

COVID-19 Pandemic and the Elderly in Ghana- A Discussion of the Religious and Spiritual Implications for Their Wellbeing and Survival

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Abstract

The years 2020 and 2021 have been challenging for the elderly globally because of the unimaginable impact of COVID-19 pandemic on that age group. According to a report by the US Center for Disease Control and Prevention, the greatest risk for severe illness and death from COVID-19 is among those aged 85 or older. In this presentation, I wish to establish that religion and spirituality are essential mechanisms for the elderly to cope during crisis situations such as the COVID-19 pandemic. This paper will draw on a body of research which has shown a positive correlation between the wellbeing of the elderly and their spirituality or religiosity. This paper also seeks to discuss the spiritual needs of the elderly and suggests best approaches to provide care to meet their spiritual needs during the pandemic. This presentation would also highlight some results from an open-ended questionnaire survey administered to pastoral caregivers of the elderly in some selected Presbyterian church congregations in Ghana. The survey results provide evidence on how the elderly maintain their spirituality even under strict COVID-19 restrictions. Finally, this presentation will also highlight some pastoral care guidelines necessary for the promotion of the well-being and quality of life of elderly people during this COVID-19 pandemic and in future.

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Introduction

The increasing population of the elderly globally has caught the attention of demographers, development planners and other social scientists. According to the UN Report of 2017, the population aged 60 years or overreached 962 million worldwide. This figure is more than double the 382 million recorded for the same population in 1980. It is projected that by 2050 the number will reach 2.1 billion (Department of Economic & Social Affairs Population Division, 2017). The 'United Nations Plan of Action' on ageing discussed this population phenomenon and stated explicitly that:

From 1975 to 2025, the number of persons aged 60 years and over throughout the world would increase from 350 million to over 1,100 million, or by 315% compared with the total population growth of 102%. By 2025, ageing would constitute 13.7% of the population (UN, 1982, p, 1184).

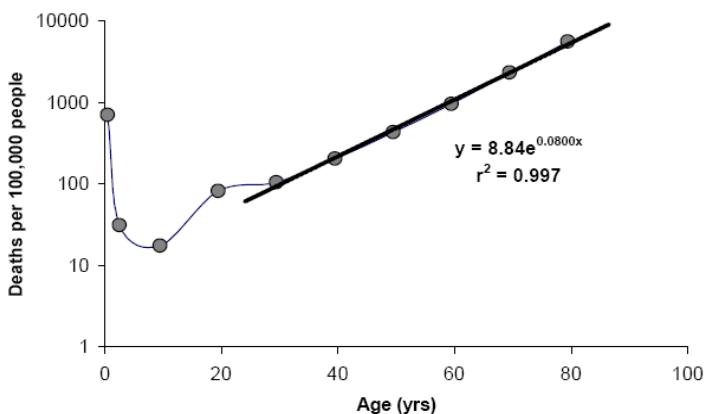
Interestingly, two thirds of older persons live in developing regions. In 2050, it is projected that 8 in 10 of the world's older persons will be living in the developing world. In many countries in the developing world, the general conditions of the elderly in terms of the availability of good healthcare facilities and modern amenities for the promotion of their wellbeing are below those prevailing in the developed world. In the era of COVID-19 where availability of better equipped medical facilities, healthcare personnel and vaccines are a necessity, older people in the developing world become more vulnerable if they become infected with the virus. Thankfully, the rate of infection in countries in Africa and other developing countries is not alarming, compared with some of the more advanced countries (UN, 2022).

Ageing defined

Ageing is a multidisciplinary subject, and can be defined from different perspectives, for example, psychological, physiological, chronological, and spiritual. It can simply be defined as a set of changes in the human being associated with the progress of time.

Most evolutionary biologists define aging as an age-dependent or age-progressive decline in intrinsic physiological function, leading to an increase in age-specific mortality rate and a decrease in age-specific reproductive rate (e.g., Medawar, 1955; Rose, 1991; Williams, 1957). Aging therefore has been defined as the collection of changes that render human beings progressively more likely to die (Medawar, 1952). Mathematically, ageing can be quantified from mortality curves as shown in Figure 1 below:

Figure 1. Mortality rates, expressed in deaths per 100,000 people, as a function of age for the 2002 US population.



