

# **THE CELEBRATIONS AND CHALLENGES IN THE PASTORAL CARE OF OLDER PEOPLE**

**A Conference held at the Eric Liddell Centre  
on 13<sup>th</sup> November 2007**

## **Introduction**

Many older people feel isolated and alone whether in their own homes or in residential care settings and it is recognized that visiting becomes a vital part of the church's ministry. However, with an increasing number of people living to much older age and many becoming frailer it is important that pastoral carers and visitors feel confident and equipped to both celebrate the lives of those they care for but also able to deal with the challenges they face because of illness, communication difficulties and their own feelings of vulnerability.

The conference was aimed at stimulating discussion amongst pastoral carers for older people in all denominations about the education and support they would value in relation to the following questions:

- How do we approach visiting older people?
- Why is important – and for whom?
- What is our theological rationale?
- What constitutes good practice?
- What support do visitors need?

The participants worked in facilitated groups and in pairs to examine a range of issues in relation to caring and their proposals for support from FiOP.

## **The Conference**

**The Rev. Alison Newell**, a Church of Scotland Minister who works for the Ignatian Spirituality Centre in Glasgow opened the conference on the theme of 'Sharing our stories of pastoral care both celebratory and challenging' and the following is the text of her presentation.

I'd like to begin with 2 stories, one celebratory and one challenging.

Roland is a contemplative monk and is 90 years old. He lives in a garden shed in a wee community out in Roslin. He is healthy and sometimes forgetful. When I went out to see him, he was not around but I was given a rare invitation to visit out at his hut. He was sitting against the wall on a low seat catching the late afternoon sun that was filtering through the leaves of the autumn trees. On his knee was a

huge ginger cat with dark brown stripes. He gave me a big grin and with his bright eyes twinkling while he stroked the cat, he said, 'Isn't she lovely – she's my great companion. I don't like to speak much to people these days but I love to have her company. She doesn't say anything and we just enjoy each other quietly. I never push my cat off my knee so I didn't come to the house but now you can see my little sanctuary. Isn't it heaven!' And we really were in a little piece of Eden with the light touching the golden leaves with glory and a rosy sky the same shade as Roland's rosy cheeks.

I reminded him that I was a student of his at New College where he taught theology and recalled for him the funny images he gave us. Because of his cat one of the stories that came to mind was of him teaching on prayer.

'There are two types of prayer', he used to say, 'the yappy dog prayer where we go on at God asking for this and that, scratching at the door of heaven, and the pussy cat prayer where we sit by the fire and do damn all and that's the prayer of contemplation resting in God's presence'. Roland laughed when I reminded him of this.

In contrast with Roland is a story about a woman who is also suffering from dementia whose son is exhausted caring for her. Jane lives with her son now and has forgotten that she cannot go home. Every time the son comes in the mother asks to go home and has to be told again, 'Remember you stay with us now Mum'. Jane then weeps and says she misses home and her husband Davey and her friends. This happens repeatedly and nothing the son can do or say seems to lighten the burden of grief. An exhausting scenario for both parties indeed.

In the area of caring some people are naturally drawn to it - some love it and it brings them a sense of purpose and meaning. They need to be needed and will always find someone who needs their care, preferably someone who is appreciative! Then there are those of us who do not feel so comfortable, whether that is in the physical caring, the lifting, bathing or feeding - or in offering emotional support to a person who is expressing aggressiveness, or restlessness or weepiness - or perhaps what is difficult to offer is spiritual support to someone ill or dying who has questions or anxieties about God's love for them. Whatever is our natural bent or gifts, we all have our limitations when it comes to caring. All of us at some time can be brought to the point where it is all too much. How can we be strengthened and sustained in this?

You have lots of wisdom to share with each other so let's stop there and ask the question: '**How did you come to be involved in caring?**'

'Were you drawn to it or was it laid upon you?' Say a little about the experience [some of you are involved professionally, some as family carers and some through the church so it will be very varied]. And before we break into groups to think about caring for others let's keep one important question in the back of our minds: 'What does it feel like to be cared for ourselves and what's it like on the receiving end?'

### **What is it that makes stories of pastoral care celebratory?**

I want to focus on one area in particular, that of mutuality. And I'd like to look at this various headings: spiritual, physical, intellectual, creative, and emotional [SPICE].

#### **Spiritual**

In my example with Roland the experience was spiritual, in that it was contemplative. I use that word to mean this: we paid attention to one another and to all that was around us in a way that gave space for appreciation. The word contemplation is from the Latin *templum* meaning 'the open space' where God is experienced. And the root of *templum* is *tempus* 'time'. So putting the two together, it is about the need for time in an open space. When that happens there is a sense of giving one another the gift of presence.

