Dementia and Spirituality
A Christian Perspective
by Katy Hirst, Director of Bright Shadow

The National Service Framework for older people and NICE all recognize that maintaining links or reconnecting with religion has the potential to increase a person’s sense of wellbeing. Even from a secular and atheistic viewpoint it is easy to see how religious practices can improve a person’s wellbeing, provide community, comfort and coping mechanisms. But this could easily be found in other models of social gatherings: sports clubs, working men’s clubs etc.

What therefore has the Christian faith got to uniquely offer people with dementia?

As Christians, we believe that we are more than flesh and blood. There is a spiritual dimension to who we are that cannot be explained or treated by science or psychology. When dementia is seen as something that attacks ‘who we are’, Christianity can provide some answers and comfort in this area. Furthermore, we believe in a God who can supernaturally intervene in our lives and situations. He is a God who answers prayer and who uses us to be His hands and feet in answering some of those prayers.

I would like this paper to highlight the truth found within the bible and how we can helpfully apply that to our thinking about dementia and spirituality, which will ultimately influence how we love and support people with dementia to be disciples of Jesus.

In order to explore this topic, the first question we must ask ourselves is ‘how do we define spirituality’?

Dr Peter Kevern states that ‘most understandings of ‘spirituality’ entail some stress on the very questions of identity, dignity and meaning, but that this is then problematic when dementia appears to erode these things. Spiritual needs are identified by Moffit as being linked to religious beliefs and the ‘need for religious ritual, as well as a desire to understand oneself…holding onto our sense of personal identity’.

Brian Allen defines spiritual care as ‘searching for the answer to the question “in my current state of health, just who am I?”’

We can see here that it is commonly thought that spirituality and identity are intertwined. It’s about you making sense of the world around you and connecting with your creator. This seems to make sense and indeed compliments best practice in dementia care which puts the person with dementia at the centre. However, theologian John Swinton, says that ‘The subjective, cognitively aware “I!” which is at the centre of much
contemporary and historical theology is not available, or at least is radically revised, within the lives of people with dementia”.

Therefore I’d like to, in this context, forget best practice for a minute and propose an alternative approach to the subject by asking “How does one come to faith in the first place?”

We know that a prerequisite to being a Christian is not about you having to have a high cognitive capacity: Jesus said ‘let the little children come to me, and do not hinder them, for the kingdom of heaven belongs to such as these’ (Matthew 19:14). He openly invites children-those who could not intellectually understand the complexities of doctrine and theology, to take part in the things of heaven.

We also know that it is not you doing something -in the first instance-of your own volition. Ephesians 2:8 says For by grace you have been saved through faith. And this is not your own doing; it is the gift of God, not a result of works, so that no one may boast”

The radical truth of the Gospel is that our faith is absolutely nothing to do with us. It is all about Jesus and His work on the cross. I am not at the centre of anything, but Jesus is. Ephesians 2:13 says that we were still far off when Jesus brought us near by his blood. And my identity and sense selfhood is no longer anything to do with me because Galations tells us that it is no longer I who lives but Christ who lives in me. This should bring us immense encouragement and motivation when thinking about the spirituality of people with dementia-a person’s cognitive capacity, awareness of self and even their intellectual knowledge of God has nothing to do with their capacity to have faith in Christ Jesus. It might affect the way they practice their faith, which we will discuss later, but saving faith is a free gift of grace that transcends the physical. Furthermore it should motivate us that someone with dementia could come to faith, as Jesus draws us in ‘when we are still far off’. Whilst I fully advocate a person centred approach to dementia care and the practice of spiritual care, when it comes to our understanding of spiritual care and discipleship for a person with dementia, a God-centred approach seems much more appropriate. With man it is impossible, but in God all things are possible.

One of the most encouraging truths when thinking about spirituality and dementia is that even when we forget him, God will never forget us. Isaiah 49 says:

“Can a woman forget her nursing child, that she should have no compassion on the son of her womb? Even these may forget, yet I will not forget you. Behold, I have engraved you on the palms of my hands;
your walls are continually before me"}

We might not remember God, or recall who he is or what he has done. But that doesn’t mean he doesn’t remember us, or that he hasn’t done those things for us. So if we agree that it is theologically sound to believe that a person with dementia can have a genuine Christian faith, we then need to ask ‘What do we need to meaningfully experience faith and a relationship with God?’

Numerous studies into early stage dementia have found that there is no obvious reduction of spiritual awareness when compared with the people that cared for them. In fact one study has suggested that religiosity had a positive association with perceived quality of life for people with early stage dementia.

