

Minding the Wisdom of Ages: Narrative Approaches in Pastoral Care for the Elderly

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ABSTRACT

This essay reflects on the nature and specific challenges of pastoral care for the elderly in a narrative perspective. Locating pastoral care at the interface of care for the human story and care for the stories of God, the paper explores the narrative challenges of old age and the ways in which narratives from the religious tradition can be brought into conversation with these narratives of individual lives. The paper starts by describing how we construct or “write” our life stories in old age and then looks into the question of how we tell our stories before a changing audience. Finally it discusses how pastoral care may function to connect the individual life story with the wisdom of ages.

Keywords: ageing, narrative, pastoral care.

Pastoral care for the elderly does not easily qualify as an innovative intervention, but it certainly merits a place in contemporary thinking about gerontology. Pastoral care represents a tradition of ages of care for the souls, including the souls of the aging. This has always involved a primary attention to the life stories of those cared for as well as for the life of wisdom sedimented in religious traditions. The latter are usually narrated as stories about God (or the gods, or...), in order to address the most profound layers of wisdom. In our stories about God we access the deepest symbolic meanings of life (Doka, 2002). Whether one takes them as divine revelation or as human projection, religious stories function as the anchor points for the stories through which we try to understand our own life and the world we live in. It all crystallizes in our “stories

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of God." I use that as a generic term for spiritual or religious narrative traditions, theistic or non-theistic, and including both older institution-alized traditions and emerging ones such as New Age spirituality.

Pastoral care takes place at the interface of care for the human story and care for the stories of God (Gerkin, 1997). It partners up with other helping professions in its care for the human stories. It shares the care for the stories of God with other types of religious presence, such as worship, church development, and religiously inspired political action. Combining these two focal points creates a powerful potential for meaningful care, but also a fragile identity. Some theories of pastoral care stress the human focus to the degree of becoming indistinguishable from social work or psychotherapy, albeit usually without their sophisticated theories and methods. Other approaches focus on the divine stories and end up as forms of preaching. It is a major challenge to maintain the balance and find ways of meaningfully connecting the two.

In these pages I will address this balanced connection of care for human stories and care for the stories of God in the specific area of care for the elderly. I will first attend to the human stories of aging in two steps. I will start by describing how we construct or "write" our life stories in old age and then look into the question of how we tell our stories before a changing audience. Finally I will discuss how pastoral care may function to connect the individual life story with the wisdom of ages. Although my personal background in protestant Christianity will undoubtedly reverberate in these pages, my intention is to offer an inclusive account of pastoral or spiritual care.

To highlight the spiritual narrative challenges in old age, I take my starting point in distinguishing what I see as two central dimensions. The first is the construction of a meaningful story; the second the exchange of stories between a narrator and her or his audience. The first is, in other words, about the narrative product; the second about the narrating process. Both have specific analytical and pastoral implications.

Writing our Stories in Old Age

The construction of a meaningful story is the first challenge with special significance in old age. It involves the question of whether or not the myriad stories one could tell about one's life somehow make for a consistent life story and thus for a stable identity. That does not necessarily mean a monolithic rigidity, but there has to be at least a sense of coherence (Antonovsky, 1987) that allows the person to see the self as a whole. This challenge is addressed in terms such as *Lebensbilanz* and life

review. It is a challenge that remains with us throughout our life span, but seems to become more pertinent in adolescence, around mid-life, and in old age. These are the times where we have to define and redefine who we are and who we want to be. That includes answering the question of how various aspects and details of our life fit together, how the various stories of our life form one life story—or not.

In old age, the challenge is to find a unifying understanding of one's own life, a story that somehow grasps within one coherent interpretation of what life has been all about. Evidently, this includes a recollection and evaluation of one's life projects. It involves the question whether one is satisfied with his or her achievements or has to consider it a failure. And if life has not been or brought what it was intended to be or bring, the next question is whether this is one's own responsibility or something for which others should be blamed. For most people this will be a mixed evaluation which challenges the idea of a well-rounded life story. How is one to reconcile the moments of failure and dissatisfaction and the secrets that belie the identity story one tries to develop?