The Impact of the pandemic on the elderly

Globally, the aged population has been severely impacted by the COVID-19 pandemic. According to a report by the US Centre for Disease Control and Prevention the greatest risk for severe illness and death from COVID-19 is among those aged 85 or older (Center for Disease Control & Prevention, 2021). Besides the high mortality rate among the elderly, the lockdowns increased the period of isolation and loneliness suffered by the elderly (WHO, 2022). The result of such prolonged isolation- either in hospitals or in aged-care homes - cannot be easily assessed, but without doubt the mental health of some of the elderly would have been affected. Additionally, access to the general healthcare system was sometimes limited to only 'emergency doctor visits' during the peak of the pandemic. This would mean that routine medical check-ups or regular medical visits to the hospitals is critical to the wellbeing of the aged would be limited.

The COVID-19 protocols enforced a controlled visitation scheme for families visiting the elderly- in sheltered, residential and private homes, especially in the developed countries. The restrictions were directed towards a reduction of contacts with the elderly to prevent infections among the elderly who were most at risk.

In rural Africa, however, where most elderly people live with their families, the elderly did not suffer much isolation and loneliness compared with their counterparts in urban centers in Africa who may be living alone after the demise of a spouse. Nonetheless, the economic impact of COVID-19 suffered by both urban and rural dwellers in Africa would exacerbate the already deplorable conditions of many elderly people on the continent. The situation has been reported in some articles and papers written recently. Writing on "The Impact of COVID-19 Pandemic

on the Elderly in Africa” Martin R. Rupiya wrote in ACCORD Magazine:

“A major feature of COVID-19 has been its impact on income, both in the formal and informal sectors. Its effect has been most evident in family links and informal trade. This includes remittances from the diaspora, as millions join the unemployed in areas where popular village or town square markets have been shut down, eliminating a key feature of the revenue stream of informal settlements (Rupiya, 2020).”

In a related article Catherine Caruso wrote about the worsening of the economic conditions of the elderly in Mozambique because of COVID-19 and the effect of Cyclone Idai (Caruso, 2020).

During the onset of the COVID-19 pandemic, in-person gathering for worship in churches was suspended by lockdowns and COVID-19 protocols. Consequently, the frequency of religious rites and sacraments for the elderly were reduced (especially Communion services, celebration of birthdays and organization of funeral services etc.). In churches in Ghana, government directives encouraged older adults and individuals with underlying health issues to stay at home during Sunday chapel worship after the lockdown was lifted.

Other forms of impact included the fear of approaching death and death of close friends. The mere experience of friends dying around you or one being in a critical health situation can create fear of death- imagined or real. These are general occurrences experienced during old age but heightened during the COVID-19 pandemic.

The coronavirus pandemic impacted negatively on global economy, leading many nations to experience unprecedented economic recession. The consequences of this economic challenge

resulted in hardship suffered by many individuals including the elderly (Van Jaarsveld, 2020). The reduced income of the private sector where some of the elderly belong, coupled with reduced remittances from relatives affected by the COVID-19 pandemic exacerbated an already precarious situation faced by many elderly people. In places where elderly farmers or landowners could not work because of the restrictions, the dependency ratio was high. In situations where retired elderly persons were not on any pension, poverty resulted (Li et al., 2020).

Ageing, spirituality and religion

There is an increasing awareness and interest in religion, spirituality, and wellbeing of the elderly. This is evidenced in many studies and discussions on spirituality, religion, and ageing. It is appropriate at this juncture to define the concept of spirituality, religion, and faith development.

There is no simple definition for spirituality, but many attempts have been made by different scholars to define or explain it. Howard Clinebell defines spirituality as *“the human need for meaning and value in life and the desire for relationship with a transcendent power.”*

Spirituality holds together the emotions, convictions and attitudes that characterize an individual’s life history. It is what people live by and which helps them to look forward. Spirituality is also seen as an inner resource that animates, drives, and motivates the person. It brings together the person’s sense of meaning and relationship worked out with others and, if the person has faith, with God. This concept of Spirituality is reinforced by the National Interfaith Coalition on Ageing (NICA) which adopted the definition:

Spiritual well-being is the affirmation of life in a relationship with God, self, community, and environment that nurtures and celebrates wholeness. (Moberg, 2012; NICA, 1975).

Mowat and O'Neill (2013) noted that there are two schools of thought regarding the concept of spirituality: a) It pertains to religious belief; b) It pertains to people's need for meaning, which can be found in faith in a divine entity but also in their relationships with others (Mowat & O'Neill, 2013).

Religion on the other hand can be described as a belief in and worship of a supernatural power, especially a personal God or gods. It is a personal set or institutionalized system of religious attitudes, beliefs, and practices.

