



Spiritual Care for Older People and People Living with Dementia

I was privileged to attend the 5th *International Conference on Ageing and Spirituality* which had a specific focus on creativity, resilience and spiritual care for older persons. I just want to share a few of the salient points in 3 areas and invite you to reflect on how you think this knowledge can impact your personal and professional life.

Re Dementia

The clear take home message was - God has not finished when cognition is gone... there is more! There is no denying that a diagnosis of dementia is feared by most older people, but this conference highlighted from the practice of many gifted people that although people with dementia cannot learn facts they can still learn "How to...". This was illustrated by Irene Oldfather from the *Health and Social Care Alliance Scotland* (a government NHS initiative aimed at working with communities, including churches, to develop "Team Scotland") who illustrated this with the example of the Scottish choir "*Forget Me Notes*", made up entirely of people with dementia. This choir is being invited to perform all over the UK because it is such a high standard! Many are learning to sing for the first time and others have even begun to learn how to play instruments! Sensational!

Dementia is often a bigger struggle for the carer of the person with dementia, so there needs to be time provided to hear the lament of the person with dementia and a place given to voice that lament. This can be done through Health & Care Ministry (HCM) visitors, the use of journaling, poetry and other creative arts. We were reminded that 'when you have met one person with dementia you have still only met one person with dementia!' Each person's journey is unique and for some it can be life enhancing as one carer said, "Dementia gave me the gift of living in the moment. I had to 'let go and let God' as life had moved beyond my control, but in that place I was continually reminded of God's unconditional love". Isn't that what healing is - finding our wholeness in Jesus in the midst of our disease, or dis-ease? However, for other people the reality of dementia was different. One carer described dementia as "like having one foot in the grave and the other on a banana skin" - a good description of dementia's inevitable life course and its unpredictable trajectory.

Speakers highlighted the importance of preparing pastoral visitors and FCNs for the task of visiting older people and specifically those with dementia. It highlighted the importance of cultivating within our churches an attitude that reflects "kingdom" values that enable people to be seen as valuable and loved. Rabbi Jonathan Wittenberg of the New North London Synagogue urged us to reflect on the need for acceptance in all people, saying "Accept me as I am so that I have the opportunity to become the person God intended me to become."



Professor Elizabeth MacKinlay from Charles Sturt University Australia reminded us that when we are working with the person with dementia and their carers it is important to “remember for the person” that is, to recall the person through your memory of them and to then feedback those memories to the person with dementia. This reminded me of a saying I have heard “A friend knows the song in my heart and sings it back to me when I can no longer sing it for myself.” Visiting the person with dementia becomes more manageable when your pastoral visitors understand this. You can suggest that they talk with the person about significant life events, people who have influenced them, early life memories. Elizabeth has done lots of research (her books are available at <http://www.centreforageing.org.au/>) into reminiscence therapy, where people are given the opportunity to take an inventory of their lives and given the opportunity to share it. This can be done in letter writing, diaries, journals, scrap books, photo-books – (*‘Every picture tells a story’*), a box of memorabilia that can be used to start conversations with the person (*‘Exhibition in a box’*), electronic books e.g. www.forgetmenotbook.com were some suggestions demonstrated over the two days.

Andrew Norris a chaplain from Methodist Homes for the Aged in Scotland suggested visitors can:

1. *Ask about the past:* the person’s beliefs, motivations, interests, achievements, and their tragedies (you may need the carer’s help initially in advanced dementia).
2. *Ask about the present:* their relationships with others, family friends, community, God, and creation.
3. *Ask about the future:* hopes, fears, dreams, visions, ambitions, final tasks

Re Music

The philosopher Kant called music “the quickening art” and many speakers demonstrated the power of music in bringing people with dementia into life. Neuroscience confirms 15-20 centres within the brain that process music and most are closely aligned to emotional centres that process ecstasy and love. Therefore it stands to reason that you can evoke embodied memories using music and that this can take people back to a place and an experience. I was moved to tears by a video illustration from John Killick and Claire Craig (authors of *‘Creativity and Communication in Persons with Dementia’*) who filmed people with dementia to ascertain their responses to music using Leonard Cohen’s beautiful ballad “Dance me to the end of love”. It was most moving to watch their lifeless, limp and disengaged bodies become animated, like marionettes coming back to life, as the hypnotic music awoke in them happier times. Their heads raised, their arms began to move and some people even got out of their chairs and began to dance! It was simply beautiful to see.