Intrinsic to this narrative challenge to develop a coherent story is a spiritual desire of wholeness (Ganzevoort, 2004). This desire is described in religious traditions as Shalom or salvation and indicates a situation in which breaches and fragmentation are overcome and peace is found. It is this spiritual narrative motif that William James (1906) focused on in his description of religion as the solution to the "sick soul." Those who are tormented by experiences of division can go through the unifying experience of conversion. For the "healthy minded" in comparison, this solution/salvation is less needed because they are already experiencing a state of integration.

This first narrative challenge and its spiritual importance relates to the fundamental assumptions as Janoff-Bulman (1992) has described. Every narrator has to try and construct the life story in such a way that these three fundamental assumptions are honoured. The first fundamental assumption is the meaningful coherence of the world. This is the assumption of order and significance that is threatened by chaos and coincidence. Narrators have to tell their story in such a way that their life and world make sense as a whole and that the world they live in is just. This assumption of the meaningful order of the world, and therefore of the meaning of one's life, is an implicit articulation of the notion of creation and divine providence. It states that things happen for a reason, which offers the foundation for our trust in a safe and just world. Without this belief in the order of things, the world would be unacceptably threatening. A religious expression of this challenge is the

question whether God has the power to rule and change the world, and whether the events of one's own life are willed by God.

The question of wholeness and unification becomes all the more urgent in the light of impending death. Death threatens the central identity notions of continuity through time and uniqueness of the person. The meaning of life that is expressed in the life story is at stake when this life is about to end and the unique person will move beyond the world we know. There is a *horror vacui* for the unknown beyond death that has to be negotiated in our life story. Religious traditions offer narratives about the hereafter and accompanying rituals to navigate the threats of death. They offer a sense of continuity even through discontinuity. This may happen in a return of the soul to this world or in a transition to another world, but both narratives offer a kind of continuity. Some traditions promise that the unique individuality will be preserved; others tell us that the loss of this uniqueness is precisely what we need to be saved.

A further complication lies in the fact that our life story is never only our own. We figure in the stories others tell about us, just as much as we tell our stories about ourselves and others. Our capacity to define the stories told by others is limited, and it is especially limited in those life periods where we are increasingly dependent upon others. In the beginning of our life, we don't have a story to tell yet but we do play a role in the stories of our parents and others. It is only gradually that we are able to move away from the stories of others and start to become storytellers in our own right. In old age, we again lose much of our grip on the stories people tell about us. This is an issue especially in nursing homes and other institutional forms of care. Often it is unavoidable that family members speak on behalf of elderly persons, but we should be aware that there may be a discrepancy (or even a conflict of interests) between the self-stories of the person and the stories told by others.

The tradition of the Moravian church carries a beautiful example of this tension. This pietistic group developed the expectation that individuals would write their spiritual autobiography toward the end of their life. These *Lebenslauf* or autobiographies were intended to bear witness to the community of the person's unique faith. Generally, the autobiography was not to be finished by the person, but by her or his close relatives and the elders in the community. The text was to be read at the funeral as a way of remembering the person, and passing on the greetings and witness of the person to the community (and especially the next generation). In her analysis of this genre, however, Koncilia (2000) shows that this Moravian custom of composing a spiritual autobiography was first and foremost an exercise in self-discipline, encour-

aged by the community and in line with the community's general attempt to discipline their members and make them focus their attention on their dependence on Christ and on the Moravian community as a people of God.

Telling our Stories in Old Age

This brings us to the second dimension of narrative: the process of storytelling in relationship with others. The story is not only defined by the narrator and the content, but at least equally by the audience. This is the dimension of being embedded in the stories of a community and of responding to the expectations of the people around us. We cannot tell whichever story we like but have to respond to what those around us consider a legitimate story. In doing so, we follow the narrative models or canonical stories provided by the community in which we live. Religious traditions serve as a powerful repository of such models, as do cultural traditions transmitted through, for example, the media.

