

“Abiding relationships with parents -- challenges of ageing”

(Note: In the written text, nursing, medical and legal terms are in **bold**; family and personal characteristics are in *italics*.)

To sensitize you to the topic, I should first like to describe developments within my own family. In the second part, I shall report more generally on lasting relationships with parents, in the third part on some specific challenges faced in the ageing process. Finally, I shall conclude with the relationship to my demented mother and - with a short tribute to the family.

I. Family Developments

I was born in Silesia (Schlesien), now a part of Poland, in 1943. After the war, my parents built a new life for ourselves in West Germany. *Family life*, which soon included three younger brothers, involved hard work, thriftiness, and discipline. I was often a substitute mother for my brothers or had to help in the business or workshop. Playing and reading were “wasting time”; there was always something more important to do. I remember fondly the rare Sunday outings when we did not have to share our parents with the personnel or customers.

I began to question my strict, moral upbringing at university. Through contact with the Student Mission, I took a conscientious step from traditional Christianity, becoming a *convicted Christian*, and experienced a lightness I had not known until then. Gradually, a readiness for overseas missionary service grew in me. My parents were not only surprised about my transformation, but also the fact that one brother was studying theology; another became a Baptist, and the third an atheist. Through lively discussions between us siblings, my parents’ rigid Christianity became a living faith.

I always included my parents early in the major developments of my future, e.g. the steps taken for a long-term placement as a *missionary doctor*. When I went to Botswana in 1980 for the second time, they were able to accept it as God’s way for me, even though it meant nearly 10,000 km separation. In my predecessor, Gerda Matthiessen (before Garbers was added to her name), they found a kind of substitute daughter. As they were able to visit me, they met my foster daughter Motlalepula, my local friends and colleagues, and they got to know my lifestyle. In 1992, I practically resigned due to many frustrations. Later my father admitted to me that he had prayed for a solution to the problems because he knew my heart beat for Botswana.

During a visit home, I made an informal **living will** with my parents and left it with their doctor. Because of their advancing age and risk of stroke, I also

recommended that they register themselves at a nursing home. My father erupted and forbade me ever to bring the subject up again. On the day preceding my return, he said curtly, "If it must be, you can register one of us for a space up there, so the other can visit daily." They did not want to voluntarily relinquish their home with garden.

In 1999, my then 87-year-old father was hospitalized with pneumonia and uncontrolled diabetes. As he became more delirious, I decided to fly home. Although he recognized me as his daughter, he immediately warned me of the television in the corner, which he believed to be a "bug" (a listening device). The sound of the rolling meal service wagon in the hall was to him "nearing canon blasts." He asked me to arrange his dismissal because he "could not march any longer." When we had Holy Communion in his room, we were supposed to be very careful since there were only "Communists" around. Slowly, these *war memories* left him. We took walks and enjoyed flowers, and eventually, he was surprised being at his lovely home again. Though, from this point on, he needed **home nursing service** twice a day, troublesome diapers, and the insulin shots, which were no longer avoidable. In short: his dignity was quite injured.

A few weeks later, again in Botswana, my mother phoned me quite upset: the time had come for me to return home and to care for them; my father had become more difficult and her own strength was fading. That hit me hard, for I knew I would not be able to get work in Germany following 20 years of medical work in Africa and being over 50. On the other hand, I still had to work to earn my own pension. My sisters-in-law lived more than 200 km away from my parents. The solution was sent from God: a good friend of mine, who was a retired Deaconess, was willing to move to Hann. Münden and care for my parents.

However, my mother, who had always been a "competent businesswoman", wanted to defend her turf, and a *power conflict* resulted. After barely two years, my friend moved away to a nearby town, yet came weekly to run errands and tend to the paperwork. At first, my parents reveled in their regained freedom. They got **meals on wheels**, and a lady from church came to read to them. Additionally, my youngest brother had found a part-time job in Hann. Münden, so he could spend every other week working there and living with our parents, and on the off weeks, return to his family.