This raised the topic of embodied memory and how the past could become the present by provoking body memory. This embodiment occurred by years of ritual and habitual practice. We have all heard how we ritual can calm people with dementia e.g. reciting the Lord’s Prayer, singing a hymn, or



reading a Psalm, or using some other favourite religious ritual/habit. These are good suggestions to give your pastoral visitors and encourage them to utilise this in their visits.

Re Identity

Caring for older people involves sustaining and promoting personhood and facilitating the dignity of identity. Patricia Higgins from University of Greenwich said this can be achieved by enhancing the person's autonomy, encouraging the person's positive self-image, enabling them to be surrounded with positive relationships, continuing to maintain or create new and meaningful roles, recognising their personal history, ensuring they have the respect of others. Higgins' research with older people identified that the Christian faith gave older people three key benefits. Firstly, it provided them with a strong sense of identity and belonging, and a firm sense of purpose. "Hearing God's call and doing his work was one's life purpose". Secondly, life was focused on a daily walk with God who had become a close friend/companion. This walk was guided by the "Good Shepherd" and a large part of the daily walk was focused on communicating with God in prayer and through Bible reading. Thirdly, faith provided consolation. It was a part of life then and now, and religious practices and traditions brought people peace and hope in the immediate future and eternal life after death.

Religion supports personhood by providing an identity where we are part of God's family. We are his children and part of His great story i.e. 'my story - in our story - in His-story'. In our church family we can find a place to belong. This is fundamental to what FCN practice in their health and care ministry and we need to actively seek ways to sustain religious faith right to the end of a person's life.

Re community attitude

As Christians we know we are made in God's image and that means we continue to carry that image all of our lives. Therefore older people are entitled to dignity and respect their entire life regardless of their health status. Discussion occurred around the devaluing of older people as a cultural issue facing many countries. I would say this is true for Australia. How we relate to the aged is socially constructed. In our society it seems to depend on capacity, roles, mental agility, being able-bodied and this is further validated by roles and salaries within paid employment.

There is a great need to attend to our collective societal attitude, because entrenching ideas and attitudes is a social process. As churches we can nurture a positive attitude to older people allowing them to maintain purposeful activity and enabling their voice to be heard within decision making. When humans lose their sense of meaning and purpose they lose their desire to live and this needs to be focused on in our health and care ministry. In the words of Viktor Frankl "[...more people today have the means to live, but no meaning to live for](#)" and [nowhere is this truer than among those who are aged](#). Enabling ministry opportunities for people of all ages is important and it requires time to match tasks to the person's capacity and interest, allowing them to engage in meaningful activity across the lifespan. Rabbi Wittenberg suggested our attitude to older people could be enhanced by framing a person's value using Biblical principles of love, charity, justice, wisdom, knowledge, grace,



mercy... If these values pervaded our church and organisational processes we would not devalue as many people when their roles are over, or their capacity diminishes.

Community has many eyes that people respond to, to make sure they are 'seen'. People need to be seen and then they feel they belong. Professor John Swinton of the University of Aberdeen challenged us to make our faith communities places that move people from being tolerated to being included, and then from being included to belonging. He said "to belong one needs to be missed". This statement really got me thinking about the importance of making sure we notice when our church members are absent and follow up on them so they know that they are missed. This is more easily done in a smaller community and becomes a greater challenge for larger churches. If you have ideas on how this can be done successfully then perhaps you can write these up and share them with us at WholeHealth.

In summary

In summary, if we are to improve our future care of older people then we need to disturb if not disrupt our attitude toward older people and actively seeks new ways to meet their needs and facilitate their participation.

A few resources for working with older people from UK include:

Faith in Older People <http://faithinolderpeople.org.uk/> (numerous relevant resources available)

Institute for Research and Innovation in Social Services

<http://www.iriss.org.uk/resources/spirituality-and-ageing-implications-care-and-support-older-people> (great paper on spirituality and ageing)

Christian Council on Ageing <http://www.ccoa.org.uk/> (excellent series of booklets for churches relating to needs of older people)

Churches Together in Britain and Ireland <http://www.ctbi.org.uk/>

'Ascent' older people's movement of Catholic church <http://www.ascentmovement.org.uk>

Centre for Ageing and Pastoral Studies (Australia) <http://www.centreforageing.org.au/> (good resources for working with older people)

Parish Nursing Ministries UK <http://www.parishnursing.org.uk/> (our counterparts in UK who have a range of stimulating ideas online)

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