions form meso-systems as second concentric layer that have a direct impact on a person's life. Macro-systems refer to society as a whole such as politics and economy and which impacts on the whole community including the life of the individual (Healy, 2005:139-140).

- Systems are intrinsically open, indicating that information, ideas and affection impact across boundaries with the larger environment (Koprowska, 2014:6). The nature of systems is to be open. A closed system could develop into an unhealthy and isolated lifestyle with all the negative effects attached to that. In the event of a closed system, boundaries would not allow information or energy to penetrate the system (Hall & Fagan 2003:72; Brunsdon, 2006:145). Technically, the ageing person could, due to age-relevant failure of physical abilities, such as deteriorating health, mobility, hearing and blindness, become isolated from the faith community. This could develop into a relatively closed system of functioning, with little or no impact from the church, unless the church develops a focused ministry on homebound and bedridden elderly, keeping open the flow of caring, sharing and informing.

- In the GST "homeostasis" indicates a propensity and ability to maintain a steady state (Koprowska, 2014:7). In relational terms, this inclination of choice and behaviour provides a sense of balance and security in an otherwise dysfunctional system. In terms of the pastorate with ageing persons, this could lead to continued life choices and behavioural regulators

which might have been helpful in earlier days within the dysfunctional system, but in new contexts new choices should have been made (Moolman, 1991:61). In the ageing person, this could add to unresolved emotions and issues with the past that have to be dealt with pastorally to ensure a meaningful late life.

- Systems could function at the extreme ends of openness or closedness being in a maximum disorder and disintegration (entropy). Through a process of negentropy, a system can be restored to an ideal situation of optimal functioning. In the event of a family system finding themselves in a state of entropy, the family therapist's goal would be to help restore negentropy in the system through an entropic process (Skyttner, 2001:65).

- In the pastorate with ageing persons the systems approach, directs the attention to the "feedback" or output of the functioning of the system of which a person has been part of. This refers to the system as a whole. Analysing the position of a person is therefore not done on a linear basis, but rather circular. The family outcome is not determined by an individual only. A person from a dysfunctional family of origin might be labelled by the system as the "problem'. In family therapy this person is however referred to as the symptom bearer of a dysfunctional system (Hecker, *et al.*, 2003:47).

- The genogram which was developed by Bowen (1978) is used by many therapies. It is compiled by schematic drawing, indicating family information indicating the nature of relationships in the family system including emotions and dynamics (Nelson, 2003:280-285). In the pastoral process of motivating and guiding the ageing person to meaningful living, it is important to assist the person in verbalising their own narrative of existential context over the life course. In this process the genogram is not only helpful in telling the story, but also in graphically observing the unfolding of life, dynamics of relationships, emotions, the shaping of a person's life and life choices.

The systems theory as meta-approach in the pastorate with the ageing person accentuates the necessity for and assists in viewing the individual in interaction with relevant systems in the ecological context of biological, psychological and social subsystems and understanding the person from a holistic perspective. it allows for reflecting on questions such as: What were the eco-systems impacting on the person's life and the systemic influences impacting on the person's development and choices; what are the subsystems surrounding the person at present and what is the nature of boundaries that either promote or deny influences in the person's life;

how can new and existing sub-systems be applied in assisting the ageing person to a meaningful life to the end?

Of great importance to the pastorate is to develop the church as meso-system to influence healthy open systems in ageing to grow in meaningfulness in caring and being strengthened optimally in spiritual hope to the end. This is specifically relevant to ageing persons who have been marginalised in the church community due to age-related deterioration and who are not able to participate in the activities of the church (De Wet, 2010:68). The church as system should be an open system not only to respond to the needs of the ageing person, but also to accommodate the enthusiasm of ageing persons who are able to contribute towards a ministry *by* the ageing community *to* the ageing community.

5.3.3   Holistic well-being in ageing

Wellness in terms of "successful ageing" has already been viewed from a positive perspective. A holistic meta-approach requires the pastorate to consider the ageing person as whole person not to be viewed from a fragmented perspective. However, taking wholeness into consideration in pastoral motivation of the ageing person to a meaningful life to the end, it is necessary to approach every aspect of their existence. Meaningful ageing does not neglect or deny the physical, mental, social en religious aspects and related responsibilities of a person's life.

5.3.3.1   Historical overview of biopsychosocial approaches to ageing and well-being

Philosophical references to well-being in later life are being traced back as early as 43 BC when the Roman Orator Cicero referred to reflection, character and good judgement as the enriching characteristics of old age. Plato reflected on old age as calm and freedom. (Friedman & Ryff, 2012:3 citing Griffin, 1949). A substantially comprehensive interest of gerontological researchers from the biological, psychological and social sciences in the well-being of the ageing person, commenced with the discourse in the 1940's when scholars conceptualised successful ageing in dimensions of activity, the ability to disengage, life satisfaction and maturity in personality. Socialising in a stable system was later added as an element of successful ageing. In following years life satisfaction and an elaborative focus on more cognitive, emotional and social aspects were included in defining successful ageing (Friedman & Ryff, 2012:3-5). In the last decades of the twentieth century, successful ageing was conceptualised successful ageing as the minimizing the risk of disability, high levels of mental and mental and physical abilities and active functioning and active engagement with life (Niehaus & Niehaus, 1982:233; Friedman & Ryff, 2012:4; Crowther,

et al., 2002:615). According to this widely recognised and accepted definition of successful ageing, healthy lifestyle choices enhance and promote the process of ageing (Mortimer, *et al., 2008:200).* This definition was however also widely challenged due to the important neglected gerontological aspects of biological and mental processes which also impact on the ageing person's well-being (Mortimer, *et al.,* 2008:200-204; Crowther, *et al.,* 2002:613-620; Friedman & Ryff, 2012:3-24). A noteworthy addition to defining successful ageing was made by Crowther, *et al.,* (2002:613-620) adding the element of "positive spirituality" to the definition of successful ageing which largely excluded a spiritual dimension.

In more recent decades, more than one discipline also introduced the term "gerotranscendence" to the definition – a term which also enriches the pastoral aspects in ageing (Flood, 2003:207; Shamy, 2003:61; Torstam, 1997:143-154). Gerotranscendence refers to the ageing individual's redefining of the self and relationships with others and fundamental existential question. In this state of mind the ageing person is less self-occupied, shows less interest in material things and becomes selective in social interaction (Johnson, 2009:669). Replacing false optimism reflected in the successful ageing term, gerotranscendence taps into the spiritual element of ageing, and moves towards a more cosmic and meditational perspective (Flood, 2003:207). Gerotranscendence takes the ageing person into a matured dimension in which the person discovers new answers to questions on life's meaning in ageing as experienced in symbols, religious experience (Louw, 2008:507-508). This concept has placed the spiritual dimensionjoubert and more specific spiritual transformation in the centre of later life (Johnson, 2009:669).

The development of the positive tone in the successful ageing discourse, has contributed to a holistic view on ageing and well-being which will be analysed below

5.3.3.2 Predictors of subjective well-being

Well-being is not a condition that one achieves through some type of threshold of good feelings. It exists on a continuum ranging from states of very low well-being indicating severe depression and hopelessness to those of very high well-being, or genuine happiness that are sustained over time (Koenig, *et al.,* 2001:97). Studies of subjective well-being are directed at causes, predictors and the consequences of a happy and satisfying life as expressed by persons in terms of motions and acceptability (Compton, 2005:43). Predictors of well-being are marked by a variety and determined by a large number of factors as successful ageing are determined by a variety of aspects, ranging from biological building blocks to psychological esoteric traits of wisdom. No gene can be singled out as predictor or determinant of well-being as it is determined by a complex interaction between

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physiological recourses and psychological processes (Depp, *et al.,* 2012:463). Persons who are advantaged in terms of income and education, for instance, score high on a wellness an happiness scale, but when income increase their well-being does not necessarily increase proportionally, as wealth is a poor predictor of happiness. Similarly, younger people may experience high levels of joy, but older persons experience high level of life-satisfaction and positive judgment on their own lives (Koenig, *et al.,* 2001:98). Various subjective predictors and promoters of well-being that contribute towards a person's happiness are mentioned. Religion and activities, including religious activities are two such markers (Koenig, *et al.,* 2001:99).

Amongst other aspects, mindful behaviour in life is to be sensitively guided by context and perspective and not controlled by routines, "second nature" or automatic behaviour and rules (Langer, 2005:214-215). Compton (2005:48-53) lists several more: a positive self-esteem, sense of perceived control, extroversion, optimism, positive social relationships, a sense of meaning and purpose to life. Mindfulness, or the absence thereof, also influences well-being (Langer, 2005:218-219). As the definition of health changed in the previous century from the lack of illness or disease to describing it in holistic terms of wellness, the then newly coined term by Halbert L. Dunn (1961) as cited by Compton (2005:109) was described as:

- A zest for life
- A way of living that maximized potential
- A sense of meaning and purpose
- A sense of social responsibility
- Skills for adapting to the challenges of a changing environment.

These indicators, together with an attitude of mindfulness in life imply that happiness and well-being is not only determined by external influences, inherent personality traits or natural abilities. It also implies pursuing a life of well-being. The approach proposed in this study relates to meaningful ageing to the end of life. For that purpose, it is important to analyse well-being in ageing from a multi-dimensional perspective.

5.3.3.3 Physical well-being

With the change and more positive view on ageing, and the increased life expectancy due to improving health care, ageing persons are also being transformed in their relationships with their own bodies (Higgs & Rees Jones, 2009:16). Physical ageing is gradual and cumulative and occurs noticeably different for each individual (Erber, 2010:65).

The physical condition of the ageing body also relates to biological age as expression and perspective of the ageing process in a person (Louw & Louw, 2009:6). The process of ageing and the quality of life in the ageing process is expressed in terms of primary and secondary ageing. Primary ageing defines the universal ageing processes that affect the human body (and all living organisms) and which brings life to an end. Primary ageing also differ from person to person, depending on intrinsic biological factors within the unique body of a person. Secondary ageing is determined by the impact of external, hostile environmental circumstances over which a person may have no control. It may also impact the body due to conditions which the individual can control, such as lack of exercise, abusive habits and unhealthy nutritional intake (Erber, 2010:71-72). Increased longevity over the life span is noticeable, especially in developed countries. Although life expectancy has changed, life span has changed very little. The observation of life span in Psalms 90:10 is still relevant:

"*Seventy years are given to us!*

Some may even reach eighty.

But even the best of these years are filled

with pain and trouble;

Soon they disappear, and we are gone." (New Living Translation, 1996)

Larger numbers of people approach maximum life expectancy, but only an answer to the phenomenon of ageing will finally change life span (Hayflick, 1994, cited by Erber 2010:70). Life span is however influenced by the growing incidence of compressed morbidity, implying that, due to lifestyle changes and improved medical care, the age-related illness or frailty is postponed to a narrow period of time prior to death (De Lange, 2015:5; Erber, 2010:70; Minkler & Fadem, 2002:23). Normal physical ageing is associated with decrement in body cells and tissues of internal organs, with deterioration of functions such cardiovascular, respiratory, musculoskeletal functions (Aiken, 1995:60). Because of this normal ageing of the body, life span cannot change, but quality of life related to responsible and qualitative lifestyle choices can impact on physical well-being. It is important to briefly take note of research done in terms of exercise in relation to well-being in ageing.

Literature on older adults and physical well-being, leaves no doubt about the importance of physical exercise in later life. Contrary to Row and Khan's (1987) very early definition of successful ageing close to four decades ago which included high functional capacity, adverse lifestyle and poor

management of health and preventable diseases, accelerates ageing (Katzel & Steinbrenner, 2012:97). Ageing is also marked by normal loss of strength and power ageing (Katzel & Steinbrenner, 2012:103). To mention only one of many recent studies, Depp and Jeste, (2009:137-150), provide research results positively indicating that exercise by older adults is of the cornerstones of healthy successful ageing which benefit health. Exercise with associated weight loss has proved to have beneficial effects on risk factors of cardiovascular disease in older adults (Katzel & Steinbrenner, 2012:105). As far back as 1966, research done on conductors of double-decker buses in London, who had to move up and down on the stairs of buses during their working shifts, had 50% reduced rates of coronary heart disease and mortality than the bus drivers who were not exposed to the same levels of exercise during the same hours (Morris, *et al.,* 1966:552-559). On the serious age-related condition of dementia, research indicated that older men (age 77-93) who walked shorter distances than 0.25 miles compared to those who completed two miles per day, proved to have a 1.8 fold excess risk for dementia (Katzel & Steinbrenner, 2012:109).

People generally would not perceive physical well-being as partial responsibility of the pastorate. It is necessary however to transform the relation of religious persons to their bodies. Research provides increasing evidence that devout religious belief and activities do have positive effects on the physical health and lifestyles of believers (Koenig, 2000:90-91). These positive effects on physical well-being are firstly the result of greater social support from within the community of believers through informal networks enquiring into and monitoring health conditions of each other. The coherence experienced in the religious community offers a feeling on meaningfulness in a familiar environment (George, *et al.*, 2000:111). This is particularly and importantly of relevance to older members of the congregation with less and weaker other support systems. Secondly, religious involvement have effects on the believers' choices regarding healthy lifestyles and behaviours relating to choices such as the use of alcohol, drugs and smoking. In some religious circles dietary laws and practices enhance healthy food choices and healthy living.

This is possible from a God-centred view on health (Hanson, 2010:38-44). Although ageing in inevitable, research proves that previously perceived unavoidable, age-related health conditions, are actually due to unhealthy lifestyle choices. Religious beliefs could motivate people to make better lifestyle choices and to taking care of our bodies in a responsible way (I Corinthians 6:19-20).

From a pastoral perspective religious older adults should understand that holistic well-being starts from within a God-given body, which should be appreciated and nurtured in order to live meaningfully until the end of that body's life course.

5.3.3.4 Psychological well-being

5.3.3.4.1 Mental health in later life

A variety of mental health problems could affect the psychological well-being of the ageing persons and pose challenges to congregational pastorate. It is not within the scope of this study to comment on mental health in later life in detail. In view of the practical reality with the congregational ministry, it is important for the pastorate to take cognisance of problematic areas in the ageing process which impacts the well-being of an ageing person. Examples of such areas (as suggested by Louw, 2008:509-513 and Lynskey, *et al.,* 2003:125-133) are:

- degeneration of psycho-socio abilities and the effects on normal functioning
- experience of reduction and constraint of existential abilities
- loneliness
- onset of forgetfulness, accompanying embarrassment and fear of dementia conditions
- heightened awareness of death and mortality and consequent calculation and
- the prevalence of physiological risks in later life such as addiction to substance disorders.

The pastorate will be confronted with all the matters above, but in this study I will briefly analyse two specific aspects of concern: the generally high incidence of dementia and relevant problems of home care, and less known, but alarming incidence of disruptive substance and other forms of dependency impacting on the well-being of older adults.

5.3.3.4.2 Dementia and the pastorate

The pastorate with the ageing person cannot evade the realistic presence of the age-related condition of dementia. Much has been written in literature on the phenomenon of dementia, and in practice much is being discussed generally about the proliferated high incidence of the disorder. Many nuclear as well as extended families are affected by the presence of the mental deterioration of a senior family member as it impacts on the well-being of the person as well as the caregiver and the family system. The pastoral care of persons with dementia is a growing challenge to churches in South Africa.

The known numbers of persons with dementia together with those of their caregivers tell the stories of persons suffering at both ends of the disorder: the story of person with dementia, but also the caregiver's story of loneliness, exhaustion and spiritual struggle in coming to terms with the condition (Kevern, 2009:205). It is imperative that the pastorate understands that the person with

dementia continues to be a member of the Body of Christ, and in terms of their presence as person, is destined to live meaningfully, not despite the condition of dementia, but as person with dementia, living in God's grace (Kevern, 2009:209-211).

Pastoral theology should view dementia from a perspective that differs from other definitions. Medical definitions are helpful to the medical science but the nature of dementia compels practical theology to view dementia from a Biblical perspective putting the disease in a new context, different from the medical model only (Swinton, 2012:18-19). From the perspective of the suffering loved one, the person may be viewed as slipping away and changing into a stranger you do not know (Kevern, 2010:174), but from a theological perspective of a "Remembered by God" model, which implies that long before and long after we make any recognisable response to God, we are unconditionally accepted and remembered by God (Kevern, 2010:176). The Biblical perspective calls the church to a "redescription" of the world where individualism and competitiveness, autonomy and a free choice to reign supreme, into a world where the sovereign God and where salvation comes through weakness and brokenness through Christ. In such a world dementia takes on a new dimension (Swinton, 2012:18-19). In this new dimension, dementia does not destroy one's personhood, or one's our spiritual identity, nor does memory loss due to the disease, wipe one from the memories of God (Swinton, 2012:111,174). In the pastorate with the ageing person with dementia, person-centred care looks at the person beyond the apparent chaos of their outer appearance, to discover who they are and who they are becoming. From this perspective, caring for the person with dementia are reflecting signs of the Kingdom of God (Goodall, 2014:261, 263).

For the pastorate to contribute towards a person suffering from dementia and still meaningfully ageing, the following aspects of dementia are significant:

5.3.3.4.2.1 Knowledge about the disease

A multitude of definitions of dementia have been formulated. Defining dementia is however not simple and there is no universally accepted definition of "dementia". In general, definitions include symptoms such as memory and functional impairment on social and occupational levels, progressive deterioration, irreversibility and incurability. A scientific more detailed definition refers to dementia and in particular Alzheimer-dementia as a syndrome of acquired persistent intellectual impairments, characterised by deterioration in at least three of the following domains: memory, language, visuospatial skills, personality or behaviour and manipulation of acquired knowledge (including executive function) (Mandell & Green, 2011:5).

Literature strongly emphasise the necessity of professional diagnosing of dementia and Alzheimer-dementia. Certain other clinical markers separate "possible dementia" and "normal aging" from "dementia" (Husband, 2008:38-39; Mandell & Green, 2011:5). There is a variety of dementia types, of which Alzheimer-dementia is only one (Swinton, 2012:40). Diagnosing someone with dementia is a heavy burden to bear for the patient as well as the family system. Although it is not always possible to diagnose dementia accurately, early, professional diagnosis of the dementia syndrome is necessary for relevant treatment. In irreversible and progressive conditions, cognitive and behavioural symptoms can be treated. Legal, financial planning as well as strategies to postpone dependence and institutionalisation is possible with early and professional diagnosis (Fraenkel, 2016:23; Mandell & Green, 2011:7).

Statistics on the prevailing situation in South Africa are alarming. The World Alzheimer's Report, (2016:96-100) provides a detailed indication of the position on Alzheimer's disease in South Africa.

- In 2015 4.4 million adults were older than 60.
- As many as 9.5% of the 4.4 million were 80 and above.
- It had been expected that the number of people older than 60 would increase to seven million by 2030 (The World Alzheimer's Report, 2016:97).
- According to statistics, 186,000 people are living with dementia in South Africa, of whom nearly 75% are women. It is expected that this number will increase to 275,000 by 2030 (World Alzheimer Report, 2015). *These are probably reported cases. In view of the huge lack of knowledge about the disorder and indigenous beliefs regarding the way it presents psychologically, the numbers could be much more as reported* (author's italics).
- No national dementia plan exists (World Alzheimer's Report, 2016:97).
- It is not known what the knowledge and awareness for differentiated population groups in South Africa are. Research indicates that awareness and understanding of dementia among the general population is very low. In certain areas like KwaZulu-Natal, dementia amongst some ethic groups, is associated with evil deeds and witchcraft and persons suffering from dementia, live under life threatening conditions in the community (Benade 2012:275).
- In the context of the South African health system, in rural areas health services mainly focusses on treatable diseases and dementia is largely neglected and excluded from further care. In the private sector more attention is provided to dementia, mainly because of many private hospitals. However it is found that the use of prescribed medication is low because private health insurance plans rarely cover the high costs of medication (World Alzheimer's Report, 2016:98-99).

- Most of persons with dementia are cared for by their family and due to a combination of the information mentioned above, community-based care services will grow in importance in the South African society. The challenges are that community entities will have to take greater responsibility in terms of basic care and provide an environment in which persons with dementia can live meaningfully (World Alzheimer's Report, 2016:98-100).

Pastorate to persons with dementia is comprehensive and it is not within the goal of this study to contribute in detail to the discourse. However, two aspects of importance are mentioned in literature, providing practical instruments that could contribute to meaningful pastoral involvement. First is the role of music and familiar songs in the neurophysiology and mind of the person with dementia, remembering those long after they have ceased to be able to form sentences verbally (Swinton, 2012:194-195). Rhythm and memory-inducing effects especially in a communal setting are triggered by music and enhances participation and engaging in social connection. Old songs prompt those parts of the long-term memory still unaffected by the disease. It enables the person with dementia to be responsive and participate socially, engaging and conversing. Persons with dementia also respond expressively by smiling and keeping time with the rhythm of the music. Music therapy becomes an access tool to memory of music and access to a past social self (Matthews, 2015:573-576). This ability to access music memory and enabling to social engagement is invaluable to the pastorate, as it provides an angle of incidence to religious stimulation despite the existing mental impairment. Secondly literature reveals the importance of rituals and symbols to maintain spiritual connectedness (Stucky, 2003:75). Using a "right brain" approach to worship, trigger and preserve early spiritual memories by engaging the person with dementia through a sensory experience of hearing (such as old hymns), touch (such as holding hands, hugging), aroma (incense, the odour of a church sanctuary or a sacred Bible), vision (symbols of the cross, a menorah), taste (elements of communion). Especially the communion in pastoral engagement with dementia patients bring about spiritual connections that no verbal sermon can achieve (Stucky, 2003:75-76).

Caring for the person with dementia from a contextual and systems perspective calls the attention of the church's pastorate to focus on the caregiver, especially the spouse of the person with dementia.

5.3.3.4.2.2 Pastoral guidance to the caregiver in basic homecare

The nature of dementia's presentation in a person poses growing challenges to the church communities and the pastorate in guiding and caring for people affected by the disease, patient

and caregiver families. As members of Christ's body they become the focus of a particular and specialised pastorate that cannot be neglected.

Pastoral involvement with the caregiver of dementia patients does not only moderate the negative stress outcomes in caregiving. Spirituality forms an integral part of the positive experience of caregiving as it generates new positive experiences which would not otherwise have evolved (Robinson, 2003:70).

The concerns about the very high incidence of dementia should not stop with the diagnosed person. The reality in South Africa is a burdened healthcare system, with a lack of resources and professionals in the public sector and long-term care for persons with dementia falls largely upon family members (Deist & Greeff, 2017:127). Caregivers withstand a plethora of stresses, emotional and social burdens (Chang, 2009:170-171). In addition to the challenges to the well-being of the caregiver, caregiving also puts severe strain on family relationships in the family system. A growing awareness has developed that this burden of the caregiver, is also determined by the personal attitude and perceptions of the caregiver (Potgieter & Heyns, 2006:548). A number of stressors impacting on the psychological well-being of the caregiver have been identified (Potgieter & Heyns, 2006:560-561):

- The progressive dependency for survival of the Alzheimer-dementia patient on the caregiver.
- The sense of being overwhelmed by the loss of control and self-confidence due to limited personal capacity and resources to deal with the increasing challenges of caring for a patient with Alzheimer-demantia disease.
- Increasing investment of time and energy into caregiving leads to sacrificing own personal activities, goals and dreams and a consequent declining sense of own meaning in life.

In addition to the stressors above, the successful caring largely depends on the caregiver's attitude and own perceptions to the challenges of caregiving and the strengths exhibited by the person of the caregiver. The carer's attitude towards the stressful task is referred to as *"sense of coherence"*, which in turn is ascribed to comprehensibility, manageability and meaningfulness of the stressors. In order to successfully manage the task of caring, the caregiver requires certain capacities to either avoid or manage stressors of caring. These depend on the availability and quality of support systems surrounding the caregiver (Potgieter & Heyns, 2006:549). It is important for the church as support system to note the pastoral responsibility, not only to the patient, but particularly also to the caregiver. Especially when the caregiver is the spouse, positive support to

the caregiver would be to strengthen the coping and management abilities of the caregiver. The pastorate's important contribution to the well-being of the caregiver is not only proving ongoing spiritual support, but also by establishing support groups for caregivers. Clarke, *et al.,* (2016:264-268) emphasise the implementation of a holistic approach in support of the dementia caregiver's well-being, taking the interrelatedness of the caregiver's internal and environmental resources into account. It is based on a focus on wellness of the caregiver in order to make choices of intent, maximising well-being and health across the physical, mental, social and spiritual domains. Research confirms the important role of spirituality as coping strategy to respond to stressful situations in caregiving to persons with dementia. Participating in spiritual practices such as prayer and spiritual guidance is essential in support of the spouse as caregiver (Spurlock, 2005:158-159). The church and its pastorate are the best positioned to provide this support to the spouse as caregiver. This also particularly applies to the process of grieving after passing of the person they cared for (Potgieter & Heyns, 2006:560).

The death of a person with dementia has a serious impact on caregivers and their psychological well-being. It is particularly difficult for the spouse who also acted as primary caregiver when the patient passes on. Research indicates that the process of grief and bereavement of the caregiver, specifically the caregiving spouse of an Alzheimer's disease patient is unique. This uniqueness is founded in the following characteristics (Potgieter, *et al.,* 2007:40-58):

- The death of a spouse is at any stage of life a traumatic experience. In old age other relations may decline and become less prominent, but the prominence of marital relationship increases.
- The grieving process of the caregiver is not only unique in duration, but also in dynamics as in stead of a road to recovery and healing, it becomes a threat to the psychological well-being of the caregiver.
- The grieving process of the spouse as caregiver of Dementia of Alzheimer's Type (DAT) or Alzheimer Dementia develops in two distinct cycles, each with unique stressors, but with identical phases. Grief is normally identified with death, but at the DAT death, the first cycle does not commence at the time of passing, but from the moment of diagnosis of the disease. The second cycle develops with death. Both cycles contain phases of shock and denial, disorganisation and reorganisation. The emotional experiences during the second cycle presenting at death as shock and denial, occurs despite the fact that the spouse as caregiver has accompanied the partner with DAT over a lengthy period of the disease. Death is still met with shock and disbelief, but now with a unique feeling of emptiness. Also

the phase of reorganisation and regaining control is exceedingly difficult for the DAT spouse as caregiver.

- Although family and friends in the caregiver's system would expect the death of a DAT spouse to come as a relief, the second cycle of the unique grieving process is experienced as very intense. It commences at the time of passing. Particularly the reorganising part of the process is complicated by the void due to the loss of an all-encompassing, meaning-giving caregiving role and secondly being estranged from an own support system over a long period of time.

- Pastoral support and guidance of the spouse as caregiver to well-being cannot be overemphasised. This road to healing of the caregiver's own life and reorganising life meaningfully to the end is complicated and requires insight and a great deal of pastoral understanding.

5.3.3.4.2.3 Dangers of substance dependence and abuse and gambling addiction in later life

Alcohol and substance abuse and dependence are alarming aspects of age and ageing. Incidence figures as high as one out in ten elderly persons abusing alcohol are mentioned in literature (Koenig, 1995:19). European alcohol consumption represents the third most common risk in the disease burden. In the UK there is a growing percentage of persons 65 years and older exceeding the recommended weekly use of alcohol (Rao, *et al.,* 2011:89). In older adulthood two types of persons with dependence are indicated. The first is the person with a longstanding history of alcohol abuse and presents with similar personality characteristics as younger dependents. The second are persons commencing heavy drinking in later life, which is normally related and in response to late life crises, such as the loss of a loved one (Dawoodi & De Sousa, 2012:208; Wilkinson, *et al.,* 2016:233). Research suggests that older persons who are not addicted to alcohol, but are using alcohol as part of routine socialisation, see this in a sense of continuity from earlier life into older life (Burruss, *et al.*, 2015:1901).

In defining dependence, the American Psychiatric Association (1994) defined alcoholism as a medical illness characterised by losing control of alcohol consumption and being preoccupied with the substance, despite the adverse alcohol-relevant consequences as well as physical withdrawal symptoms and development of tolerance (Dawoodi & De Sousa, 2012:208) Eberlein (2010:6) also formulates addiction as an illness, contracted due to indulging or over-indulging in substances such as alcohol, drugs and medication, a condition that will continue till death, unless reverting to a former state of abstinence.

A study of literature on the use and abuse of alcohol and medication by older adults, as well as obsessive gambling brings significant and alarming facts to the surface, which should be taken cognisance of in pastoral involvement with ageing persons:

- Older adults are sensitive to the effects of alcohol as a consequence of physiological changes associated with ageing, a high prevalence of diseases and concomitant use of multiple drugs (Immonen, *et al.,* 2011:633-637)

- Older people consuming alcohol generally do so below the threshold of alcohol use disorder (AUD) and also do so due to the potential health as well as social benefits associated with moderate alcohol consumption. When consumption of alcohol however exceeds the AUD threshold it becomes hazardous and associated with a wide range of problems concerning all aspects of life and well-being (Coulton, 2009:219-220).

- A particularly high percentage of alcohol usage is reflected in older adulthood. In 2013, Australians older than 70 years were 6% more likely to consume alcohol on a daily basis than any other age group. The age group 40-60 years was consuming five or more standard drinks per day, most of the week (Wilkinson, *et al.,* 2016:232). Due to the increase in the numbers of ageing persons, it is projected that the number of alcohol consumers will increase in future generations. This applies to both early onset as well as late onset drinkers (Wilkinson, *et al.,* 2016:232-233).

- Particular dangers to the impact on the brain of a late onset drinker are reflected in research by of Kist, *et al., (*2014; 1867). Their findings indicate that older adults who commence heavy drinking is later years, suffer the same mental impairment as persons who have been abusing alcohol for decades and should serve as a warning against late onset drinking.

- Older adults with alcohol dependence tend to increasingly isolate themselves due to their tendency to consume alcohol when they are alone (Dawoodi & De Sousa, 2012:209). This negatively impacts on their social relationships and consequent loneliness.

- In essence the definition of dependence accentuates that dependence is a chronic condition and the only way to cure it is permanent abstinence. The condition impairs the motivational abilities and insight (Eberlein (2010:8).

- Research confirms the risks of alcohol and other drug use disorders in older adults (Lynskey, *et al.,* 2003:125-133). Epidemiological research indicates a decline in alcohol and other drug disorders in older adults. Sadly, the mortality rate among older adults with a lifetime history of the disorder increased. Despite the positive decline, it is likely that the prevalence of the disorder among older people will increase due to the exposure to and use of illicit drugs. It is therefore likely that the prevalence of these disorders among older-

aged individuals will rise (Lynskey, *et al.,* 2003:125). A further concerning aspect of the research is that older adults with alcohol and other drug related problems are not immune to the physical and social consequences of the disorder. Age-related metabolic changes in a person have serious implications for interaction between the use of alcohol and prescribed or non-prescribed medication (Lynskey, *et al.,* 2003:125).

