



The Nurture of the Elderly: Aging and the Crisis of Meaning

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The elderly comprise one of the significant groups of people that pastors are called upon to nurture through ministry. Although older persons constitute 12% of our society, most religious denominations in the United States report that persons over the age of sixty-five make up more than 20% of their membership. More than half of the clergy's clinical pastoral work, David Moberg hypothesizes, is directly related to aging.¹ Ministers are obviously in a coveted strategic position to respond to the developmental needs and life cycle crises of the aged and their families. In providing pastoral care, they also have a unique opportunity to be facilitators and enablers of parish and community programs and services that nurture older adults.

With the dramatic increase in the longevity of older adults comes an increase not only in their numbers, but in their potential for trauma, illness, and mental and emotional problems. Consequently, knowledge about the salient issues of growing old and being old is a prerequisite for an effective pastoral care that fosters mental and spiritual health. Aging touches all of the basic questions of life. The biomedical paradigm that has dominated gerontology from its beginning has outlived its usefulness; it needs to be replaced by a paradigm with a wider frame of reference if the full range of questions evoked by the human phenomena of aging are to be examined. It is a *whole person*, with spiritual, physical, mental, and emotional dimensions, who is aging and aged. Insights from the medical and behavioral

¹David Moberg, "Aging and Theological Education," *Theological Education* (1980) 286.

sciences need to be brought into dynamic dialogue with insights from the humanities if an integrated understanding of aging is to emerge.²

The intent of this essay is to introduce some of the more common mental and emotional problems of the elderly as well as to identify the "existential vacuum"³ to which older persons are particularly susceptible. Finally, the process of "life review"⁴ as a pastoral care tool that nurtures mental and spiritual well-being will be described.

I. THE DOUBLE-EDGED NATURE OF AGING

Gerontological literature abounds with examples of the double-edged nature of aging.⁵ The negative, pessimistic view of aging, for example, is emphasized by researchers who focus on sickness, isolation, poverty, and enervation; they see growing old as an unmitigated series of defeats and losses. They document and footnote a pattern of aging that weaves theories out of the fabric of human diminution and decrement. These "ain't it terrible" theorists often include in their bleak tapestry colors which depict aging as a "social problem" and older persons as a drain

on the resources of family and society.

Still other researchers emphasize an “ain’t it wonderful” viewpoint and paint a rosy picture that is unrealistically positive. They view the elderly as a population with a life-style that is comfortable and healthy, registering high levels of life satisfaction.

Neither of these theories is adequate or accurate, because growing and being old are far too complex to be treated so simplistically and categorically. Aging can and does have positive features, but it also has negative ones. Many elders, for example, can document losses of health, income, role, status, competency, autonomy, and significant others in their lives. Yet loss is not the unqualified experience of aging, nor is diminution and depreciation. Living human documents through the ages have attested to the growth of human character and sensibilities and the maturation of the spirit that represent the fruits of a long life. Neither the exclusivistic positive or negative characterization of this last stage of life will suffice.

Erikson’s developmental ladder. The developmental ladder set forth by Erik Erikson provides a helpful representation of the double-edged nature of aging. He describes the psychosocial conflicts of middle age as “generativity vs. stagnation” and that of the later years as “integrity vs. despair.”⁶ The attempts to resolve these conflicts produce alternative choices

²See my chapter, “Education for Ministry with the Aging,” in William Clements, ed., *Ministry with the Aging* (San Francisco: Harper & Row, 1981) 209-219.

³Viktor Frankl, *Psychotherapy and Existentialism: Selected Papers on Logotherapy* (New York: Washington Square, 1967) 43, 67, 76, 122.

⁴Melvin A. Kimble, “Pastoral Care of the Elderly,” *Journal of Pastoral Care* XLI/3 (1987) 275-277.

⁵Robert Atchley, *Aging: Continuity and Change* (Belmont, CA: Wadsworth, 1983) 10; Robert N. Butler and Herbert P. Gleason, eds., *Productive Aging* (New York: Springer, 1985).

⁶Erik Erikson, *Childhood and Society*, 2nd revised ed. (New York: W. W. Norton, 1963); *Identity and the Life Cycle* (New York: W. W. Norton, 1959); *Life Cycle Completed* (New York: W. W. Norton, 1982).

and mixed results which confirm the complex and overlapping issues that are part of the human life cycle.

