

God Never Forgets: Senior Ministry and Dementia

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“The toxic lie of dementia is that the “mind is absent and the body is an empty shell.”¹”

We have gathered to accept the challenge of being a part of the lives of persons who live on the frontiers of the human experience. The soul does not leave the body when one contracts Alzheimer’s disease. However, our skills for understanding the faith journey of the person must find new forms of expression in order to be apart of the lives of persons who have a cognitive challenge.

Alzheimer’s disease and the related disorders are not confined to the aged, yet they are more common among the very old than any other age group. According to the Alzheimer’s Association², about ten percent of persons over 65 have Alzheimer’s disease, but more than fifty percent of persons over 85 have it. Thus, the types of cognitive disorder commonly found among older adults are not simply the product of aging. Rather, they are the product of over 150 possible diseases and/or traumatic events. Since dementia is most likely to be found in the aged, aging *becomes the environment* for these diseases, not the cause. Aging itself is a journey. As such it is not without its bumps and bruises. To understand the nature of our own aging, it may be helpful to think about the simple equation found in Box 1. The difference between an older adult and a younger one is a matter of amount, the amount of time and the amount of experience. Hebrew scripture tells us that wisdom is with the aged. (Sirach 25:4) Yet it also suggests that not all aged persons are wise. Wisdom is the product of insight.

Time + Experience = Aging

Box 1¹

The environment of the person with dementia is also a reflection of the basic nature of our communication skills. Most people do not stop to realize how dependent on the ability to communicate and on memory our skills or interpersonal relations are until we encounter a person with a profound cognitive impairment. Our skills for listening, gaining insight into life’s experiences, our basic ability to understand the older adult is based on cognitive abilities that are weakened and ultimately lost to the Alzheimer patient. Caregivers and members of the community need to learn new skills for support of this special group of people.

Stages According to the Alzheimer’s Association

Stage 1: Early Stage
Stage 2: Mid stage
Stage 3: Final stage

Box 2²

Cognitive disorders, such as Alzheimer’s disease, affect the entire functioning of the brain. From the perspective of the non-medical practitioner this means that both memory functions and the ability to use rational thinking are impaired. Alzheimer’s

¹ Bryden, Christine, and Elizabeth MacKinlay. "Dementia - a Spiritual Journey toward the Divine: A Personal View of Dementia." Mental Health and Spirituality in Later Life. Ed. Elizabeth MacKinlay. Binghamton: The Haworth Press, 2002. 72.

² Association, Alzheimer’s. Basic Facts and Statistics About Alzheimer's Disease. 2003. Alzheimer’s Association. September 10, 2003.

disease follows a progression of cognitive debilitation that can be traced in stages. (See Box 2) As the stages progress, the individual slowly loses his or her ability to think through even the simplest tasks in everyday living. The affected senior is unable to talk about his or her faith or to express the nature of the self. He or she is even unable to say “thank you for visiting.”

The role of memory in the nature of who we are seems to reflect its capacity to contain the history of the person. Where there is no memory, there seems to be no history. This is one of the significant losses felt by families. To not be able to ask one’s parents who Uncle Fred was, when they receive a death notice, or even to help our children write reports for school is a significant loss. When a person comes in for counseling, it is as if he or she comes carrying a

Functional types of memory

- Recognition
- Short term
- Long term
- Second hand

bag with two handles filled with memories. As their stories or memories are shared, it is as if he or she gives one handle of the bag to the listener. Normally, when the dialogue ends, that handle is given back to the speaker to carry alone. However, in the case of the person with dementia, in the beginning he or she can share their sack filled with stories, but as the disease progresses, not only does he or she give one handle over to the listener, but he or she then gives the other one as well. A spiritual crisis for persons with dementia is, “who will carry my story, when I am no longer able to do so?”

Box 3³

One of the sad things about our society is that we don’t fully understand how to communicate with or empathize with persons who have cognitive impairments. To have a family member who has dementia is often referred to as “the long good-bye.” Another way to talk about it is in terms of anticipatory grief. If the task of the caregiver and family member is to say good bye, then too often we externalize and distance ourselves from the source of the pain. Often the source of this pain is the individual with dementia. Clearly this is true socially. Many families as they care for a cognitively impaired relative become isolated themselves. Often religious traditions offer rituals and rules for how we grieve the death of a relative, but less clear in our various traditions is any prescription for living with and caregiving for a person with dementia. On the other hand, if the task is to let go of those aspects of the person that he or she can no longer handle, but to appreciate what he or she can, then caregiving is a different type of task. Maybe we need more “right” brained approaches to meeting, greeting and appreciating a person who has dementia. Approaches that honor the person, yet do not ask more of him or her than he or she can provide. Sometimes that means laughing with the person. Sometimes that may mean appreciating the creative and spiritual aspects of the person.