- Research analysed by Alberghetti and Collins (2015:343-358) on gambling and ageing persons indicate important matters that the pastorate with ageing persons should take cognisance of. As another relevant activity of the ageing person, it may result in higher or lower psychological en social well-being in later life. Similar to alcohol use, gambling poses a dualistic passion. Gamblers are capable of developing either a harmonious or an obsessive passion towards gambling. Harmonious gambling refers to an activity over which the gambler has control. The older person benefits through socialising, reduced stress levels and boredom, as well as providing cognitive and sensory benefits and recreational opportunities (Alberghetti & Collins, 2015:350). Obsessive gambling however implies a lack or loss of control and feeling of compliance to engage in gambling (Alberghetti & Collins 2015:349-350). It has adverse implications for the older gambler, not only financially but also psychologically and socially (Alberghetti & Collins, 2015:351-352). Obsessive gamblers are motivated to engage and continue gambling by casinos that are increasingly transforming facilities to accommodate older adults, especially those with physical impairment (Alberghetti & Collins, 2015:349)

- Pastoral involvement with ageing persons is therefore particularly challenging in terms of the danger of dependence to the ageing person. In view of the normal age-related process of physical and psychological deterioration as mentioned by Eberlein (2010:8), it is obvious that the ability to develop control over healthy lifestyle choices also declines. Pastoral involvement with older adults with dependency problems is often perceived as "disrespectful" towards old age. This concern often precludes intervening, with negative consequences for the person (Albers, 2003:225-229). The pastorate does however also have the task of conscious-raising, empowering older adults, awareness-raising and the spiritual guidance of those with dependency problems. Ignoring them is nothing different from ignoring a person with cancer (Albers, 2003:229-237).

5.3.3.5 Social well-being

Personal goals and decisions are central to personal meaning and well-being. These are shaped by biological, mental and social capacities. These can be interpreted in positive or negative ways.

Some frames of reference determining meaning and well-being in later life are the following (Settersen 2002:57-72):

- Cohort experiences shared by persons of a society of more or less the same age are conditioned by the times in which they live (Settersten, 2002:60-62). Generally, it would be people sharing in the same historical incidents such as the Great Depression and World War II. These historical conditions shaped and set parameters of life's meaning to the cohort. In the late twentieth century cohorts placed great value on religious beliefs and religious activities, playing an important role in well-being (McFadden, 1996:162-177 cited by Settersten, 2002:61). In a South African particular context, the Boomers cohort has another historical event in common, namely the South African border war, which took place between 1966 and 1989. Many of today's ageing retirees saw action at the time in the last years of their career in the then Rhodesia and South West Africa and Angola. During this time aproximately 600 000 young white males were called up to take part in the Border War in Namibia and Angola. Very few white South African families have not been affected by the war as it was largely fought by national service personnel who were compelled to do military service for lengthy periods (Baines, 2009:22). These soldiers were sons of the present generation of ageing retirees. Many of their sons saw combat, atrocities and were in contact with casualties of the war (Connell, *et al.,* 2013:430). Many were left with emotional and psychological wounds whilst faced with the challenges of building an adult life. Studies on the veterans of the Border War are very scarce. Earlier studies however confirmed that combat exposure creates lasting psychological impact (Connell, *et al.,* 2013:433). From a pastoral perspective, the impact of the war on this cohort of ageing persons should be kept in mind, especially when they find it difficult to cope with aspects of the democratic dispensation of the country after 1994.
- Work and education: Adjustment to ageing life after retirement depends largely on a person's experience of meaning in the work situation prior to retirement. Many options are pursued after retirement, such as continuation in other positions, bridge jobs, part-time jobs or participation in educational programs in order to resume or fulfill occupational goals as meaningful living in ageing (Settersten, 2002:64-65).
- Leisure and volunteer activities: Activities into which individuals engage should constitute more than simply keeping busy. It should bring and facilitate meaningfulness to their personal lives as well as the lives of others. Many church programs are developed to keep the elderly occupied. Programs should not be aimed at filling the time but be focused on fulfilment of time (Louw, 2008:504-505). Leisure is also not about leftover-time. It is a

multidimensional quality of life which differs from the time of employment routine. Focused leisure time has the intent of purposeful personal development in areas of life and interests which could not be developed at time of full employment. Research found that active participation in some activities decline with age, but participation in church activities seems to me maintained for longer (Moody, 2006:110-111). Older people are familiar with their own strengths and weaknesses. They should however not underestimate the possibility to develop strengths that are still dormant (Erikson, *et al.,* 2006:121).

This emphasises the important role of the faith community in the lives of many elderly people. Many opportunities are offered to pastorate to engage with meaningful and holistic leisure programs for ageing member of the church in order to stay engaged as long as possible (Moody, 2006:115). These include:

- Healthy relationships: Social well-being is shaped by healthy relationships as people do not move through life alone, but in interaction with other people. Social interaction is complex and can be rewarding or stressful (Erber, 2010:265). Supportive and enabling relationships are essential, but Interdependence could cause unpredictability as relationships do change when people move into later life (Settersten, 2002:67-68). Social networks provide support in various forms, such as support in the event of illness, financial concerns, emotional support when necessary and simply spending time together. An important aspect social networking is the presence of reciprocal exchange, preventing an imbalance in the giving and receiving of support. (Erber, 2010:271-272). Changing relationships also imply changing roles such as grandparenting which could become a vehicle to personal growth. New friendships as well as longstanding friendships tend to provide life satisfaction and further meaningfulness in prevention of the negative consequences of loneliness in late life (Settersten, 2002:68-69).

To the ageing person, family relationships are of extreme importance. However, family networks tend to decline in relation to age. The implication is that the older the person, the smaller the family network. Meaningful interactions are maintained, but these become more exclusive and relations very close. Typical nuclear family systems become more vulnerable due to mobility of family members. This results in weaker ties with the elderly in the family system (Erber, 2010:273-274). In the South African context this is important when the large numbers of emigrants are taken into

account. Ageing parents, who are left behind when children emigrate, consequently experience declining support from family systems.

Research indicated that the decision to emigrate seems to be based on the immediate benefits to the nuclear family. Although sensitive to the negative consequences for those who stay behind, the decision requires an emotional cutting off from meaningful relationships (Marchetti-Mecer, 2012:252).

The serious impact emigration of children has on ageing parents staying behind with weakened support systems have been indicated in recent research. Minnaar, *et al.*, (2014:860-865) discussed the responses to this loss in three themes:

- Disillusionment expressed in the phrase: "we raise them to leave us": Parents feel that they invested in the lives of their children, but as parents and grandparents they are deprived of opportunities and privileged roles they were supposed to play in the lives of their children and grandchildren. They are also disillusioned by their own unfulfilled expectations of their children being available and close in their later life when the support from their children would be needed. They now have to put their trust in other people. Although technology like Skype enable them to communicate regularly, they find this communication to be artificial and without real closeness in contact.

- Ambiguous loss: Emigration, different from loss through death, happens without rituals to find closure to the loss. On a secondary level they experience the loss of not being able to assist their children and grandchildren when they needed their parents in times of crises. They are deprived of the opportunities to transfer culture, language and legacies to children who have left their homeland. The feeling of helplessness experienced when children informed them of their intention to emigrate is repeated every time when visits have been paid and departure rips open the same emotions and experience of ambiguous loss. The loss never reaches a point of closure.

- Negative and positive mechanisms to deal with loss: Many ageing parents apply normal negative mechanisms in dealing with the loss such as rationalising, intellectualising, denial, projection and suppression. Research does however also found those ageing parents who rebuild and extend personal support networks, develop a positive personal attitude of understanding their children's reasons for emigrating, engaging in new projects to improve their technological communication skills and to strengthen their own spiritual strengths to cope with the new dimension of life created by their children's departure.

The pastorate could fulfil an important role in alerting those who consider emigration, to engage in psychological preparation of ageing parents for the expected consequences and to create new support systems in order to deal with their loss and find meaningfulness in the loss (Marchetti-Mecer, 2012:252). This is the positive area which the pastorate to ageing person can respond to and be of value in the well-being of ageing persons. Again the church and its pastorate is well positioned to create new systems of support from within the community of believers.

5.3.3.6 Religious well-being

The ageing person is faced with a decline in adaptive reserves due to a decline in the temporal horizon and increasing awareness of mortality and experiences of loss and bereavement. However, the paradoxical manner in which ageing persons continue to maintain a balanced positive level of affect and well-being, presents researchers with a wide field of interest. (Labouvie-Vief, 2005:229). At the basis of this paradox, well-being is not determined by the absence or presence of illness or distress, but by the presence of God-in-relationship (MacKinlay, 2005:395-396; Swinton, 2012:7). This relational presence of God in the life of an ageing person gives meaning to life and creates the ability to cope with illness and age-relevant conditions (Compton, 2005:197). For this reason the pastorate should pay serious attention to the spiritual well-being of ageing persons. The quality and meaningfulness of life in later years, and the path in which a person arrives at old age, is not predestined. Except for external circumstances beyond a person's control, it is largely dependent on personal choices and lifestyle practices (Hendricks & Hatch, 2006:316). The pastorate has an important informative role to play in guiding and motivating ageing persons to continue making lifestyle choices in order to enhance meaningfulness in later life. The supportive role of the faith community, living along Biblical guidelines for healthy lifestyle choices, should not be underestimated in the pastoral role in ageing as it is inherent to the character of the church as Body of Christ.

Much research has been done on the topic of the impact of religion on psychological well-being in later life (Idler, 2006:289). It is evident that religious involvement plays an important role in the emotional lives and well-being during older adulthood. Research supports evidence that religion provides hope and meaning to people's lives, especially in stressful times (Koenig, 2000:85). Religious involvement refers to both collective, worship-related and private worship and prayer (Aranda, 2008:11). In general terms it is evident that religion has a moderating effect on mental health, with positive consequences in terms of dealing with adverse events such as illness, trauma and depression. In later life specifically, religious persons exhibit higher levels of psychological well-being than non-believers. Although it is possible that depressive symptoms may influence religion and may result in a lack of pleasure in religious activities, research indicates that the opposite

generally prevails. Persons with depressive symptom are prompted to seek comfort in the climate of religious services and scripture readings. Especially in stressful situations, religiousness reduces depression symptoms. This is mostly perceived to be due to the strong supportive system of the congregation (Smith, McCullough, & Poll, 2003:615, 629).

Later life offers great opportunities to grow spiritually and could contribute to a conscious intent to experience transcendent meaning and purpose in life. Conscious ageing perceives later life as the time for cultivating the virtues of lifelong learning, creativity and spiritual development. It does not avoid awareness of limitations but it fully aware of time and mortality, but it moves towards intensity of being and clarity of vision (Moody, 2003:422).

Practically, there are various reasons indicated by research why religiosity impacts positively on well-being (Compton, 2005:198-200):

- Religiosity provides for social support. Unlike other forms of social support, a Biblical based support extends to the ultimate source of support, which originates from a relationship with God.
- Religiosity helps support healthy lifestyles. Some religions' rules and behavior prohibit members from indulging in drinking and smoking habits, which leads to healthier lifestyles.
- Religiosity helps promote personality integration. Personality integration is fostered because of religious dedication, conversion and commitment to personal goals.
- Religiosity may increase generativity. Generativity refers to a lifestyle in which a sensitivity and expending time and effort is adapted to the benefit of others and the community.
- Religiosity provides unique coping strategies providing hope by putting a person's life in a larger framework of transcended purpose, healing through forgiveness and engaging in prayer and other church activities.
- Religiosity provides a sense of meaning and purpose through a larger perspective on life dealing with difficulties from a perspective of hope and meaning.

Ageing people develop a more definite awareness of human mortality, and the quality of life to be lived in a life cycle which is moving to an end. Older age more often reminds and confronts people with the reality of death and bereavement linked with an awareness of life hereafter. The challenge to the pastorate guiding ageing persons to a meaningful life to the end is to assist them in understanding and experiencing the way human mortality, death and dying can be translated into meaningful terms.

5.3.4   Life management, death, dying and bereavement

There is a marked aversion among gerontologists to address end-of-life issues in literature on ageing. Researchers and writers prefer to concentrate on psychological and social aspects of death and dying. When it is addressed, the typical way would be a short chapter at the end of a publication (Johnson, 2009:659-660). Yet, death, dying and bereavement are integrally part of aging and on various levels it is an inescapable part of pastoral involvement with ageing persons.

Death is inevitable. No one can escape it. Death is the end of life as process of our self-creation. "Dying is part of life – it just happens to be the last part" (Kimble, 2003:449). Death is paradoxical in a number of ways (Kimble, 2003:450-456):

- Death is both inevitably universal, but at the same time unique to every individual as an extraordinary event as no one can die for me.
- Although death is terminus, it permeates whole life. Humans are born with an intuition of mortality, and fear ageing, speculatively because of their fear of death.
- Intellectually humans know they will ultimately die, but it is only in frailty humans experientially accept the reality of death.
- Death is biological, but at the same time it is also a spiritual phenomenon. For those who belief in life after death, death is a spiritual transition to a life beyond earthly existence.

In a secular technological society, death has significantly been denied in various ways. The medical approach of saving lives at all cost, ethical discourses on euthanasia, medically assisted suicides and a person's living will are indicatory of the modern society's expressive loss of a divine transcendence (Houston & Parker, 2011:231-237). Death and its definition is a true cross-cultural experience, interpreting and describing death in many ways (Cavanaugh & Blanchard-Fields, 2011:495-500), such as death as object, event, state of being, mystery, thief of meaning, to mention only a few.

It is because of death's symbolic, temporal and spiritual significances which are present throughout life that humans search for meaning in life. From a New Testament perspective the fear of death can only be coped with by caring about life (Louw, 2008:52). Death is a constant reminder that life is a transcendent destiny built into one's transitory life (Kimble, 2003:458). To the ageing person, spiritual well-being and experiencing meaning in life is found in understanding and dealing with death as we are continuously being reminded of one's mortality. For that reason

pastoral guidance of ageing persons should include the ability to manage the emotions of death, dying and bereavement.

5.3.4.1 Theological understanding of death and dying

Research indicates that conception of death evolves across the lifespan development (Neimeyer & Werth, 2005:387). By the middle of childhood most children begin to master the basic rudiments of a more mature death concept. Death is progressively conceptualised as irreversible and inevitable termination of sensory and physical function which universally also applies to loved ones. The threatening nature of the death concept is shaped by cultural and religious concepts regarding afterlife (Neimeyer & Werth, 2005:387). Anxiety and apprehension of death increase in adolescence, peak in middle adulthood, but in some studies tends to wade in later years of life. However, death anxiety remains a significant predictor of negative attitudes towards ageing, often expressed in terms of fears of the dying process, particularly with reference to anxiety about dying alone, the presence of severe pain or being institutionalised in the last part of life (MacKinlay, 2005:394; Neimeyer & Werth, 2005:388).

Modern society is inclined to a secular and less religious take on death and dying. To many, death is the mere end and extinction of life. From secular perspective believing in immortality and afterlife with a religious meaning, is a waning idea (Cox, 2006:287-288). To belief in immortality, especially for older people, is nonetheless significant as they recognise that death will occur in the not too distant future (Cox, 2006:377). From a Christian, and in particular a Reformed perspective, the conception of death differs from the secular understanding. The process of ageing is not only biological and emotional. On the journey to ageing, being created in the image of God, ageing also becomes a process of growing towards spiritual maturity and readiness for life after death. This has spiritual implications as Christian faith enables the believer not to grow weary in ageing, but to face death in hopefulness and certainty of entering ultimate life (Tatenhove, 1995:425-427). Research indicates that the main character of an existential crisis is that a person in crisis becomes aware of one's finitude. In deep crises a person often experiences the real possibility of dying (Yang, *et al.,* 2010:58). This could also be applied to frail age as existential crisis. To the Christian believer the existential crisis of facing death also implies a spiritual growth into readiness to die, based on the theological understanding of death in the Bible.

The Bible views life as a covenantal relationship with God (Louw, 2008:540). To Old Testament believers, death implies isolation from God's covenantal grace. But, despite this fear of death, the firm belief prevails that death would not separate the believer from the dominion of God ("*If I go up*

to the heavens, you are there; if I make my bed in the depths, you are there". Psalms 139:8). The Old Testament's conception of death is dualistic. In the covenantal relationship with God, death is the ultimate fullness of life (Genesis 15:15; 25:8; 35:29). Death also expresses God's wrath over sin and is viewed as meaningless departing from life (Genesis 3:19). The New Testament proclaims a total change in the character of death. The power of death perceived as the wages of sin (Romans 6:23) is deprived of its fatality in the resurrection of Christ (I Corinthians 15:55-56) (Louw, 2008:540-541).

The relevance of a theological discourse on death and dying in this study is not only associated with bereavement counselling with older persons at the loss of a loved one. It more particularly relates to the pastorate's proposed role in motivational management of loss in old age. Richardson and Barusch, (2006:277) indicates that communication between spouses about death and dying leave survivors feeling more in control of bereavement. It is proposed by this study that in pastorate with the elderly, such discussions also have a preventative and supportive value in terms of a stronger sense of mastery of bereavement and grief emotions. In terms of religious well-being, it is important that ageing persons be prepared for the management of ageing-related obstacles in later life, such as the inevitable loss of a life partner, but ultimately also in dealing with one's own death anxiety and meaningful living in the face of one's finitude. MacKinlay (2005:396-397) draws on Heinz (1994:3-19) who introduced the idea of dying as the last career. She suggests the final years of lifespan to be the period of reflection on finding ones final identity which gives retrospective meaning to life and prospective meaning to death. Preparatory work in terms of loss through death, and one's own awareness of mortality adds to personal management capacity to deal with the pain of loss and coming to terms with death and with spiritual well-being. In Western societies, where death and dying have been moved to the closed doors of frail care and Intensive care units, we should re-learn to face the challenges of appropriately bringing the last career to fulfilment as ageing people do want to speak about their fears of dying. Awareness of one's own inevitable death often brings about a search for meaning in the remaining part of life (MacKinlay, 2005:396). Old age is therefore more than a period of transition during which one comes to terms with the past or preparing for death. It is indeed a period of understanding and living the present meaningfully (Merchant, 2003:138).

5.3.4.2 Key pastoral aspects on death, dying and bereavement in old age

Different from younger people who seldom give thought to death or who perceives death as something happening to others, older people, finding themselves in the process of ageing, continue to grow in awareness due to their own physical changes and the death of close relatives

(Aiken, 1995:367). In Westernised thinking, death has become a peripheral event, which in relation to the process of ageing, is controlled by medication, which increases longevity and postpone physical and mental decline into the shortest period, referred to as "compression of morbidity" (De Lange, 2015:5). This approach to life also suppresses and neglects the need for meaningful life to be lived as everlasting life (Louw, 2008:534).

5.3.4.2.1 Typical concerns of near end of life elderly

Although younger people seldom give thought to death and dying (Aiken, 1995:367), the ageing person experiences a lesser sense of death *anxiety* than younger people. Some typical concerns of the dying elderly are important to a motivational pastorate with ageing persons. Research indicates that deteriorating health exacerbates death anxiety in ageing persons and is strongly related to concerns about the dying process, uncontrolled pain and spending the last part of life in institutional settings (Neimeyer & Werth, 2005:388).

Most aspects of physical suffering such as pain and breathlessness can be controlled medically. Death anxiety therefore shifts to psycho-social concerns. Neimeyer and Werth (2005:389-390) describe it as:

- Losing autonomy especially if control had been important in earlier times.
- Loss of dignity prior to death due to physical and mental deterioration.
- Meaning of life and in particular understanding meaning and purpose in deteriorating health conditions.
- The loss of mental capacity and the ability to make own decisions due to conditions such as dementia.
- The fear of becoming a financial burden to others thus losing one's independence.

Neimeyer, *et al., (*200:314) also refer to earlier research indicating that death anxiety were heightened for elderly persons with physical health problems, with those who had a history of psychological distress, those with weaker religious beliefs, with lower life satisfaction or resilience, and those living in care institutions more fearful of death than those living independent.

These typical concerns of the elderly person nearing end of life have a profound impact on the psychological and spiritual well-being and the need to deal with these anxieties from a pastoral perspective cannot be overstated. This is obviously not only of relevance to the ageing person, but also to the close relatives and caregivers.

5.3.4.2.2 Counselling the dying elderly

Theories on death share one common concept – that death is a process with some predictable patterns. It involves physical and emotional states, anticipating approaching death with varying attitudes towards dying as life comes to an end (Hill, 2005:205). Death is perceived as crisis of parting and an amputation of life and irrevocable loss, which also describes the painful process of grieving (Louw, 2008:532, 548). Importantly for the pastorate with persons in later life, this opens the door to intervention to positively alter the state of mind and attitude towards dying and facilitating the process of dying. The conceptualisation of death in distinct stages by Kübler-Ross, (1970:34-121) is well-known:

- Denial and isolation
- Anger
- Bargaining
- Depression
- Acceptance

The stages approach by Kübler-Ross (1970) has been incorporated in various approaches to grief counselling, but the application of the stages approach with ageing persons, presents with some challenges (Hill, 2005:206-208). Although other approaches with fewer stages in terms of the process of dying have been formulated, these too present challenges. The dying person with age-related mental impairment is not in a position to respond to the dying process. Firstly mental deterioration often has implications for counselling due to impaired cognitive functioning and the inability to verbalise emotions. Secondly, older adults often do not die in the context of their own home and family, but in care facilities. Old age also represents the phase in which a person normally dies and the emotional effort to be with dying elderly is often intermittent and difficult, especially if the person is in a care facility. Thirdly, the stages theory has been challenged in terms of the sequence of the theoretical stages and some dying persons may experience a variety of emotions simultaneously (Quadagno, 2005:340) Yet, the stages theory does provide a conceptual framework to understand the needs of dying elderly persons (Hill, 2005:206-208). When these stages are possible to identify and the older person is mentally in a good position, the stages approach could be helpful in counselling dying elders.

The degree to which the older dying person is in a position to manage emotions in the process of dying, largely determines the level of meaningfulness to the end of life the person would experience in relating to their context and to others (Hill, 2005:210-211). Various resources to

meaningful management of emotions exist and could be applied in counselling to dying elderly. Family and loved ones are a very important first level of resources to meaningfulness in the process of dying. In particular younger members of the family system like children and grandchildren play a vital role in meaning-giving. Their presence, interpersonal interchange and sharing of good memories create moments of memorable pleasure, which not only adds to meaningful experience of the dying elder, but also adds to meaningful deathbed memories the younger generation can take along. Another important resource is social and personal values such as altruism and forgiveness. These values were facilitating earlier life, and these values continue to add to meaningfulness to the end. Spiritual and religious beliefs form the ultimate link in the resource framework on the final stage of the dying elder's life. (Hill, 2005:208-209). Richardson and Barusch (2006:274) refer to a "new wave" of grief theories, which express scepticism about the universality of stages or phase models from a gerontological perspective. This particularly refers to a predictable path of readjustment and separation from the deceased partner. New conceptualisations agree that a successful grieving could also imply continued symbolic bonds with the deceased as opposed to a complete emotional withdrawal.

This is important to a pastoral approach to grief counselling of the ageing person. Research over past decades and contemporary scholars have achieved a general consensus that religious and spiritual beliefs has powerful effects on believers in stressful times and situations and that a biopsychosocial-spiritual model is needed to counsel people at the end of life. (Sulmasy, 2002:24-33). In the process of grief, finding meaning in order to reconstruct a meaningful life without the deceased partner, spiritual and religious beliefs are especially helpful (Richardson & Barusch, 2006:274). People are intrinsically spiritual beings. Religious and spiritual support and transcendent coping measures are invaluable to holistic healing of the person's well-being (Sulmasy, 2002:25,28).

It is noteworthy that persons of Christian tradition accommodated in care facilities are more reluctant to speak about death and afterlife than those living independently (Davis-Berman, 2011:364). Their perception of death seemed to be negatively influenced by their living environment. Research revealed that the setting in the facility exposed occupants on regular basis to the awareness of death's reality in various ways. The number of friends sitting around the same table kept declining and the regular deaths of occupants continued to remind them of the proximity of their own death (Davis-Berman, 2011:362-364). A very important aspect of approaching death is referred to as "social" death, This particularly occurs in the settings of hospital or care facilities. Ageing persons in the final months of their lives may experience treatment by family members and health workers as being treated like "nonpersons" (Whitbourne, 2005:430)

5.3.4.2.3 Bereavement and grief counselling of the elderly

Bereavement is a situation of recent loss of a significant person through death. It is normally followed by a period of intense grief which can negatively influence the physical and mental well-being of a person. Unlike bereavement over which the widowed person has little control, grief could be overcome and dealt with coping options. Grief is a normal way of coping with the loss and could be experienced over a reasonable period of time. Other persons may however experience "complicated grief" which presents with long-lasting maladaptive responses to bereavement with psychological and social consequences (Waller, *et al.,* 2015:133; Richardson & Barusch, 2006:270; Cavanaugh & Blanchard-Fields, 2011:513).

Bereavement and grief of older persons can be problematic. Pastoral approaches and principles to bereavement and grief are applicable in pastorate with older people. It nevertheless is essential to take cognisance of the particular nature of bereavement and grief in old age. Death and the response to death of a spouse in old age, is widely accepted as the most stressful event in the life of the older person and one of the most serious threats to well-being and health (Whitbourne & Meeks, 2011:318; Carnelley, *et al.*, 2006:476). Similar to bereavement in younger ages, hallucinatory phenomena of scent, sight of tactile awareness of the departed spouse are common and often even experienced as comforting. Yet, reported fatigue, irritability, insomnia, anger and social isolation are less often anticipated. Together with past negative historic experiences, it complicates grief counselling in old age (Kennedy & Tanenbaum, 2000:402). Old age bereavement is unique to ageing. Being the final stage of life, multiple losses of family and friends are ongoing reminders of the older person's own approaching end (Gibson, 2011:14).

Amongst the many ramifications following death some of the serious conditions marking old age bereavement are:

- After many years invested in relationships, death interrupts plans and hopes nurtured for later life and the identity of being single must be constructed with high risks of depression (Whitbourne & Meeks, 2011:318). Bereaved older adults are more likely than younger persons to experience a major depressive episode within one year after death of a spouse (Kennedy & Tanenbaum, 2000:401).
- Widowed elderly could experience hallucinations of illusions of the deceased, sensing the deceased presence and dreams about the person for long periods of time after death of the partner Whitbourne & Meeks, 2011:318).

- Widows could continue memories and having conversations about their late husband for decades after passing. Although research indicates positive and negative effects, bereavement counselors of older adults should be able to distinguish when such normative responses develop pathological (Carnelley, 2006:487- 488).

- Research indicated that 15% of older adults in grief may experience chronic grief syndrome, with symptoms of intense and unresolved grief for more than a year. Men tend to experience more difficulties in coping with grief without their partner and the mortality rate also increases following the death of a partner (Louw & Louw, 2009:307-308)

- When death is anticipated, such as in conditions of cancer or Alzheimer's disease, the following grief may heighten rather than reduce when associated with physical or mental deterioration with extensive burden on the spouse as caregiver (Whitbourne & Meeks, 2011:319).

- Death of a spouse in late age normally marks the end of a long interdependent relationship, deeply attached and entrenched in roles. It is a deep personal loss, in which not only one's partner dies, but it is experienced as death of a part of oneself (Cavanaugh & Blanchard-Fields, 2011:523). This leaves the partner with the experience of loss of a spouse which was one half of a previously coping relationship. Death is disruptive of daily routine leaves the survivor functionally and emotionally vulnerable as they previously lived as a pair and not as two individuals of a long period of time. (Gibson, 2011:14)

- Bereaved older people often live alone with consequent feelings of intense loneliness and isolation (Gibson, 2011:14).

- Mortality risk of widowers within six months of the spouse's death is greater than that of widows, especially when over 75 years of age (Whitbourne & Meeks, 2011:319).

- Widowers are at a greater risk of engaging in higher alcohol consumption after death of a spouse (Whitbourne & Meeks, 2011:319).

- It is a myth that bereaved people will inevitably return to normal previous levels of functioning. The grief process could continue for very long and some people never return to the same level of functioning. (Richardson & Barusch, 2006:270).

- Research indicated that a person in grief with a strong belief in a divine plan may find it particularly perturbing to by not being able to accept something they view as part of the divine plan or will of God. This may develop in feelings of anger or betrayal towards God (Clarke, *et al.,* 2003:222).

Pastorate is strategically well positioned to counselling of older adults because of several reasons. The pastor normally has a longstanding relationship with the elderly. The elderly also give preference to the pastor as source of spiritual help (Shim, 2008:356). A helpful practical pastoral directive to grief counselling with older adults is briefly suggested by Kennedy and Tanenbaum (2000:402-404).

- Particularly in the event of the bereaved elder having been caregiver to the deceased, the onset of the counselling should deal with guilt feelings and ambivalence of what they could have done to prevent the death (Kennedy & Tanenbaum (2000:403).

- An interpersonal inventory of the bereaved is helpful. This could include aspects such as reviewed future roles and responsibilities, previous losses, history of marital conflict that have not been dealt with and future planning in terms of meaningful activities and roles in the community or church.

- Valuation of the context and surrounding systems of family, friends and faith community is important in order for the bereaved person to discover that they are not alone in the way forward.

- Facility with relevant group sessions with such family, friends and fellow believers would expand the pastor's options to further possibilities opening up to the grieving older adult (Kennedy & Tanenbaum (2000:403,404).

Pastorate with the ageing person to the end, inclusive of counselling the surviving partner of a late life deceased, requires an understanding of meaningful living in the face of emotional grief, involves a research on Biblical perspectives on hopeful living as spiritual experience.

5.4   Ageing, life and hope: a Biblical perspective on meaningful living and dying

5.4.1   Life as eternal living

Researchers generally agree that the loss of a spouse is one of the most stressful events in life. Research also indicates that religion and faith-based activities such as prayer and meditation provide older persons with abilities to cope with emotional stressors (Carr & Sharp, 2014). A prominent aspect of faith in relation to death and dying is beliefs in life hereafter.

5.4.1.1   Afterlife beliefs and grief after spousal loss

Research indicates that afterlife beliefs could have a positive or a detrimental impact on the emotional life of a late life grieving person (Carr & Sharp, 2014). Religion and spiritual resources, particularly in a reward of afterlife, could serve a source of hope especially in the difficulties and burden of the grief

process. The bereaved finds comfort in the perceived afterlife when viewed as time of reunification with loved ones. This could reduce negative effects of bereavement related stress (Clarke, *et al.*, 2003:210). In the event of a deceased known to be a "good" person and deserving of afterlife reward, the bereaved spouse is spiritually awarded with a positive reinterpretation of the deceased as well as the survivor's own demise. However, when the deceased is remembered as "sinner", deserving punishment in afterlife, belief in afterlife has a distressing impact on the bereaved spouse's emotional life. Positive afterlife beliefs can provide the bereaved spouse with a short term protection in terms of a sense of continued bonds with the deceased. Over an extended period of time the persistent desire to reconnect with the deceased may prevent the bereaved person from entering into new relationships or social roles. It could also exacerbate feelings of longing and the urge of reunification (Carr and Sharp, 2014). Bereavement research denotes "continuing bonds" as the presence of ongoing emotional relationship with the deceased by the bereaved person (Schut, *et a.,* 2006:757). The continuation of emotional bonds with the deceased could also relate to afterlife beliefs, which actually become a form of avoidance, preventing the bereaved spouse from social adjusting into new meaningful roles and relationships (Carr and Sharp, 2014).

From literature it is evident that the contents of afterlife beliefs largely determine the effect of afterlife belief has on the bereaved person's emotions and coping skills (Carr and Sharp, 2014). It is not within the framework of this study to analyse the detailed theological scope and discourse on life hereafter. It is important however, to examine the perception of older persons regarding afterlife, and how these impact on their emotional coping with and healing of grief. Questions on life after death from the perspective of the bereaved person late life person normally focus on "heaven", afterlife and in particular the so-called "interim condition" or "interim state". This relates to continued bonds and emotional relationships with deceased.