In the eighth and final stage of life there is personal mourning “not only for time forfeited and space depleted but also...for autonomy weakened, initiative lost, intimacy missed, generativity neglected” and “identity potential by-passed or, indeed, an all too limiting identity lived.”⁷ Wisdom, one of the virtues of adulthood, enables persons to view their lives with all their diminishment and losses in a more holistic manner. As Capps insightfully observes:

The melancholic represent...a fragmented life, because melancholics are essentially at odds with themselves, viewing their inevitable losses as grounds for self-contempt. But older persons who possess the human strength of wisdom can continue to exemplify a living sense of the whole of life in spite of their losses and can thereby instill in younger persons a confidence in the way of life that both generations, with some variations, share....A biblical example of the dialectic between wisdom and melancholy is Job, a man whose...story suggests that the wholeness of life is a matter not of finding quiet retirement but of finding the necessary strength to confront the deadly threat of melancholy.⁸

Three phases of older adulthood. Some authors who seek to describe the double-edged patterns of growing old have found it helpful to identify at least three phases of older adulthood.⁹ First, the “young-old,” who are persons roughly between ages sixty and seventy-five and who are markedly different from the outmoded stereotypes of old age. They are relatively free of the earlier responsibilities of work and family, generally healthy and vigorous. A pressing question for these post-retirees still in the prime of their life is, “What shall I do with the remaining years of my life?”

The “middle-old” phase is made up of persons from ages seventy-five to eighty-five who are beginning to slow down and to suffer from the advent of chronic and even debilitating illnesses. They are also experiencing more radical changes and losses, often triggered by the acute illness or death of a spouse. The balance between independence and dependence begins to be more tenuous for many during this stage and may even lead to admission to a long-term care facility.

Finally, the “frail-old” (eighty-five plus) are those who have become increasingly dependent and are suffering from health problems of various kinds which frequently require skilled care. It is this group that populates nursing homes in great numbers and tends to shape the negative stereotypes we have of old age. They represent the fastest-growing segment of our population. But even in this sub-group, there are many amazing exceptions who defy the label “frail” and lead active and full lives in their communities.

Older adulthood as a dynamic process of “becoming.” We need to remember that, although aging is largely a positive experience for most persons, it is

⁷Donald Capps, *Deadly Sins and Saving Virtues* (Philadelphia: Fortress, 1987) 65-66.

⁸Ibid., 113, 155.

⁹Arthur H. Becker, *Ministry with Older Persons* (Minneapolis: Augsburg, 1986); Daniel Levison, *Seasons of a Man's Life* (New York: Knopf, 1978); Bernice Neugarten, ed., *Middle Age and Aging* (Chicago: University of Chicago, 1968).

unpredictable and unique for everyone. There are always variables that shape and determine health and quality of life. Human life with all of its individual uniqueness and diversity continues, nevertheless, to be characterized by opportunities for personal development and growth to the very end. One of the many challenges for older persons is to engage fully the present-to offset what Alfred North Whitehead called our “human style,” which is “to mourn the past and worry about the future, while all the time the Sacred Present is passing us by, half-used, half-enjoyed.”¹⁰ Each person’s life history, with the singular and distinctive events and experiences that have shaped it, results in an older person who is remarkably and wonderfully individualized.

In spite of the physical, psychological, and social changes that occur as one ages, acquired skills enable most persons to function with amazing effectiveness. Researchers have demonstrated that as persons grow older they develop a valuable reservoir of patterns with which to organize their experience.¹¹ This allows them to evaluate their experiences and crises and to make decisions about how best to respond to these. Having experienced some of the sadness and sorrows of life, they have learned something about how to grieve, adjust, compensate, and rebuild. They are truly “survivors.” In addition, for those who are Christian, the awareness of

life-long experiences of God's presence and love provides them with a sense of trust and hope as they move into the uncertain future. In all of this the challenge of the "double-edged" nature of aging is to be aware of the dialectical forces which hold negative and positive aspects of aging in creative tension and to maintain the capacity to be "in process" throughout one's life.