The narrative challenge in old age for this dimension has to do with the changing audiences. Many elderly people witness the death of their partner, friends, often even children. When they move to live in an institutional setting, death is a common visitor. Consequently, many relationships in which the personal stories are told are broken off. Many others dwindle because of distance and the increasing difficulty of travel. The relational world then shrinks to the smaller circle of the living environment and, hopefully, some regularly visiting children. For those in nursing homes and the like, the relational world of the institution is not necessarily one of choice, which means that they may not be that eager to share much of their life with their neighbours. Gossiping and bullying are also unfortunately relatively common experiences in institutions of care.

All this means that the audience one is to address with one's life story can be fragmented, decimated, or simply problematic. How then can a person narrate his or her own life when the desired audience is missing and the audience that is present may be partially undesired? The construction of a story that fits this complex audience becomes all the more difficult. This may be one of the reasons that narrative competence is under pressure in old age, requiring specific interventions such as "life story books" (Ganzevoort *et al.*, 2009). It may also be the reason that many people, especially in care institutions, seem careful not to reveal too much of their story.

Intrinsic to the narrative challenge of finding and reaching out to an audience is the spiritual desire for recognition and love. In the end, we

share our life story hoping for someone who will be willing and able to hear our entire story and still love us. This desire remains largely unfulfilled, partially because even our dearest ones are limited in their capacity to accept, partially because our shame impedes our telling. The religious traditions then offer a narrative of a divine audience: Someone who already knows everything and yet loves us (or at least is just in his judgment over us). Even in non-theistic traditions, there is often a sense that in the presence of the holy we can be freed from our shame and view or share our entire life story. The road to salvation or enlightenment comes through confession or self-disclosure. In all these forms, the traditions offer us an audience—either as a personalized deity or an abstract postulate—that allows us to tell our story.

This second narrative challenge relates to the second fundamental assumption in Janoff-Bulman's model: the benevolence of the world. This is the assumption of care and positive intentions in the social and natural context, countered by experiences of evil and neglect. Narrators have to tell their story in such a way that they can put trust in the people and structures they meet. The assumption of the benevolence of the world is an implicit articulation of the notion of divine love and care. It states that we need not live in constant fear and paranoia, but can entrust ourselves at least partially to others and to the world. Without this belief, the material and social world would be evil. A religious expression of this is the surrender to God's care and to the mercy that people express to one another, for example in elderly care.

So far I have addressed only two of the fundamental assumptions. The third in the model is self-worth. The narrator must tell the story in such a way that the individual existence is affirmed and valued positively. The challenge is for narrators to create a meaningful story that fits the criteria of these three fundamental assumptions. This assumption of self-worth is an implicit articulation of the notion of *imago Dei*, humans created after the image of God, which identifies them as invaluable in God's eyes. They are even interpreted as co-creators and name-givers, which stresses autonomy. This notion is specified in the individual value of the person, a notion that is fundamental in religious narratives that focus on personal redemption and not only on the continuation of human history. Finally, this assumption is essential for the merciful care of the sick, the old and the needy, because receivers of care are seen as individuals, fellow humans who deserve our attention.

The narrative challenge that is addressed in this model of fundamental assumptions is further reflected in the context of elderly care and the appreciation of the narratives of the elderly. One approach to the elderly and their narratives is to see this life stage as an epilogue that reiterates

some of the central themes but adds little of value to it. In this approach, life stories are seen as only anecdotal, and accordingly elderly care is increasingly organized in a technical medical institutional way. Critics from an ethics of care perspective would see this approach as dehumanizing. In the light of the fundamental assumptions identified here, we should say that this approach devalues human individuality and worth, and expresses little benevolence, but it may offer a great deal of order. A second approach to the elderly and their narratives is to see old age as a finale, in which the life story culminates in possibly new and integrating meanings. This leads to the expectation that individuals will always have a new and richer story to tell. Life stories then are seen as essential, and elderly care needs to be organized in a reciprocal way. The health care institutions that espouse such a view try to offer an environment that is safe, well-ordered, just, and benevolent, and that affirms the individual worth and wishes of the elderly. That is, the identity of the institution is expressed in an intentional validation of the fundamental assumptions. The primary rationality in elderly care should be ethical or narrative, not technical, medical or economic. It is not enough, then, to allow for narrative methods within the organization; the organization itself will need to express these fundamental values. The organizational structures relate to the assumption of meaningful order, the attitude of caregivers to the assumption of benevolence, and the priority of the individual over the limitations of the institution to the assumption of self-worth.

