

Old

[Aim: to consider what it is like to be an elderly person in a remote area and to understand the special problems of living away from necessary facilities.]

Story

Two elderly widows were friends and had lived in the same small rural village for years. Both were very active in the church and were considered important figures in the community. Molly was a great organiser, making sure the small congregation knew what was happening when and was the writer, producer and deliverer of the church newsletter. Diana was known as a colourful eccentric, never afraid to say exactly what she felt about anyone to anyone. She always came to church but refused to take communion except at Christmas and at Easter. People went to Molly to find out facts about who, what, when and where. They went to Diana for uncompromising opinion about everybody, especially newcomers, visitors and any new arrivals.

Molly could drive and regularly went into the local town to do her shopping. She was also able to visit her son and her daughter who had moved some distance away. Although she was very mobile, she did nonetheless consider the village to be her home and the place where her roots were. Diana had never learned to drive and was heavily dependent on buying produce from the local farm and from the local shop. The village had no bus service. When the shop closed down, and with it the sub post office, Diana took to her

bicycle and cycled the eight miles to the nearest town to collect her pension and buy necessary supplies. Because she could not carry very much in her basket, she would go out every day except Sunday. She was too proud to accept a lift from anyone, or to allow people to do her shopping for her, despite many offers. Indeed Diana on her bicycle became symbolic of the village's independent spirit.

When Molly fell ill, her son and her daughter came to visit her and both asked her to come and live with them. Molly resisted this as she felt all her roots were in the village and she did not want to leave her house. Diana then set herself to look after Molly and began to shop for both Molly and herself, carrying out double the bicycle journeys to make sure they were both provided for. Under Diana's care, Molly recovered and was very glad that she had not made the decision to sell her house and become part of her son or daughter's household. Molly's view however, was that it would have been easy when she was ill, to have succumbed to the pressure to move away. The difficulties of living in an isolated village when she was ill or incapacitated, seemed to outweigh the desire to stay put in her own home.

A few years later Diana fell ill with terminal disease. Having no family and no children, the question of how best to care for her was complicated by there being no hospital, hospice or other care facility within easy reach of her friends and neighbours. Molly therefore set to work to try and repay her friend's kindness, but the enormity of the task soon overwhelmed her. Diana needed specialised treatment and pain relief and the combined efforts of all her neighbours and friends in the village were not enough to help her.

Eventually, Diana had to give up her cottage and make provision for her pets and allow herself to be moved to a hospital some distance away.

Nursing staff reported to her visitors that Diana's depression was particularly acute and difficult to treat. They noted that beyond the progression of her disease, the removal from her community, her cottage, and her pets had created in her a sense of being dead while yet alive, so that her quality of life was reduced. Another problem was the change in the bond between herself and Molly. They had shared significant parts of their daily lives, while both were fiercely independent. They had had a common vision in which they would live out their lives in the village and die in the heart of their community. They were both distressed when that turned out to be impossible to sustain. Diana died and Molly died soon afterwards. The effect on the village was also catastrophic with the community reeling from the loss of two of its pillars. Their strong wills and combined knowledge had been a source of inspiration for others, especially the tiny church community. Without the organiser and the voice of local opinion, gaps in the orderly process of village life opened up and the village for a time fell into disarray.

Discussion

In today's western society we may often behave as if there were no such thing as ageing. Indeed, we are encouraged to think that we will remain young, healthy and full of possibility for ever. Yet all of us do grow older and have to make decisions about how we retain our life of independence and contribution in the face of particular needs. Such questions also may be

shaped and directed by our faith and how we wish to spend our later years in serving God and building up the church. This may have to balance against the contingencies we have to prepare for: where will we live out our last years? What financial provision do we have? In the case of disability, what facilities might we lack and what difference might that make to how we can continue to live usefully?

The story illustrates some of the difficult questions elderly people can face in small rural communities. Travel and access to shopping facilities may be difficult for the elderly. Questions of where the sick can be nursed and how they can be rehabilitated after illness may be particularly acute. Lack of facilities and resources, without an adequate support network, can lead to frail and elderly people in small communities being isolated and cut off from the care they need. Pastoral care by the whole Christian community may mean more than just visiting the elderly, but the provision of time, energy and resources into very practical help. Beyond this, too, there is the question of what the elderly in a small community can offer to the praying heart of local church life. Being disabled, sick or housebound does not mean that the elderly cannot play a full and necessary part in the missionary life of the local church. Who affirms this and sustains this expression of faith in the face of limitations is a question for the whole of any congregation to address.

Suggestions for Bible Study

Genesis 49: 29-end

Proverbs 23: 22-25.

Luke 2: 22-35

1 Thessalonians 5: 12-22

Choose one or two questions for discussion

How are elderly people supported in our village or community?

Does anyone tend to be missed out in the network of care? If so, give examples and what could be done better to help them.

Parish Councils have the opportunity to identify the transport needs of residents and to seek solutions. How are the travel needs met in our locality?

How are links maintained with the elderly who used to live in our village?

What could we do to keep up proper links?

Does our local church exercise an adequate visiting ministry to the elderly, including to elderly care homes?

Possibilities for drama or role play

Imagine how Molly and Diana might discuss their hopes for the end part of their lives. What wishes, dreams and fears might emerge?

Imagine how Molly might discuss with her family whether she should go to live with them or stay in her own home. What sort of issues would influence the decision?

Reflection: How does God want to use us as we grow older? What difference does it make to our faith and witness if we can't do as much as we used to, or would like to? What new opportunities are available to retired or elderly people to witness to faith?

A Hymn and a Prayer

**For example: *Abide with me; fast falls the eventide*
or *I lift my eyes***

God,

You walk with us all our lives,

you watch us make our way towards you;

you long to catch us when we fall.

Help us at our end to rest in you.