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Waiting for God: The Implications of an Elderly Congregation for Ministry

**WAITING FOR GOD:
THE IMPLICATIONS OF AN ELDERLY CONGREGATION FOR MINISTRY**

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Introduction

If you turn on the television programme *Praise Be* chances are that you'll see a congregation dominated by those who look like they are shuffling off this mortal coil while singing from *Hymns, Ancient and Modern*. Some might say, justifiably, that such a picture does not adequately represent the diversity and youthfulness of many church congregations in New Zealand. But this picture is not entirely false. Indeed, it may be closer to the truth than what we might care to admit.

New Zealand, in common with many Western (and some Eastern) countries has an aging population, largely reflecting the 'baby-boomer' generation, born after World War Two, now entering retirement. Additionally, declining mortality and increased lifespan at older ages means that people could have twenty years' of retirement (say from 65 years to 85 years old) or longer.

This essay first considers the data. As if we couldn't tell, the figures bear it out: we're not getting any younger. Our ageing congregations present us with a crisis of care. For the first time in generations, we have to face pastoral and theological challenges that, while rare to us, were common to our forebears. These challenges are not only pastoral, but also practical. But simultaneous with facing ageing populations, churches are withdrawing from providing care for the elderly in the community, unable to compete with large, wealthy, private providers. But providing care for the elderly in a congregation remains a perennial issue; it's not just about being nice to old people. There are real, practical efforts that can be made. This practicality extends to how we treat elderly people – indeed *all* people – and whether we define people by their limitations (i.e. 'elderly', 'disabled') or by the gift of their life given by Creator God.

We're not getting any younger

At the 2006 *New Zealand Census of Population and Dwellings*, there were 495,600 New Zealand residents who were aged 65 years and over, up 45,200 on the previous (2001) Census. This represented the largest inter-censal growth for this group in New Zealand's recorded demographic history. Over the last half a century, the 65+ age group has consistently outpaced the growth of the total New Zealand population. As a consequence, they now make up one in eight (12.3 percent) of all New Zealanders, compared with one in 12 (8.5 percent) in the early 1970s.¹ By 2051, the 65+ age group will make up to a quarter or more of New Zealand's population. While there are regional differences, for example retirement areas like Horowhenua and Kapiti Coast, both north of Wellington, have an older population than other parts of New Zealand, all regions of New Zealand will have an ageing population.

At the 2006 Census, the sex ratio was 106 females per 100 males at ages 65-69 years, and 221 females per 100 males among the 85+ age group. Among the widowed group, the figure was 397 females per 100 males. The median age of older females was 75.0 years, and for the males, 73.4 years. In other words, there are more elderly women than elderly men and many of those women are widows.

New Zealand is not alone in these trends. By 2025, in the United States [US], there will be a 100% increase of those aged 65 and over; they'll be even larger increases in Japan (136%) and Canada (200%). In the US, those who reach the age of 65 have an average remaining life expectancy of 17.4 years; those who reach 75 can expect to live another 11.1 years.²

¹ Statistics New Zealand, *New Zealand's 65+ Population, A statistical volume: 2007*

<http://www.stats.govt.nz/reports/analytical-reports/new-zealands-65-plus-population.aspx> - 19 May 2010

² Harold G. Koenig & Andrew J. Weaver, *Pastoral Care of Older Adults*, 1998, Augsburg Fortress Publishers, MN, 3.

A crisis of care

These massive demographic shifts present a significant crisis of care for church congregations. While ministers and congregations have always had to deal with the major events of life – births, deaths, marriages – illness and death are the reality of an ageing congregation. This presents significant pastoral and theological challenges: how to provide adequate pastoral support for a congregation that has increasing physical and emotional needs; how to articulate and express a theology that embraces and addresses suffering and end of life issues; how to deal with medical ethics and euthanasia; how to deal with grief and loneliness through the loss of a spouse or friend; how to respond theologically to disability; how and where to locate an appropriate and robust theology of hope;³ and how to respond pastorally to regrets and bitterness through offering forgiveness and healing. The elderly face all of these questions and seeking to address them is, for example, an important part of palliative care practice, where spiritual issues (whether understood within a Christian framework or not) are often at the forefront of people's questions and experiences.⁴ While older people may have more life experience to draw on than most, that doesn't necessarily assume that they are any better equipped than the rest of us to deal with the fundamental issues of life that they face.

Putting that ministry to bed

Churches, of course, *already do* recognise and serve the elderly. Following the Biblical injunction to care for the widow, orphan and sojourner, churches have historically been behind aged-care/retirement homes, 'meals on wheels', and care for the elderly in other ways. For example, the Presbyterian Church in New Zealand is behind the aged-care provider 'Enliven'. For decades, even centuries, churches have filled an important social

³ This is something that Tom Wright has recently sought to do through his book *Surprised by Hope*, London: SPCK, 2007.

⁴ Elizabeth MacKinlay, *Spiritual Growth and Care in the Fourth Age of Life*, London: Jessica Kingsley Publishers, 2006, p.12

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function when it came to care of the elderly. But, for a variety of reasons, from changing philosophies to economic constraints to reprioritizing ministries, churches are withdrawing from elderly care. In New Zealand, the Salvation Army has sold its rest homes and several Presbyterian support regions have sold their residential facilities. In their place step large investors like Australian companies Macquarie Bank and FKP Property.⁵ Church-based and other non-profit providers have shrunk from 35 per cent to 24 per cent of aged care and retirement hospital beds in the last five years.⁶

About 5.6 per cent of people aged 65 and over are in residential care and New Zealand's ageing population will inevitably see that figure increase. Elderly care, particularly residential care, is an attractive commercial proposition because it's essentially a form of property development, with commercial operators making money each time an apartment/villa is sold and then on-sold once the inhabitants die. Over against these commercial operators, who have deep pockets, it is difficult for churches to compete on a level playing field.