Theologians mention that the theories on immortality, afterlife and in particular the theories on the interim condition or interim state, are possibly the most difficult theories in reformed theology. One reason for the complicity of the discourse is the fact that the Bible does not provide an abundance of information on the matter and the creation of terms such as "interim state" is not based on obvious Biblical information. The term "interim condition" was actually conceived as replacement for the early awaited second coming of Christ with contemplations life immediately after death (Durand, 2010:107). Although life beyond death and a resurrection have been part of Christian confessions over ages, different conflicting perceptions exist which complicate the discourse (König, 2006:426; Du Rand, 2015:10; Conradie, 2006:15).

As an example, the Seventh-day Adventist Church's beliefs on death and resurrection define death as an unconscious state until Christ returns. The resurrected glorified righteous will then meet the Lord. At a second coming a thousand years later, the unrighteous will be resurrected. The deceased are merely in a sleeping state and the bereaved are comforted in the belief that Jesus as life-giver, will restore the dead to their families and friends on the day of God's final victory over death (Wendt, 2013). Another example is the the Catechism of the Catholic Church which defines the belief of purgatory, as a purification experienced by those who die in God's grace and friendship, but are still imperfectly purified. Different from punishment of the damned, purgatory is necessary as nothing unclean will enter the presence of God in heaven. The Purgatory is the final phase application of Christ's purifying redemption that he accomplished for us by his death on the cross (Catholic Answers, 2004). The belief of Spiritism indicates that the living can communicate with the spirits of the deceased. Various practices are applied to attempt communication. Spiritism has taken on a religious character. If the earthly life was a good life, the spirit will be in a blissful sphere. If the earthly life was sinful, the soul will exist in a dimension of darkness (Bothma, 2010:55; New Advent, 2012).

In the discourse on afterlife or life beyond, the traditional perspective is also being questioned (Conradie, 2006). Theologically, according to reformed Christian tradition, death follows the fall of man in paradise. Death implies a physical death as well as a spiritual death. Physical death does not imply the end of the conscious existence of humans. Death is in revolutionary way overcome by and derived from its fatality in the dying and resurrection of Christ (I Corintians 15:55-56). On dying, human beings are transformed from one dimension of being into another dimension of being (Luke 23:43; John 5:241; I Corinthians 15:21-22; Phillippians 3:21; Revelation 20:13-15) (König, 2006:241). To the believer that dies in Christ, death becomes a spiritual celebration (Du Rand, 2015:9). The soul or life is transformed into an afterlife-dimension where saved souls find themselves in a provisional blissful presence of God and lost souls are destined for a provisional eternal destination of condemnation. This state remains until the end of time when Christ will return to the world. The resurrection of bodies of those who have died will then take place. The period of time between death of a person and the second coming of Christ is called the interim condition or interim state where souls exist, awaiting bodily resurrection (König, 2006:426)

In the Old Testament Jewish belief in after death faith was similar to the understanding of the Mesopotamian Canaanite faiths. After death all people, irrespective of status of faith, were destined for Sheol (שארל) or "pit", or the abode of the dead from where nobody could ever return. The only way for the deceased to be remembered was made possible by a good personal reputation and the

sons keeping the person's name and memories alive (Van Rensburg & Nel, 2016:105-106). During and after the exile, Jewish thoughts were probably influenced by developing Persian Zoroastrianism's apocalyptic thoughts, which influenced early Jewish apocalyptic writings during the third and second centuries before Christ (Van Rensburg & Nel, 2016:114-132). The purpose of Jewish apocalyptic writings was to proclaim a new Godly dispensation in which God would conquer all evil powers. Ultimately God would intervene in history in favour of His people and a new era would arrive with a new world in which suffering and death would have no place (Van Rensburg & Nel, 2016:153). The Old Testament, until late in history, did not share in an afterlife belief until after life perceptions were influenced by apocalyptic theories. This paved the way for the New Testament apocalyptic language with reference to the eschatological references to end times. New Testament Gospels narrate the first coming of Jesus Christ, his death, resurrection and ascension in heaven as salvation of believers and reconciliation with God. The New Testament also reveals ample information about the return of Christ at his second coming for the ultimate and final redemption (Hebrews 9:27-28; Matthew 24:30) (Van Rensburg & Nel, 2016:170-178).

Bereavement and grief is however complicated by intertwined questions about "heaven" in afterlife beliefs and their destiny immediately after death in the "interim condition" or "interim state". The sober and limited Biblical reflection on the heavenly existence or being, as well as the continued curiosity to know more result in many speculative theories (Bothma, 2010:15). Afterlife is being referred to in various doctrinal writings and confessions of reformed traditions (Bothma, 2010:43-50). Questions on life hereafter in "heaven" however, are unanswered and remain a mystery to many bereaved persons in search of some relief to lessen feelings of loss (Carr & Sharp, 2014). Yet, to the bereaved, and also to the late life person sensing the eminent the end of life, the urgent question about afterlife is not that of a possible resurrection much later. Belief in resurrection and the second coming of Christ are being forced to the background by the thoughts about life immediately after death (Durand, 2010:104-105). The urgency in which the New Testament writes about the return of Christ is in line with the first generation Christians' early expectation of his return after his ascension. This also explains the very limited reference to life immediately after death. Paul and the early church obviously did not expect an unfulfilled promise of return of Christ which would still be awaited after two millennia (Romans 13:11; Philippians 4:5; I Corinthians 7:26, 29, 31). Without entering into a detailed discourse or explanation of a so-called "interim state" Paul also refers to the immediate destiny of the person that died in Philippians 1:23, II Corinthians 5:1-10, I Thessalonians 4:13-18). Although he does not refer to an "interim state" *per se,* he does not ignore the questions into life after death, He does so without making any attempt to explain the mystery of death in a conscious afterlife. In line with the thinking at the time, his mind remains fully occupied by the return of Christ and the

resurrection of the believing followers of Christ (Durand, 2010:108-112). Durand (2010) however significantly concludes that the resurrected, spiritual body which is normally associated with the return of Christ will be the body which the deceased will exist immediately after passing. "When I die, I will open the eyes in the resurrected body" (Durand 2010:124).

In the absence of detailed explanations on life hereafter, the popular perspective on a loved one in "heaven" is speculative. Joubert (2014) corrects the popular conceptualisation of afterlife as a heavenly "reunion" of family and friends. Being in heaven is not firstly an event of human reunion, but it is all about Christ. These perceptions on heavenly life in the presence of deceased loved ones divert the attention from earthly life and calling (Joubert, 2014). In pastoral terms, an exacerbated yearning for heaven and loved ones "in heaven" derail the process of healing in real life without the presence of and continued attachment to the deceased. It may prevent the grieved person from entering into new relationships, roles and activities (Carr & Sharp, 2014:103-112).

From a pastoral perspective with ageing persons, a deeper understanding of a hopeful life in ageing is necessary. The fear and uncertainty of death can only be overcome and coped with by an understanding and caring for life (Louw, 2008:542).

5.4.1.2 Life as eternal life

This study examined a holistic pastoral approach to meaningful life in ageing. The literature study has indicated that religion and spirituality from sound Biblical perspective forms an important premise to search for meaning in ageing. A strong spiritual foundation is necessary in order to continue a search for meaning as well as meaning making, notwithstanding the deteriorative effects of age-related crises in ageing. The ageing process is marked by a relentless awareness of transience and finitude. The cited closing remark by Louw (2005:542) in the previous paragraph is consequently significant in terms of a theological basis in search of meaningfulness in ageing. To cope with death, bereavement and grief in the face of ageing and frailty, the attention is drawn to the Biblical meaning of life and eternity. According to Paul, eternal life has removed the "sting" of death as death has been "swallowed up in victory" of life (I Corinthians 15:55 – New Living Translation). Therefore, understanding eternal life from Biblical perspective should provide the key to meaningful living and meaningfulness in dying with the view on life hereafter.

The notion of eternal life forms the central soteriological term in the Gospel of John. The Father sends his Son as the Light from above to shine in the earthly darkness. Those who believe in the Son are reborn and saved to "eternal life" (John 1:12; 3:3; 3:16). This eschatological salvation is also included in the term (Van der Watt, 1987:255). In order to understand the richness and

fullness of the term as well as the nature of the believers final "destiny", Van der Watt (1986) researched comprehensively into the denotative and associative meanings of the term in the Gospel of John. In the few uses of "eternal life" in the Synoptic gospels, it normally refers to the legacy of salvation to be attained in future or in eschatological terms (König, 2006:160). In the Gospel of John the word "ζωή", translated with "life", is used 36 times. In 17 instances the epithet "αἰώνιος" (eternal) is added (Van der Watt, 1986:878). According to White, (1982:130) who researched the term's application in the Gospel of John in relation to a "Kingdom of God" theme, there is no apparent reason for the difference in uses of the term.

To the contrary, Van der Watt (1986:878-891) indicated that the full term "ζωή αἰώνιος" (eternal life) could be viewed as the primary use in the gospel. This is particularly applicable to the first part of the gospel. But, where "ζωή" is used without the epithet, it is used in four different connotations (Van der Watt, 1986:878-891):

- When referred to God
- Used with other words of expressions
- Used in the immediate context of the full term
- To indicate that eternal life is not received.

The term "eternal life" therefore has different meanings depending on the context. In a broader metaphorical framework it is used in relation to being "born again" (John 3:3) and "resurrection and life" (John 11:25) as indicators of commencement of "life". To the contrary, "life" is also used in contrast with "death", where it actually denotes being alive in a new way (John 5:24). Life is indicative of two aspects. Firstly eternal life originates from God in Christ only (John 5:56). Believers live in a new "reality" given from above into a new life, marked by the life characteristics constituted and determined by God (Van der Watt, 1987:257-258). Secondly the born-from-above believer lives in dimension of new subjective obedience in a new existential Godly reality (Van der Watt, 1987:259).

In the Synoptic gospels, eternal life refers to an eschatological legacy. The Gospel of John as indicated above introduces the term "eternal life" as newly attained dimension of life through rebirth and faith in Christ. This leads to a new dimension of life on earth (John 1:12-13) (König, 2006:160-161; White 1982:199). This is of great importance as faith in Christ and eternal life also constitutes new life and a radical change in living. Being reborn (John 3:3) implies that belief in Christ is also a "passing" "from death into life" (John 5:24). For the purpose of this study, the

distinction between and understanding of eternal life in eschatological context or as indication of a new and changed existential life is imperative when striving for a meaningful life to the end.

Having received eternal life through faith in Christ has definite implications for earthly life of the believer. It not only implies a life of restored relations. It is also marked by a vertical as well as a holistic horizontal dimension of restoration. Vertically, victorious life implies a life under new control and management of God's Holy Spirit. Horizontally, eternal life is stripped of self-centredness. It has a focus on life as a whole and particular the well-being of fellow beings (Kruger, 2008:28-29).

For the purpose of meaningful living to the end, a sound Biblical understanding of eternal life seems to be imperative. When a person is faced with the reality of ageing with all the ageing-related obstacles and the imminence of death, one is confronted with three spiritual choices relevant to perceptions on life after death or eternal life. As only option to cope with suffering and difficulties of ageing, one could firstly embrace Paul's thought and pray for relief through death in order to "be with Christ" (Philippians 1:23). In the face of painful frailty, this option is humanly understandable. Such a choice leaves no room to finding sense in suffering and ageing. This choice however, leads to a sense of hopelessness, and could result in aggression, passive quiescence confusion (König, 2014:15-16).

A second option would be to agree with some secular philosophers and theologians that, contrary to the Biblical belief in life subsequent to death, eternal life could also be fully actualised as "eternal life" in present life (Burley, 2016:145-161). This puts all focus on life, irrespective of the reality of suffering. This secular approach perceives eternal life in terms of life hereafter as an attempt to escape from the earthly reality and responsibility. It affirms the value of present life and fulfils eternal life as an exclusively present position (Burley, 2016:156; Conradie, 2006:78). This view does however not dismiss the questions of human mortality and what happens after death. Various possible answers are considered. Although humans are limited in terms of human and earthly existence, they do have the desire to complete the earthly narrative and be remembered. Life continues to exist after death and humans are remembered through legacies such as books, compositions and art. Eternally however, we live in the thoughts and memory of God (Conradie, 2006:99-100; 133-140).

From a reformed Christian tradition, a third decisive choice in finding meaning in the deteriorating character of ageing and suffering is indicated in relevant literature. That is the eternal life viewed from the perspective of theological hope.

5.4.1.3 Eternal life as victorious life in hope

The theory of hope is not confined to theological use and research only. In the last decade of the previous century, psychological researchers have widely accepted the role of Psychology in therapy with older adults. Little attention has however been given to the specific role of hope in the therapy with older adults. Bergin & Walsh (2005:7-15) redressed the balance by conceptualising the discussion from a life historical perspective. In this context they explored the role of hope in therapy with older adults. The introduction of hope in therapy with ageing persons seemed problematic. Hope is usually associated with the future and the question arose if hope should be located in resolving aspects of the past or future in older adults in order to promote a better ending of life. Hope could be a misplaced concept in old age due to cognitive impairment associated with age as well as multiple losses and reducing social systems. Theorists in psychology defined hope in a diverse array, which included aspects such as a hopeful yet uncertain good to be achieved in future or as a coping mechanism for relevant old age suffering. Bergin & Walsh, (2005:7-8) found the definitions to be lacking of the essential element that the ageing persons' experience of hope in the past and present, contributed to their maintained hope of future, despite the presence of age-related adversities. The concept of hope also permeated psychological studies on old age bereavement and grief therapy as well as persons in need of an element of hope to cope with chronic and mental illness. A small but significant number of voices were also raised in studies to warn against the danger of maladaptive (false) hope. This leaves an elderly patient unable to engage in reality of life whilst deferred to an unlikely and unfulfilled reality. The view that hopefulness is warranted in psychotherapy with older persons in the interplay between working with hope and despair was therefore strongly supported by Bergin & Walsh (2005:13).

From a positive psychology perspective Kwam (2010:62-66) suggested an appropriation of a pastoral theology of hope in positive psychology. Pastoral theology of hope should however not be pastoral care in therapeutic captivity. This is in particular relation to the understanding of positive psychology and hope theology. Although both are future-orientated, hope theology is not goal-orientated. Christian hope cannot be fulfilled through human activities, but is grounded on God's promises (Kwam, 2010:63). As opposed to positive psychology, in the theology of hope and hopelessness could co-exist. Christian hope is founded on the fundamental dialectic of cross and resurrection. Based on Moltman's theological views (1974), despair and hope are inseparable as hope never understood without wrestling with despair and both are always a reality of life.

From a theological perspective, the widely acknowledged and used Apostle's Creed concludes with the twelfth article: "(I belief in) ... the life everlasting" (Presbyterian Creeds & Confessions, 2010). The Heidelberg Catechism defines "eternal life" or "life everlasting" as follows (Lord's Day 22, Question and Answer 58): "*Since I now already feel in my heart the beginning of eternal joy, (1) I shall after this life possess perfect blessedness, such as no eye has seen, nor ear heard, nor the heart of man conceived – a blessedness in which to praise God forever.*(2) 1) John. 17:3; Romans 14:17; II Corinthians 5:2, 3. 2) John. 17:24; I Corintians 2:9."

Life on earth ends in death. For the Christian, the good news is that earthly death at the same time marks the beginning of eternal life in afterlife. "When the candles are blown out, eternal light is switched on" (Du Rand, 2015:10). However, as the Apostle's Creed indicates, eternal life commences with faith in Christ and the joy of eternal life is already experienced in earthly existence. At the same time eternal life transcends earthly dwelling. This refers to Christian hope, which is a spiritual attitude associated with an expectation of a meaningful life and future (König: 2014:14). Hope is therefore more than wishful thinking. It is a way of hopeful living which prepares one for dying with hope. Hope realistically anticipates the future in terms of one's own attainable resources (Louw, 2005:237). The importance of Christian hope is that it implies a life in which God continues to respond to concrete needs and comprehensive well-being. Within the reality of ageing and ageing-related suffering, Christians may live with the hope that suffering will come to an end. Christian hope is therefore situated in a tension between "already" and "not yet" in the process of ultimate realisation of salvation (Conradie, 2005:30; Louw, 2008:238). Hope expresses an expectation in this life, to ultimately share in a victorious and glorious future with God. Contrary to secular hope, which is marked by the element of uncertainty, Christian hope implies a future, characterised by certainty that has already been attained and secured. This certainty is intertwined with the eschatological expectation of Christ's second coming and God's final redemption (Du Rand, 2007:267-272).

Hope is founded on God's redemptive work in Jesus Christ's death and resurrection (I Thessalonica 4:14; II Corintians 4:14). Hope is derived from God's "δύναμις" (power) (Romans 1:16), patience and encouragement (Romans 5:15), and his love (II Corinthans 3:11). The resurrection of Christ forms the conclusive basis of Christian hope (Romans 5:5-10; I Peter 1:3) and the guaranteed resurrection of the believer (I Corintians 15:1-5, 20-28; Romans 6:8; 8:17). In close relation to faith and love, hope forms part of God's primary plan for the believer's life (Du Rand, 2007:283).

Hope-care for the person in late life is based on a powerful hope. But, it should prevent the introduction of hope as obsessive counteragent for medical hopelessness (Louw, 2008:239). True

Biblical hope does not deny reality. It nourishes hope in suffering, which is integrally part of ageing, to the end of life. Meaningful ageing and wellness in ageing is theologically firmly founded in a faith in eternal life and hope. This forms the crux of a pastoral theology through the process of ageing, to the end of life.

Although Biblical hope has a distinct eschatological and future perspective, present and past cannot be separated from the future (Louw, 2008:237-238). The Christian believer's hope and certainty is founded in hope secured by the death and resurrection of Christ. This implies a reconciled past through salvation in Christ, creating a new present life during which patience, perseverance and endurance links the believer with a certain, inalienable future with Christ. Hope therefore forms a basis for the holistic, pastoral approach inclusive of past, present and future.

5.5 Motivational, holistic pastoral approach to meaningful ageing: Past, present and future

Meaningfulness in ageing to the end cannot be attained without considering the past, the reality of the present and positioning oneself for the future to the end. Similar to psychotherapeutic process, the idea an individual's experience of hope as a clinical construct contains an essential element of the individual's experience of hope in the past, presence and future (Bergin & Walsh, 2005:8). The journey of ageing is typically marked by a variety of ageing-related difficulties, physically, emotionally and socially. Older people should be able to cherish the past, not dwell on it. They should anticipate the future without getting anxious about it (Noronha, 2015:16). In order to cope with the past and living towards a meaningful future and end, the ageing person should not be burdened by unfinished emotions and experiences from the past. A hope-filled understanding of life does not negate the past, but embraces God's gracious reconciliation of the past moving towards God's future.

5.5.1 Dealing with the past

There is little doubt that religion and spirituality plays an important role in the lives of elderly people. Research to this effect done in the last decade of the twentieth century, indicates that a high percentage of older people consider spirituality and religion as very important support systems in their lives (Lewis, 2001:231-232). Although a relatively high percentage of elderly persons view late life as a time of spiritual despair, a significant percentage continue to use spirituality and religion as support systems and coping strategies. Many underutilise mental health services out of fear that counsellors will ignore their religious needs. It is important for ageing person to deal with an unresolved past. Lewis (2001:235-236) supports the role of an explicit spiritual dimension added to the life review technique with ageing persons. This brings past conflicts to the surface to be resolved in order to move away from despair and hopelessness.

When older adults become aware of their mortality, life review is a natural process of returning to unresolved past events (Mc-Innes-Dietrich, 2005:167). In this way ageing persons are assisted to review and address events across the life cycle and also assist them in coming to terms with death (Thomas & Cohen, 2006:65). Elderly people have a variety of spiritual needs that ought to be addressed in counselling and which could be integrated in a process of life reviewing with ageing persons. Examples of such needs are (Lewis, 2001:236):

- Meaning, purpose and hope
- Maintaining self-esteem and worthiness in old age
- Religious participation, loving and serving others
- The need for forgiveness and being forgiven
- Preparation for death and dying.

Review of life often has negative meaning to an elderly person. Spirituality and religion is however particularly important in dealing with the negative life events or transitions of the past. Spiritual turning points in life are significant in dealing with the negative and stressful life events and transitions. Especially in late life losses, God-mediated turning points where God is perceived as friend and guide result in positive reflections on the past (Thomas & Cohen, 2006:66).

In old age people tend to dwell on the past. The way an individual feels about the past, be it contentment or pride versus bitterness or shame, entirely depends on memories of the past. But If the past determines your future, you will "remain a passive vessel that does not actively change" (Seligman, 2002:66, 75). That implies that in search of a meaningful life and ultimate spiritual well-being, the past has to be addressed. Old grudges and resentments have to be released and estranged family members of friends need to be forgiven. Guilt and anger – also towards God, need to be dealt with. When releasing the past, repressed energy for the healing process towards meaningful living is also released (Koenig, 1995:75).

Ungrieved losses of the past are dragged into and affect one's future (Arterburn. 2011:159-161). This often happens because of the myth that time heals wounds (Coetzer, 2013:43-44). Reality is that the longer an individual lives with emotional wounds, the greater the damage. What is necessary is time well spent to resolving the past and healing the wounds. In old age particularly, healing becomes a choice (Arterburn, 2011, 169-171). Important dimensions in revisiting and coping with negative event, broken relations, losses and transitions in the past are forgiveness and finding closure regarding feelings of guilt. Particularly in late life, older adults may experience a sense of urgency as motivation to consider forgiveness as particular instrument to deal with unfinished business of the past (Ramsey,

2008:54). Forgiveness refers to a definite decision to abandon bitterness as well as any right to revenge or retribution for transgressions of the past (Coetzer, 2008:6). Research on forgiveness has indicated a number of different dimensions, of which self-forgiveness, forgiving others and being forgiven by God are prominent (Krause, 2006:504; Krause & Ellison, 2003:77-91). This research as well as research as quoted below on forgiveness in late life, indicate:

- That elderly individuals who are able to forgive others for wrongdoings, are less likely to experience symptoms of psychological distress than people who are unwilling to forgive.
- Some people are willing to forgive, but only conditionally. They require some form of contrition of the transgressor.
- Central to Christianity however, is unconditional forgiveness, similar to God's forgiveness (Matthew 6:12; Luke 17:3-4; Colossians 3:13) (Dreyer, 2005:16). Individuals that prefer to forgive unconditionally, do so because of their conviction that God has given them unconditional forgiveness for their transgressions.
- Whilst interpersonal problems are an integral facet of social life, research indicates that forgiving others is instrumental to restoring damaged interpersonal relationships.
- The willingness to forgive others creates a greater sense of psychological well-being in elders, than individuals who are not willing to forgive. To the contrary, findings indicate that death anxiety is significantly greater among elderly persons who are unwilling to forgive transgressions of the past. Feelings of psychological well-being also diminish when an elderly individual require some form of contrition before forgiveness is given.
- Forgiveness is a complex, even mysterious, phenomenon (Ramsey, 2008:53). It is more than an event in an isolated moment in time. Forgiveness is a process. Victims of violence have to deal with emotional pain and often perceive "forgiving and forgetting" as minimising the violent act against them (Dreyer, 2005:16). Coetzer, (2008:67-90) emphasises nine steps within three phases towards forgiveness. The phases are: (i) preparation for forgiveness (facing the facts, identifying emotions, confronting hate), (ii) the heart of forgiveness (experienced pain, setting boundaries to protect oneself and forgiving your transgressor), and (iii) starting over after forgiveness (accepting responsibility for oneself and moving towards reconciliation). These phased steps underline forgiveness as a time consuming and deeply emotional process, which could include a process of grief.
- Self-forgiveness concludes an emotional cycle of guilt and guilt feelings, which must distinguish between own (realistic) guilt and unrealistic (irrational) guilt (Coetzer, 2008:58-61). Feelings of guilt are closely related to ageing due to losses as well as negative interpersonal relationships of the past. Guilt could be driven by various emotional reactions. In addition to death, causal guilt

and grief guilt because of guilt feelings after the death of child, relationship guilt, moral guilt, survival guilt and recovery guilt during recovering from intense grief could develop in later life (Louw & Louw, 2009:306).

It is evident that in the pastoral guidance of the ageing person towards a meaningful life to the end, attention to the present and past events is significantly important in order to travel an unburdened journey with many age-related obstacles. This is possible however, because forgiveness creates new paths into the future that had not been there before (Shore, 2014:266).

5.5.2   Understanding of and contentedness with the present

Old age is generally and correctly so, perceived as that time of life when the individual is faced with his or her own mortality, as well as those of family and friends. Many writers define late life merely as the transitory phase during which the ageing person comes to terms with the past or looking to future death. This view however, devaluates the experience of ageing as a process of living in the present (Merchant, 2003:138). In a paragraph titled "The Sacrament of the Present Moment", Swinton (2012:235-237) recalls an incident which John Goldingay, professor at the Fuller Seminary in Pasadena, California mentioned at a series of lectures. Goldingay's wife suffered from multiple sclerosis and was significantly disabled. He invited his students to his home for pancakes. In preparation of what they could expect, he said: "She probably won't remember you afterwards, but in that moment, she will appreciate you". As researcher, an element of this remark is of relevance and importance to the ageing person who has to come to terms with the present. The moment of the present should be valued and appreciated. Time should be viewed as "lived time" and not "clock time" which in Western culture is viewed to be acquiring meaningfulness through human plans and purposes (Swinton, 2012:233).

In terms of religious involvement in the church, the elderly should be valued and assisted to live the present as "lived time". They should not be abandoned or considered as the "church of yesterday", similar to the youth not being the "church of tomorrow". Both groups are the church of today. The spirituality of both groupings brings life to the church in a particular way. In terms of the late life grouping, ageing persons should never be viewed as a homogenous group. Should the church ignore the elderly, it could have serious consequences for a church in decline (Merchant, 2003:138-141). Above all, the church would deny the elderly of an opportunity to live the present to the full. This is of special relevance to persons who have to deal with the past in order to live a meaningful present. The empirical qualitative results of this study will indicate the need for ageing individuals, particularly in the South African context, to understand and come to

terms with the present. The local Baby Boomer cohort of elderly persons have largely been involved in a war situation over decades, which finally developed into a new political situation where the previous "enemy" now has a majority in the new democracy. My observation is that many ageing persons experience difficulties in accepting the challenges and their role in a new present. The pastorate of the church needs to take up the challenges of guiding the ageing person to constructing a meaningful life in the absence of past certainties and safety. This does not imply that ageing persons in the process of getting to terms with a new present find it difficult to change and adapt. Hanson (2010:20-34) corrects myths that ageing individuals are unable to adapt to change or that they are unable to learn new information. Such stereotypes are formed through media, our parents and lack of experience and knowledge of ageing persons. A new focus of the church on the untapped resource available to the church (Hanson, 2010:3) requires a pastorate that navigates through change by listening to ageing individuals' feelings and understanding their lives (Hanson, 2010:21).

Being content and finding meaning with the present in late life is not only an emotional challenge of coming to terms with a new present in terms of day and age. Meaning in the present is importantly influenced by change of geographical environment and circumstances, either forced or voluntary (Rowles & Ravdal, 2002:83). Ageing individuals develop a sense of physical and emotional intimacy with the familiarity of their environment. Social interaction may characterise a particular environment and adds a specific meaning to that environment. This includes the ageing person's association with the church environment and the socialising with specific familiar persons (Rowles & Ravdal, 2002:86). Relocation in late age could be involuntary, forced by many circumstances such as retirement and financial considerations, the death of a spouse or deteriorating health such as chronic disabilities (Rowles & Ravdal, 2002:91-106) For the purpose of this study the role of the pastorate with the ageing person is to examine the role the church as "familiar" environment (in geographical as well as psycho-social sense) could play in assistance of the ageing individual to find meaning and be content with their "new present". The pastorate has a distinct responsibility in terms of a holistic care of the ageing person. From a practical perspective Brasie, (2003:58-62) adds significant insight to the pastoral challenges in terms of a Team Care Model in the church, which could create such an environment:

- Being a familiar spiritual environment by caring and visiting older persons relocated to frail care facilities.
- Implementing an intergenerational approach to the ministry where younger and older generations could reciprocally inspire, tutor, mentor and teach.

- A voluntary day care service to older persons accommodated with family or friends and who cannot afford costly care facilities.

- Utilising the skills, knowledge and experience of older adults as a "skills pool" available in the church to add meaningfulness to persons in later age.

Perceived from a positive angle, the late life person could argue that old age, with the many age-related physical, mental and emotional obstacles, is not what one would wants. It could even be experienced as humiliating. Reality is that late life as a integral part of lifespan, and inescapable. Biblically, Paul wanted to evangelise the world, but at a late stage of his missionary calling, he was imprisoned, He chose to spend his time by writing important letters to the church and evangelising the warders who guarded him (Phillipians 1:12-26). In this way, embracing reality as an opportunity, he lived that part of his life as if it was meant to be what he experienced (Arterburn, 2011; 237). The church and its pastorate, with the emphasis on a message of hope have a particular role as part of a holistic approach to meaning-making in late life. The message of hope enables the older person to see the bigger picture in finding meaning when pastorally guided, to discover the link between the reality of ageing as form of suffering and ultimate hope and life-fulfilment (Louw, 2013:13). This message and experience of fulfilment could only be attained when the ageing group is not excluded from the pastorate. The church and the pastorate as team members of a multi-dimensional approach to ageing could make an invaluable contribution to meaning in an exciting and triumphant "new present" in the final chapter of late life (Malan & Dreyer, 2009:8-9).

5.5.3   Rejoicing in a triumphant future

Wondering about life after death is not an end of life question only. Early in life these questions are asked by children, especially when they experience painful losses such as the death of a pet (Coetzer, 2013:56, 62). Images of "heaven" and "hell" and the final destination of the "soul" after death are perceptions that are finding their way to a popularised theology, which is often uncritically proclaimed by ministers and teachers (Durand, 2010:103-104). Finding meaning in the trying character of later life is however not attained through afterlife beliefs and the destiny of the soul after death. Although questions on afterlife are relevant to the ageing individual, meaningfulness in late life is a challenge of high priority and an important aspect the pastorate should attend to. In doing so, the elderly person should use this part of life to reflect on the past and explore into the future. Particularly in pastoral care of the late life person, the pastorate intends to create a specific environment in which the older person is able to anticipate future in a positive manner (Louw, 2008:237). Such reflections are aimed at drawing from the past the personal

weaknesses, losses and limitations, but also remembering the personal strengths and successes (Norhonha, 2016:20). Spiritual growth consequently does not stop in late age. The message of hope amidst frailty provides to the ageing person the strength to transcend physical decline and continue engaging late life as life (Norhonha, 2016:26). Hopeful faith is not about optimism in life. Christian hope is about a new state as an eschatological new being through justification and salvation and a new state of mind about the future (Louw, 2013:14). Hermeneutically eschatology is about Jesus Christ, conqueror of death and eternal life, who determines and defines future (Tibor, 2006:82).