II. SOME COMMON MENTAL AND EMOTIONAL HEALTH PROBLEMS OF OLDER ADULTS

"Gerontophobia," the unconscious fear of aging and of the elderly, is very present in the ranks of medical doctors and other health professionals as well as clergy. It accounts for why some elderly persons, especially in nursing homes, are seldom visited by their pastors. This expression of "ageism" colors many physicians' ability effectively to diagnose and treat an elderly patient.¹² Understanding some of the more common mental and emotional entities likely to be encountered by the pastor among elderly parishioners can help overcome gerontophobia.

Situational Problems. The elderly, as a consequence of their longevity, are vulnerable to multiple personal losses within their family, home, workplace, and other social settings. These losses and stresses often precipitate significant crises. Manipulation of the environment and/or ven-

¹⁰Cited in Jon A. B. McLeish, *The Challenge of Aging: Ulyssean Paths to Creative Living* (Vancouver, B. C.: Douglas and McIntyre, 1983) 37.

¹¹Robert Kastenbaum, *Growing Old: Years of Fulfillment* (San Francisco: Harper & Row, 1979) 28-39; Richard Kalish, *Late Adulthood: Perspectives on Human Development*, 2nd ed. (Monterey, CA: Brooks/Cole, 1982) 40-42.

¹²L. Thomas Kucharski, Royce M. White, Jr., and Marjorie Schratz, "Age Bias, Referral for Psychological Assistance and the Private Physician," *Journal of Gerontology* 34/3 (1979) 423-428.

tilation of the problem by the elderly person may ameliorate many of the symptoms related to stress and anxiety. Ironically, situational stress may cause the presenting symptom to imitate the stereotypes of aging and therefore to be discounted by the caregiver. A style of benign neglect may gradually creep into the caring relationship, introduced by such comments as "he (she) is getting old and simply complains more."

Unresolved Grief. Unresolved grief is a common denominator among the elderly because they are expected in our society to take the changes and losses in their lives in stride and to process their grief without undue care or attention. This unrealistic expectation does not provide the time or place for mourning; it is further compounded by the erosion of the rites, rituals, and customs for mourning that have functioned in the past. Often the elderly fear impatience or lack of support—even condemnation and ridicule—from family and friends for being "weak" in the face of loss. Opportunities for sharing and processing the grief that comes with death, change, and loss can be one of the most helpful and healing ministries that pastors and the community of believers can provide.

Depression. Depression has been called the "common cold" of mental illness; it is nowhere more prevalent than among the elderly population. It is estimated that one in five elderly people has significant depressive illness.¹³ Other research suggests that 50% of the medically ill elderly and 50% of the hospitalized elderly have significant depression. A significant life trauma has been reported as the cause in 70% of the elderly with depression.¹⁴ Recent medical research

has suggested that physiologic changes may play a major role in the frequency of depression in older adults. A combination of depression with dementia in varying quantities is also a frequent occurrence. Because of the many varieties and causes of depression (e.g., death of a loved one, endogenous depression, manic-depressive psychosis, etc.) careful medical assessment is often required if treatment is to be focused and helpful.

Hypochondriasis. Sometimes older persons will somatize as a major way of communicating with their physician, pastor, or caregiver. Often their bodily complaints reflect treatable conditions such as unresolved grief, depression, and situational stress. The non-psychotic hypochondriacal person who has no underlying etiologies usually responds to supportive and empathic approaches.

Alcohol-Related Problems. Like sex, alcohol still remains very much a taboo in conversations between physicians and elderly patients, as well as between pastors and elderly parishioners. As a result, alcoholism may never be identified and treated. We may be inclined to conclude that these sweet, sedate grandparent-like figures no longer drink (or have sex). The actual

¹³Don Blazer, "Depression," *Generations* X/3 (1986) 21-23.