The Royal College of Nursing (RCN), in its pocket guide on spirituality in nursing care (RCN, 2011), explains that spirituality is not just about religious beliefs and values, but also about hope and strength, trust, meaning and purpose, forgiveness, love and relationships, morality, creativity and self-expression (RCN, 2011). For many people spirituality can be situated in religious practices within an organized group such as a Christian church. According to MacKinlay (2017) 'spirituality can be mediated through a relationship, a conversation, a landscape or a work of art as well as through religious practice and rituals.'

James Fowler helps us to comprehend the development of spirituality connected with faith with his 'Faith Development Theory'. Fowler divided the whole life span into seven eras: Infancy, Early Childhood, Childhood, Adolescence, Young Adulthood, Adulthood and Maturity. According to Fowler, each stage of life has a corresponding stage of faith development. For example, Adulthood and Maturity (60+) correspond with the Universalizing Faith. Older Adults at this stage of development

'are selfless and open-minded and attempt to live a life which represents a vision of the absoluteness of love and justice in a future and universal commonwealth of being'. While they may not be perfect in all their ways, the cause for which they commit their being is an admirable quality. At this stage, it is also important to understand how faith and spirituality produce positive health outcomes for the elderly.

Research on the importance of religion and spirituality for the elderly

Numerous studies indicate that the spirituality and religiosity of the elderly play a vital role in cushioning them during times of crisis or distress.

Research from over 1,200 empirical studies and 400 reviews by Koenig and colleagues (1994, 2001) has shown evidence of a positive correlation between faith and religious practice and health benefits, including protection from illness, coping with illness and faster recovery (Fowler, 1981).

Studies suggest that spirituality (and religion) have been helpful for persons with physical disorders. For example, elderly patients who are spiritual have utilized their beliefs in coping with illness, pain, and life stresses. Some of the studies indicate that those who are spiritual tend to have a more positive outlook and a better quality of life. These studies are recognised and supported by the World Health Organisation (WHO). The WHO Consultation on Spirituality, Religion and Personal Beliefs released the following statement to emphasize the critical need to factor spirituality and religion into the health care needs of people:

'Health professions have followed a medical model which seeks to treat patients by focusing on medicines and surgery and gives less importance to beliefs and to faith. This reductionist or

mechanistic view of patients as being only a material body is no longer satisfactory. Patients and physicians have begun to realize the value of elements such as faith, hope, and compassion in the healing process. The value of such 'spiritual elements in health and quality of life has led to research in this field to move towards a more holistic view of health that includes a non-material dimension, emphasizing the seamless connections between mind and body' (WHO, 1998).

Research has found a positive relationship between various measures of religiosity or spirituality and high levels of morale, life satisfaction, psychological health, successful ageing, and other indicators of well-being. According to a study, religion and spirituality has been found to provide psychological benefits to the elderly (Kaplan & Berkman, 2021).

Many elderly people report that religion is the most important factor enabling them to cope with physical health problems and life stresses (e.g., declining financial resources, loss of a spouse or partner). In one study in the US, more than 90% of elderly patients relied on religion, at least to a moderate degree, when coping with health problems and difficult social circumstances. For example, having a hopeful, positive attitude about the future helps people with physical problems remain motivated to recover (Sadler & Biggs, 2007).

There are many other published reviews that indicate empirical findings linking religious variables to psychosocial and health-related results in gerontological and geriatric research (Koenig, 1995; Koenig et al., 2001; Levin, 1997). There are also epidemiologic investigations of religious effects on mortality/longevity/survival (e.g., Hill et al., 2005; Hummer et al., 1999; Krause, 2006).

In other studies, there has been more correlation between spirituality and positive outcomes among the elderly. For example, McCullough et al. (2000) suggested that people who participate in spiritual activities such as going to church as individuals or in groups often live longer than those who do not (McCullough et al., 2000). In another instance, Erichsen and Büssing (2013) found a relationship between meeting the spiritual needs of older people and positive health outcomes (Erichsen & Büssing, 2013). There is also published evidence of a link between spirituality and mental wellbeing (Cornah, 2006).

