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Kathy Fogg Berry
Masonic Home of Virginia

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Case Study

Spirituality and the Cognitively Impaired

Kathy Fogg Berry, M.R.E., M.S.

Educational Objectives

1. Discuss the need to acknowledge and nurture the spirituality of older adults with cognitive impairment to enhance their health and well-being.

2. Provide tools and suggestions for use in nurturing the spirituality of older adults with cognitive impairment.

3. Review the response of one resident with cognitive impairment to spiritually-based programming and support.

Background

No one knows exactly what goes on inside the mind of someone with cognitive impairment. Neurological tangles and plaques in the brain cause cognitive deterioration unique in each individual. This deterioration affects each individual in unique ways. Despite cognitive decline cognitively impaired senior adults are spiritual beings and continue to have spiritual needs in the midst of losing ability to understand or communicate those needs, feelings and thoughts. Decline in ability to perform once familiar religious practices and disciplines does not indicate the disappearance of one's spiritual self. These declines connote a change in an individual's ability to express faith. Frustration and anxiety often accompany someone's diagnosis of dementia and increase as losses in abilities occur, such as the ability to practice and express faith, if this has been an important aspect of the person's life. Caregivers experience frustration, too, as they lose aspects of the person they love and do not know how to help. It is important to help people suffering from cognitive impairment to see that they have not lost their faith because they may no longer be able to perform religious disciplines. Helping someone who is suffering from dementia feel valued and accepted for "being" who they are rather than for being able to "do" things, affirms her as a person of great worth and embraces her spirit. "Losing" religion does not mean losing spirituality.

Kathy Fogg Berry, M.R.E., M.S. and Certificate in Aging Studies, is Director of Pastoral Care at the Masonic Home of Virginia, a not-for-profit continuing care retirement community in Richmond. She offers spiritual care to the facility's 240 residents, resident families and facility staff. Kathy is co-founder of Pastoral Eldercare Consultants -- offering education and consultation to elders, caregivers, faith communities, and long-term care facilities concerning spirituality and aging. She is also a board member of Faith in Action of Greater Richmond, an interfaith coalition committed to mobilizing volunteers who help chronically ill and frail elderly maintain their independence for as long as possible. Kathy provides person-centered care training for the Capital Area Alzheimer's Association.
Often the words spirituality and religion are used interchangeably and/or confused with one another. Stephen Sapp, Ph.D., chair of the department of religious studies at the University of Miami, says, "The loss of cognitive ability can be taken to mean the person can no longer experience God because we think everything meaningful in human life depends on a functioning neo-cortex. Perhaps we can say that religion consists of the forms into which we put and try to capture and express our spiritual awareness/experience. I am not willing to grant that people with Alzheimer's disease (and other forms of dementia) cannot still experience spirituality even after they may not be able to participate in religion. Who are we to say God cannot continue to speak even to the most severely demented person if God so chooses, whatever our understanding of the brain says about a person's ability to comprehend human communication" (Bonifazi, 2003).

People over 85 years of age represent the fastest growing segment of America's population. According to the National Alzheimer's Association, up to 50% of people over 85 experience some form of dementia. Thus, cognitive impairment is a rapidly advancing dilemma that a large percentage of this nation will face. As people lose the ability to function cognitively, they may experience guilt from no longer being able to practice their faith as they always have. Providing opportunities for them to express their spirituality taps into some deep reservoir of memory and enhances self-worth. According to Harold Koenig of Duke University, holistic care of aging individuals requires that attention be given not only to one's bio-psychosocial self, but also to one's spiritual self, offering bio-psychosocial-spiritual care (Kimble, 1995).

**Objectives**

Discovering a cognitively impaired person's spiritual needs cannot always occur from using a standard spiritual inventory tool employing a question and answer format. Obtaining information from a person's familial and clinical caregivers provides insight beyond that gained from reading charted social histories. A spiritual care plan can evolve for each individual with cognitive impairment based on learning his faith background and discerning needs. Ask the person suffering from dementia or his caregivers, if he is incapable of responding, such questions as: Is he from a particular faith background? What religious symbols or rituals are valued? Did he enjoy hearing particular religious music or seeing works of art? Are there things in nature that hold special significance to him? What comforts him? How does he express his faith best? Discovering important personal rituals, traditions, music, and symbols is essential to meeting each individual's needs.

When working with individuals with cognitive impairment, it is important to move from an empathetic, supportive style of communication that uses strong listening approaches to an intuitive-oriented method of…
communication where the caregiver supplies energy and much of the interaction (Ellor, Stettner & Spath, 1987). Care providers should focus on the individual through building relationships, using such tools as music, touch, prayer, conversation when possible, and presence (Bell, 2001). "A cognitively impaired older person may recite words of the 23rd Psalm and gain comfort and a sense of peace from the rhythm of the words even when there is little awareness of where he or she lives" (Richards, Seical, 1991).