Müller, (1985:9-20) reflects on various aspects of eschatological thinking and preaching, of which two aspects are of particular importance to the person in late life, looking at a triumphant future and end of life. These two aspects are:

- Spiritual struggle being fought from the perspective of a triumph already attained.
- In an age and time when the perceptions exist that the powers of darkness are greater that the powers of light, the eschatological message takes the character of a spiritual battle. The world becomes the arena in which Satan is the great enemy. The eschatological message proclaims a triumph already gained on Calvary. It is however not only a factual message, but it is proclamation of the necessity of an intentional and continued battle to overcome every obstacle in the way of meaningful and triumphant living. In the pastoral context of the late life person, this continued battle could be translated into the typical age-relevant, degenerative process of ageing, which could deny the ageing person the joy of triumphal meaningful living to the end. The message of hope proclaimed from eschatological perspective supports the ageing individual to purposefully enter the battlefield of ageing, overcoming the negativities of ageing from the perspective of God's triumph on Calvary.
- The eschatological message helps to understand the present situation from an already gained triumph. The future belongs to the triumphant God who does not only position Himself at the end of times, but also lighten up the suffering and difficulties of the present. From a message of hope, the challenges of the present are met. Also in the position of the ageing person, confronted with the mortal realities, highlighted by the ageing process.
- Eschatology forms the basis of a hope-filled and triumphant future perspective for the ageing person. The intention of pastoral care to the late age person is to assist a person anticipating a hopeful future in a positive manner, with the person's attainable resources. This allows the older person to perceive future positively and constructively, despite the

typical challenges of late life crises. The faith dimension of Christian hope is founded on the resurrection of Christ and adds the inseparable relation of immortality and a new and true life in the risen Christ. It opens a future already attained by Christ's resurrection, realised in a life testing and trying way to clarify realities of old age as meaningful living. (Louw 2005:237-239). Pastorate with the late age person should be aimed at a process of growing towards a triumphant life in which hope is established in every aspect of late life challenges (Louw, 1993:45).

5.6 Holistic, motivational life management in ageing: a gerontological-pastoral perspective – a basis theoretical conclusion from the literature study

From the literature study it has been established that a holistic motivational life management approach from a gerontological-pastoral perspective could best be founded on knowledge and insight gained from the following:

- The science of gerontology, researched and explained from physical, psychological, social and religious perspectives, provides a sound and widely explored basis to the pastorate. Practical theology could not only benefit from these perspectives, but also contribute in terms of an approach to the ageing person within a faith community in terms of an outlook on life that adds meaning to the ageing process.
- An overview of ageing in the context of religion perspective, more in particular the Christian faith, offered a challenge to spiritual growth on a transcending journey, taking the ageing person beyond mortality into the sphere of eternity.
- An overview of various approaches in pastoral theology and meaningful ageing enabled me to evaluate prominent approaches of the late twentieth century, from which a pastoral approach to meaningful ageing to the end could benefit.
- In terms of the aspect of meaningfulness of ageing included in my research goal, "meaning" has been defined with an emphasis on meaningfulness from a Biblical interpretation in terms of a pastoral approach to ageing.
- In this chapter I researched the possibilities of integrating the motivational and positive perspectives of a pastoral approach to meaningful ageing and holistic well-being. This included views from the positive psychology, the narrative approach in the pastorate.
- In conclusion, I explored the pastoral and Biblical understanding of religious well-being to the end, with emphasis on a hope-perspective on the past, present and the future of the ageing person.

In the following chapter I will report on qualitative research I performed in order to establish the experiences and needs of ageing persons to meaningfulness in ageing.

CHAPTER 6: HOLISTIC, MOTIVATIONAL LIFE MANAGEMENT AND MEANINGFUL AGEING – RESEARCH REPORT

6.1 Introduction

In the previous chapter I have researched the feasibility of a theoretical framework within which the pastorate could apply the principle generally known as "successful ageing" as "meaningful ageing" in pastoral work with ageing persons. This was done by analysing gerontological theories and studies on ageing as well as evaluating various historical pastoral approaches including interfaces with the Narrative and Positive Psychology. The research also indicated the necessity of a church-related and Biblically based approach from a theological perspective of hopefulness and a triumphant future. This would enable the pastorate to guide the ageing individual to approach and live later life as meaningful to the end, whilst realistically recognising one's mortality and finitude. In this chapter the preference of qualitative research in relation with the Narrative approach in the pastorate will be articulated. In this chapter I will report on qualitative research done in terms of various ageing categories of later life individuals and couples in the local church. This would establish a link between the need for a basis theory and practical approach to be adopted in the pastorate with ageing persons in the local church ministry.

6.2 Qualitative research as research method

When entering the terrain of research in social sciences, researchers find themselves in a labyrinth of information on research methodologies. In social sciences research, a variety of methodologies could broadly be divided into the categories of qualitative and quantitative research (Louw & Louw, 2009:26–41). In the field of qualitative research too, the researcher is challenged by a wide range of methodological approaches and perspectives making up the field (Swinton & Mowat, 2006:29). Patton (2015:1) puts the bleak feeling of being overwhelmed by the variety of possibilities to rest with the following framing of qualitative inquiry:

- "Psychometricians try to measure *it.*
- Experimentalists try to control *it.*
- Interviewers ask questions about *it.*
- Observers watch *it.*
- Participant-observers do *it.*
- Statisticians count *it.*
- Qualitative inquirers find meaning in *it.*"

Qualitative inquiry cultivates the most useful of all human capacities: The Capacity to *learn".*

My decision to base this study on aspects learned from the qualitative research is largely made on the following considerations:

- Generically qualitative researchers focus on things in their natural settings. It attempts to make sense of phenomena in terms of the meanings people bring to them. It uses a variety of empirical materials including case studies, personal experience, life stories, amongst other obtained in personal interviews, and a variety of texts and productions (Denzin & Lincoln, 2005:3). To achieve the aims of this study, depending on statistical data of quantitative research would not provide an in-depth understanding, through closely engaging in ageing persons' narrative, actions and personal environments (Maykut & Morehouse, 1994:17). Many older persons in the South African context have been part of and were exposed to social and political situations that are unique to their personal environments. Pastors involved with ageing persons need to understand the older individuals' past and present experiences on an individual basis in order to guide them pastorally to triumphant and transcended dreaming of a meaningful future. This can be understood and achieved from a personal engagement with the older person on an individual basis in qualitative research.
- Qualitative research is an interdisciplinary and trans-disciplinary field which includes the humanities and the social and physical sciences (Denzin & Lincoln, 2005:7). It is possible therefore to integrate the Narrative approach to interviewing participants to attain an in-depth understanding of an ageing person's experiences and life decisions over a lifespan. In this study the empirical research from the perspective of Practical theology also relates to an element of action research. This study does not only observe and attempt to understand a specific situation of an ageing person in a given pastoral category. The researcher also seeks to inspire and empower the ageing person or couple in a meditative way, to transform the given situation in favour of a more meaningful experience in future. This is however more than an attempt to problem solving. It purposefully guides the ageing individual or couple to transcend existing circumstances they experience in order to fulfil God's continuing mission to the end (Swinton & Mowat, 2006:256–257).
- Using qualitative research in specific ageing-related areas, enable the researcher to gain insight in areas of which very little are unknown. It assist the researching in understanding the diversity of later life populations, including those groups who are not likely to reach high ages (Lowton, 2012:54). This study distinguishes four categories of ageing person, representing different stages and situations in later life. The diverse contexts of the groups

are well distinct focus areas for an in-depth qualitative research project to learn about particular processes and circumstances to be revealed in the lives of these ageing persons.

- The literature study has indicated that in terms of holistic well-being in later life, it is important for the ageing person in search of meaning, to address historical unfinished emotions and experiences burdening the older individual. Similarly the study revealed the need for ageing person to find contentedness with the present in dealing with matters preventing them from experiencing meaningfulness in the present context. Qualitative research is ideally suited to explore a person's personal narrative, actions and personal experiences to pastorally guide a person to grow in contentedness and to find meaningfulness in the present and in the future.

- In addition to holistic well-being, the theoretical importance of context and systems thinking in theological practice has been examined. In this study three of the selected participants were couples and five were single individuals. In both instances context has been taken into account by paying attention to and analysing the family development from the perspective of contextual concepts. Particular attention was given to possible earning entitlement. Entitlement is earned when a particular member of the family strives to care about the well-being of others. In return the person would claim or expect favourable and healthy relationships. Negative or destructive entitlement occurs when family members seek revenge and justice for having experienced hurt in the past (Ruzgyta, 2011:67–70). When analysing dysfunctional family systems, e.g. an alcohol-affected system, entitlement could be present in positive or negative terms.

- Theorists explain quantitative research as largely objective and qualitative research as largely subjective (Louw & Louw, 2009:27). This view is derived from a philosophic perspective that the traditional quantitative approach to research considers words, actions and records objectively in terms of their mathematical values and significance. Qualitative approach however emphasises understanding of the same words, actions and records determined and interpreted from words often spoken by a participant personally (Maykut & Morehouse, 1994:15). As opposed to the traditional view this approach should be referred to as being subjective. Maykut and Morehouse (1994:19–20) points out that the word "subjective" is associated with negative connotations which create the impression of subjective being understood as only partially true, tentative and not real in the true sense of the word. They consequently give preference to the word "perspectival" rather than "subjective". They thereby acknowledge the interpretative character of quantitative research which allows the researchers to be part of a process and not acting impartially from outside of the process. This personal involvement of the qualitative researcher will also be a reflection of the researcher's complete background and being in the research, and its findings (Patton,

2015:3–4). In qualitative research, personal background, experience, skills, training and therefore empathy of the researcher becomes instrument of inquiry and add to the credibility of the findings (Patton, 2015:1–2). This study aims to bring meaning to the ageing individual's experience of the ageing process to the end. Qualitative research devotes considerable attention to how the research determines through interpreting interviews and observation what is meaningful (Patton, 2015:5). In this study, the researcher has to interpret the findings in terms of four differentiated groupings in order to establish the feasibility of a holistic proposed pastoral approach to senior adult members of a local church without losing sight of the unique life settings in which the different groups are functioning.

- Results and findings of Qualitative research cannot be generalised due to the small sample groups. It is however ideally suited to uncover common concepts across aging groups. The research offers the opportunity to develop possible solutions to ageing challenges of practical value to the pastorate with ageing people (Lowton, 2012:57–58). This is because of the nature of qualitative research which studies things in their natural settings and attempting to make sense of phenomena in terms of the meaning people attach to them (Denzin & Lincoln:2005:3).

6.3   Method

6.3.1   Participants

This study originated from personal observations in my ministry with older individuals of the Dutch Reformed Church, Ligkruis in Middelburg, Mpumalanga. People in later life differ in terms of their responses to life and lifestyle choices in aging. Literature research confirmed that ageing could be viewed from different perspectives in terms of chronological, psychological, social and biological observations (Louw & Louw, 2009:5–8). Literature also accentuated that not only chronological age, but a variety of physical, mental, social and religious influences determine well-being in later life. It was also observed that older individuals respond differently to general stereotyping of the older generation. I observed in the local faith community, that many later-life individuals do not identify with terms related to ageing such as "older people" or "seniors". Ministry to older persons can consequently not address older people in the faith community as a homogeneous "age" group. Various examples of divisional age groupings are suggested in the literature study.

Fisher and Simmons (2007:18–21) distinguished five stable periods after adjusting to new goals and priorities which are typical to that particular period. Older people normally enter this time period of ageing with retirement and exit occurs with death (Louw & Louw, 2009:4).

- Extended Middle Age (goals for retirement are pursued)
- Early Transition (end of continuity with middle age)
- Older Adult Lifestyle (stable lifestyle consistent with older adult status and age group affiliation)
- Later Transition (Need for assistance and/or care)
- Final Period (lifestyle of dependency)

Louw and Louw (2009:4) divided adulthood in the following sub-stages:

- Early adulthood (ages 20 to 39)
- Middle adulthood (ages 40 to 59)
- Late adulthood (ages 60 to death)

Whitbourne, (2005:7–8), distinguished divisions in ageing of people older than 65 years, which was traditionally seen as the entry point of "old age", as:

- Young-old (ages 65–74)
- Old-old (75–84)
- Oldest-old (85 and older)

For the purpose of this study a division has been adopted which recognises that older people is not a homogenous group. Age defined as biological age, social age, psychological age and functional age (Whitbourne, 2005, 8–9; Louw & Louw, 2009:5–6), are clear indications that older people cannot be named as a homogenous group. The division applied in this study also recognises similarities across life stages amongst older people. Because of people's resistance to identification with a term containing the word "old", it has been formulated to prevent mentioning a particular chronological age number. The following stages are distinguishable:

- Persons approaching retirement (irrespective of a person's retirement age, and preferably ten years before retirement)
- Persons recently retired but still economically active (following a secondary career/part-time work)
- Persons retired and not working, but socially active.
- Persons housebound or bedridden as a result of ageing-related restrictions.

The selection of participants was done by using the method of purposeful, particular group characteristics sampling. This implies that selection of a sample is based on specific people because they offer "information-rich" perspectives in specific distinguishable areas of ageing (Patton, 2015:264; Rapley, 2014:50). Two couples or two individuals per category were selected to participate. In order to obtain useful information about ageing perspectives applicable to these groups I approached persons who, at the time of the research, had been Reformed Christian believers and actively involved in their local church activities. If they were not in a position to actively participate in local church activities due to age-relevant restrictions, I gave preference to persons who had been closely in touch with the local church through the focus of pastoral involvement with them in their particular circumstances. Suitable participants in terms of couples were not available for every category or distinguishable later life group as initially envisaged. Especially in the category of housebound or bedridden group the higher age and loss of life partners are obvious reasons for unavailability of persons living as married couples. This mixed final selection proved to be more representative of the local church membership composition. The senior adult group older than 55 are comprised of 76% married couples, 18% widowed and 6% divorced persons. For particular reasons the partner of one participant, although being included in his information rich life narrative, did not participate. Three other selected participants were single due to their divorced or estranged status at the time of research. The envisaged sample size of two couples or two individuals per group was determined in terms of the consideration that although four groupings were considered, the age and contextual differences would not exclude the similarities present in these groupings as ageing group. For this reason the final sample compilation of three couples and five individuals who were available and were considered to be supportive of the purpose of the study and would provide sufficient information to get to valuable conclusions to formulate a proposed model of approach (Patton, 2015:311). The final selection of eleven participants comprised of three couples and five individuals, one of whom a married person whose wife did not participate and one in the process of divorce. Appointments were arranged for interviews to take place. They represented four age groups distinguished for the purpose of this research and as a basis for a gerontological-pastoral approach to be proposed for a local church ministry with ageing persons, widely referred to as "Senior adult ministry" (Nuerge & Litke, 2012; Brasie, 2003) or "Older adult ministry" (Czaza & Sharit, 2013; Hendrix, 2015) The represented groups were:

- Persons approaching retirement: One couple (referred to as "A and B") and one single person in the process of divorce (referred to as "C").

- Persons recently retired but still economically active (both following a secondary career/part-time work): referred to as "D" – a divorced male and "E", a widower.
- Persons retired and not working, but socially active: Two couples (referred to as "F and G" and "H and I".
- Persons housebound or bedridden as a result of ageing-related restrictions: A widow, referred to as "J" and a married male referred to as "K", married for 8 years, whose wife for particular personal reasons did not form part of the research but forms part of the participant's later life narrative.

6.3.2   Ethics requirements

Ethics approval for the research project was issued by The North-West University Research Ethics Regulatory Committee (NWU-RERC) dated 2015-03-05 and which is valid until 2020-03-04. All participants were personally invited to form part of the research project. The purpose of the research had been explained to them. A letter of informed consent was signed by each participant and they were informed that information obtained through personal interviews would be used for purposes of research only. Although the participants had no objection to their identity being revealed and did not exercise their right to remain anonymous and I preferred to honour their privacy and attached pseudonyms to their narrative details. In the research report they will be referred to "A and B" or "F and G". The need to guard against unwanted exposure was respected (Christians, 2005:145). No detailed and sensitive information about secondary persons referred to in interview narratives will be mentioned in the report (Patton, 2015:495).

6.3.3   The purpose of the qualitative research

The aim of this study is to establish an approach from Pastoral-gerontological perspective which in addition to the existing ministry to ageing persons, will guide ageing persons to adopt a mindset and attitude of positive life management in later life, enabling them live a meaningful life to the end of life. The literature research has provided a theoretical basis for such an approach, taking practical theological, psychological, social and physical theories and approaches into account. This including perspectives from the Positive Psychology, Narrative Counselling, General Systems Theory.

The purpose of the quality research as approved in the research proposal was to obtain answers through interviews, using systems- and narrative approaches, to obtain answers on questions such as:

- What are participants' attitude and approach (on all levels, i.e., physical, psycho-social en religious) to ageing?

- What are the levels of their sense of meaningful life?

- What are their motivational levels to search for noetic goals and meaning in later life?

- In preparation for later life, have they ever done or considered an approach to later life such as life planning and life management?

- What stumbling blocks do they experience in the process of ageing?

- How could they be assisted through Pastoral inputs to overcome or remove these stumbling blocks in life?

- What role does faith play in their ageing process?

- How do they perceive life in general and later life in particular from a Biblical and faith based perspective?

- How could personal faith assist them to review and improve their attitude towards life in later years in order to live a meaningful life to the end?

6.3.4   Material and procedure

6.3.4.1 Semi-structured interviews

A process of semi-structured interviews was established (Marston. 2010:335). The interviews were structured along the guidelines mentioned by (Fontana & Frey, 2005:705–708; Patton, 2015:428) in terms of semi-structured interviews, such as open-ended questioning, clarity, listening and observation, and empathic listening. Guiding to making transitions proved to be necessary especially in interviews were the participant tended to be very detailed and providing lengthy answers and explanations. Open-ended questions allowed participants to expand on information and experiences of their narratives. The purpose of the research interviews, based on principles and practice of a narrative approach, had been to assist participants not only in telling their stories. It was particularly aimed at capturing incidents, developments, transitions and experiences over their life course, which impact on their sense of meaning at present, and which prevent them from searching for meaning in the future ageing process to the end of life.

In order to ensure a similar semi-structured framework applied to all the interviews the following central and related fields served as interview guide to all interviews (Saldana, 2011:260):

- Having completed the personal narrative, what incidents, events, functions, interactions, relationships, symbols, recurrences, or any matter, be it positive of negative, could be highlighted as prominent and of directorial in the development of the narrative?

- How do these aspects motivate the participant in experience of and search for purpose and meaning and meaning making in later life?

- Which of these aspects need to be deconstructed (Morgan, 2000:45–50) and reconstructed (Brown 2007:7) in order for the participant to find a new meaningfulness in a revised narrative (Presbury, *et al.,* 2008:140–143)?

- What are participant's perspectives on holistic well-being in the ageing process?

- What role does personal faith have in experience of meaning and search of meaning in the future ageing process?

- How does God's story from a Biblical perspective impact on the reconstruction of their a life narrative?

- The PIL and SONG questionnaires were discussed and integrated in the interviews at a relevant moment in the process of research as the momentum of the interview guided the researcher.

The semi-structured interviews guided the researcher and participants through a narrative process of analysing their narratives in terms of recognising possible stumbling blocks in the path of life management in later life towards a meaningful life to the end.

On final completion of the interviews participants were asked to evaluate the meaningfulness of the process. All participants responded positively and were grateful for being chosen to form part of the research. At the conclusion of interviews I prayed with participants, particularly for those aspects that proved to be challenges in present and future meaningful living.

6.3.4.2 Pilot study

Prior to the research I did a pilot study on a couple who have been retired recently and are not involved in any economic activities. I followed the guidelines suggested by Strydom and Delport, (2011: 236–247). I approached the couple with the intent to perform a pilot study and all relevant steps were taken in terms of ethics requirements as applicable to the sample group. They agreed on all the conditions and finally expressed their appreciation to being part of the research project. The purpose of the pilot study had been to put the structure of the interviews to test and apply the instruments used in the final research project. The importance of this pilot test proved when I

realised that the digital recorder failed and I also did not have a backup recorder in place. During the final research interviews the digital recorder was used and my mobile phone was used as backup.

6.3.4.3 PIL and SONG

The interviews were preceded by the completion of two questionnaires known as the PIL (Purpose in Life) and SONG (Search of Noetic Goals) initially created and published by Crumbauch (1977) and Crumbauch and Maholick (1969). The development of the PIL and SONG were designed to reflect Frankl's concepts of, respectively, meaning in life attainment and will to meaning (Brunelli, *et al.*, 2012:2775). I was introduced to these questionnaires during the period 1989 until 1998 when I was member of a multi-disciplinary team as Pastoral Consultant working at a long-term institution for alcohol and drug dependency. The PIL and SONG questionnaires were used as indicators of patient's sense of meaning and search for meaning. The indicators assisted me in pastorally guiding patients in the process of recovery. Its value was proved in as far as it's indicated findings normally correlated with the results of a scientific instrument such as the Heimler Scale of Social Functioning (HSSF) (Heimler, 1990) which was applied to measure social functioning of patients with addiction. The Heimler Scale of Social Functioning was also used by the SA Defence Force in mass health screening of soldiers prior to the soldiers being deployed on international military operations (Van Breda, 2002:1090). As recent as 2012, the PIL and SONG had been positively validated as reliable self-report instruments evaluating the sense of purpose in life and motivation to find in Italian cancer populations (Brunelli, *et al.*, 2012:2782).

6.3.4.4 The Genogram

In order to obtain focused and relevant information from narratives as told by the participants, I assisted participants by compiling a genogram of each narrative. The genogram is a three-generation family map, guiding the narrator through visualised detail to explore the influences, invisible family rules, and quality of interaction and relationships in family systems (Gordon*, et al.*, 2005:16–17; Muller, 2000:82). In complicated intergenerational family systems, the genogram provides a graphic mapping of family history, patterns of family functioning. It takes a metaperspective (a bird's-eye-view) on the system as a whole and the story of every individual in the family (Van Niekerk, *et al., 2006:475–476).*

6.3.4.5 Recording and transcription of the data

In order to capture the actual questions and responses, all interviews were recorded digitally (Patton, 2015:471–473). Prior to the interviews permission had been obtained from the participants to digitally record the interviews. No one had an objection to the recordings. I also made a backup recording using my mobile phone. In addition to the recordings, I took field notes of information relevant to the completion of the genogram and the narrative (Maykut & Morehouse, 1994:73). These notes were of particular value in preparation for follow-up interviews and pastoral interventions when required (Patton, 2015:473).

On average the interviews were one hour and thirty minutes to one hour forty-five minutes in duration. The interview with Mrs "J", an eighty-five year widow, in the frail care unit of an old age home because of a serious neck injury, took one hour and eleven minutes to complete. Towards the end she started getting tired and I had to conclude the interview without losing sight of the set purpose. The interview with Mrs "C", a sixty-one year old lady approaching retirement, also did not need a follow-up. All other interviews needed to be followed by a second and even third appointment. These were necessary due to critical aspects identified in participants' narratives which needed further analysis and pastoral intervention and direction.

Experts recommend that the verbatim transcription is done as soon as possible after the interview, whilst the interview is still fresh in the memory of the interviewer (Maykut & Morehouse, 1994:100). When, quite a while after having transcribed the interviews, I referred back to and had been re-listening to the recorded interviews at that later stage, I also experienced the advantage of a more critical distance listening to and analysing of the data. This also contributed to a more critical and analytic reporting on the interviews and the interviewer.

6.4   Report on qualitative research

In this section I report briefly on the narrative of every couple or individual, introducing and highlighting relevant aspects in their narratives. Thereafter, the contributions made in terms of the questions listed in 6.3.4.1 above, will be analysed in terms of the purpose of this study.

6.4.1   Persons approaching retirement

6.4.1.1 Approaching retirement: Mr "A" and Mrs "B"

Mr "A" and Mrs "B" is a married couple. Both are 62 years old. "A" was born in Zimbabwe (at the time known as Rhodesia). His biological father passed on when "A" was seven years old. His

mother remarried and they grew up in a stable family system. His has three brothers (ages 64, 61 and 51) still living in Zimbabwe and who are professionally successful. He was seven years when his father committed suicide. Initially this had severe effects on the family. His mother remarried and the children were adopted and the stepfather had a very good relationship with the children, bringing emotional balance to the family. The stepfather died at the age of 88. Their mother is in an old age home in Zimbabwe and taken care of by the other brothers. "A" joined the Rhodesian Police which was involved in the civil war against the ZANU forces until independence in 1980. Although he encountered many contact situations in the battle, he felt that the civil war did not have a serious emotional impact on him. The anti-terror police department in which he served was of mixed racial backgrounds. They had very close relationships, became friends and were always dependent on one another. They respected each other. However, a critical incident occurred with a cousin which changed his attitude. It was more damaging than his war experience had been. His cousin, a civilian farmer, was killed in an ambush with civil war soldiers of the enemy in 1976. Although he was killed instantly, his body was mutilated through many more gunshots, bayonet wounds and most of the bones in his body were broken. This had left him with very negative feelings which presented emotionally for a long period of time. He hated the enemy, but not his comrades with whom he served in his platoon. He credits his upbringing and normal cross-cultural socialising with close missionary friends for an ultimate balance in his life towards other cultures. Presently he has no negative feelings towards other cultures. He qualified as Social Worker in Wellington, South Africa. Being older than his fellow students, he fulfilled a leaders' role in student activities and affairs. His choice of career was inspired by the fact that as Rhodesian police officer it was his duty to arrest and prosecute people. At the same time he was deeply touched by the impact it had on families of the arrested persons.

He considers himself as introvert who rather walks away from confrontational situations. His wife, "B" considers this characteristic as being the reason for people often misusing kindness. This might also have had an effect on his professional career. He practiced as Social Worker for the RSA Government, the Christian Social Board and the SA National Council for Alcohol and Drug Rehabilitation and Prevention (SANCA). At the time of the interviews he was working on contract for the Mpumalanga Government Social services.

Mrs "B" grew up in a stable family of origin. Her father died at age 63 when she was teenager (18). Both she and her older brother had been disabled since birth due to a genetic defect. As child she had several operations but over time she progressively lost the use of both legs. At this stage she is unable to walk without crutches or other walking aids. Except for her disability in walking, she functions normally in every way. The older brother with the same condition had one leg amputated.

Attending school was challenging to them due to the inaccessibility of facilities. Her father had been very protective towards his disabled children, but her mother insisted on a "normal" upbringing in order to learn coping with the challenges of life. She took this stand because of her own disability and strong coping spirit. Since "B" can remember, her mother had been blind. Her mother, now 96, still lives with the couple. Her physical condition is deteriorating. The couple have two adult children who are living with their parents.

Indications in terms of purpose in life and search for meaning (PIL and SONG) are that Mr "A" has an ambivalent sense of meaning but feels motivated to improve meaning in life. Due to his uncertain contractual position at the provincial government, he is concerned about the level of ability to care for the family financially, at present as well as in future. From certain remarks it had been suggested he seeks professional advice regarding his emotional state and possible depression. Both "A" and "B" function on a high spiritual level and finds joy in life despite many negative surrounding situations. Mrs "B" is concerned that, possibly because of her own physical deterioration, she might not be able to make a difference in the lives of important others. She puts her trust in God whom she humbly and passionately continues to serve.

During a follow-up interview their attitude towards holistic well-being in later life was discussed. God's story was placed parallel to their own narrative. They were challenged with God's revelation of love, salvation and reconciliation and how they could apply their faith in God holistically to all levels of life.

- Both Mr "A" and Mrs "B" have serious health and physical concerns as they approach later life. Due to financial constraints private health insurance is out of reach and they are compelled to depend on the government health services which do not meet their serious present and expected future physical needs.
- From joint analyses of aspects in the interviews they concluded that seeking professional advice on their emotional state was advisable. From further analysis and a process of positive reframing, "A" concluded that his police and war background had positive effects on his ability to deal with stressful circumstances.
- Socially their short to medium term concerns are mainly focused on the elderly, blind mother whose health is deteriorating. Although caring for the mother is done from a perspective of thankfulness, it also seriously restricts their own movements, especially in terms of their need for a much needed vacation. They were guided to follow various options for frail caring of the elderly mother, which included financial

assistance from the local church which have acted positively to similar cases in the past.

- Although they both are operating from a sound Biblical and Christian basis, and have strong ties with their local church, they do have serious concerns about their church's published view on sexual orientation as one of their children is affected by the resolution. Their future membership is at stake which brings a measure of instability to their otherwise stable religious ties with their faith community.
- A third interview was agreed upon where their concerns and options regarding their disappointment with their church's resolution on same-sex relations, was dealt with. It was clear that their faith community had failed them at a stage and in all aspects of their lives they need a spiritual support system they could count upon.

6.4.1.2 Approaching retirement: Mrs "C"

Mrs "C" is a 61 year old person, in the process of divorce for the third time. She had been the fifth child of a dysfunctional family with eight children. Her father died when she was seven years old. She has no recollection of her biological father. Her mother, an alcoholic, was left with the children. The extended family took control of the children and "C" together with two younger brothers she was put in foster-care with a married couple without children. Her foster-mother was well-known as the local midwife in the rural town where they lived. The foster-mother's husband died shortly after "C" was taken into care. They grew up in a relatively stable system with a very strict foster-mother. Despite the good care, "C" never experienced a relationship of love between the care-mother and the children.

Her first husband, who is now 67, was an alcoholic. He got involved in extra-marital relationships. Three children were born from the marriage. She too got involved in an extra-marital relationship over a lengthy period of time. Two children were born from this relationship. The biological father of her two children born from the extra-marital relationship would not divorce his wife. After the birth of the youngest child, "C" was pastorally assisted by the local pastor of the church where she lived at the time. She succeeded in fully integrating the two children socially and emotionally into the family with her first three children. All the children were told the truth about the reality of the situation. Strong ties among the children were formed and maintained. This was an emotional and spiritual journey during which she found peace and forgiveness as well as a sense of fellowship, acceptance and belonging in her local church. During this time the two children were also baptised. The relationship with her husband remained conflict-ridden until they finally got divorced in the eighties. The biological father of her two youngest children finally got divorced and he got married

to "C". After a very short while he pulled out of the relationship to return to his first wife who also had a serious drinking problem. After "C" got divorced, she met a professional person who requested her to stay with him for six months before they would get married. She rejected his proposal and left the relationship. In 2011 she got married for the third time. After the wedding she discovered that her new husband also had a serious drinking problem. He attended a rehabilitation program but continued drinking. At the time of our interview they were estranged and waiting for the divorce. She stays in a granny flat with one of her younger children and is still employed with the same employer she has been working for fourteen years. She is due to retire in four years.

Applying a narrative approach and making use of a genogram in our interview, Mrs "C" observed the following markers in her narrative:

- Alcohol played a conspicuous role in her life story. No less than eight prominent role players were dependent or involved in serious drinking problems.
- Although she did not grow up in an alcohol system, the foster family was relatively dysfunctional in the absence of a father as role model. The very strict foster-care mother knew how assist mothers bringing babies into the world, but had no mothering skills.
- Eight divorces are recorded in the genogram. She is in the process of a third divorce. The others are relevant, as it includes siblings and her children.
- Extra-marital relationships are prominent in her life, not only by her own choice, but also those of her three husbands.
- Decisions of cohabiting are recurring. In her own life more than once such decisions were made in order to cope with serious financial and social circumstances. When her life and spiritual life normalised, she was able to make healthier choices and rejected the proposal.

During our interview, pastoral assistance guided her to observe the following coping markers or self-adopted survival skills: As child, in difficult situations, she found stability or equilibrium in socialising with multiple friends, escaping in playing music (piano) and keeping busy. Analysing the genogram and the narrative highlights and important aspects observed are the following:

- PIL and SONG indicated an ambivalent sense of meaning and a relatively low capacity to search for meaning. This had been pastorally dealt with in the progress of the interview and reflected below.