Nevertheless, this situation was soon too much for my mother once again. Due to her failing vision (Macula Degeneration), she would buy juice instead of milk at the supermarket because the shelves had been rearranged. While lighting the gas stove, her face would come so close to the flame that her hair

could have caught fire. She also could no longer hear honking cars while crossing the street.

In January 2002, she was hospitalized after falling in the night and developing hypothermia and pneumonia. When my other brother, who had already been **designated as their legal caregiver**, had to live with my father, he arranged for them to move to a nursing home. In the following phone conversations with my parents, they told me that they were being well taken care of, but everything was so boring.

Also in January 2002, I had a major dispute with my chief medical officer. I no longer agreed with everything he thought was good and necessary. This and my parents' boredom in the nursing home led me to the *decision to retire* already at the age of 60. Thus, after a total of 26 years in Botswana, I would indeed be able to take care of my almost 90-year-old parents.

In June 2003, I returned for good. Since our parents' house had been sold to cover the **costs of the nursing home**, I temporarily lived there too. At breakfast, my father beamed and said, "Now we are a family again." It took them a few weeks to finally believe that this time, I was home to stay. Everyday we took a walk in the garden: my mother up front with her walking frame, and I pushing my father in his wheelchair following behind. Both parents increasingly took part in my search for an apartment, furniture purchases, and in the shipping container that had been held up in Liverpool. The nurses soon noticed their *lifted spirits*. ...However, I missed Botswana, my patients, and friends. Every Thursday, I thought of the long paediatric hours, and on Tuesdays, the out clinics. Deep inside, I felt hurt, but I did not want to burden my parents with it.

Initially I could not understand why my father insisted to go to bed though the afternoon sun was still shining brightly. Arguing only annoyed him. So, I took him to bed with my mother following obediently. When her getting changed took too long, we could already hear him pray. Afterwards, I had to close the curtains and leave. – Only slowly, I noticed that *his vision, too, had become greatly impaired*, but he would not admit it to himself, much less to us. Since even the bright day was gray for him, he felt that the afternoon was evening; this disrupted his asleep-awake rhythm.

For his *90th birthday*, I organized a small party with some former employees and neighbours. After his nap, I dressed him up, put a rose in his buttonhole, and prepared him for the guests. I had expected a protest to all the fuss. But a little confused and amused, he began to sing: "A lot of things have happened to

me, but nothing like this!” He would not have admitted it before, but now he could not hide it: the joy of being the center of attention!

(At *Christmastime*, I was amazed how many carols my parents sung along by heart. I was also surprised to see my extremely thrifty father enjoy so many electric candles. We took a walk through the home, looking at the candle arches and counting the lighted Christmas trees. Other decorations they could hardly recognize.)

Towards the end of the year, all three of us caught a bad cold. My father ran a high fever, his blood sugar levels were out of control, he became moribund and was **hospitalized**. At first, he improved, told me about his “customers”, and ate by himself again. Once while moisturizing his dry lips, he snapped playfully at my fingers, like in childhood days. Then, his periodic breathing became worse and he developed extreme restlessness. He refused medications and food, and pulled out infusions. It was clear to me that he did not want to go on anymore. The doctor recommended a feeding tube, but I decided against it with my brothers supporting me.

The matron of the nursing home agreed to accept him back from hospital in order to **let him die in his well known surroundings**. When I informed my mother of this, she stood up without a word and lovingly made his bed. A few hours later, I found both of them sleeping peacefully next to one another. But now it was my mother who became increasingly restless. With the assistance of the nursing home and the hospice service, we were able to achieve almost around the clock attendance. Two and a half days later, my father passed away while my mother was napping beside him.

II. Abiding Relationships with Parents

These have individual characteristics, depending on the varying paths taken by those affected. Values that were once lived and appreciated will maintain their lifelong meaning. For Christians, this means that people of all ages are and will remain the images of their Creator. On this basis, grown up children will preserve the responsibility and respect for their ageing parents.