¹⁴Richard K. Goodstein, "Common Clinical Problems in the Elderly," *Psychiatric Annals* 15/5 (1985) 307.

fact is that alcohol is a significant and sometimes destructive issue for many older adults. Estimates of alcoholism in the over-sixty-five age group ranges from 5 to 15%, with even higher percentages for those who are widowed or suffering from physical illnesses.¹⁵ Reports indicate that 44% of elderly patients on a psychiatric screening ward have a significant alcohol use. Alcohol is related, furthermore, to 80% of the arrests in the elderly population.¹⁶ Social loneliness, one of the stresses associated with aging, is frequently linked with alcohol abuse. There is a tendency among the elderly to use alcohol as a substitute for medicinal anti-anxiety agents. Even after alcohol abuse has been identified, there may be a predisposition rooted in ageism that fails to see treatment as a viable option for "someone who is so old and has such little time left."

Medication Effects. Very frightening to an older person are the side effects of medications; these occur with alarming frequency in older people. Reports of up to 25% incidence of side effects have been documented, which is three to seven times the frequency in other age groups.¹⁷ The elderly commonly self-treat with medications, often following the dictum that "if one pill is good, two must be twice as good." It has been reported that the elderly may receive thirteen new prescriptions a year and may be taking three to seven medications at one time. The problem is compounded by the frequent use and abuse of over-the-counter medications.

Some elderly persons, of course, underuse medications—perhaps due to the fear of side effects or the inability on the part of, say, an arthritic person to open a snap-on bottle cap. Side effects of some medications masquerade as delirium, disorientation, impotence, etc. Oliver Wendell Holmes advised, "If you threw all known medications into the ocean, people would be better off, but it would certainly be decidedly worse for the fish." While this may go too far, older persons and their caregivers need carefully to monitor all medications being used.

Paranoid Symptoms. With elderly persons there is sometimes an element of

suspiciousness, especially as a person becomes more frail and consequently more dependent and vulnerable. This behavior may also be the result of inadequate, injudicious, and demeaning treatment at the hands of professional and family caregivers. The older person's suspicions and fears may be appropriate, based on negative past experiences. True paranoid states, on the other hand, are psychotic disorders "presenting a delusion, usually persecutory or grandiose, as the main abnormality. From this delusion follow disturbances in mood, behavior, and thinking."¹⁸

¹⁵Steven Zarit, *Aging and Mental Disorders* (New York: The Free Press, 1980) 246ff.; Larry W. Dupree, et al., "The Gerontology Alcohol Project: A Behavioral Treatment Program for Elderly Alcohol Abusers," *The Gerontologist* 24/5 (1984) 510-516.

¹⁶L. P. Bozetti and J. P. Mac Murray, "Drug Misuse among the Elderly: A Hidden Menace," *Psychiatric Annals* 7 (1977) 95-107.

¹⁷R. Goodstein, "Common Clinical Problems," 304.

¹⁸Robert N. Butler and Myrna I. Lewis, *Aging and Mental Health*, 2nd ed. (St. Louis: C. V. Mosby, 1977) 58.

Dementia. As people become older, they are increasingly more likely to be affected by organic cognitive disorders. These disorders include the condition commonly referred to as *senile dementia* (often mistakenly called senility), characterized by extreme forgetfulness, confusion, and, in a relatively few but dramatic instances, a virtual vegetative state. Diagnosis of dementia is complex and often uncertain; it is made even more complicated by the fact that the presenting symptoms may be caused by medication or alcohol abuse, malnutrition, depression, and situational stress.

Alzheimer's disease is a neurological disease with no known cause that afflicts up to 2.5 million Americans, including 5% of the elderly population.¹⁹ Although it usually occurs after age sixty-five, it can strike persons in their forties and fifties. Alzheimer's kills 120,000 people every year and is the fourth leading cause of death among older people in the United States, after heart disease, cancer, and stroke. Because of the growing number of elderly Americans, senile dementia of the Alzheimer's type (SDAT) has been called "the disease of the century." When it strikes, people who were once resourceful and capable eventually suffer personality changes, memory loss, and confusion, and create frustrations to spouses and others caring for them. There is no cure for the disease at this time. The local chapters of the Alzheimer's Association provide useful information as well as access to support groups that are crucial for caregivers. Pastors should know about the local chapter of this resourceful organization.

III. AGING AND THE CRISIS OF MEANING

Albert Camus once contended, "There is but one truly serious problem, and that is...judging whether life is or is not worth living."²⁰ That basic, fundamental "problem" emerges with considerable urgency as persons become aged. They ask, "Is growing old worth one's whole life to attain?" and "What is the meaning of life when one is elderly?" To respond to these requires more than a medical paradigm, for a medical model is powerless to reveal to us the meaning of our lives.