A cross-cultural study carried out by the author on pastoral care provision for the elderly has revealed the importance of religion and culture in the wellbeing of the elderly in Ghana (Ayete-Nyampong, 2008). Many other studies suggest that religion/spirituality has been very helpful for persons with physical disorders. Patients who are religious have utilized their beliefs in coping with illness, pain, and life stresses. In an article published online, the authors confirmed that:

Research on the biology and neurobiology of pain has given us a relationship between spirituality and pain. There is growing recognition that persistent pain is a complex and multidimensional experience stemming from the interrelations among biological, psychological, social, and spiritual factors. Patients with pain use several cognitive and behavioral strategies to cope with their pain, including religious/spiritual factors, such as prayers, and seeking spiritual support to manage their pain (Ozden & Kaptan, 2013).

Some of the studies also indicate that those who are spiritual tend to have a more positive outlook and a better quality of life. For example, patients with advanced cancer who found comfort from their religious and spiritual beliefs were more satisfied with their lives, were happier, and had less pain (Puchalski, 2001).

Results of a pain questionnaire distributed by the American Pain Society to hospitalized patients showed that personal prayer was the most used non-drug method of controlling pain. 76% of the patients made use of it. In the study, prayer as a method of pain management was used more frequently than intravenous pain medication (66%), pain injections (62%), relaxation (33%), touch (19%), and massage (9%), (Puchalski, 2001).

To further explore how religious influences enhance wellbeing and coping mechanisms during old age, I interacted with a group of older persons after a Sunday morning church service at the Larteh Salem Congregation of the Presbyterian Church of Ghana. The study involved 36 females and 9 males aged above 65 years present at the church service that Sunday morning. Data was collected through a group interview. Results from the study showed that 90% of the respondents considered prayer as a powerful spiritual exercise that kept them going daily; it was also their source of strength and healing; by it they had easy access to the Almighty God who sees their needs and is ever present in their situations.

Motivation for religious participation (in-person) during COVID-19 pandemic

In a post-lockdown study conducted to investigate the motivation for church attendance by the elderly during the COVID-19 pandemic in some selected Presbyterian Congregations in Ghana, pastors asked through a survey to identify factors that motivated aged members to attend church services regularly. Some elderly members of the congregations were also interviewed directly about the same subject. The data from this study revealed interesting responses which revealed that belief in God and one's personal spiritual life coupled with the need for satisfaction were

the key motivation for the participation of the aged in church services amidst the ravaging impact of the COVID-19 pandemic. Some responses from the study are categorized and highlighted subsequently.

- FAITH IN GOD- it is the central attraction to worship in church. As Africans, this belief is innate and regulates social norms.
- FELLOWSHIP AND SOCIALIZATION- these are the antidote to loneliness, boredom and isolation suffered at home during the week (Monday to Saturday).
- SECURITY AND PROTECTION IN CHURCH- the church environment offers the elderly security and protection from any abuse some of them suffer from their relatives at home.
- SACRAMENTS AND RITES SUCH AS HOLY COMMUNION- these identify one with the faithful. Holy Communion becomes the last rite administered to the dying believer.
- SPIRITUAL NOURISHMENT/ WORD OF GOD- it is the food of the soul and guiding principle by which life is lived in its fullness (John 10:10). The Word of God is also described as the sword of the Spirit with which the elderly overcome temptations and spiritual attacks (Ephesians 6: 10-15).
- TO FINISH WELL IN FAITH- Having begun the Christian race in infancy, there is a motivation during old age to finish well and receive the crown of righteousness (2 Timothy 4: 7-8).
- TO RECEIVE HEALING FROM GOD- the Bible assures Christians in Isaiah 53: 5b that by the stripes of Jesus we are healed. The elderly who are more susceptible to coronavirus infection and other age-related physical weaknesses join in worship to receive healing and deliverance from God.

- PRAYER SUPPORT- they constantly crave prayer support and enjoy congregational intercession for the elderly, sick and bereaved.
- CHURCH MUSIC- one important motivating factor for church participation is the music that soothes, encourages, and strengthens the soul. It is the medium through which they bring praises and thanksgiving to God.
- VIRTUAL ACTIVITIES NOT FAVOURABLE FOR ELDERLY- most elderly people are not accustomed to modern technology such as the use of Zoom or Facebook for virtual church services. In-person worship services are preferable and beneficial to the elderly.
- FEEL PROTECTED AGAINST THE VIRUS WHEN IN CHURCH- congregations comply strictly with the COVID-19 protocols. Some elderly people feel safer and protected from the coronavirus when they are in church than when they are at home or in their communities where there is often a total disregard to government directives on face masks, social distancing and washing of hands.
- CHURCH ATTENDANCE IS A HABIT SINCE CHILDHOOD- Church attendance has been a habit since childhood, and non-participation would only occur in periods of severe illness or disability.
- LOVE FOR CHRIST- it is the chief motivation because Christ died for sinful humanity and resurrected to assure us of eternal life with God.
- TO BE ACTIVE IN CHURCH PROGRAMS- this is where the elderly utilizes their giftings and contribute to the growth of the church.
- TO BE REMEMBERED IN CASE OF CRISES/ DEATH; HELPS PREPARE FOR DEATH- going to church keeps them

in memory of the congregation for continuous support and other benefits.