#### **Physical**

We shared our presence through sharing what our senses received, and our senses enjoyed the physical beauty around us - the light, the colours, the autumn smells, and the sound of the birds as we sipped our cup of hot tea. The cat, as Roland's story expressed, was the symbol of contemplative rest as she sat purring on Roland's lap. There was also the importance of the cat and touch. She was a living, breathing, close and warm presence of life. Animals, as presences of comfort, can have great value in their delighting of being stroked and played with.

#### **Intellectual**

I was bringing memories of Roland's past insights which had helped me and he could relive them and enjoy them anew and add comments.

## **Creative**

The context allowed us to be creative in our conversation, drawing from what was about us in nature.

## **Emotional**

In that visit there was lots of laughter and a lift to our spirits.

Thus the experience was mutual though not equal. I had access to more memory, I was stronger physically, but at a deeper level there was a giving and receiving on both parts.

Another story, this time it is about a lady who lives in an urban priority area in Glasgow. She had moved into a home when her dementia prevented her from living on her own and she was brought to a class with her carer. The theme was 'movement music and conversation', and she arrived in a wheelchair. We began by each person choosing a card from a selection. She chose one of flowers and then spoke animatedly of her pride in her garden. As gardens in her area were often neglected, it made her tending of her little piece of earth all the more significant. Against the odds she had created a place of beauty. 'People liked my garden. I just love flowers. It was the nicest on the street.' She repeated many times with delight, 'I like this card, that's nice'. When we began the movement, she joined in with pleasure, smiling as she swung her arms round slowly. 'I'll be exhausted tonight but it's good, isn't it?'

I learnt sadly that the home she was in for 60 people had no exercise class. Our class was very simple but I share it as an example of mutual involvement. In terms of the SPICE model:

**Spiritually:** We were present and attentive to each other. We valued one another's ideas and feelings.

**Physically:** We enjoyed the sense of moving to music as far as we were able.

**Intellectually:** We were able to reminisce over what gave us enjoyment and life, and share it with each other.

**Creatively:** We chose cards that caught us and let them speak to our imagination.

**Emotionally:** We let the music touch our feelings and affect the way we moved, and the art cards affected the feelings within the memories.

One last celebratory story.

My father had dementia in his last five years and my mother looked for things to do that allowed for mutual relationship. She brought out the bagatelle board game. From the five-year-old to the eighty- year-old we could all pull the button that spun the marbles, and Grandad would often score high by chance. 'Well done Grandad', the children would say.

My mother took him to church as long as it was possible. When my father had virtually stopped speaking, suddenly [and it seemed miraculously for it was so rare] you could hear his voice as you stood beside him at church, and he joined in the hymn with us all. Music is often, it seems, a way to access the memory in dementia.

Art became a way to access creativity. My mother used her caring allowance to bring in an art therapist and he enjoyed the new experience with paint and colour as they painted together.

At the very end of his life when he was very frail, it was feeding him his custard that held the mutuality. I would lift the spoon and he would open his mouth to receive it, and he would sometimes give a look and hold my eye.

The SPICE model was at work in these examples!

**Challenging times there were too.** Towards the end of his life my father got a bad rash and at the worst of it my mother was up 20 times in the night. When I took over for a few days to give her a rest, I could hear the exhaustion in the frustrated tone of my voice. 'No, you don't need to go to the toilet again Dad'. How do people do this? In my case I know that tiredness would lead to treatment on my part that was not quite so tender or a voice not so gentle. And if that pattern went on it would lead to a coldness or a resentment settling into both parties. The SPICE needs would no longer be met. In the example at the beginning with the mother grieving the loss of her home and the carer not being able to help, the sense of guilt and resentment for both was a desert time.

External help with those who understand the need for the SPICE model requires to be met elsewhere, not just with the carer.

One way of looking at the times of challenge is that they are often about vulnerability. The person being cared may express their vulnerability in tears, resentment or restlessness as limitations frustrate them, and the carer in becoming vulnerable expressing her/himself in coldness, frustration, exhaustion or tears as they get

pushed to their limits. A readiness to share this vulnerability, this sense of failure or guilt on the part of the carer can be very difficult, especially if they have been used to coping. Yet it seems that this is the only way things can move forward. If the vulnerability is met by sensitive, outside responses from family, church or professional helpers, a whole new vista can open up - provided it is met with sensitivity.

A faith perspective that says God is known in vulnerability and knows our vulnerability is perhaps illuminative here. Jesus on the cross shares our vulnerability as he bears pain knowing what it is to be pushed to the limit and even feeling forsaken by God. We do not need to hide our vulnerability or be ashamed of it, and as carers we may find that it is as we are supported with sensitivity in our vulnerable, painful places that we become more able to support those we care for in theirs. Sometimes a new place of strength emerges. This strength which comes in and through sharing our vulnerability and facing our fear is often experienced as a surprising gift and grace.