Enabling an individual with cognitive impairment to express her faith aids her psychologically, as she is able to emote, experience accomplishment through active participation, and feel included in her faith community. Encourage and allow him or her to do as much as possible to express spirituality. Relationship building with individuals with cognitive impairment is in keeping with spiritual tenets such as inclusivity, openness and love. Caregivers can be encouraged to do such things as read familiar scriptures, play religious music, display religious symbols, offer one-on-one prayers with cognitively impaired individuals, enable them to be outside in creation, etc. Providing opportunities for group and individual worship experiences can also meet a person's spiritual needs. Establishing a holy place by setting up an altar containing that person's traditional religious symbols, religious scriptures, flowers, candles and other familiar elements of worship appeals to individuals' senses (Goldsmith, 2001).

Someone with a cognitive impairment who can no longer participate in congregate religious experiences in his place of worship may benefit from being offered a private worship experience in his church, synagogue or temple at a non-traditional time, thus enabling him to stay connected with his faith's roots (www.Mayo clinic.com, 2003). Worship experiences should be kept brief to accommodate short attention spans - preferably no longer than ½ hour - and consistently structured in format offering familiar songs, rote and personal prayers, scriptures readings from more traditional Bible translations like the King James Version, and the presence of religious symbols (Clayton, 1991).

Case Study

Hovered in her doorway or poised on the edge of her rocker, Mrs. G anxiously awaited passersby to assist her with pressing questions plaguing her mind: "Is it time?" And "What's going on?"

At 92, Mrs. G was physically and cognitively declining, with diagnoses of hypertension, dementia, depression and degenerative joint disease. Mrs. G lived in the Masonic Home's Richard E. Brown Memory Support Center and was a lifelong Richmond resident. Her dementia caused her to ask repetitive questions concerning time and orientation. These questions exacerbated her anxious feelings and occasionally resulted in aggressive behavior toward staff and other residents.

After getting to know her spiritual background, it became apparent that her lifelong active involvement in a Protestant church led to expressions of her faith, albeit disjointed at times. Being able to express her faith was essential to Mrs. G's well-being. These expressions sometimes followed cues but were often spontaneous, as she would want to sing familiar-to-her religious songs. Even when disoriented to time and place, traditional Protestant religious symbols like a cross or Bible prompted Mrs. G to quiet down and sing or quote scripture appropriately during congregate or private worship experiences. As she was encouraged to participate in traditional Protestant worship activities, Mrs. G demonstrated diminished acting out and anxiety, as well as visible feelings of joy and well-being. Even if these positive
times were transitory, they were nonetheless, pleasurable moments for her and a departure from the anxiety she often exhibited. In her book *Creating Moments of Joy*, Jolene Brackey discusses the importance of providing such experiences for cognitively impaired seniors who live a moment at a time, not in touch with preceding or following moments.

Performing her role as song leader in a weekly support group, Mrs. G would spontaneously lead in singing her self-proclaimed favorite song, "Jesus Loves Me." Familiar-to-her religious practices elicited less agitation and enhanced calmness when Mrs. G was engaged one-on-one and sometimes in group settings. When religious scripture was read, prayers offered or songs sung in her presence, she sat attentively listening or participating as able, not typical behavior for her.

Interdisciplinary staff participation in Mrs. G’s spiritual care enhanced her cooperation on other levels of care. Not all nursing home or retirement communities have chaplains or pastoral care providers on staff to prepare spiritual inventories or provide spiritual care. So, outside volunteers from various faith backgrounds may be a valuable adjunct. Moreover, providing spiritual care should not be confined to any one person. It is part of providing holistic care. In Mrs. G’s case, Activities Department staff provided a CD player and Christian CDs for her to listen to. They also planned religious programs during which they provided one-on-one attention to Mrs. G as needed. Social Services and Nursing staff learned of her spiritual needs and helped her through calming touch, playing or singing music with her, and offering comfort to her in other ways.

Environmental and Dietary staff also learned about Mrs. G’s spiritual needs and strengths, providing similar services. Everyone worked together enabling the best possible care for Mrs. G.

Upon her decline toward death, Christian music playing softly, prayer, and gentle touch from caregivers at her bedside visibly eased her anxieties. As she literally took her last breaths, caregivers quietly sang her favorite spiritual song and held her hand, ushering Mrs. G from this physical world. Recognizing Mrs. G’s spiritual roots enhanced her sense of well-being and calmness, even at death.

**Conclusion**

Anyone who cares for a cognitively impaired person can take part in helping to recognize and meet his or her spiritual needs. Offering hope to cognitively impaired individuals and their caregivers nurtures spirituality and enhances quality of life. "Caregivers can incorporate simple religious activities and guide persons with Alzheimer's disease and related disorders in such a way that their dignity and self worth remain intact … Persons possess more than memory and intellect; they also have emotion, relationship, imagination, will and aesthetic awareness" (VandeCreek, 1999).

**Study Questions**

1. How can discovering and meeting the spiritual needs of individuals with cognitive impairment enhance their well-being?

2. What tools might you use to help an individual with cognitive impairment continue to enhance his or her spirituality?

**References**