- COMING TO CHURCH IS EXERCISE- the walk to church is a routine exercise that promotes good health.
- RELIGIOSITY BRINGS PEACE OF MIND AND WELLBEING- they have peace within themselves when they maintain a lively spiritual life, knowing that humans are made of body, soul, and spirit in communion with God who is Spirit.
- THEY RECEIVE COMFORT AT CHURCH- in times of losses and bereavement, the church offers a lot of support and comfort through the hymns, visits, donations, and words of encouragement.
- THEY GIVE TITHES AND OFFERINGS- bringing their gifts of tithes and offerings to God is a practice that promotes their relationship with God and the church.
- LOCKDOWN CLOSURE OF CHURCHES WAS SEVERE BLOW- the closure of churches during the lockdown was a severe blow that robbed them of most of the benefits enumerated above.
- GOING TO CHURCH SHOWS A GOD-FEARING NATURE AND REVERENCE TO GOD- changing into a Sunday clothing and going to church gives one a healthy feeling of the fear and love of God.
- DEPENDENCE ON GOD- being in church to pray and worship shows dependency on God.
- THE ILLITERATE LISTEN TO THE READING OF THE BIBLE AND PREACHING- inability to read the Bible is not a disability to prevent the knowledge or study of the Bible. In church the Bible is read as part of the lectionary and preached. It is an avenue to acquire knowledge and information.

Spiritual needs of the elderly

Having considered the above reasons or motivation for participation in church services after the lifting of lockdown restrictions, one becomes convinced that need satisfaction of the elderly becomes a compelling factor associated with religiosity and spirituality. Linking this finding to Abraham Maslow's Hierarchy of Needs which identify five main blocks of needs: Physiological needs, safety needs, love and belonging, esteem, self-actualization, it is easy to posit that during the pandemic, the elderly have also relied on religiosity and spirituality as a safety net to meet certain basic needs for survival and self-actualization (Maslow, 1943).

Additionally, Rev. Albert Jewell also identifies six spiritual needs of the elderly, Albert (2003):

- **Association (non-Isolation)** - Humans are social beings and need companionship and friendship.
- **Affirmation** - We all need to feel that we are of value and use in life; that we are wanted, loved, and needed.
- **Celebration** - This is an instinct. Without room for celebration life becomes a burden.
- **Confirmation** - Older people need someone who will simply listen and allow them to share their deepest feelings.
- **Reconciliation** - Older people often say they 'want to die in peace' - with others, with their own heart and with God.
- **Integration** - Feeling that one has been an active part of life.

Koenig (1994) identified 14 spiritual needs of older people based on prior research both at a theoretical and empirical level. Koenig focuses here on religion and the various practices that emerge from participation in religion (Mowat & O'Neill, 2013).

This distinction is noteworthy because the word 'spirituality' has been associated with different meanings and arguments. This list below includes:

- i. Need for support in dealing with loss
- ii. Need to transcend circumstances
- iii. Need to be forgiven and to forgive
- iv. Need to find meaning, purpose, and hope
- v. Need to love and serve others
- vi. Need for unconditional love
- vii. Need to feel that God is on their side
- viii. Need to be thankful
- ix. Need to prepare for death and dying
- x. Need for continuity
- xi. Need for validation and support of religious behaviours
- xii. Need to engage in religious behaviours
- xiii. Need for personal dignity and sense of worthiness
- xiv. Need to express anger and doubt

Practical steps to enhance the spirituality of older adults during COVID-19 pandemic

In an article on '*Spirituality and Care for Older People*', Janet Parker underscored the importance of providing the spiritual environment in which older persons can deal with their many challenges such as losses and mending of broken spirits through love, service, and prayer. How these losses are dealt with is important to their well-being (Parker, undated).

The problem statement is: how do we promote the wellbeing and need satisfaction of the elderly during the COVID-19 pandemic

using their spirituality and religiosity as the basis for developing a life-enhancing model of pastoral care?

This paper proposes the use of the Church's 3-core functions: *Kerygma*, *Koinonia* and *Diakonia*.