Reaching out to the Soul

Ministry with older adults who suffer from cognitive impairment begins with changing the assumptions with which we go to church. Worship leaders tend to assume the parishioners have the capacity to fully understand what is said in the service. This requires both memory and rational thought process which are slowly lost in the progress of most of the dementias. A person is unable to remember or to think things through is not an inferior person. Rather they are challenged in their cognitive abilities. Just like a person who has had an amputation is challenged to live without or with substitutions for the missing limb a person with dementia must have help from her or his environment to continue to be the person that she or he has always been. Unlike children who are learning new things for the first time, cognitively impaired seniors have an established sense of who they are, both in their own self image as well as in the minds of all those who care about them.

One of the strongest ways of reaching out to the cognitively challenged individual is through the elements of worship. Studies by Ellor³ and more recently numerous other observers have found that worship is not only possible but delightful with challenged seniors. In order to develop such a worship service, the first step is to determine which elements of worship must be present for it to be worship. Some faith traditions require specific elements. All of the elements of worship must be able to be engaged in by the entire congregation. For example, if there is scripture, have the entire congregation recite the verses from memory. This means of course that only those that were memorized can be used. However, the current cohort of seniors grew up in a time when across all of the various protestant denominations a great deal of memorization of scripture was done. These memorized scriptures can be recited in the service. Songs that everyone has the verses memorized can also be sung (few persons know more than the first verse, even of loved old hymns). Prayers, such as the Lord's Prayer can also be recited as a group. Please note that sermons, even brief ones will not hold the interest of the more advanced stage persons and should simply not be a part of this type of worship. Holy Communion may also be an element that offers critical challenges.

- Principles of Worship**
1. All elements of worship must be engaged in by the entire congregation.
 2. Only those elements that were memorized as a child will work well.
 3. Employ rhythm, clapping or other sensorial devices to keep the group tracking together.

Working with the Sunday Night Worship Service mainly attended by older adults at the First Baptist Church of Woodway and building on the research of Tiffani Horowitz, the following lists of hymns and scripture may be helpful.

Hymns

Amazing Grace
 Holy, Holy, Holy
 Just as I am
 What a Friend we have in Jesus
 Old Rugged Cross
 Jesus Loves Me
 Blessed Assurance
 When the Roll is called up Yonder
 Victory in Jesus
 Mansion on the Hilltop
 There is Power in the Blood
 I Love to Tell the Story
 I'll Fly Away
 There is Power in the Blood

Scripture which most seniors have memorized

Psalm 23
 Genesis 1:1-2
 Psalm 100
 John 3:16
 John 14:1-3
 Romans 8:28
 Psalm 104
 John 3:3
 Romans 6:23
 Romans 8:21
 Matthew 5:3-12
 Proverbs 3:5-6
 Isaiah 41:10
 II Chronicles 7:14-15

A more comprehensive list of suggestions can be found at www.baylor.edu/gerontology

³ Ellor, James W., John Stettner, and Helen Spath. "Ministry with the Confused Elderly." *Journal of Religion and Aging* 4.2 (1987).

Principles of Working with Persons who have Alzheimer's disease⁴

1. Gain attention: Initial talks with cognitively impaired persons should begin by gaining their attention.
2. Speak with, the way you want to be spoken to: Speak to the client in a manner that you would like to be spoken to; as an adult and with respect. Confused persons do have feelings.
 - a. Not children - speak as adults
 - b. They understand your feelings better than you do
3. 2 Step requests no more: When asking the client to do something, remember to be conscious of the number of steps in the request. Most confused persons can handle no more than two steps.
4. Need self esteem: Like everyone else, confused seniors need to feel O.K. about themselves. However, this may be more difficult to do!
5. Person's shadow of former self: It is sometimes helpful when working with the client's family to think of the person as being a "shadow of his or her former self."
6. "Significant other" important: People who are significant to the cognitively impaired person are an important factor in the care and treatment of the client.
7. As you work with the person, identify their strengths, not just their weaknesses. Work to help the person maintain the highest level of behavior.

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⁴Source: Brown, M.J., Ellor, J.W., "An Approach to Treatment of the Symptoms Caused by Cognitive Disorders in the Aged," Salud Publica De Mexico, May-June 1981, Vol. 23, No.3, PP. 259 - 268.