- We discussed Bowen's Multigenerational Transmission Process and the position of children in the system (Crossno, 2011:46-47). We considered the possibility that adopted coping skills in her childhood might still being applied in her later adult life? These were socialising, escaping in music and keeping busy. Could it perhaps have translated into escaping into friendships eventually developing into unhealthy affairs, escaping through divorce and the same compelling desire to "being busy"? We reframed the present desire to keeping busy into her expressed desire to be meaningful in the lives of her children and grandchildren (some of whom are in a real need to experience the loving care of a grandmother).

- Although financially not in an ideal position, she is constructive in managing present and increasing her future income through entrepreneurial skills.

- She maintains healthy relationships with all her children and shows interest in problem areas concerning her grandchildren.

- Physically she is in good shape due to the so called "banting" lifestyle which her daughter and son in law introduced her to. She is also a long-distance runner, providing healthy exercise.

- When placing God's story next to her narrative, she had been positive that her past had been dealt with spiritually and that she is eager to get involved into a new faith community which she cannot imagine being without.

6.4.2 Persons retired but still economically active in a secondary career/part-time work

6.4.2.1 Retired but economically active: Mr "D"

Mr "D" is a 76-year-old widower. In his stable family of origin he had been the eldest of three brothers. Both other brothers are still alive, married and successful. Both their father (70) and mother (80) died of cancer.

He retired in 2004, but continued working for the same employer on contract basis. There are two reasons for this: firstly to strengthen his financial capacity, and secondly because he, being a civil engineer, still had a lot to offer his employer. His expertise was considered scarce and strategic. His wife died in 2010 at the age of 71. She was a gifted teacher. The couple had two adopted children. The son, now age 48, was rebellious as a teenager and did not want to submit to discipline. He married and divorced twice. A child was born from each marriage. "D" has no contact with these grandchildren or their mothers. The son lives and works abroad as a diving instructor and wildlife photographer. He lives an unstable life and had often visited his father in the past, but

only when he was in need of money. This has largely contributed to the financial position "D" finds himself in. He is concerned about the spiritual life of his son, who had a negative experience at a youth camp of the church when he was in Standard 5. He does not know the nature of the incident. It did however leave a negative impact on the son who completed Sunday school and catechism, but later distanced himself from religious and church activities for the rest of his school career. The adopted daughter, age 46, is well educated and an achiever in life and business. He is not sure about her sexual orientation and he is ambivalent about his church's views on same-sex relations. They do not really discuss this and he does not allow the possibility of a gay sexual orientation to impact negatively on their good relationship. Both are Christians. The two adopted children do not have a good relationship. Both children tried locating their biological parents, and they both found and met with their parents, but continue to consider "D" and his late wife as their real parents.

"D" attends a single group and has a good friend who accompanies him to social functions.

At the time of our interview he had not given remarriage a thought as yet.

During a scheduled follow-up interview, we analysed the genogram, as well as the indicators of the PIL and SONG questionnaire. "D" was able to mark the following matters as important for future consideration and life management to meaningfulness:

- His attention was drawn to an uncertain indication of his desire to search for more meaning in later life. Uncertainties as listed below were analysed. He was motivated to pay more focused attention to managing and exploring positive options in these areas.
- Mr "D" is compelled to improve his financial position for the future
- Mr "D" admits that he is emotionally concerned about final retirement and how he should deal with the variety of losses associated with final retirement. A second interview addressed the need for meaning and searching for meaning after retirement. He mentioned a desire to possibly study in a new direction to open new perspectives on life.
- Physically "D" is not concerned about his health, but the Genogram created an awareness of the fact that both his parents died of cancer. He will pay attention to his physical condition and the need for regular medical examinations.
- "D" would like to create a closer relationship and in particular better communications with both of his children.
- In terms of final retirement, he is realistic about the fact that he could not continue working indefinitely. At present he is prepared to hand over responsibilities to younger engineers who have to replace him. Once he finally retires, he will be moving to Pretoria to a retirement

village where he bought property. He has a desire to get involved with academic studies to be qualified and of value in another direction.

- He is willing to obtain professional facilitation to put his son's inclination, to expect financial assistance from his father to rest. This could negatively influence their future relationship which he seriously desires to restore.

- As committed Christian father, his son's spiritual life is of great concern to him. He continues to pray that his son will return to God.

- "D" does not have a definite stand on his daughter's sexual orientation. He is quite willing to accept her orientation and he will not allow the situation to influence their good relationship. What is of concern is his position as elder in a church with a resolution opposing admission of gay-orientated ministers to the ministry as well as opposing the legalising of same-sex relationships. Despite his ambivalence about the matter, he is concerned about the happiness of his child. She does not feel at home in the church anymore. Ultimately if he is forced to discuss the matter openly, he would side with his daughter for the sake of their relationship. He also takes the well-being of all gay people into account in his considerations of the matter.

- When we put the narrative of God next to his narrative, he concluded
  - that the unknown sexual orientation and the inclusive nature of God's love have to be viewed from that angle. This would help him reach a personal view where-in he could accommodate his child
  - that he would commit to living meaningfully and that he would have to reconsider his future as retired person who was also involved in a religious community
  - that the primary purpose of his own future would be to mean something to others and in doing so, to find meaning in his own later life

6.4.2.2 Retired, but economically active: Mr "E"

Mr "E" is a divorced male, age 65. He was the youngest of three children in a stable family system. Both parents died at a relatively young age. His father (62) died of thrombosis and his mother (61) of cerebral haemorrhage. His father was a soft-hearted person who worked very hard to provide for his family and his mother was a strict family disciplinarian and dominated in the system. Although he respected his father, they did not have a strong father-son relationship. He had a close relationship with his mother who often abused alcohol. She was aggressive and he always felt ashamed of his mother. Over the years Mr "E" developed a serious drinking problem.

Mr "E" was the only one of three children who attended university for higher education. The couple met as school friends and studied teaching at university. Both qualified and were successful in

their careers until he developed a serious drinking problem. He attended two voluntary periods of treatment and was forced through a court order to attend a long term program. During this time his wife filed for a divorce. She has no desire to restore the marriage.

Prior to his third rehabilitation program, he was offered an early retirement package by the education authorities. After retirement he continued to teach part-time, but his drinking also continued until he stopped 15 years ago when he realised that his physical condition was deteriorating as a result of the alcohol abuse.

The couple has three children. One is married and lives abroad. Mr "E" has visited them once and they maintain regular contact and a good relationship. Both the eldest and the youngest of the daughters use alcohol. The eldest daughter is successful in the corporate world and the youngest is living with her mother and is a problem drinker. The mother often contact Mr, "E" for advice but at the same time continues blaming him for the problematic lives they experience.

During a scheduled follow-up interview, we analysed the indicators of the PIL and SONG questionnaires. From the genogram Mr "E" was able to identify a number of negative as well as positive markers which could increase or reduce meaningfulness in later life.

- PIL and SONG indicate a high sense of meaning, and a relatively low desire to search for meaning. The interview results supported a number of aspects in life which are of concern to "E" looking into the future, hence an uncertain outlook on his future meaningfulness.
- Although he as reaches the age where he should have retired, he has to continue his career due to financial restraints. He does receive a pension but it is not sufficient to live on due to his early forces retirement. It is not a matter of planning, but rather of financial survival in his later life ahead. In his own words his financial position as "hopeless".
- He is concerned about the relationships with his daughters and in particular his youngest who has the drinking problem and does not seem to progress in life. At this stage he feels does not feel equipped to be of assistance to her, notwithstanding his own alcoholic background. He plans to attend a local alcohol support group to gain more relevant knowledge about the problem hoping to become able to help her.
- He wants to improve his relationship with his former wife, not in view of remarriage, but in order to strengthen ties with the system, even only as friends. In this way he could also contribute towards a better relationship with his children.

- Due to his financial restraint, on the short and medium terms does not plan alternative accommodation. The garden bachelor's flat where is lives is affordable and within a short range from private school where he teaches.

- Physically he is well although he is restricted to light exercise only due knee injuries. He is well aware of the damage done by alcohol abuse and the need for a healthy lifestyle.

- Spiritually he realises that he is not as involved with church activities as he should be, but plans to work on that as it offers him an environment where he could be of service and value to other people.

- Regarding his alcoholic background he values his sobriety and wishes to join a support group in town. Not only could he be supported in his sober life, but he also desires to gain more knowledge on the subject of dependence, in order to guide his youngest daughter to permanent sobriety. He believes that would also decrease the tension between him and his former wife.

- When he observed the narrative of God, relating to the matter of forgiveness, several aspects came to him as great relief. He now understands the need to fully accept God's forgiveness and self-forgiveness. He appreciates that a new perspective on forgiveness would also enable him to deal with his wife's continued non-forgiving and blaming him for the broken and dysfunctional relationships. In his own words he "had been turned around" in his faith.

6.4.3   Persons retired and socially active

6.4.3.1 Socially active: Mr and Mrs "F and G"

Mr "F" (66) and Mrs "G" are retired and live in a retirement village without frail care facilities. Both were born in complex systems of family origin. Mrs "G" and was the youngest of three children all of whom were born after the unexpected return of their father from World War II. After he was reported missing in action during the war, he was declared dead. Meanwhile he spent two hard years in a prisoner-of-war camp in Italy. His return to the country was unexpected and the couple got married again. He was left with emotional scars of the war and although he was a dedicated and hard worker, he was also authoritative and often moody. Later in life he turned out to be the one to spoil Mrs "G", being nine years younger than the second brother. She spent some years in a boarding school, which was a good experience. She was a good athlete, but a bad loser. She systematically stopped participation because of her inclination to withdraw if she was not on the winning side. Today she does not consider herself to be a competitive person and rather view herself to be a team player. Academically she was intelligent and did not really pay serious

attention to studies. However, when she failed Std. 9 and had to repeat the year. As a result of her being a bad loser, this was the most humiliating experience of her life. The headmaster of the hostel protected and motivated her in such a way that she became a leader in the following year. She obtained secretarial qualifications and started a career in the bank where she met her husband, Mr "F".

Mr "F" (66) was the younger of two brothers. The older brother died as baby. He had an older brother and a brother and sister from his mother's first marriage. He did not know any of his siblings because both his parents died when he was six months old. He was put in foster care with a family of five children. He had been under the impression that he was an adopted child. When his foster parents died, he was told by the children that he had been in foster care only and never adopted. Although this rejection came as a great shock, he decided that he "could do nothing about the past, but that he is in control of tomorrow". This became his life philosophy. It is clear that this attitude of life contributed to a successful life that followed. He had been a good sportsman with provincial colours in several sport activities. He had been a leader in both primary and secondary schools. He discovered and met his sister and brother by coincidence and over time. Although he was brought up in a stable foster care family, he never experienced love and warmth of a loving family system. This caused tension and adaptation in his marriage with Mrs "F" who grew up in a different family situation. He qualified as an accountant in banking and later moved to a prominent business until he retired a year prior to our research interviews. The couple has three children and six grandchildren. The only concern they have is about one of their children being in the process of getting divorced.

A follow-up as well as a third interview were completed. During the first follow-up the PIL and SONG indicators as well as the genogram were analysed together and a list of negative as well as positive preventing or contributing towards their holistic well-being were analysed:

- Mrs "G" is uncertain about her sense of meaning in life. She also reflects a relatively low motivation to search for more meaning in future. This might be a correlation with a possible loss of personal motivation since childhood when she gave up a competitive spirit and became a team person rather than a strong leader. This did however not prevent her from being a well-qualified and senior bank official. As mother she takes the stand that Mr "F" is the "head of the family", but she does have a burning concern regarding his alcohol consumption, putting her future meaningful life in danger. Mr "F" indicates to have a well-balanced sense of experiencing and searching for meaning in life and values a life of meaningful activities in future.

- The matter of Mr "F" and his alcohol consumption was pastorally addressed in our third interview. The concern Mrs "G" has, originated from a situation in her family of origin where her father for many years abused alcohol. Later in life he stopped drinking. Although she also consumes alcohol from time to time, she lives in fear of her husband getting to a point where he loses control. After discussing the matter of alcohol abuse and dependence, Mr "F" understands that he has to make a choice between continued alcohol use and abuse and the well-being of their marriage and family life.

- During the interviews she admitted that the start of their marriage was driven by her feeling sorry for her husband because he desired a family of his own. He came from a background of being an only child in foster care. After two years she was certain of her love for him, although she often had to take the lead in the relationship. Her anxiety about his drinking had advanced to a point where she decided to talk to the researcher, being her pastor for the first time. Her husband accepted the challenge and will be working on and continue discussing the matter with her. He nurtures his marriage and family life.

- The couple is concerned about their physical well-being and pays attention to ageing-related conditions they are experiencing. Mrs "G" had been recovering from a spinal operation while we were doing the interviews.

- Socially the couple is concerned about the eldest son being in a process of divorce. To them this is a very painful experience and they realise that they can only support the family.

- The retirement village they live in does not have a frail care facility, although it was envisaged in the planning of the development. They consider buying another property at a fully equipped retirement village, even if only as a good investment initially.

- Analysing God's narrative, they both are faithful believers and trust God for possible reconciliation in their child's marriage. They intend to continue strengthening their relationship with God and the church. They consider this relationship as very important to their own spiritual well-being.

6.4.3.2 Socially active: Mr and Mrs "H and "I"

Mrs "I" (63) is the younger of two children. Her older brother died at age 62 of a heart attack. Both her parents died in 1992. Her mother (70) died of cancer, and three months later her father also died of a heart attack at age 64. He was her stepfather as her biological father died when she had been of two years old. She does not have any recollection of her biological father and always acknowledged her stepfather as her own father. He was an alcoholic who stopped drinking when she was sixteen. His alcohol abuse affected her seriously especially on social level. She could

never bring friends home and spent much time with friends rather than going home. She tended to withdraw from the situation. She and her mother often left the house and climbed through a window when returning to the house. After her father stopped drinking, the family system turned to normal. After so many years she still finds it difficult to come to terms with the death of her parents. Her grief had never been addressed pastorally or psychologically. She had a working career of twenty years in a secretarial capacity in the banking and hospital environment. The couple have two children. The eldest daughter (35) is married and has a functional family system. Their son (32) had recently been divorced due to his wife becoming involved in an extramarital affair. This had been a shock to the couple. Coming from an alcohol-affected family system of origin, she had been a seriously opposed to the use of alcohol. Her husband used alcohol in moderation and she had accepted that. She is always aware of the effects of alcohol abuse on a family and their social well-being. This is a matter she observed from the genogram which has to be kept in mind in their future ageing process.

Mr "H" (67) comes from a family of origin where both his parents have passed on. His father (74) died of a stroke and his mother (83) died of emphysema. Mr "H" is the oldest of five siblings. The youngest two brothers have both been divorced from their first wives, but have entered into functional second marriages. The children are in good relationships as family despite vast distances. The extended family meet during holidays once a year. He is a qualified electrician and had a successful career with a company related to the mining industry and a later with a civil service department. He retired from a senior management position in 2016. He expressed anger about the failure of his son's marriage and blames the son's wife for the emotional pain she caused their son, who was not aware of the affair until much later.

The couple experience their marriage as very successful. He had a successful career and is financially in a healthy position.

During a second scheduled interview the following markers were identified from an analysis of the genogram and their personal narrative and dealt with on pastoral level:

- The PIL and SONG indicate Mrs "I" to have a high satisfaction about meaning in life and a low desire to search for more meaning. She perceives the future as a prime time to maintain good family relations with children and grandchildren. She does not foresee nor does she have definite plans for their life of retirement. Mr "H" experienced substantial satisfaction of his past career achievements and similar to his wife, does not have specific life planning in mind for his future life. Both feel satisfied with their present situation. The couple proves

to be in what Atchley and Barusch (2004:259) refer to as the "rest and relaxation phase" of retirement. The couple lives in a Bushveld estate and enjoys nature and the tranquil environment. They have not considered moving to accommodation where care facilities would be available in future and are satisfied with their retirement environment. During our second interview need for searching and making of meaning was discussed.

- Mrs "I" has had the experience of an alcohol-affected family of origin. She expressed her anxiety for possible abuse of alcohol by her husband in later life as a marker that has to be taken into consideration. The reality of possible alcohol abuse in later life has been discussed. Although Mr "H" does not have a drinking problem at all, he has taken cognisance of her fears and is aware of the fact that his decisions in this regard will create a meaningful or disastrous future for the couple.

- Mrs "I" identified her grieving for the loss of her parents in 1992 as an outstanding matter which has to be dealt with to prevent it from becoming an emotional impediment in her emotional and social well-being. At the time of the loss of the parents, her grief was never attended to. She was given directives to deal with unresolved loss after such a long period of time and advised to seek professional assistance if these emotions persist.

- Mr "H" and Mrs "I" are in good health. They have identified the need of taking responsibility for preventative care of their physical health. In particular Mr "H" in inclined to neglect regular physical examinations.

- Mr "H" in particular observed his anger about his son's wife who got involved in an extramarital affair, causing their marriage to be terminated, as a definite area which he had to deal with without nurturing negative feelings in his mind. He realises that he has to get rid of his negative feelings and "repack" the shock and loss which he experienced due to the divorce of their son (Timmermann, 2016:37).

- When they observed God's narrative of salvation, forgiveness and reconciliation, they acknowledged the need to come to terms with the emotional loss caused by the divorce of their son and his wife. They will consider meaningful ways to further assist their son and dealing with their negative emotions towards the damaging effects of his wife's extramarital relationship.

- The couple maintains firm ties with their church and intend to get involved with a spiritual support group for continued spiritual maintenance and growth.

6.4.4 Persons housebound or bedridden as a result of ageing-related restrictions

6.4.4.1 Housebound or bedridden: Mrs "J"

Mrs "J" is an 85 year old widow, recently admitted to the frail care unit of a local Old Age Home. Before her admission to the old age home she lived in her own house in an upmarket retirement village without frail care facilities. Her house was situated opposite the house of her third daughter and son-in-law. When she became frail, she opted to move to a small apartment in the local old age home where she would continue to be independent to a degree. She fell and injured her neck to such an extent that she had to be moved to the frail care section. At the time of our interview she was still able to move around which allowed us to speak privately in an office. Shortly afterwards she was bed-ridden due to her physical deterioration.

Mrs "J" grew up in a functional family system with two older brothers. The eldest died at a very young age. She got married to a banker and the couple had four children. The eldest had a serious drinking problem after his national service term and was divorced. He got married a second time and has recovered from his alcoholism and is a committed Christian now. The second child also divorced from her first husband, also due to a drinking problem. The third child lives in the estate where she lived before her admission to the care facility. She is her mother's primary support system. The youngest of the children has emigrated to Australia and she has visited the family on two occasions. Due to her age and inability to make use of electronic media, she does not have regular contact with this child.

After the death of her father, her mother moved in with her and her husband. At the time the couple already had children. Her mother insisted that she would be the only one to care for her elderly mother. Her husband had no complaints in doing so. At a later stage, her mother-in-law also moved in with the couple. Her mother-in-law showed symptoms of dementia. The two elderly ladies had to share a room and did not have a good relationship. The mother-in-law got injured when she fell and had to be admitted to hospital where she died after surgery. Her own mother later died in the house where they lived.

Mrs "J" was a committed carer to the elderly ladies. Whenever she could, she read to them from the Bible. The presence of the two elderly ladies impaired the family life to the extent that they were not able to go on holiday. When Mrs "J" took an independent decision to move to the old age home, her firm motivation to her neighbouring daughter had been: "I will not do to you what my mother did to me". Despite the negative impact of the two elderly ladies on the family system, she committed herself to their care.

During our interview, at more than one stage of the interview she became emotional and said: "I feel so guilty towards the two elderly mothers. I should have done more to support them, but I also had my husband and children to care for". She had much appreciation for the person sharing a room with her in the frail care unit. Initially the person had an irritating effect on her, but now, the person reads from the Bible to Mrs "J" as she is not able to read anymore.

The interview was used to reframe her narrative about the feelings of guilt. She conceded that she would not have been able to handle the caring differently because of her responsibilities towards her husband and children.

During our interview the following matters were observed by Mrs "J" as obstacles in her experience of meaning in her life at present:

- She had serious guilt feelings about her role as carer to the elderly mothers.
- When we considered God's narrative of forgiveness and healing, compared to her own narrative, she understood forgiveness. Eve though she fully understood God's forgiveness and accepted that, she did however also show signs of not forgiving herself. We discussed the matter of self-forgiveness, which led to great relief and peace of mind.
- During the course of our interview she also admitted her initial negative feelings towards the person sharing the frail care room with her. She later mentioned her appreciation for the person assisting her in reading the Bible to her. It reminded her of the times when she was able to do this to the elderly mothers she had cared for.
- Due to her age and physical position, she was not able to complete a PIL and SONG questionnaire. She voiced a great sense of meaning in late life, which was mainly founded in her expressed faith in God. She is an intercessor and takes time to pray for the church and a list of people she bring to God in prayer. She finds meaning in sharing her faith and thankfulness to the personnel caring for them in the unit. She also finds meaning in loving her very supportive daughter and grandchildren who visit her regularly.

6.4.4.2 Housebound or bedridden: Mr "K"

Mr "K" is married and 77 years old. His first wife died ten years ago after a marriage of 38 years. He has been remarried for eight years. His father died at the age of 80 and his mother at 62. In his family of origin, he had been the youngest of four children. The three older siblings have all passed on. The eldest had Alzheimer's disease. The second brother died of a heart attack and the third (a daughter) died after a long illness. His father was a SA Police officer and a station commander. He grew up in a police station environment. Although a strict person, his father was

kind-hearted and had an open hand for the poor. Mr "K" had been bullied at school and particularly the third child (sister) protected him against his attackers. Later he started defending himself. He took music lessons and passed a number of UNISA examinations in music. He was influenced by a good friend to leave school in Standard 9 and he finished his school career as a full-time student at Damelin College. In 1958 he joined the SA Army and was selected to be trained as Army reconnaissance pilot. He was later transferred to the SA Air Force where he completed his flying training and became a flying instructor. He also took part in the border war as pilot. The border war had little effect on him emotionally as he could not see the real damage done through air attacks. He considers his war experience as being part of his service to the country. After he commenced his flying career he got married to his first wife and five children were born from the marriage. The eldest is a daughter, followed by four sons. Except for the youngest who became a problem drinker, all the other children are successful in their careers. His eldest son is also a high-ranking pilot in the SA Air Force. One son lives in Australia and is successful in the corporate world. Mr "K" takes pride in this child, but due to his inability to use electronic media, he does not have much contact with him. The youngest is less successful and has a severe drinking problem.

After he left the army he worked as a crop-spraying pilot and also did chartered flights for a private person. During his career in crop spraying he spent long periods of time away from home and he felt that he became an absent father. His wife had difficulties in coping and also became an alcoholic. This caused serious problems in their family life as she was not able to look after the children. In his lifetime he developed an adverse feeling towards alcohol. As officer in the SA Air Force he had often been mocked for his aversion to non-drinking.

In order to create a more stable family life he started studying Law. After qualifying as an advocate, he worked for the department of Justice. He later returned to the SA Air Force where he was appointed as Legal Officer. His wife discontinued drinking for short periods. He was requested to join the SA Police as legal advisor. During this time he was for the first time exposed to contact situations where shooting during crowd control took place. He was confronted with the reality of death and dying. He experienced this time of his life as extremely stressful and he pushed his body to extremes to cope with the work load. During this time he also had a heart attack and he was discharged as medically unfit. The couple moved to the West coast where they initially lived with a brother-in-law. His wife started drinking again, but became seriously ill. The death of his wife was a traumatic experience. Circumstances prevented him from being present when she died. He was also prevented from greeting her after she died. This increased his trauma. He felt very guilty for not being there to hold her hand when she was dying.

After two years he got married to his present wife. Initially the children did not approve, but they have come to terms with his decision. Since the couple moved to their present location, he had another heart attack as well as a stroke. He had a heart pacemaker fitted. At the time of our interviews he was close to 100% dependent on the pacemaker. Before his physical condition declined in recent times, he was actively involved in the local church activities. He was an active member of a senior adult Bible study group. He attended and passed a course to qualify as instructor for physical exercises for older people. He had been conducting exercises for elderly people in a township close to town. These services were highly appreciated by the participants and when he was not able to continue, they sadly bid him farewell officially.

We had three interviews during which Mr "K" actively participated and observed matters of importance from the genogram and in his own narrative which could have a negative positive effect on meaningful ageing. These were dealt with pastorally. In summary the main aspects were the following:

- Mr "K" considers the time he spent as legal advisor with the SA Police as severely detrimental to his health. He worked for long uninterrupted hours without rest. Emotionally his contact with people being injured and shot at during crowd control had been a traumatic emotional and stressful experience. In his mind he particularly blames his physical deterioration on this time of his life.
- He continued to feel guilty about his absence from the death bed of his late wife.
- His impaired physical condition is very frustrating in his desire to be of value despite his weaknesses. Not being able to drive and being dependent on his wife for transportation is a source of frustration.
- Mr "K" still has a strong desire to live meaningfully. Physically he recently had a shower installed in his house which means that his wife does not need to assist him when he has to take a shower. To him this independence is important for his physical and emotional well-being. He takes responsibility for certain housekeeping tasks like doing the washing twice a week as well as small maintenance tasks attached to the complex in which they live. Assisting his wife at her work with the cash-flow account to him adds further sense of meaning to his life.
- Socially his relations with the children have normalised, but contact with the one child he admires because of his successful career, lives abroad and contact with him is limited due to inaccessibility of electronic media and his physical impairment.

- He changed his church membership to another because of problems which developed in his local church regarding the new minister. This had been dramatic, as it is not possible to attend the Bible studies anymore. He does his own Bible study making use of guides that are available. They do however attend church services at the new church.

Spiritually we engaged in our interview into the meaning of God's narrative to the matters of concern in his own narrative. He was guided to understand that certainty of faith is founded in God's plan of salvation in Christ and not in his own efforts attaining such certainty. He also understands that trusting in and praying to God regarding his concerns about his youngest son who also has a problem with alcohol abuse. We also dealt with his feelings of guilt and feelings of neglecting his wife at the hour of death.

6.5   Findings

6.5.1   Substantive significance

In interpreting the interviews of this study, two questions formed the framework of the consideration and analysis (Patton, 2015:572):

- To what extent did the dialogue with the participants support the thesis of the study, i.e. that some ageing people often tend to discontinue meaningful living after retirement.
- Did the dialogue with participants support the aim of the study which is to establish a gerontological-pastoral approach to guide ageing persons to live meaningfully to the end of their lives – irrespective of age-related challenges?

One of the challenges in this study had been to find a balance in constructing a narrative from which lessons could be learned by the pastorate in handling ageing persons; at the same time determining what pastoral assistance could be provided to participants in the short term, and for them to open their hearts on matters of concern. The findings would suggest guidelines to a proposed pastoral approach in future ministry with ageing persons which could open opportunities to ageing persons at an early stage to resolve deep-seated concerns and prevent ageing persons to progress into frail late life with unresolved matters impacting on their well-being.

In order to consider the substantive significance of the study, the findings will respond to these evaluative questions, the findings of the research will be provided and analysed. Interviews were conducted with three couples and five individual participants selected in terms of four groupings of ageing persons and these were carefully analysed. This was done after verbatim transcription of recorded interviews (Kowal & O'Connell, 2005:65–66). The written interviews were studied

carefully in terms of information provided by participants. Positive as well as negative indicators which have impacted in the past and could impact on their holistic future functioning were identified from their narrative as observed in the process of compiling a genogram of their story. The abbreviated reports on each of the interviews or series of interviews were provided in Section 6.4. Markers of above and every interview indicators were listed on a spreadsheet containing the information of all the participants – as can be seen in Table 6.1: Summary of research findings.

Table 6.1: Summary of research findings

Meaning (PIL & SONG)	Level	Positive/negative matters boosting/impairing meaning
"A" Uncertain (depression?) Motivated to increase meaning. High meaning - low desire to search for more meaning. **"B"** Uncertain on meaning Financial constraints impact on vision about future. Positive to work towards meaningful future despite present challenges.		**6.4.1.1 Approaching retirement: Mr "A" (62) and Mrs "B" (62)**
	Physical	Health concerns and financial constraints into medical care present & future.
	Mental	Advised to seek professional advice on their emotional state which tends to be depressive. "A" background should enable him positively to deal with difficulties. Mr "A" took part in the civil war in Rhodesia (Zimbabwe) which, surprisingly did not only leave emotional scars, but also served as positive background for his leadership abilities.
	Social	*Elderly, blind mother, impairing their movement and joy in life.* *Financial constraints and uncertain employment position negative impact on meaning.*
	Spiritual	Negative concerns on church's views on sexual orientation negative impact on spiritual functioning.
"C" Uncertain on meaning Low capacity to search for meaning.		**6.4.1.2 Approaching retirement: Mrs "C" (61)**
	Physical	"Banting diet" and disciplined long distance running to maintain good health
	Mental	Compelling desire to being "busy" reframed to find new focus on children and grandchildren.
	Social	Dysfunctional system of origin - which continued to affect three failed marriages. Focus on improving financial position through entrepreneurial skills. Focus on increased good relationship with children as support system. Manages meaningfulness in making healthy and responsible life choices.
	Spiritual	Past dealt with pastorally - no guilt feelings taken forward. Desire to securing new faith community in new environment.
"D" Uncertain on meaning Low desire to search for meaning		**6.4.2.1 Retired but economically active: Mr "D" (76)**
	Physical	Physically healthy but little focus on maintaining good health in future.
	Mental	Emotionally concerned about losses related to final retirement.
	Social	Compelling to continue working to improve future financial position. Plans to buy property in retirement village in Pretoria. Desires to improve relationships with both children, in particular his son.

Meaning (PIL & SONG)	Level	Positive/negative matters boosting/impairing meaning
		His son lives abroad and only visits father when in financial dilemma. The distance impedes regular contact as well as rebuilding of family ties and bonding.
	Spiritual	Ambivalent on church's view on sexual orientation is concern. Desire to understand and strengthen the relations with his child from spiritual perspective.
"E" High sense of meaning Relatively low capacity of meaning. Seeking - due to broken relationship and financial concerns.		**6.4.2.2 Retired but economically active: Mr "E" (65)**
	Physical	He is physically affected by knee problems and cannot exercise to the full.
	Mental	Recovered alcoholic sensing the recoil of a failed marriage due to is alcoholism.
	Social	Continuation of his career is to save him from a "hopeless" financial failure. Restoring broken relationships with his family is on his meaning-making agenda. The one child he has a better relationship with, lives abroad and personal contact is limited.
	Spiritual	He intends joining a religious support group empowering him to help is daughter. He is determined to restore the relationship with his ex-wife at least on a friendship level. He was assisted in understanding and accepting the Biblical truth of reconciliation and forgiveness.
		6.4.3.1 Retired and socially active: Mr and Mrs "F and G"
"F" Balanced sense of meaning in life and motivated to search for meaning in future through meaning-giving activities. From his career background planning his future comes natural.	**Physical**	Mrs "G" is recovering from a spinal operation. Mr "F" had been a good sportsman and they appreciate the need of physical fitness. Presently he suffers from a lung problem. Both are serious about maintaining good physical health in future.
	Mental	Mrs "G" considers her husband as "head of the family" yet has a burning concern about him possibly drinking too much in future. She is from an alcohol family background. Mr "F" feels she exaggerates his use of alcohol but willing to make the right choices for the sake of their emotional well-being in future.
"G" Values sense of meaning as very positive, but her expectation and search for more meaningfulness is vague and undefined.	**Social**	The couple struggle to come to terms with the painful divorce their son in going through.
	Spiritual	The couple are dedicated Christians realising their strength to cope with life comes from their relationship with God. They intend strengthening their ties with the church.
		6.4.3.2 Retired and socially active: Mr and Mrs "H and "I"
"H" To him life had been good and he has achieved much to feel fulfilled in terms of meaning and purpose. Life is exciting. He does not have a desire to search for more meaning and purpose.	**Physical**	The couple enjoy good health and Mr "H" tends to neglect the need for regular medical examination at his age.
	Mental	Being from an alcohol-affected family of origin, Mrs "I" is concerned about possible excess alcohol use in future by her husband. He accepts the challenge of making the right choices to ensure their future well-being.
"I" Experiences meaning and purpose in life. Especially in bringing joy to others like her husband and children.		Mr "H" still bears a grudge against his daughter-in-law's part in the divorce from their son.
	Social	The couple reflects indicators of being in a "rest and relaxation" (Atchley & Barusch, 2004:259) phase of retirement. Enjoying environment to which they relocated and do not consider moving soon.