- The compassionate attitude towards my parents grew slowly. Although my father had an authoritarian style to child rearing, my mother was the dominant one in our household. For my development it was necessary to finally separate from both of them during my studies, and later even to live abroad. The visits from both sides led to continued conflicts, but also helped us to further better understand the other. During a *pastoral counseling* session in 1991, it became clear to me that my problems with authority

figures resulted from my fear of my father. This insight helped me to stop complaining and instead to accept my personal life story. I learned to forgive my parents, to reconcile with them, and to take responsibility for my own problems. That gave me later the freedom, especially in tense situations, to be lenient.

In preparing for this paper, I came across many different constellations and different analyses of successful and unsuccessful care situations. In the book by Helga Käsler-Heide: “As Parents Age – a Source of Information for Adult Children”, she describes how the **role reversal** can sometimes be extreme. On the one hand, old feelings of guilt can hinder becoming close, increase helplessness and rejection, thereby making care or regular visits impossible. On the other hand, an increasing dependence of the parents to the point of behaving like children can lead to agitation, anger, and resentment. Sometimes, however, a new quality of closeness develops, not least of all from the wish to return something good to the parents; in this situation, there is a danger of sacrificing too much.

Thus, **care giving relatives** need options to relieve the strain through practical aids and discussions, e.g. with trained personnel and/or in support groups of similarly affected persons.

- I myself find balance and inspiration in the home based hospice group, in which we attend to dying people and get help in current problems through counseling. I do sports once a week and attend a Bible study group; I am a member of the arts and literature club, and I am active at the national level of a working group for world mission. Besides, I have close contacts to my friends in Botswana.

III. Specific Challenges in the Ageing Process

I would like to subcategorize these challenges into medical, social, emotional, and spiritual areas. At the beginning of retirement most of the so-called “young seniors” are still agile and active as volunteers in different branches of the community. Frequently, physical and/or mental restrictions start at the age of about 80.

1. As **medical challenges** arise, it can become advisable for children to accompany their parents to doctor’s visits and to check that medications are taken regularly.

- Since **high blood pressure and high cholesterol** rarely affect how one feels, many older people forget to take their pills or they discontinue use, thereby

incurring a stroke, for example, and all of its consequences, which accelerate the ageing process.

- A well controlled **diabetes** with a healthy diet and plenty of exercise can delay late effects such as impaired vision or even blindness. (Like in my father's case.)
- **Mature cataracts** are operable and (temporarily) create quite pleasing results.
- **Macula Degeneration**: my mother was informed at an early point that her vision would worsen, but that she would not go blind. That's why she had even accepted the loss of her glasses. When she desperately searched for them several months later, I took her to an optician. He gave her lenses of the last prescribed strength of -7 dptr. and: she beamed! – In short, we should only accept worsening conditions if other corrective options are excluded.
- The same holds true with **hearing loss**. My father complained about my unclear speech and believed I wanted to punish him with hushed speech. Yet, he did not need a hearing aid; that was his wife's problem. – Nowadays, when my mother gets agitated, I check her batteries and the thin tubes, which often get clogged with ear wax. Both are easily taken care of.
- In case of **incontinence**, urinary tract infections or other operable causes should be ruled out before absorbent underpants or a permanent catheter lead to discomfort and humiliation.
- Rheumatic or osteoporosis-caused **pains of movement** must be alleviated as best as possible because only those who are able to move can maintain some independence. Thus, specific medications should be supplemented by physical therapy, exercises, handrails in the house and garden, a crutch or walking frame, and eventually, a wheelchair and hospital bed.
- **Depressed moods** are frequently reactive and might not be recognized as such because of additional sedatives prescribed for restlessness. With antidepressants, patients think of their surroundings as more pleasant and are more likely to agree to necessary changes.
- Regarding **Alzheimer's disease** and its specific problems with perceptiveness, orientation problems, incompetence in daily life, etc., I refer to the extensive literature on this topic.