Kerygma and its associated word *Didache* imply the preaching and teaching of the Word of God to build the spirituality of the worshipper through hearing and living by the Word of God. There are many promises in the Bible that assure an elderly person of the love and care of God during the period of health challenges and losses in old age. For example, Isaiah 46:3-4 assures the elderly of God's care and assistance in old age:

"Listen to me, you descendants of Jacob, all the remnants of the people of Israel, you whom I have upheld since your birth, and have carried since you were born.

Even to your old age and gray hairs.

I am he; I am he who will sustain you.

I have made you and I will carry you.

I will sustain you and I will rescue you." (Isaiah 46: 3-4)

During sickness, one can easily meditate on verses that promise healing, such as **Isaiah 53:5**:

"But he was pierced for our transgressions, he was crushed for our iniquities; the punishment that brought us peace was on him, and by his wounds we are healed."

In a pandemic period, the elderly would benefit from the Word of God, preached, taught, read, and discussed in church. If circumstances permit, special 'gerontological hermeneutics could be developed to the spiritual needs of the elderly. In situations where hearing is impaired, sign language could be adopted by trained volunteers.

The ability to meditate on the Word of God brings calmness and peace even during grief, illness and diminishes in old age. A Religious/ spiritual person ought to have time each day for prayer, Bible reading/ study and reflection. This is a good spiritual exercise with many health and psychological benefits.

John Piper, author of 'Coronavirus and Christ' agrees with the benefits of meditation by quoting that "God has not destined us for wrath, but to obtain salvation through our Lord Jesus Christ, who died for us so that whether we are awake or asleep we might live with him. (1 Thess. 5:9–10)".

J. Kwabena Asamoah-Gyadu in his book 'Christianity and Faith in the COVID-19 Era- Lockdown Periods from Hosanna to Pentecost' has added another dimension to the discussion on meditation by encouraging a reflection on the Church's history through periods of crises such as the Lockdowns from Hosanna to Pentecost. This take gives us a healthy approach to mitigating crises situations in life such as COVID-19.

Koinonia

Fellowship is an important part of the ministry of the church because it promotes sharing together and participation in the lives of one another and with God (1 Corinthians 10: 16-18). The essence of *koinonia* is to be a therapeutic community where sharing and participation promotes healing and integration. This could be enhanced by intentionally forming an adult group for socialization and recreational activities.

Adult social/recreational group

This group is needed to discuss matters relating to the spiritual, social, psychological, and physical needs of older adults. All

COVID-19 protocols should be followed. The meeting place ought to be 'elderly friendly' to facilitate easy access for wheelchair users and those with difficulty in walking and climbing.

At their meetings lunch could be served, and games and play items should be available to encourage recreation and relaxation and limit loneliness and boredom.

An example of such a group is '**Mission 50 Plus**', a group of older adults formed in the Accra Ridge Church. This group meets regularly to engage in activities that enhance wellbeing and quality of life.

Liturgy and worship in Church

Besides the social and recreational activities planned for the elderly during the pandemic and post-pandemic era, the consciousness to promote the spiritual needs of the elderly should translate into pragmatic steps to make worship more meaningful and inspiring for the elderly members. This calls for a review of the traditional way of worship during church services for the mixed group of church members. In this regard, the following practical measures could be adopted:

- Church services ought to be short and inspiring.
- Older adults should not be made to sit on hard pews for long hours.
- The public address systems need to be loud enough but not too loud.
- Chapels and church offices should be easily accessible.
- Sacraments and Prayer sessions should feature frequently.

An environment which creates a conducive space for worship and fellowship offers the potential of ameliorating any concomitant impact of the pandemic or ageing on the life of the elderly.

Diakonia

The Greek word *diakonia* implies 'to serve'. It is used here to represent an organized practical service to the elderly to enable them to have certain necessities or to be able to manage certain domestic duties that they had been unable to perform due to their physical disability, frailty, or illness.

The notion of *diakonia* should not connote a passive, lazy and dependent impression about the elderly. It is heart-warming to note that in many cases where volunteers are enlisted for charity work and domestic assistance, the able-bodied elderly are first in line to undertake such responsibilities as a way of keeping themselves active- physically, psychologically, and spiritually. This elderly will benefit by using their gifts, talents, and wisdom to serve God and to help fellow older adults and others in the church or community.