Meaning (PIL & SONG)	Level	Positive/negative matters boosting/impairing meaning
After a full and successful life she has a low desire of searching for more meaning.	Spiritual	Pastoral assistance was offered in terms of God's narrative of love and reconciliation in order to cope with losses they have experienced. The couple maintains ties with their faith community and will continue doing so in future to ensure their spiritual well-being in later life.
"J"		**6.4.3.1 Homebound or bedridden: Mrs "J" (85)**
(Meaningfulness through observation only – No PIL&SONG) Strong desire to live meaningfully especially in role as Christian in care unit. Experience of meaning in loving relationship with children and grandchildren.	Physical	Physically impaired due to neck injury. Continued pain is challenge to sense of purpose.
	Mental	Guilt feelings about the quality of her caring for two elderly mothers living with her problems with self-forgiveness. Negativity towards person sharing room with her in care unit.
	Social	Social life restricted to visitors and personnel of care unit - building strong relationships.
	Spiritual	Great sense of meaning based on her faith in God. Meaningfulness in her role as intercessor with time available to pray. Finds meaning in loving her daughter and grandchildren who visit her regularly. One child lives abroad and electronic contact is impossible due to affected eyesight. Limited to phone calls. She had visited the children abroad on two occasions prior to her frailty.
"K"		**6.4.4.2 Homebound or bedridden: Mr "K" (77)**
(Meaningfulness through observation and narrative only. No PIL&SONG) Serious desire to live meaningfully despite health and physical impairment due to stroke. Finds meaning in spiritual activities.	Physical	Moving impaired due to stroke - leads to frustration when performing housekeeping tasks. Shower installed - giving him greater feeling of independence.
	Mental	Emotional scars due to work as legal advisor to SA Police and his exposure to human suffering. Positive memories of flying career but which at the same led to him being absent father The dependence on alcohol of his late wife, was central to a largely dysfunctional family system. Guilt feelings regarding the death of his wife impacts on his emotional well-being in later life.
	Social	Meaningful relations once a week assisting his wife at work with cash flow accounting. Relations with children restored. His child whom he admires lives abroad and contact is limited.
	Spiritual	Guilt feelings dealt with and spiritual life becomes primary meaning-giver in life. Loss of Bible study group due to differences with previous church - had to change faith community.

With reference to the questions relating to substantive significance above, the participants in this research were selected on the basis of a number of inclusion criteria:

- I had been pastorally involved with the local congregation of the Dutch Reformed Church of Ligkruis Middelburg in Mpumalanga. Although the research had not been done in terms of the church and its ministry, the participants of the research project were members of the

church and linked to my ministry in the church. They were the persons to whom I had access.

- They had to fit into one of four categories of groupings of ageing pre- and post-retirement.

- They had to be committed believers of the Christian faith and in particular of the reformed tradition of Christianity as this is the framework of this study.

- They had to be active members associated with the local Dutch Reformed Church situated in this larger rural town of the Mpumalanga province in South Africa. The requirement of "activity" also included being in the active pastoral focus of the church should the person not be in a position to partake in church activities due to physical restraints.

- The basis for selection of participants for the sampling group had been to be representative of the local church where I had been ministering at the time. The church is of the reformed tradition, Afrikaans speaking and situated in a middle class to lower middle class economic environment which is still a mainly white populated. The church does not have members of other cultures. The selected group had to be closely linked to the church where I was officially employed. I am fully aware of the fact that the group is not representative of the town's demographics, but this had been the area and congregation of my ministry focus and they were the persons I had full access to. In the analysis of my research findings I will make recommendations regarding future study in terms of other cultural groups.

6.5.2   Generalisation in qualitative research

The findings of qualitative research cannot be generalised as in quantitative terms. The value added and the contribution to science made by qualitative research is to be found in the transferability of knowledge and insight gained through the study to similar situations beyond the situation studied. This study can therefore be considered as "theoretical generalisation" as it particularly aims at applying the knowledge and insight gained to develop a theoretical model which can be applied to other similar situations (Swinton & Mowat, 2006:41–42, 46–48; Malterud, 2001:484–485). The information rich results due to purposeful sampling as applied in this study increase the possibility of broader relevance of the findings (Patton, 2015:710). The majority of problem indicators and pastoral solutions identified in this study are not restricted to a larger rural town from which the sample group of participants of an Afrikaans Church in a middle class, larger rural town were selected. These could be applied to similar churches even in larger towns and cities, as the cultural and social context of church members are in many ways similar to that of the situation of the study.

6.5.3   Discussion of findings

The aim and contents of this qualitative study had been finding answers to questions, in support of a gerontological-pastoral approach to ageing persons in positively guiding them to living a meaningful life to the end of their lives. The semi-structured interviews, including follow-up interviews with participants, had been designed to reveal markers of possible positive or negative impact. These could be from their past narrative which could impact on future meaningfulness in ageing. The interviews proved to be fulfilling the prospects of "information-rich" narrative resources (Patton, 2015:264). Meaning in life is essentially concrete and substantial. The will to find meaning is generated by man's search for "something" or "someone" to live and if necessary, to die for and this applies to people of all ages (Frankl, 2007:97). Analysing the semi-structured interviews has offered the opportunity to detect that essentially concrete "something" or "someone" which has a positive or a negative influence on an ageing person's sense of meaning and meaning making.

6.5.3.1 Wider South African context

In Chapter 4 and Chapter 5 the role of context and frames of reference in literature on ageing had been researched and indicated. In this study the narratives of participants indicated the effect the wider context of the South African socio-political situation has had in the lives of some participants. Two particular aspects of the South African context had been observed as prominent aspects influencing the ageing person's meaningful living. These aspects are not restricted to the specific church or area relevant to the participants of this study. These are aspects that are widely experienced by South African families and in particular older persons.

6.5.3.1.1   The Border War

Roughly 600 000 young white South Africans had to do mandatory national service during the period 1975–1989 (Connell, 2013:430). Deployment of national servicemen to "operational areas" took place between 1974 and 1994 (Baines, 2009:22). Research confirms a high level of emotional and psychological scars on large numbers of soldiers (Connell *et al.,* 2013:431). The civil war in the then Rhodesia (Zimbabwe) forms the context of Mr "A", a participant approaching retirement, who saw action in the capacity as a police officer. Surprisingly the war had negative as well as positive impacts on his life. It took him long to recover from hostile emotional feelings due to the death of his cousin in an ambush with the enemy. His cousin had been a civilian farmer who was killed instantly. When the body was received by the family, it was covered with multiple gunshot wounds as well as bayonet wounds. The bones in his body were broken. This filled him with horror and anger towards the enemy. It did in no way affect his relationship with his platoon comrades which were of mixed cultural

backgrounds. The good relationship of trust and dependence on one another, in his police platoon, caused him to have no emotional grudges towards other cultures after the war. When he started studies as social worker, he developed into a natural leader, which he ascribes to his war experiences. Contrary to large numbers of soldiers with emotional wounds due to war experiences, Mr "A" has been able to identify his war experience as positive marker in his social and emotional well-being.

Mr "K", a 77 year old male, is largely housebound due to a heart condition and a stroke from which he had a reasonable recovery. He saw action in the Border War as SA Air Force Pilot. He continued further studies and qualified as advocate after which he was appointed by the SA Police as legal officer. His task had been to advise the police on their responses in the action of crowd control. For the first time he had been exposed to contact situations where shooting during crowd control took place. He was confronted with the reality of death and dying. The stressful situations and extreme hard work during this time took its toll on his health. He got a heart attack and was discharged from the SA Police on medical grounds. His health has deteriorated to such an extent that his mobility is largely impaired and he is dependent on his wife's assistance in many ways. Mr "K" experiences the impact of this part of his narrative as very negative towards his meaningful living as his ill health continues to remind him of this transition in his personal narrative.

Although the war context in the lives of these two participants had different influences on their well-being and meaningfulness, the pastorate has to take the war context of this cohort of ageing persons into consideration when guiding them to meaningful living.

6.5.3.1.2 Emigration of families

Emigration of families to foreign countries in various ways impacts mostly negatively on ageing parents staying behind. It implies emotional cutting of meaningful ties and relationships, grandparents are deprived of the privilege of bonding with grandchildren and to transfer social and cultural legacies to grandchildren. Often grandparents use negative coping skills to come to terms with their emotional losses (Minnaar, *et al.,* 2014; Marchetti-Mecer, 2012). In this study of three couples and five individuals, four individuals had been affected by the departure of their children to foreign countries.

- Mr "D" (76) has a son who lives abroad. The dysfunctional relationship between him and the son can hardly be restored due to the son's absence and only sporadic unannounced visits to his father. It impacts negatively on his meaningful ageing and leaves him with little to do in this respect except his continued anxiety about the son's well-being.

- Mr "E" is a retired but economically active person, aged 65. The family relations have been distorted due to his history of alcohol dependence. Although he has recovered from his addiction, he finds it extremely difficult to restore relations with his former wife and children. He values the fact that one of the children has a relatively stable relationship with him, but this child emigrated and he only meets with the family sporadically if the child pays the bill. He is deprived of the opportunities to rebuild and strengthen ties with this family living abroad. It leaves him with a feeling of hopelessness.
- Mrs "J" is an 85 year old widow, bedridden due to physical deterioration. Although she considers her local children as the prime support system, she is deprived of the same opportunities with a very successful child and his family living abroad. Due to her physical restraints her only contact with this family is telephonic conversations. She feels she is nearing the end and is deprived the presence of her children and grandchildren.
- Mr "K" (77) takes great pride in his son and his three children living and practising as professional abroad. Only regular phone calls enable them to keep in touch, but he is unable to express his appreciation for this son and his family in terms of closer bonding. He indicates this as negative stressor beyond his control which impacts on his social and emotional well-being. He has to come to terms with the emotional loss.

In 2008 at least 30% of persons in the age group 24–30 planned to emigrate. The impact of emigration on family systems in South Africa as relations loss is vast (Marchetti-Mecer, 2012:244–245). A comprehensive program for ageing parents in particular, experiencing the loss of their children, should include caring for these parents and their families.

6.5.3.2 Meaning and purpose in life

In this study the PIL and SONG questionnaires have only been utilised to serve as indicator of participants' sense of meaning in life and their desire to search for more meaning. According to Bronk (2014:5–6), a purposeful life represents a highly motivated and inspired commitment to actively pursuing one's aims. A component of purpose is found in sensing personal meaningfulness which aims "beyond-the-self". This distinguishes "purpose" from "meaning". The terms "purpose" and "meaning" have been used interchangeably by Frankl (1969, 1976) in his writings, but in later years "meaning" also refers to anything that makes life seems more significant to the self and also actively engaging with the world beyond the self (Bronk, 2014:7–8). Research indicates a noticeable trend of decline regarding purpose and meaning in later life. Whilst midlife

finds purpose in active social roles, the declining trend in ageing is blamed on the decreasing opportunities for purposeful engagement in the process of ageing (Bronk, 2014:80–82).

Analysing the outcomes of PIL and SONG questionnaires the responses of participants of this study seem to correlate with the research findings above.

- Seven participants have indicated an uncertain to high sense of meaning, but an unmotivated and low desire to increase meaningfulness in life. From responses by participants the meaningfulness of active engagements in midlife are still fresh in the memories of these participants. Mr "H" states; "I have achieved all my goals", "I have fulfilled my purpose in life", "I strived to be successful in my career, and I have achieved that", Mrs "I" concurs: "I had a good career; I have a wonderful husband, children and grandchildren and good health".

- Two participants also experience a happy and meaningful life, but at the same time indicated a relatively high desire to search for more meaning. Mr "F" considers his retirement as a "full life" and plans to look out for a part-time career to keep him "busy". This search of purpose correlates with research findings indicating that older adults find meaning in pursuing better family relationships and part-time work or volunteering (Bronk, 2014:81). Contrary to Mr "F", Mr "A" is compelled by the necessity to improve his financial future, which strengthens a need to search for more meaningful ways of fulfilling these needs.

- Research indicates that religion generally serves as an important source of purpose and meaning in later life. This is experienced in many aspects of religious life which assist the believer to work toward beyond-the-self aims and finding meaning in reaching out in support of others (Bronk, 2014:110–113). In this study the apparent serious role of personal faith and religion in terms of meaning and meaning making is obvious. The two participants in the home bound category perceive their faith in God and their personal relationship with God as the ultimate experience of meaningfulness. Whilst physically impaired in terms of mobility and activity they find meaning in Bible study and serving others with the Word of God. While Mr "K" was seriously affected by a stroke, he still managed to act as instructor for exercises to an elderly group in a township close to where he lives. To him this had been an outstanding time of giving meaning "beyond-the-self" and a time when he personally sensed meaning in his life. He perceives this exciting time of his ageing as proof that he has overcome all possible emotional and racial consequences due to the violence filled military and police career. When, due to his physical deterioration,

this activity had to be terminated, this was a great loss in his life. Similarly Mrs "J", who relies on the person sharing a room with her in the frail care unit to read the Bible to her, finds meaning in daily prayer and intercession as well as witnessing to the carers of the frail care unit. Through prayer she also feels connected to her faith community.

6.5.3.3 Life management and well-being

The semi-structured interviews of this study particularly included a discussion on the participant's view on life management from a multi-dimensional perspective. Without generalising, it was obvious that the selected sample group of participants, irrespective of the grouping they represented, had given little thought on their future well-being on physical, emotional, social and religious levels.

6.5.3.3.1   Physical well-being

- Mr and Mrs "A" and "B" both have serious concerns regarding their health. Mrs "B" is disabled and her disability is worsening as she gets older. Mr "A" has a heart problem which does not receive attention due to the fact that they cannot afford a private health plan and are subjected to the provincial health services. His brother in Zimbabwe paid for a heart procedure before. Their future will be determined by developments in the public health services. In our discussion they were referred to group exercises for elderly and disabled people in town, which they were unaware of. Similarly, the couples who are retired and socially active, as well as two retired individuals who are still economically active, have not given any substantial thought to physical well-being. Mr "H" admits that he is concerned about his personal health and realises that he neglects the need for regular physical examinations as does not "like going to a doctor". They appreciate the fact that management of physical health and fitness should be included in life planning and that the interviews brought it to their attention.
- To the contrary, Mrs "C" (61) maintains a healthy lifestyle, follows a "banting" (low-carbohydrate, high fat) diet with her children. She is a long distance runner to keep in good shape. She intends continuing this lifestyle and adapting when necessary in accordance with her physical circumstances. Her healthy lifestyle management correlates with her intended healthy lifestyle choices to ensure a better future than her past narrative.
- My observation of the persons who are housebound or bedridden is that they are seriously affected by their physical impairment maintain an attitude of continued and meaningful "survival" despite their situation. Both are medically provided for and have no concerns

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about medical costs, despite the high costs of their medical treatment. Their lives are managed on a day-to-day basis in which particularly their faith in and relationship with God takes the principle role. Although Mr "K" is largely housebound, he still enjoys a weekly outing to his wife's office where he attends to the auditing of his wife's management of the office's petty cash account. He intends continuing with this as long as she works or as long as he is physically able to fulfil this task. The challenge to the pastorate is to assist housebound and bedridden people towards a continued experience of meaningful living. During the interviews this was done from the *promissio* perspective. Both Mrs "J" and Mr "K" appreciated this as a meaningful conclusion of the interviews.

6.5.3.3.2 Emotional well-being

The literature research indicated several areas which would impact on psychological well-being. Some of those areas suggested by Louw (2005:509–513) and Lynskey, *et al., (*2003:125–133) proved to be of great importance within the sample group, Examples of those areas were found among the group interviewed:

- Degeneration of psycho-socio abilities and the effects on normal functioning. Mr "K" is emotionally affected by the physical constraints due to a stroke and his heart condition. Emotionally he continues to blame the extraordinary and stressful situations he had been exposed to while serving in the SA Police as legal advisor. Mrs "B" is physically disabled and her condition is deteriorating. She finds this concerning as she is also a caregiver to her 96 year old mother who is blind and is fully dependent on her for care. The main source of support enabling her to cope emotionally is founded in her Christian faith and the support of many prayer intercessors she has surrounded herself with.

- With reference to heightened awareness of death and mortality and consequent calculation and completion of life, I observed that Mrs "J", who is bedridden in the frail care unit of the local old age home, is emotionally preparing for completion of life. The pastoral guidance in finding peace in forgiveness and self-forgiveness has indeed brought peace of mind and created a path that was not there before (Shore, 2015:266).

- The financially unstable circumstances figured prominently in the narratives of at least two participants. The restricted medical care available and employment uncertainty are aspects causing Mr "A" much stress. He was advised to seek professional assistance regarding possible depression which could restrain from meaningful management and planning of many stressors. Concerns about his future financial capacity is the main force behind Mr "D" and his continued seeking for possibilities of short term contracts despite his age (77).

A follow-up interview posed an opportunity to redirect his focus on other options towards meaning and emotional well-being. He had been assisted to prepare himself for a retired life with a new vision of meaningful living opportunities without remuneration.

6.5.3.3.3 Social well-being

Social influences over the lifespan are major sources of meaning in later life. As friendships and family relationships change, develop and decline over time, personal goals and decisions and ultimately meaningfulness in ageing are invariably impacted upon (Settersen, 2002:55–56). Narratives and responses in research interviews of this study underscore this observation.

Using the genogram to graphically present life situations, developments, transitions and choices in and resulting from a family of origin brought several aspects to the surface:

- Family systems of origin played major roles in the life developments and personal decisions, negative or positive, in the lives of participants. In particular the narrative of Mrs "C", as reflected in the genogram indicates the role of dysfunctional foster care systems in which the siblings grew up. Her life story reflects her repeatedly poor decisions and divorces. In the situation of Mrs "B" who is disabled, the family system contributed largely to a positive approach to a meaningful life notwithstanding physical impairment. The continued presence of alcohol abuse in the narrative Mr "K" contributed to his own life choice of complete abstinence from alcohol. Mr "E" grew up in an alcohol-affected family of origin, became an alcoholic himself and is challenged in his late life to restore broken family relationships. Mr "F" narrates on a family of origin in which he grew up as a foster child. For many years he knew nothing about his biological family. However, the system in which he was brought up contributed to his positive outlook on life, being an achiever and successful person in corporate life.

- Financial shortfalls and consequent problems are considered as "retirement shock" in later life with negative and stressful impact on social and in particular financial well-being (Timmerman, 2016:34-35). Only three of the eight participating couples or individuals are not affected by financial constraints. By late life, financial problems have become chronic and do not subside instantly (Krause, 2003:379). This has serious complications in the coping process and in psycho-social well-being. This also applies to spiritual life and in particular to prayer in search of help because financial problems are not solved easily in late life (Krause, 2003:379). In this study financial constraints as negative influence on well-being and meaningful ageing, could be attributed to wrong lifestyle choices,

insufficient planning, divorces and broken relationships. Insufficient and timeous financial planning also contributed to the stressful position of participants. Adult children depending on parents for financial bail outs when they experience difficulties also add to stressful retirement. Different ways of addressing the financial difficulties are followed but the dismal truth is that if proper financial planning is not done over a lifetime, financial disarray becomes a reality in late life. Krause, (2003:279).

- Meaning in later life to the participants is negatively affected by broken relationships with children that tend to be difficult to restore. This is particularly relevant with children living abroad. If retired parents do not have the financial capacity to visit children living abroad on a regular basis, it creates a feeling of having lost the privilege to be part of their children's lives (Minnaar, *et al.,* 2014:856). Two participants, for different reasons, envisage restoring the damaged relationships with children living abroad as part of social well-being. Although Mr "E" has made progress in the process, he largely depends on the kind-heartedness of the children to make future visits possible. Mr "D" depends on the sporadic, mostly unannounced visits by his child to improve their relationship.

- Ageing parents may continue to be burdened by adult children with social and financial problems. This has a negative impact on their social well-being and meaning in later life. These burdens form part of unanticipated shocks experienced by retired persons and affect their attitudes, behaviour and general well-being (Timmermann, 2016:36). In this study Mr "H" continues to bear a grudge against a daughter-in-law whom they hold responsible for the divorce from their son. He is very concerned about his son's emotional state and feels helpless about the situation.

6.5.3.3.4 Spiritual well-being

Any person caring for the elderly very soon realises that religion forms an essential part of conversations with them. Faith in God sustains them in the reality of ageing and age-related changes that constantly transform and influence their well-being. To many, God has become a partner in establishing a sense of meaning in the process of ageing (Devor & Pargament, 2003:195).

From the in-depth interviews I have observed a general positive attitude towards participants' relationships with God and the church as faith community. All the participants responded positively about their faith in God and God's provision in their lives. All participants view their personal relationship with God of great importance to continue the journey of ageing to the end of life. It had been a requirement in the selection of participants for the sample group to be actively involved

or to be pastorally attended to in the case of the housebound and bedridden. This condition for participating proved to be a positive one as it probes some questions to the pastorate about ageing persons in general.

As in qualitative research, the findings of this study cannot be generalised. It is however noticeable that all but one of the participants presented with pastoral issues that needed pastoral interventions at this stage of their lives. It could be asked as to why and how people could reach the retirement age or even progress deep into an ageing process beyond retirement in the presence of so many concerns. These negatively impacted on participant's past and would definitely restrain their meaningful living in the later part of their lives. This emphasises the need for a pastoral model or approach which would identify these concerns earlier in life or identify, give guidance or intervene in later stages of ageing. This would provide possibilities of living with greater holistic meaningfulness, even in the presence of ageing-related difficulties.

In all the interventions I mainly presented myself in a listening capacity, assisting participants in assessing the apparent matters of concern as observed in their narratives, and together searched for answers, solutions and directives in solving matters (Devor & Pargament, 2003:204–205). Matters mentioned in literature regarding the impact of faith in God on ageing persons' well-being are apparent in this study (George, *et al.,* 2000:107–112).

The findings are relevant to the proposed approach regarding a comprehensive senior adult ministry. In such an approach, ageing people could be guided in terms of painful and damaging circumstances, incidents, decisions, losses and transitions in their lifetime to date, which have left them with unresolved psycho-social as well as spiritual scars.

- The timeslot of this empirical study coincided with resolutions adopted by the General Synods of the Dutch Reformed Church in 2015 and 2016. On 9 October 2015 the synod took an open-minded position in terms of same-sex relations and unions (Minutes General Synod 2015:104). It recognised the rights of all people to identify with sexual orientation of their choice and to enter into same-sex unions. In 2016 this resolution was reversed. After the resolution in 2015, the local church associated with the participants of this study distanced them from the 2015 resolution. The decision was publicly brought to the attention of the church members. A couple and an individual among the participants in this study had been affected by the decision. They have a child of homosixual orientation. The couple felt emotionally hurt. They considered leaving the church as their child did not feel welcome in the church anymore. The father formulated his concerns: "If being gay is of genetic

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origin – did God then make a mistake? Should God 'recall' and 'reprogram' her like a Volkswagen? If a person is called to the ministry, completes all the studies, how is it possible that the church could override the calling because of a person's sexual orientation? Our child experiences the resolution as being rejected by the faith community. She is not involved in any gay relationship, but still does not feel welcome".

Another participant's child is also of gay sexual orientation. The child is engaged in a same-sex relationship. He does not understand it, and felt totally confused due to the opposing resolutions of the church in two consecutive years. He had been part of the local church's meeting when they objected to the first General Synod decision and he agrees with the 2016 decision. However, for the sake of good relations with his child, he is prepared to accept her personal choice despite his opinion on the matter. He feels let down by the church due to the unconvincing and ambiguous messages from the church in this regard which does not assist him in reaching a personal opinion on the matter. This uncertainty and indecisiveness has a negative impact on his spiritual well-being.

- The social support and participation is positively experienced by ageing people in the local church (Compton, 2005:198–200; George, *et al.,* 2000:111). When ageing persons are deprived of that, it impacts negatively on the spiritual well-being. Ageing persons in the sample group for different reasons had to withdraw from their community of faith. Frailty implies surrendering independence to dependence and adaptation. It is a growing awareness of frailty, limitations (Louw, 2008:496). Frailty influences one's sense of meaning and being and poses special challenges to the pastoral ministry. At least two of the participants in the category of housebound or bedridden have experienced this transition not very long before participating in this research. I have observed their experiencing a great sense of loss and adaptation to a life over which they have no control. They particularly experience a sense of loss in terms of the Bible study group which they attended regularly when still in the position to do so.

- A prominent aspect of pastoral intervention as part of the interviews had been the presence of guilt feelings arising from incidents in their remote past. Two such interventions related to the care of elderly parents. Irrational guilt feelings of another participant were prominent in relation to the death of his first wife. Due to circumstances beyond his control he was not present when she passed on. Pastoral intervention assisted him to put these feelings of guilt to rest.

One positive reference to guilt feelings which had been pastorally attended to in the remote past was also observed from the genogram and narrative of a person who had serious social

problems regarding extramarital relationships. This was pastorally dealt with in the church where she lived at the time. In a tumultuous relationship in her more recent past she was reminded of the incident and could thankfully testify that she has come to terms with that phase of life through pastoral intervention, forgiveness and reconciliation.

- Forgiveness and healing have been called "medicine for the heart and soul". Forgiving or wanting forgiveness are emotional and spiritual strengths in the life of ageing persons (Ramsey, 2008:52–54). Several examples of broken relationship with important family members were indicated in narratives. It became evident that unresolved family disputes and painful incidents from the past contribute negatively to the spiritual well-being of ageing persons. It is intriguing how these unresolved matters have a deeply negative effect on people's emotions and spiritual lives. In the absence of forgiveness many emotional symptoms become part of life, for example anger, suspicion and distrust, depression – to mention only a few (Coetzer, 2008:18). It is obvious that the presence of such negativity which is not resolved would have serious negative effects on the spiritual well-being in later life. This is a challenge to be addressed by the pastorate in a comprehensive senior adult ministry.

- One serious incident of unresolved grief became apparent in the narrative of one of the participants. A person who had lost both parents in 1992, at the time of the interview, 24 years after the passing of her parents, still showed signs of unresolved grief. At the time of death her grief was never attended to. The research interview was the closest she had been to a pastoral or psychological intervention. Her emotions probably relate to unresolved grief which manifests in symptoms of continued bonding with a deceased person and which could continue for many years after the death (Field, 2006:741–749). She was advised to seek professional assistance in the matter as it would imply longer term intervention. This incident has underscored the need for timeous intervention with regards to grief and the danger of unresolved grief being detrimental to spiritual and emotional well-being when carried into later life.

- In terms of spiritual well-being in late life, a concluding observation of the narratives and the capacity of life management had been the evident absence of definite and strategic thinking about ageing. This refers to general and specific consideration of physical, emotional and social elements of ageing. It is commendable that all the participants without exemption, proved to have a strong and steadfast faith in God, strong desires to strengthen ties with their faith community and put their trust in God for their well-being in old age to the end. This strong conviction however was overshadowed by the lack of constructive and focused search for

meaning in late life. This emphasised the need for a purposeful pastoral approach to motivate ageing persons to engage in meaningful living to the end of their lives.

6.5.3.4 Challenges with negative impact on meaning

Two particular matters that have not been mentioned under the headings above and which impacted negatively on participants' sense of meaning and thus calls for attention are:

6.5.3.4.1 Adult children caring for elderly parents

Research indicates that caregiving for elderly parents can be complex and stressful. As longevity increases, family caregiving has become increasingly common in recent years. Due to the high cost of institutional frail care (Miller, *et al.,* 2008:19, 21, 28). There are various reasons why adult children decide to homecare their elderly parents. De Lange (2013:3–10) mentions the following theories:

- The debt theory: A longstanding and popular theory, mainly based on Biblical reciprocal considerations, that children owe it to their parents to care for them in their old age, founded on appreciation for the parents' care of their children.
- Gratitude theory: From the Reformed tradition, an appealing theory resembling a covenantal bond with mutual expectations of caring for each other.
- Friendship theory: Breaking with a pre-modern perspective patriarchal and hierarchical ethics, the friendship theory considers parents and children share households on equal footing being best friends.
- A case of special goods: This theory for caring is the consideration of all the special ways in which parents cared for their children in terms of unique goods and values and the relationship remains particularly on a child-parent basis.
- A sustainable future perspective, taking the broader context into account in which not only the children, but also the community takes responsibility for caring of elderly parents.

Mr "A" and Mrs "B" are caregivers to the elderly, blind mother (96) of Mrs "B". They have been married for thirty-one years and all these years she had been in their care. From the interview it is my observation that Mrs "B" has taken on the responsibility of caring for her mother out of gratitude and the fact that she owes it to her mother. Her mother, being disabled herself, went out of her way to give her two disabled children a "normal" upbringing and place in society. In the words of Mr "A", "her mother is our responsibility". Caring for elderly parents is a noble decision. Such a decision does however call for clear-headed consideration and planning especially in the

case of their elderly frail parent in need of specialised care due to her blindness. They cannot go on holidays without making special and costly arrangements for the care of the elderly mother. Mrs "B" being disabled herself, finds it increasingly difficult to physically cope with the caring task. The interview offered the opportunity to assist the couple in considering alternative options in terms of their valued responsibility regarding the elderly mother which would not affect the sense of responsibility and meaningfulness.

Another aspect of caring for elderly parents by adult children was demonstrated by the guilt feelings expressed by Mrs "J", who expressed her deeply rooted guilt feelings for not caring for her elderly mother and mother-in-law who both lived with her and her late husband. This responsibility deprived the family of the freedom to go on holidays in days when the family system needed those bonding breaks. Her guilt feelings to a large extent deprived her from much needed spiritual well-being. The interview offered an opportunity to assist her in terms of her irrational feelings of guilt which she found to be liberating at this stage of her life.

6.5.3.4.2 The impact of alcohol on past and future well-being

The dangers of substance abuse in later life have been indicated in the literature research (Chapter 5 Section 5.3.3.4.1.3). From the analysis of interviews it is my observation that the presence of alcohol dependence in narratives, as well as the negative impact it has on future meaningfulness in the lives of affected individuals or couples is substantial. Any pastoral program for ageing persons should take this seriously (Albers, 2003:227).

Mrs "C" was born in a seriously alcohol-affected family origin. In addition to her biological father, three of her siblings were addicted to alcohol. Although she did not grow up in the family, due to the fact that the children were placed in foster care, her narrative is marked by the presence of alcohol. Two of her three husbands were addicted to alcohol. Most of her married years could be described as a conflict-ridden battle against alcohol. Although the foster family system in which she grew up was not affected by alcohol, it was largely dysfunctional and her life choices reflect the choices of a typical child of an alcohol system. Her positive approach to life and her vigilance to prevent wrong life decisions in future is driven by fear of a repetition of the past.