There is an increasing body of evidence to suggest that the crisis of aging and being old is a crisis of meaning.²¹ It has been observed that the enormous gains in longevity resulting from medical and technological progress have been accompanied "by widespread spiritual

malaise...and confusion over the meaning and purpose of life...particularly in old age.”²²
Increasingly more people today have the means by which to live, but no

¹⁹Robert N. Butler, “Psychiatry and the Elderly: An Overview,” *American Journal of Psychiatry* 132 (1978) 893-900; Anne C. Kalicki, ed., *Confronting Alzheimer’s Disease* (Owings Mills, MD: Rynd, 1987).

²⁰Albert Camus, *The Myth of Sisyphus* (New York: Vintage Books, 1955) 3.

²¹Harry R. Moody and Thomas R. Cole, “Aging and Meaning: A Bibliographical Essay,” *What Does It Mean to Grow Old*, ed. Thomas Cole and Sally A. Gadow (Durham: Duke University, 1986) 248.

²²Thomas R. Cole, “Aging, Meaning, and Well-Being: Musings of a Cultural Historian,” *International Journal of Aging and Human Development* 19 (1984) 329.

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meaning for which to live. An individual is motivated to seek and to find personal meaning in human existence throughout his or her life-span. Ross Snyder agrees:

Meaning formation is a central activity of the species Human Being. The vitality—and graciousness—of a person’s life depends upon their supply of meanings....Meaning formation is not a fringe benefit, but a major ministry to people in the last half of life.²³

The extent of the sense of emptiness and meaninglessness in older adults is reflected in the latest available statistics on suicide in the United States (1987). While the rate for our nation was 12.7 per 100,000 people, the rate for those sixty-five to seventy-four years of age was 19.9 and for those seventy-five to eighty-five was an alarming 29.2. (The suicide rate for the much publicized age group of fifteen to twenty-four years was 12.8, comparable to the national average).²⁴ Such a shockingly high suicide rate among older adults provides a disturbing commentary on the apparent “existential vacuum”²⁵ that many older adults experience in their last stage of life. This state of inner emptiness appears to be one of the major causes of depression and despair. In one study a research team emphasized that in order effectively to help depressed people “the answer would be for old age itself to offer the elderly something worthwhile for which to live.”²⁶

There appears to be, however, an absence of transcendental symbols in our society that would provide clues to the meaning of growing old. For that reason it is not surprising that the irrational dread of aging manifests itself at much earlier stages of the human life than one would expect. Elaine Ramshaw has written:

Faced with the biggest questions of life and death, love and evil, the origin and destiny of the human race and the universe, we cannot pin down an answer in logical formulas. We turn to symbolic expressions of our trust in that which grounds the goodness in our experience and shapes the tradition in which we make our meanings.²⁷

Contributing to the pervasive grimness about aging and being old is this lack of symbols and appropriate rituals to mark and give positive meaning to the passing of lifetime. Devoid of transcendent symbols that facilitate confrontation and acceptance of the natural process of aging and dying, people frantically search for deliverance in the latest medical messiah or technology.

The present crisis of meaning calls for relevant symbols that sustain meaning as individuals live out their longer life expectancies. In the Christian community liturgics and homiletics have a responsibility to introduce such transcendent symbols into worship and preaching. As Kathleen Fischer reminds us, "Ritual is one of the paths of integrity as we age."²⁸

²³Ross Snyder, "Meaning Formation and Significant Survival" (Handout at a workshop on Meaning and Senior Adults, San Francisco Theological Seminary, San Anselmo, CA, 1983).

²⁴National Center for Health Services, as quoted by Adina Wroblewski, *Afterwords* 7/4 (1988) 2.

²⁵V. Frankl, *Psychotherapy*.

²⁶Marv Miller, *Suicide after Sixty* (New York: Springer, 1979) 19.

²⁷Elaine Ramshaw, *Ritual and Pastoral Care* (Philadelphia: Fortress, 1987) 25.

²⁸Kathleen Fischer, *Winter Grace* (New York: Paulist, 1985) 50.