I'd like to finish with a quote, **2 Corinthians 4:7 and 4:16.**

**'So we do not lose heart. Even though our outer nature is wasting away, our inner nature is being renewed day by day. We have this treasure in earthen vessels, so that it may be clear that this extraordinary power belongs to God and does not come from us. We are afflicted in every way but not crushed, perplexed but not driven to despair, persecuted but not forsaken, struck down but not destroyed, always carrying in the body the death of Jesus so that the life of Jesus may also be made visible in our bodies.'**

## **THE OUTCOMES FROM THE QUESTIONS CONSIDERED IN THE WORKSHOPS**

### **What were the fruitful celebratory experiences that people had?**

- Listening and enabling someone to tell their story
- Enabling someone who had dementia and used wheelchair to receive communion
- Taking a lamb to a hospice
- Taking young children and babies on a visit to older people
- Washing an old man's feet
- Allowing and taking enough time
- Recognising that spiritual is not always religious – particularly at the end of life.
- Helping people to express their needs if they are unable to do this for themselves.
- Thinking of simple solutions to problems – e.g. enlarging music so someone could continue to play.
- The importance of the Eucharist Minister going to people's homes.
- Ensuring that Catholics receive weekly communion in care homes

### **What challenges did people face?**

- It is sometimes hard to find a way to help a carer as there is often a reluctance to accept help.
- Balancing full-time work with caring responsibilities and feeling exhausted. It is a help if the doctors says 'your daughter needs a break'.
- Balancing your own needs and other demands and getting sufficient support.
- Not having sufficient knowledge to gauge what people need.
- Not feeling part of a 'whole care team' as a minister and not having sufficient knowledge of different circumstances.
- Feeling that you are making a nuisance of yourself ( minister)
- Lack of recognition of the importance of spiritual care in care homes and in hospital.
- How to communicate if someone has dementia or hearing difficulties or other conditions which affect their ability to speak.
- How to deal with unexpected situations and not knowing where anything is.

### **What sort of coping strategies have you developed?**

- Look at things to be thankful for.
- Taking time to pause and quieten down before entering the room
- Decide in advance how much time it is possible to stay with someone
- Allow pauses in the conversation
- Finding ways to communicate if speech is not possible.
- Involving the person you are visiting in helping with something
- Taking care of yourself by knowing your limitations
- Delegating
- Ensuring that you have time on your own
- Maintaining your own interests
- Having 'wee treats'.
- Getting some exercise
- Spending time in prayer
- Seek God's help
- Put on CD of music and dance in the presence of the person cared for
- Listen regularly to 'Countdown' as part of the day's routine with a patient.
- Ensuring that a visit is not rushed
- As a visitor use the notes of the last visit as a prompt
- Don't contradict someone even if what is said is not true
- Just 'being there'.
- Be ready to listen
- Think about the person and their family and interests
- Let the person take the lead in conversation



## **WHAT COULD FiOP OFFER?**

One of the aims of the day was to contribute to the work plan for FiOP and to provide guidance for future work.

Four key themes emerged from the discussion:

### **Education and Training**

- Enabling a better understand of the needs of people with dementia
- Training in listening skills and communication especially in relation to those who have had a stroke, have hearing or speech difficulties.
- Training on reminiscence work and in the development of memory boxes.
- How to run discussion groups within parishes for older people to share stories and experience.
- Developing a better understanding of spiritual care amongst care home staff.
- A better understanding of the regulatory issues affecting congregations – Disclosure Scotland, working with volunteers, confidentiality
- How to use guided meditation
- How to construct a service for people with dementia
- Workshops for creative ways of working with older people – including Tai Chi, stories with actions, exercise, music, painting

### **Developing Links**

- Create a champion for FiOP in each denomination/congregation
- Promote the courses and the work through each church
- Include churches, doctors, professional carers in the contact list
- Follow up those who have attended various FiOP courses

## **Developing Awareness**

- Use publications such as Life and Work, Adventures in Faith to publicise the work.
- Develop the Newsletter
- Use the website
- Use the champion role once it has been developed

## **Providing Opportunities for Carers**

- Organising opportunities for carers to come together to share experiences, to take stock and to feel safe in expressing vulnerability.
- Provide opportunities for solitude, prayer and meditation
- Provide time and space for people to feel valued for what they do.

## **CONCLUSION**

The conference was attended by people from the Catholic Church, Scottish Episcopal Church, United Reformed Church, and Church of Scotland, and the Baptist Church and included ministers and chaplains as well as visitors and carers from within those denominations.

The feedback from those attending was very positive and the issues and proposals will be of great assistance to FiOP in developing its future work.

*Maureen O'Neill, Development Co-ordinator, Faith in Older People, November 2007*

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