Mr "E" holds his own history of alcohol abuse responsible for a life marked by losses. He lost his wife and children, a promising career and the chances of peaceful retirement. As the youngest of three children, his childhood was marked by the influence of a mother abusing alcohol. His life management is to a large degree focused on ways to empower himself to become a credible advisor to two of his children who are abusing alcohol.

Mr and Mrs "F" and "G" as well as Mr and Mrs "H" and "I" are retired after successful careers. However, the social drinking patterns of Mr "F" and Mr "H" are raising concerns from their partners regarding the challenges it would have on the future social well-being and the meaningfulness of their relations. In both instances, pastoral time was dedicated to understand dependence in terms of the dangers of late life dependence on alcohol. We also took time to understand the need for trust in the partner to make the right decisions for the benefit of their marital relationships and their social and emotional well-being.

Mr "K" has had a successful flying career as well as a later professional career as legal advisor. His late wife's dependence on alcohol and her inability to take control of the failing family systems during long periods of his absence from the family, added to the stressful nature of his emotional functioning. It ultimately contributed to his physical breakdown. His later life and dreams of meaningfulness in late life is seriously impeded as a result.

Mr "E" envisages active involvement with an alcohol dependence support group which will empower him to assist a child who has a drinking problem. This would add meaning to the social bonding with his divorced wife and his children.

6.6   Conclusion

I am satisfied that the qualitative section of this study have deepened my understanding of ageing persons who often lack meaning in life in the absence of a definite management plan to integrate meaningfulness in ageing on all levels of their human functioning. I have concluded that the pastorate could make an important contribution in guiding ageing persons to a meaningful late life, irrespective of age-related challenges.

In this chapter the reasons for using qualitative research as method had been provided. It had been declared that all ethics requirements had been adhered to. The use of the PIL and SONG questionnaires as indicators of participants' assessment of their attitude towards meaning in life have been introduced as well as the use of the genogram as a graphic mapping of family history and patterns of family functioning. It provided a metaperspective on the system as a whole and the story of every individual in the family (Van Niekerk, *et al., 2006:475–476).* From the narrative, together with a visual format of the genogram, participants were guided to find incidents and patterns in their family and personal narrative which positively or negatively impacted on their life narratives. The selection of a sample group was introduced as well as an abbreviated narrative of each couple or individual participant. Important influences or persons of influence in their narratives were observed. An analysis was done on the manner in which their lives and life choices were influenced.

When unresolved matters or matters of concern impacting negatively on present and future well-being were observed, I attended to that from a pastoral perspective keeping the value of the narrative as pastoral approach in mind. Trends and aspects of importance were analysed and listed for the implementation of a proposed pastoral approach which will be set out in the next chapter.

CHAPTER 7: HOLISTIC MOTIVATIONAL LIFE PLANNING AND AGEING: A PROPOSED GERONTOLOGICAL-PASTORAL APPROACH

7.1 Introduction

In the previous chapter I reported on the process and findings of the qualitative research done to obtain answers from the sample group of ageing persons of four categories in the ageing process. I indicated the implementation of the Purpose in Life and Search of Noetic Goals questionnaires (Crumbauch, 1977; Crumbauch & Maholick, 1969). I motivated the use of a genogram to explore important information gained from the narratives of the participants. The purpose was, through semi-structured interviews, to understand the participants' sense of meaningful ageing on physical, emotional, social and spiritual levels. It also observed participants' motivation and capacity to manage the holistic process of ageing in the presence of typical ageing-related challenges. Participants were guided to contemplate incidents, experiences, transitions and matters which influenced life in the past and would increase or prevent meaningfulness in the future ageing process. Possible critical areas in a person's narrative, which probed to become an impediment to well-being in ageing, were identified. During follow-up interviews these areas were analysed and reviewed. Where possible, participants were guided through pastoral intervention to manage or change such critical aspects and revise or rewrite the narrative of their lives. Critical areas which needed professional intervention were advised to seek professional assistance.

Following, and based upon the literature as well as the empirical research I will propose a comprehensive approach to the pastorate in this chapter. The aim will be to guide and motivate ageing persons to live meaningfully to the end of their lives, even in context of negative physical and mental decline. The theoretical findings as well as the empirical research in this study were validated in terms of its relevance to this proposed approach.

7.2 Holistic motivational life planning and ageing: Validation relevance of research results towards a fresh approach

The motivation for this study originated from my observations in ministry with a local Dutch Reformed Church in a larger rural town of the Mpumalanga Province, Middelburg, in South Africa. I was given the task of ministering to senior members of the church. This ministry implied visiting senior members (65 years and older) and conducting a weekly Bible study, which already existed at the time and which was attended by a small number of people. I also observed some retired persons with little or no excitement or planning about future life as ageing person. The only other reference to senior

ministry on the church program had been an annual lunch for older people. This was not attended well. To take the ministry to another level, I commenced a literature research of relevant gerontological theories and senior adult ministry. The preliminary literature study confirmed my observation of the prevailing pastoral approach to older adults in the particular congregation. It implied a senior adult approach of "an older minister ministering *to* older people and not *with* or *by* older people" (Houston & Parker, 2011:32-33). This approach to ministry perceives older persons as the objects of pastoral care. They do not become partners in pastoral care performed by ageing people. Whilst worldwide demographic changes indicate a sharp rise in longevity and accordingly an equally sharp increase of older people, the church in general seems to be unaware of the reality of how long people are now living (Houston & Parker, 2011:22). Implied in this study is the positive suggestion that the church adopts a ministry in which older people are not only viewed as a problematic phenomenon, but that the "graying" of the flock is the discovery of the ageing population as a useful resource with significant contributions to offer (Knapp, 2003:20-21).

In interpreting the interviews of this study, two questions formed the framework of the consideration and analysis (Patton, 2015:572):

- To what extent did the dialogue with the participants support the central theoretical argument of the study, for instance that some ageing people often tend to discontinue meaningful living after retirement.
- Did the dialogue with participants support the aim of the study, which was to establish a gerontological-pastoral approach to guide ageing persons to live meaningfully to the end of their lives – irrespective of age-related challenges?

The wealth of research and theories in gerontological literature from a variety of relevant disciplines and perspectives provided valuable resources towards developing pastoral approach to meaningful ageing. Particularly the open-ended nature of gerontology, which values the partnership of other disciplines, including that of the pastorate, opens a unique door to a gerontological-pastoral approach to meaningful ageing. Gerontology continues to seek the contribution and participation of practical theology in the ageing discourse (Theron, 2013:4-7).

This study aimed to make such a contribution in terms practical theology and in particular the pastorate's responsibility towards the spiritual and emotional needs and fears of ageing persons within the context of the local church (Theron, 2013:6-7).

The findings of this study were intended to contribute towards the gerontology as well as to the pastorate.

- The empirical research done in this study gave prominence to the privilege the pastorate enjoys to be invited into the homes and lives of people to share their deepest feelings. It is fair to say that no other discipline has equal access to the home and emotions of a person who lives in a personal relationship with God, who is guided by the Holy Spirit and takes directions from the Bible as the Word of God. The pastorate is not only privileged, but also exceptionally well positioned to address and influence the needs and concerns of the elderly. Faith does not only impact on their religious practice, but also gives transcendent meaning to all aspects of life (Louw, 2008:48-49).

- Literature indicates a significant number of aspects which the pastorate could address regarding the spiritual and emotional needs of the elderly (Theron, 2013:6-7). Practical theology is in a good position to equip the pastor for a focused and relevant ministry in many gerontological issues. In this study, the need for spiritual support to caregivers of dementia to cope with their own emotions was also emphasised. Theron, (2013:7) indicates the need for pastoral programmes to implement these fields of service not only to the elderly but also to support caregivers and families of the elderly. The desire expressed in this study is to provide in the specifically mentioned need of a new programmed approach towards implementing a comprehensive senior adult ministry that goes beyond the general "old pastor for the old people" approach.

- Findings of the empirical research of this study set out in the previous chapter positively accentuated the need for pastoral involvement to motivationally guide persons in the process of meaningful ageing. The participants in the study valued the process as meaningful in their own outlook on their lives. Their narratives drew attention to various matters, which negatively impact on their lives, decision making and well-being. The possibility of follow-up interviews offered the pastor the possibility to assist in reframing or restructuring the narrative in order to develop positive alternatives for their future. Although qualitative research is restricted in terms of generalisation, it was possible to distinguish certain aspects relating to local context, which were listed in the analysis. These also apply to a broader South African context and the pastorate with ageing people has to take cognisance of these aspects. The methodology used was successful in bringing essential markers of concern to the surface, which could be dealt with during follow-up interventions.

- In terms of a contribution towards the practical theology and in particular the pastorate, it is my hope that this research will (a) inspire pastors to take an enthusiastic stand on ministering

to the growing ageing family of believers, (b) provide them with guidelines to implement a comprehensive ministry to ageing persons and caregivers which would in turn (c) mobilise and activate the ageing members of a church not only to be ministered *to*. It was the intended purpose that they would participate in a process which would lead to a sense of meaningfulness in ageing to the end of life, a desire to make and give meaning to the lives of others and to be fulfilled by a continued search for meaning to become active servants in the church and the Kingdom of God.

7.2.1 Literature research findings: Validation and relevance to a proposed pastoral approach to meaningful ageing

7.2.1.1 Relevance of pastoral approaches to meaningful ageing

In order for me to establish a theoretical basis for the proposed approach various perspectives of the late-twentieth century in the practical theology were critically analysed. Positive and relevant elements were noted as a basis theory on which the proposed approach and the practical implementation thereof could be founded:

- Forgiveness of sin does form a particular element of pastoral involvement, specifically in the presence of guilt feelings (Kerygmatic approach of Thurneysen, 1963). The pastoral message to the ageing person should however also proclaim transcendence of hope and meaning whilst experiencing a process of physical and mental decline (Louw 2013:51).

- Pastoral involvement with older people compels the pastor to gain and apply knowledge and techniques applied by psycho-social sciences (Hiltner, 1958) as well as gerontological theories and knowledge to pastoral work. The pastor also needs to be shepherd and "interpretative leader" (De Jongh van Arkel: 2000:157) of the eschatological message of healing, hope and meaning in life into the relevant context of the ageing person.

- Although the Bible forms the core of any pastoral involvement with people, a Bible-only approach such as (Adams, 1979a:xiii) runs the risk of neglecting the particular needs of older people. Approaches and knowledge of psycho-social and gerontological sciences contribute to knowledgeable and meaningful pastoring the elderly and ageing.

- Bridging the bi-polarity between revelation and experience in the relations between God and man as well as pastor-client relationship assists the pastor to adopt a holistic approach to older people. In the context of their world, ageing people do experience alienation, anxiety and guilt and are in the need of growth and self-fulfilment as religious being (Heitink, 1977).

- Caring for and ministering to the ageing person, a pastoral approach is needed to express and transcend meaningfulness of ageing even in the presence of the often painful reality of physical and mental deterioration. The *promissio* pastoral therapeutic approach (Louw, 1999) fulfils this requirement. In this study I opted for an approach to ageing, which perceives ageing from a perspective of life and not primarily form a perspective of death and dying. Louw's *promissio* therapy (1999:518-520) provides an essential link between these two perspectives. This ageing-and-life approach does not exclude the inescapable reality of man's mortality. Death does not happen outside the dominion of God. Therefore the fear of death has to be dealt with in pastoral therapy by caring for life (Louw, 2008:541-542). This approach also contains a preventative element in the pastorate, which is aimed at the growing of faith. It enables the ageing person to cope constructively with ageing related crises. It is particularly founded upon Biblical promises of hope understood from the perspective of the resurrection of Christ (Louw, 1999:517).

7.2.1.2 The relevance of context to an approach of meaningful ageing

Literature research indicates the need to understand ageing and the ageing person in context of a person's process of development over their full lifespan. Context has a uniqueness attached to a particular situation, which also reflects on the church as faith community. The church is spiritually equipped to act as communal context of a caring community for the ageing and the pastorate to care as ministry and support for the elderly (De Jongh van Arkel, 2000:153-154). The present cohort of the post-world war generation has been exposed to a particular South African context, which had a serious impact on the present generation of ageing people and which has to be kept in mind during the pastorate with the ageing. In the South Africans context, people have been exposed to a variety of changes and challenges (Kingma & Lotter, 2002:309-328). For the purpose of this study on meaningful ageing, a number of challenges which are of specific relevance to older people have been noted in the literature study. These should be considered in a pastorate with the purpose of motivating and guiding older persons to a meaningful life to the end of life. To implement a comprehensive senior adult ministry will find that many of these contextual matters have impacted positively of negatively on the lives of ageing South Africans. Matters such as the political transformation since 1994 and new culture of human rights, change in systems of faith, pressure on families, violence and crime, withdrawal from public life, poverty, to mention a few factors, do have consequences for a pastorate with ageing persons (Kingma & Lotter, 2002:309).

- A large proportion of the cohort of ageing people moving into retirement and post-retirement had been affected by the so called Border War and the compelled national service for white South African males between 1967 and 1994 (Baines, 2009:22). Literature revealed the emotional cost of this border war to many people who are now approaching later life. It is anticipated that large numbers of ex-soldiers have been left with psychological wounds (Connell, *et al.*, 2013:431,433).

- Another important characteristic in the South African context which has a serious emotional impact relates to the large number of people emigrating to other countries, leaving elderly parents behind. It is estimated that in 2003 16,165 South Africans have left the country (Minnaar, *et al.*, 2014:855) 853-865; Taken the emotional impacts on ageing parents into account, a comprehensive gerontological-pastoral approach to ageing should be aware of this context of this South African ageing cohort (Marchetti-Mercer, 2012:243-254; Minnaar, *et al.*, 2014:853-865; Van der Merwe, 2015:1-9).

- The role of the local church as family of believers is an important system in the lives of ageing persons (Bevans, 2011:11-17). The change in ministry models, influence of modernity and praise and worship are only a few matters often impacting on ageing persons' experience of the local church (MacDonald, 2007). The changing demographic context of the church of which participants were members, is reflected in the decline of membership. The church relevant to this study declined in membership from 992 adults and children in 2012 to 483 adults and children in 2017 (Jaarboek, 2012:251; 2017:232). The declining trend, although not in the same proportion, relates to the membership numbers of the Dutch Reformed Church nationally. In 2012 the total adult members were 880,821 which declined to 725,845 in 2017 (Jaarboek, 2012:421-424; 2017:430-435). At the same time the general membership indicates a trend of an ageing population. Since 1985, members older than 60 years increased by 10% (Schoeman, 2011:482). These trends increase the need for the church to take the ageing population demographics into consideration. It should motivate church leadership to develop and introduce a comprehensive and relevant senior adult ministry for ageing persons regardless of the decline in church membership.

- In 2015 the General Synod of the Dutch Reformed Church in South Africa decided to acknowledge same-sex relationships and civil unions. This resolution also opened the door for persons of gay and lesbian sexual orientation to the ministry (Minutes of General Synod, 2015:28-29). This resolution was followed by a new resolution in 2016, which reversed the 2015 resolution (Minutes of the General Synod, 2016:73-74). The opposing resolutions created division and uncertainties among people of gay and lesbian orientation as well as in their families. This was reflected in the narrative of at least one individual and a married couple

who participated in the empirical research of this study. In both instances the resolution led to uncertainty within the family system as well as participants' relationship with the church.

7.2.1.3 Relevance of meaning in ageing

The central emphasis in the pastoral approach proposed in this study was the creation, sustaining and increasing of meaning in the lives of ageing people amidst the presence of ageing-related challenges. Ageing is included in God's intended plan for human beings. People are important to God and they are valued irrespective of age (Van Tatenove, 1995:419).

A detailed report on the literature research on various aspects of meaning had been provided in Chapter 4 Section 4.2. In brief, a practical implementation of meaningfulness in the lives of ageing persons through pastoral programming and intervention should focus on the following defined contents of meaning:

- Experience or sense of meaning is irrespective of aging challenges of ageing person.
- Meaning-making strives to create or add meaning to the lives of others.
- Search for meaning in later life and serving the Kingdom of God through a meaningful relationship with God and others.

The *Imago Dei* principle also applies to ageing people and guides them in ageing as a sacred journey. This principle should therefore be central in the pastorate which guides the elderly to meaningfulness to the end of life. In brief a comprehensive pastorate to the ageing person should take the following into consideration:

- Meaning in life is essentially concrete and substantial and more than a mere vague idea (Frankl, 2007:97)
- There is a relation between the role of religion and the sense of meaning and purpose in life. (Galek *et al.,* 2015:2)
- Personal faith in later life takes on new meanings in the learning process of coping with stress and illness (Moody, 2006:109).
- Religion as meaning system is unique. Religion is founded on the concept of a higher power with the potential to become significant in people's lives. Religion prevails when all other personal belief systems fail under stress (Marston, 2010:332).
- The local church is an extended context in which meaning, sense, significance and purpose is made and continually searched for throughout the lifespan (Atchley, 2008:14).

- Meaning in the lives of elderly people who have been mentally impaired due to age-related condition such as dementia requires meaningful engagement from the pastorate in terms of spiritual support and guidance (Phinney, 2011:266).
- The ageing person should be guided to meaningfulness although they cannot escape the normal age-related crises of mental impairment on the journey into later years. (Phinney, 2011:254-268). Even in frailty there is meaning when frailty is considered as spiritual phenomenon offering an opportunity in which the individual experiences transcendence despite dependence (Louw, 2008:496).
- Purpose or meaning which decrease with age, relates significantly and positively with extraversion. An ageing person's relationship with God is strengthened through worship, prayers and attending church. The church and the relational setting in terms of group activities which the church could provide for could play an important role to increase meaning of life for at least some elderly people (Jewell, 2010:138-161).
- It must be recognised that some older persons do not want to be burdened with stressful tasks which they are not able to perform anymore. This also applies when they move into a care facility (Brasie, 2003:61). They should not be pastorally neglected, but be guided not to develop feelings of guilt when they make decisions to scale down on religious activities.
- Many elderly persons experience the process of ageing as a process of loss and doubt (Durand, 2010:13) and the church should create an environment in which older persons could air these doubts and find spiritual encouragement which would lift their sense of spiritual meaning in ageing. Meaning and the search for meaning in relation to religion has a strong focus on the ability to cope with crises such as loss (Park, 2005:707-729).

7.2.1.4 Relevance of motivation and life management as pastoral element in life management

7.2.1.4.1 Motivation as pastoral element

As was discussed in Section 5.2.3.1, the proposed approach of this study intended to motivate the ageing person from a gerontological-pastoral perspective to manage the typical ageing-related challenges on the ageing journey, to a meaningful life to the end of life. Literature indicates that ageing impacts on a person's motivation in the ageing process (Czaza & Sharit, 2013:91). Influences which relate to selected losses marking ageing such as cognitive, intellectual and physical losses impacts on the ageing person's motivation. Contrary to early adult motivation, which strongly focuses on achievement of goals, later age motivation is more focused on social interactions (Czaza & Sharit,

2013:91). For a comprehensive pastorate in congregational context this shift in motivation is of importance from a perspective of the church being a socially caring society.

The literature research indicated the value added by the positive psychology to this approach. In a comprehensive senior adult ministry the value added by positive psychology provides a new focus on abilities and potential of ageing people. It assists the ageing person to define meaning not only from a wealth of beauty perspective. Meaning becomes apparent in terms of fulfilment through positive connections to others and the ability to manage personal qualities to holistic well-being (Compton, 2005:6-7). Pastoral motivation is supported and strengthened by the Biblical message of hope which is intrinsically based in the resurrection of Christ (Louw, 2008:238).

7.2.1.4.2 Life management as pastoral element

Closely related to the element of motivation is the element of life management. Using the term 'life management' in this study does not refer to life coaching psychology which is a scientific sub-discipline of positive psychology (Grant, 2011:84). I intentionally also do not use the term 'planning' for the obvious reason that planning in later life in all dimensions of life becomes progressively difficult and limited, if not impossible. The journey of ageing into later life is a journey marked by challenges which are largely comprised of losses and uncertainties on physical, emotional, social as well as spiritual dimensions. From an executive corporate world perspective, one can be controlled by ageing in seven dimensions: physical, mentally, emotionally, spiritually, relationally, career lifecycle ageing and world view/experience ageing. These dimensions shape behaviour, including quality of decisions and actions (Hosking, 2014:48). Ageing losses and uncertainties cannot be planned, but from a positive pastoral perspective it could be managed. This is necessary in order to search for meaning despite the known ageing-related challenges. In a balanced ageing life, humour, nostalgia and faith help to cope with challenges (Durand, 2010:16-17). The Reformed Christian believer could find ultimate comfort and certainty in the Biblical indication that faith is not a human fabrication or anchored from within, but a given from God (Durand: 2010:43-57). Faith in hope transcends late life challenges. The pastorate involved with a comprehensive senior adult ministry is tasked to equip the ageing person with knowledge and coping advice. They should be guided to find meaningfulness despite the experienced losses. Examples of pastoral and psychological preparation for expected consequences of serious emotional loss have been indicated: the crises of children emigrating or the loss of a spouse (Marchetti-Mecer, 2012:252). In terms of positive psychology, life management relates closely to the level of self-efficacy creating the ability to better coping with stressful events in life (Moneta, 2014:62). Being equipped and strengthened by the pastoral message of hope puts the

ageing person is in a better position to find and grow in meaningfulness midst the increasing challenges of ageing.

7.2.1.5 Relevance of wholeness in ageing and well-being in the pastorate

The need to view the ageing person from a holistic perspective is of crucial importance to the proposed pastoral approach to meaningfulness in ageing. Considering the older person in pastoral context, requires a holistic perspective. A pastoral approach to well-being and meaningfulness in ageing should focus on physical, mental, social as well as spiritual dimensions of functioning as an inherent part of life. The pastoral approach should offer a variety and wider choice of programmes which should not only deal with filling of time but rather focus on fulfilment of time (Louw, 2008:505-506).

7.2.1.5.1 Physical well-being in the pastorate

The literature research indicated that physical well-being and meaningfulness is currently believed to largely depend on two aspects in terms of caring for one's body. Physical well-being in late life is firstly determined in earlier life through lifestyle choices made over the lifespan. Making healthy choices regarding habits of excess alcohol usage and avoiding the habit of smoking is general knowledge. Hosking, (2014:48), with reference to persons in executive positions in the corporate environment, indicated that by controlling ageing in all dimensions of life though healthy lifestyle choices, could add 10-20 years to the executive's body, mind and emotions. One of very few measures one can take to prevent conditions like dementia and Alzheimer-dementia is exercise (Hanson, 2010:42-44). From a theological perspective ownership of our body belongs to God (I Corinthians 6:19-20). Honouring God implies making the right and wise decisions regarding our bodies. Secondly, in addition to healthy life choices, it should be inclusive of a comprehensive and responsible senior adult ministry to provide knowledge on healthy living. It should also pay attention, advocate and secure health and fitness in congregational programming. From a pastoral perspective ageing people should be guided to understand that holistic well-being and meaningful ageing in principle starts from within a God-given body that should be nurtured and cared for.

7.2.1.5.2 Emotional or psychological well-being in the pastorate

The literature research reflected on a variety of mental health problems typically awaiting ageing people. These problems affect an ageing person's well-being. It poses a challenge to a comprehensive pastoral approach to take cognisance of such conditions. The pastorate and the context of the local church as relevant ecological system of the ageing person's functioning, fulfils

the need for support and sharing (De Wet, 2010:65). The faith community is highly cohesive in terms of a strong spiritual and emotional support, which results in a deeper personal relationship with God. This strengthened connectedness with God develops a new sense of optimism and well-being (Krause, 2002:S333).

The literature research particularly focused on two areas of concern. First is the alarming increasing statistics on the prevalence of dementia in South Africa. It became evident from the literature study that due to increased cost of institutional frail care, the focus on home care for persons with dementia will be continue to grow in importance in future. The reality in South Africa is a burdened healthcare system, with a lack of resources and professionals in the public sector. Long-term home based care for persons with dementia falls largely upon family members (Deist & Greeff, 2017:127). Another aspect emphasised was the need for a more focused ministry, not only to the patient with dementia, but in particular to the caregiver of dementia patients. Research indicates that the pastorate needs to focus on the special needs on the spouse as caregiver. Research indentified a number of particular stressors, impacting on the psychological well-being of the caregiver (Potgieter & Heyns, 2006:560-561). A comprehensive pastoral program in congregational context should therefore include a focus on caregivers. Spousal caregivers and grief counselling in particular, needs special pastoral attention (Potgieter, *et al.*, 2007).

A second area of concern which was reflected upon in literature as well as the empirical research had been the serious problem of substance addiction and abuse in later life. The proposed approach to meaningful ageing should pay special attention to this aspect due to the negative impact it has on the psycho-social well-being of the individual as well as the family system. The task of preventative conscious-raising, empowering older adults, awareness-raising and the spiritual guidance of those with dependency problems should take high priority (Albers, 2003:229-237).

Both these areas in the pastorate require specialised knowledge. The comprehensive ministry could make invaluable gerontological contributions by acquiring expert services of persons equipped to share knowledge and awareness with the ageing community as well as their caregivers.

7.2.1.5.3 Social well-being in the pastorate

In brief, a comprehensive gerontological-pastoral approach to social well-being in ageing is challenged with various points of particular focus. An outstanding aspect of social well-being in the literature as well as the empirical research focused on the cohort experiences share by ageing persons (Settersten, 2002:60-62).

- Two major areas were presented as outstanding in the South African context. In the literature as well as empirical research the prominent areas were: The Border War and the emigration of large numbers of younger people, leaving their ageing parents behind. The pastorate is challenged to support ageing persons in terms of loss of friends and family and is well positioned in fulfilling an important role to assist ageing persons of this cohort in finding support in groups and new friendships.
- Adaptation to retirement without a particular intension to search for meaningful ageing also emerged in the empirical research of this study.
- Many opportunities are offered to pastorate to engage with meaningful and holistic leisure programs for ageing member of the church in order to stay engaged for as long as possible (Moody, 2006:115).
- During a life of losses, in particular losing old friendships through passing of friends the pastorate is well positioned to enable new systems of friendship and support to be established. Establishing interest and support groups provide support in various forms, such as support in the event of illness, financial concerns, emotional support when necessary and simply spending time together. Congregational-based social networking offers reciprocal exchange, providing balanced opportunities to giving and receiving of support (Erber, 2010:271-272).

7.2.1.5.4 Spiritual well-being in the pastorate

The empirical study concluded that the pastorate is in an exceptionally privileged position to access the homes and lives of church members. Literature research left little doubt regarding the significant impact religion and spirituality has in the life of a believing late life person. The pastorate caring for and guiding older people has the perfect opportunity to contribute to spiritual well-being in particular. Relevant needs of the ageing person refer to late life as a normal period in the lifespan in which losses are prominent. The literature research provided important information about the typical and particular spiritual needs of ageing people to cope with such losses, grief and bereavement. A comprehensive pastoral approach with a focus on the value of spiritual well-being (Compton, 2005:198-200):

- Creates a special kind of social support in the church as Body of Christ.
- Assist ageing persons in continued healthy life choices and lifestyle.
- Fosters religious dedication and commitment to meaningfulness in ageing.
- Provides opportunities to meaning-making, being of benefit to others.

- Empower ageing persons with unique coping strategies of hope which transcends the deterioration of age.

7.3 A comprehensive senior adult ministry: A proposed approach

7.3.1 Introduction

The purpose of this study had been to finally propose a gerontological-pastoral approach which would provide the pastorate with a framework to a comprehensive senior adult ministry. The focus of the ministry is to guide ageing persons in a church-based environment to a meaningful journey of ageing. The pastorate should be in a position to empower older persons with abilities to cope with ageing-related challenges without sacrificing the privilege to continued meaningfulness in life. This includes life as frail elderly (Hanson, 2010:xii).

7.3.2 Relevance of a congregational-based approach

The "Body of Christ" (Romans 12:4-8; I Corinthians 12:12-31) includes all generations. The church as congregation of fellow believers is well positioned to execute a comprehensive ministry to the ageing person. The church is blessed with the availability of charismata (spiritual gifts) given to all, to benefit all (I Corinthians 12:7). A church-related approach should relate to both wholeness of the ageing person and the inclusive well-being in all dimensions of their being. In the discourse on the relation of the pastorate to the church, it is recognised that the pastorate has a particular role to fulfil as congregational pastorate. Pastoral counselling in congregational context has an essential place in the fundamental need of members to construct a personal narrative, which includes the faith community as context (Capps, 1998: viii; De Jongh van Arkel, 2000:158).

A congregational context of programs for ageing persons operates from two environments: an external and an internal environment (Seeber, 1995:253-269). The external congregational environment includes the social environment in which the congregation is situated. For the purpose of this study and this proposed approach, the external environment is important as it is socially interrelated. This proposal should not be viewed from a congregational-isolated approach. This proposal implies that the church program could relate to other churches, denominations, institutional facilities for ageing persons in the area, as well as individuals in the area who could benefit from the program. The church needs not deviate from or sacrifice its doctrinal roots when serving the church as spiritual family as part of its ecological system. This is possible as the church secondly has an internal context or environment with a denominational identity, its own customs and rituals which add particular spiritual value to believers who are part of the spiritual family. As an example, there is no

reason why a support group for dementia caregivers or informational/educational programs should exclude individuals in the social environment. To the contrary, it is a practical manner of sharing the love of Christ to the world in which the church is situated. Ageing has no borders. Nor should the helping hand of the pastorate have.

7.3.3   Senior adult managed ministry as opposed to a pastor-driven ministry

Gerontological literature on senior adult ministry congregational context emphasise the ageism affected ministry which perceives senior adults mainly as ministry objects (Knapp, 2003:20; Houston & Parker, 2011:32). The church forfeits the significant role ageing persons could fulfil when it neglects senior adults as huge untapped human resource (Hanson, 2010:3). The proposed approach's intended purpose is to make use of the resource of ageing persons and to change their own attitude of being served or ministered *to* into an attitude of being servants themselves. In times when financial sustainability of a congregation becomes a concern, a senior adult managed ministry could replace a fulltime minister dedicated to senior ministry.

7.3.4   Focus groups

People are generally not interested to be associated with a ministry to "old people". The reality of ageism (stereotyping of older persons) may be the basic reason for this attitude. It is strengthened in a congregational senior adult ministry where all senior adults are viewed as a homogenous group. The literature research of this study indicated that in terms of adult development ageing could be distinguished and categorised in different ways (Fisher & Simmons, 2007:18-21; Louw & Louw, 2009:5-6; Whitbourne, 2005:8-9). The different distinctions recognise the difficulties in viewing ageing persons as a homogenous group. In selecting participants for the empirical research of this study, the distinction between four groups in the ageing community of the church proved to be practical and logic. This prevents the older members of the church being referred to in terms of one denominator. Naming the groups also refrains from mentioning chronological age numbers. Although ageing persons share similarities across life stages, they could be categorised in terms differences in life aspects such as retirement and health status. Literature also indicated the negativity contained in references that could be describes as ageism and stereotyping.

The following stages or categories are distinguishable and are advised for a comprehensive senior adult ministry:

- Persons approaching retirement (irrespective of a person's retirement age, and preferably ten years before retirement).

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- Persons recently retired but still economically active (following a secondary career/part-time work).
- Persons retired and not working, but socially active.
- Persons housebound or bedridden as a result of ageing-related restrictions.