Without an adequate symbol system, guilt finds no absolution, isolation and alienation have no access to God's covenant of promise and relationship, and suffering is void of meaning, devaluing and debasing the sufferer. Creative ministry uses the healing and salvific symbols of the Christian tradition to understand guilt, suffering, and death. The introduction of such symbols of meaning in the midst of suffering does not deny the inevitable reality of suffering, but rather transcends it.

Pastoral care and nurture of the elderly enters into people's lives not with polished techniques and slick programs but with insightful proclamation of meaning rooted in God's grace. The gospel brings good news about aging and its meaning. The cross, broken as it may be, is a powerful symbol of meaning fashioned out of suffering. The Christian symbols are rich sources of meaning in the praxis of faith and the formulation of existential order.

James Birren has reminded the religious sector that its primary purpose is to be a generator of personal and social meanings.²⁹ The religious community in its ministry with older adults has an extraordinary opportunity to claim this role; it affirms the value of all people at every stage of life and performs its role as a generator of personal and social meaning. Older persons need a sense of meaning in order to continue to struggle and cope with the eroding and debilitating diminutions that come with aging. As a covenant community of believers, the church has the source and center of the ultimate meaning of life in the gospel of Jesus Christ. In a society that measures the value of life in ways that often devalue and dehumanize, the gospel with its recreative power confronts people of all ages with destiny and purpose. The church proclaims the meaning of life in and through its pastoral ministry.

IV. LIFE REVIEW

Life review appears to be one of the developmental tasks of the last stage of life and serves a positive psychotherapeutic function. There is a sense of urgency for the elderly to share their life story. One of the developmental tasks of aging is to maintain a scanning function that reclaims the past. Our personal experiences are always located in time. Memory implies time elapsed. The fear of forgetting and the need to remember both mark the last stage of life. Memory enables us to hold fast to our identity and to shape and interpret it in new ways. We do not merely have these memories; we are these memories. By remembering we make connections and discover the pattern and design of our lives. Life review provides a configuration, a mosaic of meaning in our lives; it facilitates the next stage, which includes death. Life review, in other

words, helps older adults tell their story—who they are and where they have been. Frankl poignantly observes:

Nothing and nobody can deprive us of what we have safely delivered and deposited in the past. In the past nothing is irretrievably or irrecoverably lost, but everything is permanently stored. Usually people see only the stubblefield of transitoriness—they do not see the full granaries

²⁹James E. Birren, “Gerontology: A Scientific and Value-laden Field of Inquiry” (Lecture delivered at Luther Northwestern Theological Seminary, St. Paul, Minnesota, May 4, 1984).

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into which they have brought the harvest of their lives: the deeds done, the works created, the loves loved, the sufferings courageously gone through.³⁰

Life review is a normal activity, engaged in and valued by persons in every culture; reminiscing through oral histories has recounted the past and provided cultural wisdom through the ages. Robert Butler, beginning with a seminal article in 1963, introduced reminiscence in the form of life review as a therapeutic tool in the service of ego integrity for older people. Butler suggested that life review is a universal experience shared by older persons, albeit with different intensities and results. Butler described the process:

As the past marches in review, it is surveyed, observed, and reflected upon by the ego. Reconsideration of previous experiences and their meanings occurs, often with concomitant revised or expanded understanding. Such reorganization of past experiences may provide a more valid picture, giving new and significant meanings to one’s life. It may also prepare one for death.³¹

The value of life review has been confirmed by recent empirical studies with older adults. It has proven to help maintain a higher level of functioning, an increase in mental alertness, a greater sense of personal identity, and a reinforcement of coping mechanisms.³²

The implications of life review for pastoral care and nurturing of the elderly are obvious and myriad. Memory reveals God’s presence in our lives. Faith is the recounting of God’s presence and love in our journey through time. Skilled pastoral care that understands the dynamics of life review can help older persons retrieve events from their memories that mediate God’s graciousness to them. Furthermore, by conveying the healing word of God’s forgiveness, the pastor is able to address the sense of despair over old guilts and failures that have continued to fester through time. Because, as Butler has reminded us, emotional and spiritual options remain open until death, reconciliation and healing remain viable possibilities.