Pastoral visitation

Pastoral visitation (or visit) implies the taking of Christ's love by a representative of the Christian community to another person in his or her experiential and situational context so that the response elicited by this reception will promote the well-being of the receiver and enrich that of the giver. Pastoral visits are an important part of the ministry of the Church because they serve as the hinge on which hangs the door which opens to bring in grace, healing, sustenance, reconciliation, and guidance into people's lives.

Many contemporary writers have given much space to pastoral visits. This has reflected their theological orientations. For example, Thomas C. Oden emphasized this work of the pastor (Clergy) in his or her shepherding role. According to Oden, one

main goal of pastoral care is achieved through visitation because it is how realistic shepherding can be brought in touch with 'parishioners actual loves and aversions, joys, and sorrows, hopes and fears. According to Oden a pastor can easily intervene and empathize during direct encounters on visitation (Oden, 1983).

Pastoral visits of the elderly in Ghana

Visiting the elderly at home during the pandemic can be beneficial if it is well executed by pastoral visitors who have the right theological orientation and understanding of the benefits of pastoral visits. This section adopts a contextual approach to visiting elderly people in the Ghanaian context and ensures that all necessary COVID-19 protocols are implemented.

First, it should be remembered that a communal pastoral care approach involves both clergy and laity in a shared vocation as they participate in God's praxis to bring love and the eventual realization of the Kingdom of God in people's lives. In this approach, participants are trained and adhere to basic principles of establishing rapport and maintaining helping relationships during the pastoral visits. It is a reflective action guided by the minister whose 'after visit' engagement with the pastoral carers includes sharing feedback to develop new strategies and goals for future visits (Ayete-Nyampong, 2014).

Concept of visits in Ghanaian culture

Professor Kwasi Dickson has clearly stated that: "It is a commonplace that the sense of community is strong in Africa" (Dickson, 1984). This sense of community, evident in the interconnectedness and strengths of relationships, is always maintained and expanded by the human activity called visitation: the movement of people into other people's contextual situations

(their places of living or where they can be found, and within their experiences). The goal of these visits is always to maintain relationship by promoting the well-being of the visited whilst the visitor is also enriched by the positive outcome of the visit.

The Akan word for visiting is *Ko sra* (to visit). *Ko sra* means to go to anoint, an indication that within the Ghanaian community, visiting implies bringing to another person blessings in the form of nourishment, healing, spiritual strength and sometimes guidance and correction in the person's life-journey. Thus, *Ko sra* implies going into a person's situation to bless him or her.

In about eighty-two references in the Bible to the word *visits*, *visitation*, and *visited*, only in a few instances is the meaning connected to visiting for the purpose of punishment. The rest of the visitations are for good-will or blessing; even those related to punishment are for correction to restore and maintain the relationship between God and man, and between persons. This is also beneficial. The clearest picture in the Old Testament which matches with the Akan view is the story of Samuel going from Ramah to Bethlehem to anoint Jesse's son (David) as king in place of King Saul (1 Sam 16: 1-15). Verse 13 is the climax of the visitation:

"Then Samuel took the horn of oil and anointed him in the midst of his brethren; and the spirit of the Lord came upon David from that day forward. So, Samuel rose, and went to Ramah." (1 Sam 16:13)

Samuel's visit to anoint David is simply a human participation in God's work to bring blessings to another being. The ecclesial praxis has its reference point in God's praxis, and the individual pastoral carer is equipped with the church's authority in the name of God. Therefore, whatever benefit is derived is seen as coming from God (Wingo, 2006).

The mutuality in pastoral care very often manifests itself within the context of visitation. In this nourishing experience of the receiver, the giver (visitor) is also blessed by the visit. In Ghana most people show their appreciation by thanking God and then thanking the human person supposedly used as a divine instrument of blessing. The word 'thank you', has a deeper meaning than is apparent. The Larteh people in Akwapim (Eastern Region of Ghana) express its meaning more succinctly: "*mkpe gyi wu le*" (life be to you). This word of thanks depicts the understanding that whatever is received during visitation, or any goodness done has the aim of promoting life and well-being, and the best way to express gratitude is to share the life received with the giver. In this sense, the visitor and the visitor share the fruits of the labour.

During the visit establishing a rapport with the family and elderly

The beginning of a visit is as important as its end. It is natural that most people do not easily open to visitors till they are assured that their well-being is a priority. Greeting by shaking hands, with family members and the elderly in the house, is a sign that the visit is for a peaceful purpose (1 Samuel 1:1-2:10).