- Even **dementia**, with its advanced loss of mental capabilities, must be more openly addressed and better accepted.

We as doctors, and even more so as medically trained children, are responsible to see to these and other medical key questions for the well-being of our ageing parents.

2. **Social challenges** develop because friends and acquaintances become fewer in number and opening up to new people becomes more difficult. Joy in living can disappear; loneliness and boredom come into place.

- We as children of ageing parents should, depending on distance and time constraints, attempt to include them in our social lives, e.g. going shopping with them, taking them to school festivities, (afternoon) concerts, or church services.
- To relieve ourselves, we can suggest clubs or senior citizens' groups, in which they sing, go for walks, or do crafts. - In her active phase, my mother was involved in a visitation service; later on, she was still attending a Bible study group. Now she gets such visits herself.
- My father, who was never very social and whose sole friend died early, spent many hours working in the garden, reading, doing word puzzles, and in the evenings, watching television. Others enjoy walking with a grandchild, a dog, or alone.

These activities become gradually more difficult and restricted to the home or nursing home. If short-time memory or vision begin to fail, activities like reading and doing word puzzles are no longer possible. Boredom and dissatisfaction come into play, or: a grateful attitude is maintained.

- I know an almost blind, 92-year-old lady, who has positively influenced many a complaining soul by her cheery, kind attitude. She praises the food, thanks the staff, and visits the bedridden. As a member of the resident council, she is appreciated because of her wise observations.

Personal **finances dwindle** while costs of care rise, creating an increasingly problematic situation. Hence, it is important to have an intense talk about private pension plans in addition to the regular required insurance. My parents were self-employed and provided for themselves appropriately, so as not to burden us children. Still, my father asked me at regular intervals, "Say, are we now beggars?"

3. **Emotional challenges**: mentally fit, older people often suffer from the dissipation of their physical strength. Either they attempt to preserve the appearance of their capabilities, or they knowingly let go but mourn their lost abilities. In mourning, they experience similar phases to those described by Elisabeth Kübler-Ross in her early books.

- My father refused to admit to himself that the garden was more than he could handle. Well-meaning helpers could not satisfy him. A gardener, he said, could not be afforded. Eventually, my brother led him to a decision that did not compromise my father's dignity. After that, he tended to his houseplants with devotion.

On the other hand, it is an emotional challenge for the children to admit that their parents are losing their strength for good. Honesty helps to handle the situation positively so as not to overstrain one's parents or oneself. It is important to treat even the very old seriously, despite their limited capabilities, and not as children.

- As our conversation grew more monotonous, I occasionally cheered my father up with a "well done" or simply "good", to which he responded irritated, "you don't have to grade me all the time." I quietly retreated and searched for another form of recognition and encouragement.
- About two months before his death, he complained to me, "What am I living for? I eat and sleep and do nothing. Is there no work for me?" Thereupon, I explained to him that even I, as him, was retired. He looked at me, shook his head and smirked. Then, I put my cold hands in his and assured him: "You can warm these up best."
- Special care of the private area may become necessary, but can represent a difficult or impassable hurdle for both parties.

The emotional challenge for us children means continuing to approach parents with *appreciation and respect*. We should address physical or mental deficits, which have become apparent, with care and humour. We should listen with great patience, make decisions with them, realize their wishes, foster their existing capabilities, and give them a sense of security.

4. For Christians, **spiritual challenges** are based on the commandment: "Thou shalt honor thy father and mother." This holds true not only in childhood, but one's whole life. Also old people are precious and loved by God – as are we all – and remain *images of God* despite all frailty and weakness. A hospice co-

worker demonstrated that to us with juicy grapes and withered raisins: they are the same fruit, from the same Creator, yet in different stages.

- Spiritual conflicts can result from formerly unresolved problems. Or they develop during a demanding care with feelings of helplessness, irritability, anger, and failure.
- Occasionally, someone in the family drags around unforgiven guilt and is unable to find peace, neither with him/herself nor with a – sometimes already deceased – person. Then, peace with God is missing as well.