Life review is a phenomenological approach which seeks to understand the “lived world” of a person. It shifts away from an understanding of pastoral counseling that focuses on crisis and is intent on analysis. Life review requires responsive listening as a person shares the story of his or her life. It is more than a sentimental journey back through time; it is helping that person identify meanings in his or her life. It involves gently nudging people to reflect on what a joyful or sorrowful event meant in their lives. It chronicles not only a person’s encounter with life, but

also with God. Amos Wilder put it aptly, “When a Christian of any time or place confesses his or her faith, this confession turns into a story.”³³ The skillful use of life review enriches the pastor’s communication with older adults. It affirms that

³⁰Viktor Frankl, *The Unheard Cry for Meaning* (New York: Simon and Schuster, 1978) 38-39.

³¹Robert N. Butler, “Life Review: An Interpretation of Reminiscence in the Aged,” *Psychiatry* 24 (1963) 68.

³²Irene Burnside, *Working with the Elderly*, 2nd ed. (Monterey, CA: Wadsworth, 1984) 298-307.

³³Amos Wilder, *Early Christian Rhetoric: The Language of the Gospel*, rev. ed. (Cambridge: Harvard University, 1971) 67.

“having been” is a valued mode of being.³⁴ It utilizes reminiscence as a pastoral tool in assisting people to become aware of the continuity and meaning of their lives. The patterns of our lives are shaped by the meaning we give to what we remember.

Evelyn and James Whitehead illustrate the possibilities of the use of life review in mutual ministry.

This recovery of memories, this recollection of one’s past, can be understood religiously as *anamnesis*....Believers of every faith are empowered by the memories, made present, of God acting in their past. The recollections recover the gracefulness of past events and serve to integrate the many parts of a person’s life with the present.

In those cases where the believing community (the family, the parish, the prayer group, the religious house) can support its older members in their life review, can share in the experience with them, and proclaim its religious significance, the community is itself enlivened by the witness of faith. The personal past of those who believe with us and before us is the “deposit of faith” of our community. It is a record of God’s action and provident care among us, concretely, in the world today.³⁵

V. DEATH: THE ULTIMATE CHALLENGE

Facing one’s own death is, perhaps, the final developmental task of old age. Aging, with its narrowing boundaries, reminds us that we are death-bound creatures. Indeed, to live in time is to live toward death. Dying and death are largely thought of as being the business of the elderly. About three-fourths of all deaths today occur among those over the age of sixty-five. The longer an old person lives, the more members of his or her family and friends are lost to death. As the final challenge, older people confront and experience their own dying and death.

Learning how to grieve creatively is essential to learning how to live as well as how to die. Older persons need supportive settings and relationships for dealing with the many grief issues that make up their lives. In a Christian community, an older person should never have to fear dying isolated or alone. Yet that remains the paramount fear of many elderly—especially widows, who have survived their spouses, close friends, and sometimes even their children.³⁶

While it celebrates a faith that overcomes the grave, the church must strive to be a caring, nurturing community that comforts those who mourn and attends those who are dying. Such

ministry demands both skill and faithfulness and must always be a priority in the midst of all of the demands on the pastor's time and presence.

³⁴V. Frankl, *The Unheard Cry for Meaning*, 105.

³⁵Evelyn Eaton Whitehead and James D. Whitehead, *Christian Life Patterns* (New York: Doubleday, 1979) 186.

³⁶Melvin A. Kimble, "The Surviving Majority: Differential Impact of Aging and Implications for Ministry," *Word & World* 5/4 (1985) 395-404.

The task of pastoral care is to set forth a comprehensive view of life that is neither escapist nor evasive, but confronts life with all of its growth and fullness as well as its limitations and finitude. We become vessels of that care as we participate with people in those pivotal events at every stage of the human life cycle which serve as "helping encounters in the dimension of ultimate concern."³⁷ Ministry presents the challenge of being a faithful guide and a supportive resource to people in their quest for wholeness, grace, and meaning in all stages of life, including old age.

³⁷Paul Tillich, Address at the National Conference on Clinical Pastoral Education, Atlantic City, New Jersey, November, 1956; cited by Howard J. Clinebell, *Basic Types of Pastoral Counseling* (Nashville: Abingdon, 1966) 50.