Another way of establishing rapport is to accept the drink, which is served to welcome visitors, and to enquire about the health of all the family gathered. In my pastoral work experience, it was observed that sometimes unplanned visits were very boring and did not elicit the desired response. Some of these visits were so brief that all the attention was focused on the elderly person without considering the presence of the small or large group of family members gathered around. Since most elderly people live within an extended family setting, establishing a

good relationship with the family can guarantee good social support for the elderly. In all these visits, the giving of gifts such as toiletries or money should be the last item on the agenda otherwise some elderly people and their families could be so overwhelmed by the gifts and act or respond artificially to please the visitors. These gifts should not be equated with the essence of pastoral visits, because the greatest gift is the pastoral presence itself.

Religious rituals and sacramental worship

Africans are very religious. The presence of representatives of the Church presupposes the presence of the divine (Supreme Being). Pastoral visitors need to share with the Christian elderly people a form of the church's worship. This can take the shape of singing favorite hymns of the elderly or praying together with them (and their family if they are available). Finally, prayers can also be said for the church and its work, including pastoral visits. Sometimes, the elderly person may want to participate in the prayer. He or she may be asked to pray for the church-its life and work. In performing any ritual or partaking in the sacrament of Holy Communion, it is always a good idea to give thanks (with the family around) for the life of the elderly person. This is a living experience of what I term 'anticipatory death tribute'. At least the elderly person experiences, whilst still alive, a testimony of his or her long life. He or she may also, from that time, begin to appreciate his or her life as worth living and become conscious of the need to expand any remaining resources for the commonwealth and principle of being. It also prepares him or her to anticipate death gracefully.

Story telling in pastoral visits

The Christian faith is embedded in the story of God visiting humanity to redeem it. The narrative forms an integral part of Christian proclamation. In a short but informative article on 'Storytelling and Pastoral Care', Tim Eberhardt, a pastoral theologian at McDonald, Tennessee, described stories as the stuff and the language of life. Eberhardt believes that in all activities of mankind there is a narrative forming and unfolding, and these stories define our worldview and give us our identity.

"All of life is patterned by story. Our seeing, hearing, touching, smelling, tasting, questioning, imagining, understanding, realizing, reflecting, pondering, wondering, and judging are inter-woven with our story. Stories define who we are and what is important to us. The stories we hear, read, watch, or tell influence our world view. Story is, in short, the language of life."

In pastoral visits to the elderly, the Christian story is retold by the presence of the pastoral visitors. The elderly person may also be allowed to tell his or her own story. This story telling is likely to evoke two responses: 1) the opening of hearts to Christ's redeeming work; 2) sharing and celebrating the elderly person's life.

Although the two stories- divine and human- may not have much in common, the story of the divine in human history may be an inspiration for the ageing, to reflect and lead the rest of their lives in anticipation of apprehending the Kingdom of God and experiencing eternal life now and after death. This may take the form of a ritual liturgy for preparing for ultimate death and seeking reconciliation and forgiveness for one's past life.

Conclusion

Although research to explore the linkages between spirituality and ageing is new, the benefits of spirituality and religiosity to the human person have long been recorded in sacred books. The religious life of many elderlies has enabled them to cope with the harsh realities of life, especially during the pandemic.

The religious and 'spiritual elderly' in times of pain and loneliness, pray to God for healing and comfort or to be taken to the peaceful and beautiful paradise where no pain exists.

Religion and Spirituality serve as enabling mechanism for healthy ageing and contentment even during COVID-19 pandemic. To enhance the benefits of spirituality for the general wellbeing and quality of life of the elderly, the church set out to engage in practical and therapeutic activities using its three core functions of *Kerygma* (and *Didache*), *Koinonia* and *Diakonia*.

Pastoral visitation will serve as a pastoral activity to bridge the gap between church worship and home living of the elderly. It connects the lonely and isolated elderly with the church community through the representative Christian persons involved in the pastoral visits. The visits would enable the pastoral carer the opportunity to officiate in rituals, worship and storytelling with the elderly and provide practical support and encouragement for the well-being and fulfillment of the elderly and their families.

Finally, with the full deployment of the resources of the church- both physical, social and spiritual, elderly people would be able to sustain a satisfactory life experience, wellbeing and quality of life and above all have their spiritual needs met in ways that would manifest in what Albert Jewell has already described as: Association- non-isolation in socialization; Affirmation- feeling

valued and wanted; Celebration– recognizing achievements in life; Confirmation- being listened to and sharing deepest feelings; Reconciliation– living and dying having achieved peace with others, with their own heart and with God; Integration – being fully active in life.

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