Difference in groups and their context provides the reason why a relevant pastoral approach to each of the groups should be adopted in the senior adult ministry. It will become clear that differentiating between groups does not necessarily imply differences in pastoral contents, but merely differences in approaches. Referring to a senior adult ministry therefore does not imply one homogenous group, but a differentiated ministry approach. The value and advantage of this concept is that persons approaching retirement are not threatened by the idea of being associated with "old people".

A significant reason for distinguishing different groupings in the ageing community is pertained in the pastoral approach to ageing persons of different categories. Addressing people who are approaching retirement cannot be done similarly to housebounded and bedridden people. Not only are their needs different, their context in life separates them from persons who have already retired. The same message will often have to be translated in different context. Persons approaching retirement during the last ten years of working life will find it difficult to attend midweek meetings; a business breakfast might be much more relevant to their circumstances.

7.3.5   Holistic approach

Of particular significance to a comprehensive approach to ageing in congregational context is a holistic framework. The approach follows the gerontological perspective to ageing from a multi-dimensional view, which includes physical, mental, social as well as spiritual aspects of a person's being. This implies that programs are inclusive and reflect on all dimensions of ageing. The pastorate promotes an ageing person's well-being as a whole person from a Biblical perspective. The need and urgency to manage one's ageing in terms of healthy life decisions is not only based on general truths, but on a Biblical responsibility to take body, mind and social circumstances into account as *Imago Dei.*

7.3.6 From general group to individual intervention
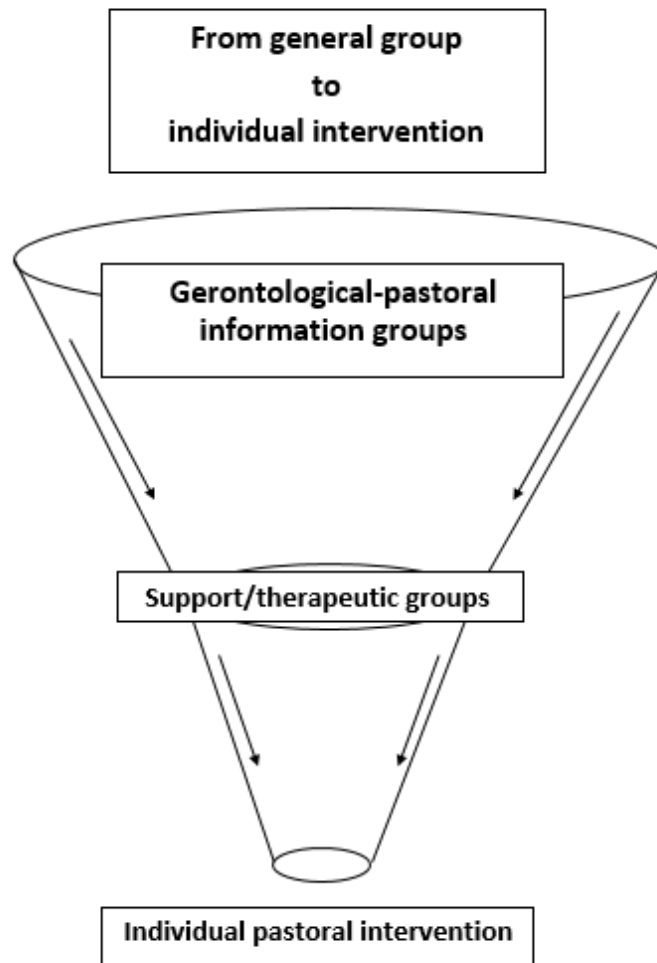
Figure 7.1

All the participants in the empirical research of this study had been members of the church associated with this study and they actively participated in religious activities. These activities included church services, Bible studies and routine contact with the pastorate. Notwithstanding their active involvement with the church and its general ministry, research disclosed a variety of concerning aspects from all the participants. The concerns related to physical, emotional, social and spiritual dimensions, which have already impacted or would in future impact negatively on their well-being in the ageing process. The question arose as to why this happened. The findings of this qualitative study cannot be generalised. The question could however be posed if this is relevant to 11 participants, could pastorate assume that among a large number of ageing persons, a substantial number would have shared similar experiences? Is there a way in which the pastorate of the particular

church or any other church can prevent ageing persons from progressing on the journey of ageing with unresolved predicaments impacting on their well-being in ageing? It is not practically possible for a pastor to detect and resolve such obstacles in the life of every individual ageing person. It is obvious from the empirical research that the routine pastorate involvement with people does not necessarily initiate pastoral intervention even if necessary as indicated in this study.

A comprehensive holistic approach in the pastorate could assist in preventing people from growing older with unresolved emotional and other concerns. The approach proposed is to operate from a general group level, a support or therapeutic level to individual intervention level.

7.3.6.1 Open gerontological-pastoral informational groups

Informational groups and even therapeutic groups for ageing people is not a new idea. Since the latter half of the previous century the idea of informational and therapy group work have been practiced. The particular focus had been on elderly persons in mental health programs (Griffin & Waller, 1985:261-271). Recently the value of spiritual group therapy to Alzheimer caregivers had positively been reported on. Research indicated that such groups did not only support, but also empowered caregivers in their task with Alzheimer patients and could ease the burden of the disease on caregivers (Behrouz *et al.*, 2017:272). Although the mentioned groups are more therapeutic intended, informational groups serve a dual purpose. A church which is interrelated with the environment could at the same time serve and benefit from the community in which it is situated. If there are retirement villages or care facilities in the area, good relations could be established by making use of the professional experts involved with institutions in the community to participate in the informational programs and groups. In return the pastoral service and voluntary services mobilized by the church could benefit age care facilities and create good relations with the local community.

From the literature research as well as the empirical research, a list of gerontological holistic topics that could be considered is provided in 7.3.7.4.2.6 below.

7.3.6.2 Support or therapeutic groups

When facilitated by a qualified clinical therapist these groups could be therapy groups. Joubert, *et al.*, (2004:101) indicated the possibility of psychological therapy groups in local churches. Religious activities such as prayer groups have been positively identified in psychological and spiritual growth.

The groups need however not be therapy groups but rather "therapeutic" as the name indicates. The effect of the group's activities is of therapeutic value and has healing power. (Morgan, 2003:159-160). The support or therapeutic group serves as platform from which persons who are involved with or affected by aspects discussed in larger groups could be accommodated in smaller therapeutic or support groups. These groups can be utilised for a variety of purposes (Capuzzi & Gross, 1980:206-211):

- Reality orientation groups: assisting individuals who are disorientated in terms of date, time, persons and places.
- Remotivation therapy groups: stimulating ageing persons who have lost interest in the present or the future.
- Reminiscing groups: enhancing a cohort effect and assisting ageing persons to socialise through narratives and memories.
- Psychotherapy of pastoral therapy groups: in pastoral therapy this group meeting could provide in assisting persons to resolve feelings of guilt and finding forgiveness and healing.
- Topic-specific and member-specific groups: music groups, poetry groups, reading groups, health related groups, which could be facilitated by professional geriatric nursing staff.
- With reference to this study, in addition to the aforementioned groups, spiritual growth groups could be implemented with special focus on meaningful ageing from Biblical perspective.

These groups provide in a wide variety of needs, which could be addressed in a pastoral-therapeutic context. It offers the opportunity to resolve any concern which would potentially impedes an ageing person's well-being in any holistic dimension of life. Therapeutic or support groups will importantly indicate if a person needs a more personal intervention. This is when the pastor with the ability and knowledge to intervene pastorally gets involved, to the benefit of the individual. In following a pastoral reference route from informational groups to individual pastoral counselling, pastor and counselee are able to reach a point of meaningful, time saving and optimal assistance.

7.3.6.3 Service rendering groups

This proposed approach is meant to involve senior adults in the ministry. After the needs of the senior adults in the church have been identified, action groups should come into place to address the identified needs. Action groups form the heart of an involved senior adult ministry. Examples of such groups could be:

- Visiting of housebound and bedridden elderly.

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- Support group for caregivers.
- Transport provision for the elderly without transport.
- Factotum services to assist elderly in routine maintenance tasks.
- Bible study and care groups meeting on routinely.
- Food supply groups – providing in the needs of persons who experience difficulties in preparation of food.
- Celebration groups – remembering birthdays, anniversaries, and religious celebrations.
- Routine visiting groups to all persons in the senior adult ministry, or elderly persons in certain age groups (for example 85 and older)

7.3.6.4 Individual pastoral intervention

Ample practical theological literature on pastoral counselling theories and methods is available. It is not within the framework of this study to provide the pastor with a lengthy study on the area of counselling in congregational context. After analysing and reporting on the practicality of the empirical research of this study, I can however positively recommend the procedures, instruments and pastoral approaches used in this study for use in individual pastoral intervention. It fully complied with the needs and the aims of the study. The approach adopted in this research succeeded to unveil sufficient and relevant data from a person's narrative. It enables the pastor and counselee to identify clear markers impeding or increasing meaningfulness in ageing. Within a relatively short time, interviews could be completed and planning for follow-up meetings or referrals could be finalised. In the reality of a congregational ministry with ageing persons, this intervention can rely upon methods and material which puts theory into practice.

The individual who ends up in pastoral consultation and intervention follows a process of the person attending informational groups as well as a support or therapeutic group. The person is someone who did not get all the answers or did not benefit from the group's support or therapy. The person needs individual attention to grow from impediments in later life meaningfulness to meaning-making and well-being, which transcends late life crises and discomfort.

7.3.6.4.1   Semi-structured interviews

The purpose of the semi-structured research interviews, based on principles and practice of a narrative approach, had been to assist participants not only in telling their stories. It was particularly aimed at capturing incidents, developments, transitions and experiences over their life course, which impact on their sense of meaning at present, and which prevent them from searching for meaning in

the future ageing process to the end of life. Using semi-structured interviews in research proved to put less pressure on the counsellor to remain within the barriers of structured questions. Yet, the structured aspect of semi-structured interviews is contained in the particular purpose to detect and observe matters in the narrative influencing the meaningfulness in ageing. It also allows for pastoral intervention as and when needed.

7.3.6.4.2   Narrative

Without repeating what previously have been said, the value of the narrative approach in pastoral intervention is to allow the counselee to tell their personal story. It allows for the pastor assisting the counselee to review their narrative and perceive their stories against the background of God's narrative.

7.3.6.4.3   PIL and SONG

The PIL and SONG (Crumbauch, 1977; Crumbauch & Maholick, 1969) used to indicate the presence of meaning and desire to search for meaning are helpful but not decisive in the intervention. It indicates areas of concern or positive indicators, which could be considered in giving direction to ageing persons' search for meaning in ageing.

7.3.6.4.4   Genogram and the General Systems Theory (GST)

Making use of the genogram in pastoral interviewing presents the pastor and counselee with a three-generation family map, guiding the narrator through visualised detail to explore the influences, invisible family rules, and quality of interaction and relationships in family systems (Gordon, *et al.*, 2005:16-17; Muller, 2000:82). To the pastor this is a most helpful instrument to observe markers which negatively or positively impact on meaningfulness in the ageing person's life. The "bird's-eye-view" (Van Niekerk, *et al.*, 2006:475-476) offered by the genogram.

7.3.6.4.5   Past, present and future in meaningful ageing

As was indicated in Section 5.5, a holistic approach to ageing is also concerned with the ageing person's sense of meaning with regards to the past, the present and the future. It is important to deal with unresolved thoughts and emotions as well as ungrieved losses of the past. The ageing person should also find contentedness with the present and positively approach the future and eternal life as victorious life in hope.

7.3.6.4.6 Pastorate and focused theological pastoral approach

Various pastoral approaches were researched in the literature study. On final analysis it had been concluded that the Bible as basis in pastorate with the ageing is not negotiable. A Bible-only approach in pastorate would however not suffice. It is imperative that knowledge and methods of other gerontological and in particular social sciences be acknowledged and applied in a comprehensive pastoral approach in ageing. The pastorate in all focus groups as proposed in this study has one central message. Throughout the journey of ageing, the Biblical message of hope transcends all challenges of ageing. It transforms mortality into eternity and meaninglessness into meaning based on hope in the risen Christ.

7.3.7 Managing a well-structured senior adult ministry

A comprehensive senior adult ministry is meant to be a stable, well established ministry. It should be focused on the well-being of senior adults but should not function in isolation from the rest of the spiritual family. It should also positively interrelate with the local community and other churches in which the congregation is situated. The leadership should be well managed by leadership comprised of senior adult leaders. The programs of a comprehensive senior adult ministry should include continued informational aspects on holistic gerontological knowledge (Seeber, 2003:255-256).

The comprehensive approach as proposed does not exclude the role of a minister of senior adult leader to champion the ministry. It does however allow the congregation to minister in relation with a growing percentage of ageing persons in the church. The church needs not appoint a fulltime minister for the purpose. In order to ensure the success of the ministry, the minister or leader who champions a senior adult ministry should however have some definite characteristics (Hanson, 2010:115-119):

- An unquenchable passion for senior adult ministry and senior adults. This will keep the person focused on the task. The task is much more than caring for the sick or organising activities for older people. The person must engage in using senior adults' gifts, experiences and talents for the sake of Christ.
- Some churches prefer not to put people in categories. I this situation any or all of the ministers, irrespective of age, should have a passionate heart to seeing a young adult and an older adult the same in terms of the ministry. Some successful senior adult ministries have been championed by former youth ministers. Taking the basis theory which had been discussed in this study into account, this might be difficult and a designated leader might be preferable.
- If a retired minister or an older leader be commissioned for the task, it is important that the designated leader-champion should not follow their own ideas or older models of a senior

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ministry in mind. If a church has spent time in dreaming and developing a comprehensive ministry, this should be followed and achieved. As long as a person is knowledgeable and passionate, a ministry should succeed.

- A leader should be knowledgeable of the gerontology and pastorate in order to establish a ministry which really make a difference in people's experience of meaningful ageing from a holistic perspective.

A successful leader of the comprehensive senior adult ministry will ensure that the ministry continues after his or her departure. The senior adult ministry is not about the leader, it is about the senior adults.

7.3.7.1   The principle: involved senior adults

One of the prominent features in literature on senior adult ministry is the overwhelming complaint that programs are focused on senior adults as objects of the ministry and not as participants, inclusive in the ministry. This has been discussed before. In programming of senior adults it suffices to articulate the necessity of senior adult participation in the ministry. The senior adult ministry should be marked by senior adult leadership, participation and benefit and become a ministry *with* and *by* the older adults.

7.3.7.2   Intergenerational ministry

The Bible does not mention the word "intergenerational". The experience of faith, symbols and celebrations in the Bible are noticeably intergenerational. Celebration of the Passover and the Body of Christ metaphor provides an indication of the intergenerational nature of Bible-based faith (Knapp, 2003:28-32). An intergenerational ministry is a challenging option when the ministry focuses on youth programs as well as a senior adult ministry. Intergenerational ministry brings meaningfulness to ageing persons as well as younger generations, in fact the entire congregation could benefit from an intergenerational approach. Activities such as adopt-a-grandparent programs for Sunday schools, assisting ageing persons in a wide variety of tasks and innovative church services could bring a new dimension to the church (Knutson, 2003:221). There are indications that intergenerational programs are challenging and often difficult to realise. The local church is however considered to be one area where connecting generations in intergenerational small groups could be successful and meaningful to all ages (Houston & Parker, 2011:159,161).

7.3.7.3   Gerontological empowerment

In the process of the empirical research of this study it was conspicuous that participants were unaware of the wealth of gerontological information and theories that could enrich an ageing person's life in meaningfulness and well-being. One of the major challenges in establishing a comprehensive senior adult ministry is the continued empowering of persons who participate. There are however always substantial percentage of ageing persons who will not be involved. To their benefit, a continued flow of educative information, publications and messages on ageing and all ageing-relevant physical and mental challenges, is the only way to create a greater awareness of gerontological topics and their role in well-being.

7.3.7.4   Suggested structure of a comprehensive senior adult ministry

In closing, it could be of value to suggest an example of a well-structured comprehensive approach to senior adult ministry. It should enhance meaningfulness in ageing irrespective of all the known ageing-related challenges. In this study this is merely an example as every church has its own identity, circumstances, composition and context. Applied to a particular context, these guidelines could be beneficial when applied in the context of a church.

7.3.7.4.1   Considering a comprehensive senior adult ministry

Leadership should consider a senior adult ministry on the basis of:

- Demographics of the church and its environment. Determine how the church could interrelate with existing institutions, programs or activities for ageing persons in the local community (e.g. a senior fitness group may already be functioning).
- Determining the needs of ageing persons in the church (for example the need of contact and a sense of belonging, visitation, social interaction, special needs regarding church services, the urge to be of value and service opportunities, caregivers of dementia or Alzheimer dementia patients).
- Availability of numbers and detail of ageing persons on church database.

7.3.7.4.2   Implementing a comprehensive senior adult ministry

7.3.7.4.2.1 Planning and forming an action committee

- The leadership must formally adopt a vision and resolution on the implementation of a senior adult ministry. They must be enthusiastic and take ownership.

- Leadership must provide for the budget of the senior adult ministry.
- Promote the vision of the leadership through announcements, leaflets, letters, social media (e-mails, WhatsApp, twitter, Facebook and Webpage).
- Appoint a leader (this may be any of the serving ministers, as designated emeritus or enthusiastic member of the church).
- Ensure that the designated leader is passionate, knowledgeable of gerontology and the pastorate.
- Making use of the database, compile lists of the four focus groups:
  - Persons approaching retirement (10 years prior to retirement).
  - Retired persons who are still earning an income.
  - Retired persons who are socially active.
  - Persons who are housebound or bedridden due to ageing-related conditions.
- Once a leader has been appointed, establish an Action (steering) Committee.
  - Make use of existing structures instead of creating new structure (many churches already have a limited senior adult ministry).
  - Incorporate the existing Social Committee.
  - Incorporate any activity or action already involved with some aspect of a senior adult ministry.
- Establish a Senior Adult Action Committee representing:
  - Activities or actions planned – ensure that they are represented on the Action (steering) Committee.
  - Volunteers visiting housebound and bedridden elderly.
  - Social committee responsible for focused outings. Outings or visits should not only be focused on social events, but also at broadening the perspectives and outlook of ageing persons.
- Four representatives of the focus groups and their program planning:
  - Persons approaching retirement.
  - Retired persons still economically active.
  - Retired persons socially active.
  - Housebound or bedridden elderly.
- A treasurer managing the Action Committee budget.
- Planning a program for the senior adult ministry should at all times be holistic, covering the elderly as whole person. Provide in planning for their:
  - physical well-being,
  - emotional well-being,

- o social well-being,
- o spiritual well-being.

- Interrelate with institutions, actions, activities and programs in the community. Do not work in isolation.

- Regarding the holistic pastoral program, follow the General group to individual intervention suggestions as discussed in Section 7.3.6.

7.3.7.4.2.2 General informational groups

- Present as least four general Informational groups per year, systematically rotating topics of physical, emotional, social and spiritual relevance.

- Obtain knowledgeable persons or experts to present the topics. This will ensure a high standard and correctness of content (A neurosurgeon is well equipped to talk about the human brain and deterioration with dementia. Likewise a gerontological or geriatric specialist is equally well equipped to discuss caregiving, as is a social worker to present topics in the social field of ageing and a specialised pastor to address specialised spiritual topics.

- Promote and advertise group events well in advance and ensure that the community surrounding the church is also informed.

7.3.7.4.2.3 Therapeutic groups and support groups

- These are not necessarily therapy groups facilitated by therapists but groups have therapeutic value. People attending benefit from the groups and find healing and support in terms of social support, shared experiences, comforting, building new support systems and spiritual strengthening.

- Examples of such support groups are:
  - o Groups for spousal caregivers for dementia patients, support groups for widowed spouses of dementia and Alzheimer Dementia patients.
  - o Support groups for elderly parents who are left behind after emigrations of their children.
  - o Support groups for ageing persons rehabilitated from substance addiction or abuse.
  - o Support groups for recently retired persons experiencing typical retirement-related losses on emotional, social, financial and religious dimensions.
  - o Spiritual support groups.

7.3.7.4.2.4 Individual pastoral intervention

- These are persons who do not find relevant answers or healing in therapeutic groups.
- The pastor should be equipped and knowledgeable in pastoral counselling the ageing persons and guide them to meaningfulness in their journey of ageing.
- Of specific importance in the pastoral inputs to a comprehensive ministry is the spiritual support of persons with dementia as well as the caregivers of dementia patients. (Refer to 5.3.3.4.2 Dementia and the pastorate.)

7.3.7.4.2.5 Activity or service groups

Central to the comprehensive senior adult ministry is the fact that the ministry is done *by* and *with* ageing persons, and in the situation of housebound and bedridden persons, *to* the ageing person. Characteristic of such groups indlude:

- When reaching out to housebound and bedridden persons it is imperative that participants are empowered by the ministry leader, pastor or knowledgeable person, to render a service which contributes to the well-being of the person visited.
- Ministering to the sick at home or when hospitalised, volunteers should be guided and equipped through skills training and knowledge.
- This is of particular importance when support is given to caregivers of dementia patients in order to relief them in their stressful task.
- Voluntary provision of meals could be done in consultation with a dietician familiar with special diets for frail elderly.
- Depending on a church's liturgical practice, volunteers could be authorised and equipped to share Holy Communion with housebound and bedridden persons. It is known that people suffering from Alzheimer-dementia benefit from sharing symbols and music (Stucky, 2003:75-76; Swinton, 2012:194-195). (Refer to 5.3.3.4.2: Dementia and the pastorate.)

7.3.7.4.2.6 Interest groups

Interest groups should be established in accordance with needs within the ageing community. These groups fulfil in the need of socialising and the need to share talents, interests and skills with persons with similar needs. These groups should not be initiated by the Action Committee but should develop from people's particular needs and interests. Examples are:

- Book and reading clubs
- Musical societies
- Poetry
- Needlework
- Knitting and crochet-work – for special projects and needs
- Cultural interests
- Scrapbooking
- Colouring
- Painting and sculpture
- Cross-cultural groups
- Chess or game clubs
- Baking and cooking
- Flower arrangement and gardeners
- World or international events/news discussion group
- Political analysis groups
- Brain stimulation
- Developing of electronic skills (computer and mobile phone literacy). Older adults are willing and able to learn (Czaza & Sharit, 2013:270).
- Digital games
- Travel and tourism clubs (international and national)
- Bible study groups.

7.3.7.4.3 Suggested holistic gerontological-pastoral topics for informational groups

The list below on possible holistic topics on well-being in ageing is not considered to be complete. It is merely an indication of possible topics. Topics suggested by Theron (2013:6-7) are marked with an asterisk * and are listed first in each section:

7.3.7.4.3.1 Physical well-being

- * Dealing with frailty (Louw, 2008:495-497)
- * Sexuality in ageing (Louw, 2008:513)
- Why do we grow old? - Gerontological theories on physical ageing
- What happens in my body when I grow old?
- The secrets to physical well-being and ageing

- Life management: Physical well-being – the one body God entrusted to you
- Dealing with typical ageing-related health conditions
- Healthy diets for the ageing person
- Ageing and physical fitness
- Biological ageing and health (Erber, 2010).

7.3.7.4.3.2 Emotional (mental) well-being

- * Dealing with grief (Aiken, 1995:390-397; Erber, 2010:367- 373)
- * The search for new identity in old age (Aiken, 1995:161)
- * Self-esteem (Erber, 2010:252)
- * Personal control (Erber, 2010:255–257).
- What is mental ageing?
- Ageing and memory
- Dementia:
  - What happens to the brain with dementia?
  - The dementia caregiver
  - The emotional journey of a spousal caregiver
- Life management: Emotional well-being
- Children and grandchildren, including unresolved interpersonal conflicts (Aiken, 1995:249, 378)
- Caregiving to older parents
- Substance addiction in ageing
- Brain and brain stimulation (use it or lose it)
- Depression
- Anxiety
- Dementia
- Spouses as dementia caregivers
- Parkinson's disease
- Sleeping disorders
- Forgive and being forgiven – an emotional perspective
- Dealing with the past
- Live the present
- Dream about tomorrow
- Restoring broken relationships

- The need for building new friendship systems in ageing.

7.3.7.4.3.3 Social well-being

- * Relationship with siblings (Erber, 2010:285)
- * Friendships (Erber, 2010:287–288)
- * Making sense of a changing society (Coleman, 1995:69)
- Life management: Social well-being
- The marital relationship and the occurrence of divorce (Erber, 2010:274, 375-376)
- Grandparenting (Hanson, 2010:52-68)
- Crises and joy of retirement
- Technology and ageing: threat of blessing?
- Emigration of children to foreign countries
- Relocation to retirement village
- Retirement accommodation options
- Marriage and remarriage in late life
- Intimacy and sexuality in later life
- Role of healthy relationships.

7.3.7.4.3.4 Spiritual well-being

- * The importance of religion and religious beliefs (Aiken, 1995:328–329, 372)
- * Successful ageing (Louw, 2008:499–502)
- Biblical understanding of ageing
- Life management: Spiritual well-being
- Coming to terms with the past, getting a grip on the present and dreaming about a meaningful future
- Coming to terms with life as it has been lived (Coleman, 1995:69)
- Guilt and feelings of guilt
- Forgive and being forgiven – a pastoral perspective
- Self-forgiveness
- Death, dying and spirituality
- Bereavement and grief in old age
- Grief counseling to widowed spouses with Alzheimer disease
- Life hereafter

- Meaningfulness in "eternal life"
- Older people and missions
- Late age and prayer
- Wisdom in ageing
- Ageing church members' opportunities in caring, visiting, comforting
- The role of symbols and celebration in later age well-being.

7.4   Future research

This study focused only on a small number of persons from the white lower middle class community in a relatively small church of a larger rural town of South Africa. This was the religious environment of which I formed part and which I had access to at the time. I am fully aware that this study for obvious reasons cannot contribute much to the larger black community of South Africa. To me this study created the awareness of the vast differences that prevail in the approach to ageing among different religions and cultural groups. In South Africa a vast process of urbanization is taking place, especially from the black rural communities into former white suburban areas. I propose further research into the perception of ageing amongst the black population in South Africa. Have the previously much valued perception of ageing persons as part of a strong extended family system changed? How do black elderly people now living in a typical westernised environment with nuclear families without the elderly, experience the changed ageing environment? How do ageing black persons cope in a changed context in the absence of supportive networks which they were used to, deprived of their social functions and roles (Lombard & Kruger, 2009:125)?

7.5   Conclusion

Gerontology has done much to help me understand the journey of ageing. Gerontology provides answers to many questions regarding the physical, mental and social side of ageing. When I ventured into this study I was boldly convinced that only theology holds the mysterious answer as to *why* we grow older. I was wrong. Gerontology teaches us in fine detail *how* we age and *what* happens to the ageing body, the ageing mind and our social setting. I still do not know *why* we grow older. Theology agrees with the gerontology that ageing is intrinsically part of life. I am more convinced than ever that the Bible does not primarily focus its message on death, dying and life hereafter. The Bible teaches us *how to live*. Gerontology and theology agree that well-being and meaning in all dimensions in life is possible as we age. Theology convinced me why meaning is holistically possible to the end of life. *It is because faith looks at life from beyond the end!*

I am convinced therefore, that the literature as well as the empirical research projects of this study can contribute towards a change in the pastoral approach to the elderly in congregations. I am satisfied that the pastorate is well positioned in terms of pastoral-therapeutic capacity to bring new hope and meaningfulness to the important but delicate last phase of older people's life. I am convinced that the pastorate can, by implementing relevant aspects of the proposed comprehensive approach, add a new dimension and contribution to gerontology's value and effect on grass root level in ageing people's lives – particularly because of the exclusive privileged access of the pastorate to the hearts and homes of God's elderly children. I am convinced that, in doing so, the elderly in the church need not feel excluded from a ministry that ignores their abilities but which includes them in a ministry, guiding them to manage their ageing to be hopeful and meaningful to the end of life.

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Appendix A Ethics approval

NORTH-WEST UNIVERSITY
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ETHICS APPROVAL OF PROJECT

The North-West University Research Ethics Regulatory Committee (NWU-RERC) hereby approves your project as indicated below. This implies that the NWU-RERC grants its permission that provided the special conditions specified below are met and pending any other authorisation that may be necessary, the project may be initiated, using the ethics number below.

Project title: Holistic motivational life management in ageing a gerontological-pastoral perspective.

Project Leader: Prof AR Brunsdon
Student: PL Moolman

Ethics number: N W U - 0 0 0 7 1 - 1 5 - A 9

Approval date: 2015-03-05   **Expiry date:** 2020-03-04

Special conditions of the approval (if any): None

General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following:

- The project leader (principle investigator) must report in the prescribed format to the NWU-RERC:
  - annually (or as otherwise requested) on the progress of the project;
  - without any delay in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project.
- The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes at the NWU-RERC. Would there be deviated from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.
- The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date, a new application must be made to the NWU-RERC and new approval received before or on the expiry date.
- In the interest of ethical responsibility the NWU-RERC retains the right to:
  - request access to any information or data at any time during the course or after completion of the project;
  - withdraw or postpone approval if:
    - any unethical principles or practices of the project are revealed or suspected,
    - it becomes apparent that any relevant information was withheld from the NWU-RERC or that information has been false or misrepresented,
    - the required annual report and reporting of adverse events was not done timely and accurately,
    - new institutional rules, national legislation or international conventions deem it necessary.

The Ethics Committee would like to remain at your service as scientist and researcher, and wishes you well with your project. Please do not hesitate to contact the Ethics Committee for any further enquiries or requests for assistance.

Yours sincerely

Linda du Plessis

Prof Linda du Plessis
Chair NWU Research Ethics Regulatory Committee (RERC)

Appendix B Informed consent

INFORMED CONSENT

Dear participant

You are kindly invited to take part in a research project (Doctoral Thesis), entitled HOLISTIC, MOTIVATIONAL LIFE MANAGEMENT IN AGEING: A GERONTOLOGICAL-PASTORAL PERSPECTIVE.

Researcher

Rev. Petrus Moolman, Minister of the Dutch Reformed Church LIGKRUIS, Mobile (27)82 452 5826.

Purpose

To further the Church's knowledge on the ministry to older persons and to contribute to the field of practical theology and pastoral care.

Participation in this study will involve

Scheduled interviews with couples of ages relevant to the study.

Risks and Discomforts

No risks or discomforts are associated with this project.

Confidentiality

Participants will have a choice of remaining anonymous in which case the study will just refer to "respondents". Information obtained via the research would be used for research purposes only. The research results will be presented in the format of a thesis that will be submitted to the North-West University, Mafikeng Campus, for examination and most probably will some of the findings be published in an accredited academic journal.

Withdrawal without Prejudice

Participation is voluntary and refusal to participate in this study will involve no penalty. Each participant is free to withdraw consent and discontinue participation at any given moment in time.

Costs or Payments

There will be no costs involved for taking part in this research study. No participant will receive any payment to participate in this research project.

Questions

Participants may contact Prof. Alfred Brunsdon (Alfred.Brunsdon@nwu.ac.za, 0825837018) with questions concerning this research study. Prof. Brunsdon acts as the supervisor for this research project.

Agreement

This agreement states that you have read and received a copy of this informed consent. Your signature below indicates that you understand the parameters of your participation and agree to take part in this research study.

Signature of Participant _____ Date _____

Participant's Name _____

Signature of Researcher _____ Date _____