Tapping into the Wisdom of Ages

What does this mean for pastoral care in old age? If pastoral care is about connecting the individual's story and the story of God, then the main question is how these two can be connected. Here several models can be distinguished. Obviously it is not possible to go into detail on the wide variety of pastoral approaches in different faith traditions (Hunter, 2005). I will limit myself to some underlying structural models (Ganzevoort and Visser, 2007).

The first model can be labelled "kerygmatic" (proclaiming) or instructive. Its root structure is a movement from the stories of the tradition to the individual story. In this model the pastoral caregiver will listen to the person's stories for questions and clues, but then draw on the narrative tradition to offer answers. It is called instructive because of the truth claims inherent to this model. The underlying conviction is that the tradition carries the revelation of God himself. This implies that the meanings and messages coming from this tradition take prior-

ity over the stories of the individual receiver of care. The stories of God are offered not as possible sources of meaning, but as ultimate ones, demanding a response of faith and obedience. Sometimes this model comes in harsh and fundamentalist shapes; at other times it takes a more sensitive posture, for example when a person in despair is admonished to keep faith in God. This may be comforting, but one needs to keep in mind that it requires the person to rely upon the authority of the caregiver and/or the tradition for that faith. This is why the instructive tradition has usually stressed the religious authority of the ordained pastor, so that he or she can really speak on behalf of the tradition or even on behalf of God. For many elderly people, this is the model of pastoral care they know from their life history, because it was the dominant model at least until the sixties, and in more orthodox or conservative traditions it still is.

The second model is a “therapeutic” or expressive one. In this model that grew out of the modernizing changes in the sixties, the direction is the exact opposite. Here the central meanings are to be found in the individual’s life story. The authority of the tradition and its representatives are disputed. The caregiver engages with the care receiver in exploring the spiritual meanings of the personal life story. The stories of the religious traditions are invoked to express the affects and longings of the individual. Biblical stories then can serve to offer images and language for the existential issues the person is grappling with. This articulation of the person’s life story in terms of the religious tradition serves to foster in the person an experience of oneself as a spiritual being and of God’s presence in one’s story. These biblical stories may be, for example, comforting psalms, but they may also acknowledge the importance of emotions that the person him or herself labels negative, such as anger or revenge. By offering biblical models of anger and revenge, the person is allowed to feel and accept these emotions and find ways of handling them constructively. The pastoral caregiver plays an important expert role in this approach because he or she carries the knowledge of the religious stories and knows which stories would fit the person’s life story. It is not the ecclesial authority of the first approach, but the more functional authority of expertise.

The third model can be called “hermeneutical” or evocative. It combines elements of the other two, but refrains from the authority that is intrinsic to both. Central to this third approach is the offer of notions, language, images and stories that may evoke a change of meaning. This intended change of meaning distinguishes the evocative from the expressive approach. In the encounter of the personal life story and the religious story, both are allowed to change. This makes for a critical and

creative reading of the Bible story. Neither the personal nor the traditional story determines the outcome and the pastoral role is not one of authority. Only the person whose life is involved is in the position to find moments of emerging significance in this interchange of stories. The pastoral caregiver is more like a facilitator or midwife, creating the space in which these interchanges can occur. This asks for an open and creative attitude in the pastoral caregiver.

If the aim of pastoral care for the elderly is to support them in connecting their life story with the stories of the religious tradition, then the evocative approach is probably the most constructive one. The instructive and expressive approaches can be important for specific moments and issues, but the evocative approach allows the most meaningful interaction between the stories. Moreover, it allows for response in the most constructive way to the narrative spiritual challenges addressed earlier. Given the challenge to find a life story which is somehow consistent despite fragmentation and the discontinuity of death, and the challenge to find an audience for one's story, the evocative approach supports narrators through a respectful relationship that invites new interpretations. The person is taken seriously as a unique narrator with the right and capacity to find new meanings in old stories and with an audience that accepts, invites and challenges. In that sense, the pastoral caregiver symbolizes something of an ideal audience, making possible the experience that somehow God might be one's ultimate audience for whom one could finally tell the ultimate story of one's life.

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