James Ellor says that there are three ways human beings perceive their faith or God: intellectually, emotionally and behaviourally-or in other words, what we know, feel and do about God and our faith in Him. Again, knowledge is only one aspect.

It is well documented that religious rituals and familiar hymns can help people with dementia reconnect with their faith through practices-or behaviours—that they have been doing since childhood.

McFadden recalls “a man attending Roman Catholic Mass in a nursing home who showed no evidence of knowing where he was or what was happening around him until he was approached with the bread and wine. He immediately opened his mouth, in his daughter’s words, “like a small bird in the nest about to be fed.” Deep encounter with holy mystery remains possible within the reality of dementia.” We have already discussed that the Holy Spirit dwells inside every believer and we should not underestimate the Spirit’s power to work in people and minister to them as they take part in acts of faith.

Romans 8.26 says that ‘Likewise the Spirit helps us in our weakness. For we do not know what to pray for as we ought, but the Spirit himself intercedes for us with groanings too deep for words.’ When words fail us-at any stage of life-the spirit does the communicating for us!

We can easily help people to behaviourally connect with their spirituality, and this often leads to the emotional connection.

Tony Reinke writes “When we talk about faith in the Lord, are we talking about remembering him? Are we talking about remembering what he has done in our lives personally, and what he has done generally through his Son Jesus? Is it partly remembering he is present with us, and remembering what he has promised for us in the future? And so, even for people with Alzheimer’s, whose faith appears weaker or less salient, are there ways that we can minister to them and draw them back to remembering the Lord.
despite their severe problems with forgetting?” This raises a helpful question of what it means to ‘remember’ God. Jesus tells us to take communion in ‘remembrance’ of him. He doesn’t tell us to remember him, recall his deeds and then partake in the bread and wine, but seems to tell us that partaking is a way of remembering.

Theologian John Swinton recalls observing a group of people with dementia meaningfully taking part in a communion service: “They knew words to hymns, took part in the peace and emotionally accepted the bread and wine. He knew that his medical colleagues could put this down to residual procedural memory. However Swinton saw this as evidence that their minds had been renewed through their encounters with the Spirit and their bodies had been shaped and formed by faithfully practicing the memory of Jesus over many years. They could not recall who Jesus was, but their love for Jesus and their memory of him, their faithfulness over time was made manifest in their bodies and was obvious if people had eyes to see.

This distinction is not medical; it is theological and the manifestation is not proof but hopeful faith based on the knowledge of who God is and what it means to worship and remember God with our bodies”.

At Bright Shadow we have even seen this is our own work. We sometimes go into a care home weekly for 10 weeks as part of a project, and at the end of the project we observe that the participants seem to ‘know’ us. They won’t say “Oh yes that’s Katy and Rhiannon from Bright Shadow” and be able to recount the activities we have done together, but they know that we are safe and friendly faces. They know they will have fun with us. However our presence with them isn’t reliant on their ability to recall us, seek us out and actively invite us to come on a weekly basis—we have already made that arrangement, and commitment with the care home. But more often than not, they will ask us to come next week—which we take as much as an invitation to come on that day the following week, even though the invitation isn’t delivered on that particular day. Our invitation to Jesus can happen in the same way, and he faithfully turns up and remains committed to doing so.

Our final question then is ‘So what?’ Why does all of this matter? When delivering Creative Congregations, Bright Shadow’s training course to help faith organisations become dementia inclusive, I start the day by asking the question “Why bother with dementia friendly churches”? And the most common answers have to do with the love of God, and his command to us to share this with our neighbour and all the nations (or all people groups). This includes people with dementia. To us, enabling people with dementia to practice their faith is both possible and vital. Jesus came to us all whilst we were spiritually ‘still far off’, and sadly there are too many people with dementia who are physically ‘still far off’ from the church, it’s practices and it’s people. This can be due to access barriers, stigma, social isolation and lack of awareness within the church. Let’s get the church mobilised, improve access and let’s practice our faith together with our brothers and sisters with dementia.
To attend a seminar which explores this topic in more depth and to be practically equipped to enable people with dementia to practice their faith and access your church, why not take part in a Creative Congregations training day by Bright Shadow? More information can be found here: http://brightshadow.org.uk/training/creative-congregations-dementia-friendly-churches/

About the Author
Katy Hirst is one of the founding directors of Bright Shadow, a social enterprise dedicated to creating a brighter quality dementia care that enables people with dementia and those affected by it to live well and to thrive. Katy is a committed Christian and is passionate about seeing all people live in the truth of the Gospel.

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