The problems are not only with residential care. Caregivers, who provide one-to-one care of elderly who are still in their own homes, are poorly paid and difficult to recruit and retain. These caregivers and others provide much more than physical help – though that is important. They also provide friendship and companionship, which elderly people require perhaps more than the rest of us, due to a combination of being widowed or having children living far away or even living nearby but not involved in their parent(s)' lives.

New Zealand, in common with the United States, Australia, Canada and the United Kingdom, spends only 4 to 5 per cent of its GDP on age pensions for the elderly.

⁵ Amanda Wells, 'The changing face of elderly care', *SPANZ Magazine*, December 2005, online <http://www.presbyterian.co.nz/publications/spanz-magazine/2005/december-2005/the-changing-face-of-elderly-care> - 19 May 2010

⁶ Simon Collins, 'Church agencies fear witch hunt', *New Zealand Herald*, April 21, 2010, online http://www.nzherald.co.nz/politics/news/article.cfm?c_id=280&objectid=10639688 - 19 May 2010

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Contrast this with many European welfare states, where pension expenditures average around 10 percent of GDP.⁷ In New Zealand, unlike Australia, there is no compulsory superannuating and while elderly are often seen as being asset-rich but cash-poor,⁸ this does not necessarily equal that they are “well off”. Indeed, the recent tragic litany of finance and property company collapses in New Zealand has significantly affected those elderly people who had their retirement savings locked into – and lost by - these companies.

So there are significant ethical and public policy questions that challenge us about our ageing population and our elderly communities. But, at root, there are theological questions that congregations and church leaders should be asking: *around* what it means to be human and made in the image of God; *about* what the Bible says about providing for those who have little by those who have much; and *at* those of younger generations to encourage them to actively engage with the elderly members of their church. Indeed, “the later years [of life] take us into the heart of the central Christian paradox of death/resurrection. It is in living the pattern of that mystery that people discover the grace of life’s winter season and share them with us all”.⁹

More than ‘be nice to old people’: Being practical

There are also several important practical issues to be considered with elderly people in a congregation. Elderly congregation members tend to be less mobile than younger members, so are not always able to make it to a Sunday service or mid-week meeting by themselves. They also have particular health-related issues, including hearing and sight difficulties. Loud percussive music and small-font PowerPoint slides or Bibles will not adequately meet their particular needs. Some elderly people may use wheel-chairs,

⁷ Alan Tapper, “The Generational Train Wreck and its Aftermath”, in *The Family in the New Millennium*, ed. A. Scott Loveless and Thomas B. Holman, 163-172, Westport, CN: Praeger, 2007, 168.

⁸ *Ibid.*, 169

⁹ Kathleen Fischer, *Winter Grace: Spirituality and Aging*, Nashville, TN: Upper Room Books, 1998, 2.

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walking-frames or walking-sticks, so need an auditorium that is appropriately set out so they can move about without hindrance or difficulty – i.e. through the use of wide-aisles and flat surfaces (not stairs) and, if necessary, elevators. Elderly people may have particular health issues that require them to take medicine regularly or have others aware of what to do in the event of them having a medical event, such as a diabetic episode or heart attack, during a church service.

An American book noted that among those aged 65 and over in that country, approximately one half will have at least two chronic health conditions.¹⁰ We can expect a similar statistic to be true in New Zealand. To help in this respect, churches should identify any medical professionals in their congregation who they can call on or, if there are no such people, to encourage and support others to attain a First Aid Certificate. Dementia and related illnesses are also a tragic reality for elderly people and those with early-stage dementia or Alzheimer's disease may still regularly attend church services. This may be particularly important for them if church attendance has been an important part of their routine of life and is familiar to them. As with responding to more obvious physical needs of the elderly, churches should also be equipped to deal with elderly people who suffer less visible illnesses, like dementia.

It's all in the head: Elderly as a state of mind

But – and this is a very important *but* – we have to be careful that we don't see all the elderly in our congregations and communities as ill and infirm. Or, to put it another way, we need to guard against defining elderly by their infirmities (e.g. 'so-and-so is a diabetic') and, in so doing, taking away something of their person-hood. In the 1990s, there was a British television comedy called *Waiting for God*, which was set in a residential retirement home. The premise of the comedy was that elderly people are just like everyone else and shouldn't be treated with kid-gloves or as lepers: they have rich

¹⁰ Koenig & Weaver, *Pastoral Care of Older Adults*, 3.

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histories, strong wills and the same needs, wants and desires of people much younger than them. They might be slower in moving about, but that doesn't make them stupid or passive participants in the life that is passing them by. 'Elderly', in other words, is a state of mind, not a disease. Nor is it something that can be imposed upon people (those at 65, the age at which you receive the pension in New Zealand, would probably balk at classifying themselves in the same category as those twenty years' their senior!) And this honoring of life – at whatever stage and age it is experienced – can be an important element of churches' ministries to elderly people.

Conclusion

Churches have always responded practically to the needs of the elderly in their communities, though increasingly and recently they have had to adapt their practices in the face of harsh economic constraints. Where some ministries cease, however, others begin. A burgeoning elderly population will require churches to prioritise ministry to the elderly, whether they are within their congregation or not. Needs may be addressed variously practically, theologically and in pastoral care. Ministry to the elderly is not a burden, but an opportunity. It is part of what it means to serve one another and to affirm each other's humanity, made, as we all are, in the image of the God who created us.

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