This is why pastoral care for older people and their relatives at home and at the nursing home is so important.

IV. The Relationship with my Demented Mother

Shortly after the death of my father in January 2004, I told my 92-year-old mother that I was going to a church concert, and asked in passing if she wanted to come. Surprisingly, she agreed. For years, she had been bound to her sick husband, now once again *her true self* came to light.

She often struggled with phases of unrest and dissatisfaction. Soon I discovered that at these times a visit to the *cemetery* did her well. After that, we often took rides into the countryside. She would remember the villages and even a stork's nest. Since she enjoyed these outings, I decided to have a car of my own. I took her with me when I bought it, in order to see how she was able to get in and out and if her walking frame would fit in. Once, we took the ferry across the Weser River and we stopped for a snack. On the way home, she asked: "Was that expensive? Can we afford that again?"

Another time, she expressed a "*heartfelt wish*": she wished to see my apartment. She made the five difficult steps into my flat because she really wanted to. Then she inspected all rooms and discovered her curtains, her dishes, her desk lamp... she was deeply content that they were all in good hands.

Till today I tell her about our old acquaintances and my own activities. I once announced the visit of a lady-doctor from Botswana. A few days later, she asked me, "and if she offers you a job there?" I could sense her gnawing concern that I could leave her. When Dr. Puna arrived, I introduced her to my mother, and we asked her to take just our regards back to Botswana.

Substitute words due to difficulty in finding words often sound strange. She increasingly stops in the middle of a sentence or searches hopelessly and sadly for words. She often says, irritated, “I am lost” or “are you in control?” When I assure her that I’m handling things, she calms down.

Toward the end of the summer, she fell several times and broke first her nose and later her femur, which was pinned and wired together. In hospital, she was **completely disorientated**, screamed for days, reacted paradoxically to sedatives and made even me feel helpless. I returned her to her old environment as quickly as I could. Only there, the home care personnel, doctor, and physiotherapist could give her the feeling of security and belonging.

Nevertheless, she annoyed her former mates in the dining room so much that she got transferred to the group of **demented people**. If she feels disturbed by something, she will complain with a stereotypical “Ei-yei-yei-yei”, until this very day. Her urge to move got her quickly back on her feet, but also made it necessary to fix her in bed and in the wheelchair. When I informed my brother of all these developments fighting back my tears, he comforted me and said, “You’re suffering more from it than your mother.” In the meantime, I feel that way, too.

These **freedom-restricting measures** had to be approved by the court. We had to wring an appropriate wheelchair out of the health insurance company. Such bureaucracy and German pettiness made me upset. However, anger is lessened by daily gestures and words that make me smile. Recently, I was with my mother at a concert in the very church in which the parents had celebrated their golden wedding anniversary. At bedtime, she squeezed my hands and said, “It was touching and beautiful.”

V. A Tribute to the Family

The family unit has always been the prerequisite for “abiding relationships with parents”, which are made possible by their children. In the Christian tradition, the family is under God’s blessing. For the parents, this means being faithful until separated by death, and for the child, respecting father and mother to ensure his/her own well-being and long life on Earth. Thus, the family, living under this blessing, has the ideal prerequisites for facing the “challenges of ageing”.

It is of utmost importance for us in the western world to re-acknowledge age old values: faithfulness, reliability, respect, forgiveness, consideration, humility, honesty, leniency, patience, security, compassion, commitment...

No partnership can really replace the family in the long run, most of all because the readiness does rarely exist to mutually endure extraordinary burdens and to mature through such crises.

- Personally, I am deeply grateful to my parents that, out of consideration for us four children, they did not separate in a time of economic strain, but instead, they served one another until death separated them – and they will be cared for by us children through death and beyond.

“Abiding relationships with parents” assume that a couple has at least one child. However, childless couples or life partners or singles (like me) will expect help by whom to cope with the “challenges of ageing”? Who will feel responsible for them?

Thank you for listening so patiently!

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