



# Pastoral Care And Dementia

Pastors know that older citizens strongly support activities within their church. Older members of a congregation, parish, synagogue or mosque are devoted to the work of their spiritual community and more likely to attend service. Studies in Alabama indicate that in regular religious activities, older citizens are more likely to involve spiritual matters in their everyday lives. They support the church spiritually, financially, and with time.

The families of older congregation members look to the spiritual community for support, fellowship, and spiritual uplifting. Statistics indicate that 10% of congregation members over the age of 65 will suffer from dementia. These members of the spiritual community are worthy of the time and effort of the congregation.

Dementia is the loss of multiple intellectual functions as a result of brain disease. Patients with dementia develop two types of symptoms: 1) intellectual loss, and 2) psychiatric abnormalities. Patients with dementia may develop behaviors that confuse and alarm the spiritual community. Warning signs of dementia include the church elder who no longer recognizes members of the congregation, the elderly woman who speaks during the quiet time in service, the elderly deacon who was always very polite but begins to curse and make false accusations, or the elderly couple who stop attending services. Older citizens with dementia may be considered stubborn and mean when they refuse to bathe, care for themselves, or act in an unpleasant way. These behaviors are considered a disorder of the soul when the spiritual community decides that the elder is acting intentionally. Pastors must not confuse malfunction of the brain and mind for disorders of the soul.

The brain-mind-soul continuum can be understood when one considers the singing of a spiritual song. The brain remembers the words and

music to the hymn. The mind interprets the meaning of the words and their significance to the person. The soul is uplifted by the spiritual experience.

Dementia is a disorder of the mind. The human brain-mind component is located within brain cells (neurons) that are damaged by Alzheimer's disease. Alzheimer's patients develop intellectual and psychiatric symptoms that progress over time. Intellectual symptoms include memory problems, difficulty with communication, forgetting how to care for one's self, and inability to recognize family members or close friends. Psychiatric manifestations include false beliefs, hearing voices, seeing things, and acting aggressively. No two patients are the same and every member of your congregation who develops Alzheimer's disease will have a different collection of symptoms. The most common cause of dementia is Alzheimer's disease for which there is not treatment or cure. Families must maintain the patient at home with dignity and respect. Some psychiatric problems such as depression, false beliefs or hearing voices can be improved with medications. Some health problems can mimic dementia; therefore, families should be encouraged to have the patient carefully evaluated by a physician who understands the disease. Family education and support groups are very helpful to caregivers.

Spiritual beliefs encourage compassionate care for individuals who are helpless. Dementia is human development in reverse. We teach our children how to feed themselves, walk, talk, and act properly in public. This information stored on these nerve cells is erased and the patient moves backward in development time. Demented human beings deserve the same compassion and care that our small children receive. We must always remember that they were once valuable, productive members of our community. Even though we should treat them with consideration shown to a child, they must always be afforded the dignity and respect of elders in our community.

### **How Can Pastors Help?**

Pastors and spiritual communities play a valuable role in support for dementia patients and family caregivers. Most (70%) elders are cared

for at home by their family. Pastors have two missions with dementia care: 1) support the spiritual and emotional needs of the caregiver family, and 2) sustain the spiritual and human essence within the demented patient.

Family caregivers provide care to their dementia victim 24 hours a day, 7 days a week, and 365 days per year. Most dementia victims live for approximately seven years. This burden of love drains the physical, emotional, financial, and spiritual reserve of family caregivers. Families are frequently embarrassed to bring Alzheimer patients to worship services and are frequently unable to find sitters to stay with the patients so that family caregivers can attend service themselves. Social isolation is deadly to family caregivers and spiritual communities must make all efforts to maintain contact and sustain elders in the church. A continued home visit is the most important service that a pastor can provide to the demented patient and distressed family. Pastors should view Alzheimer families the same way they deal with families caring for terminally ill patients. Alzheimer's families experience a mixture of frustration, anger, grief, and guilt that extends over years. The suffering from these spiritual wounds needs the care of a pastoral community. Most patients in the early phase of dementia recognize that their intellect is beginning to disintegrate. These frightened, demoralized human beings benefit from the spiritual uplift and fellowship of the faith community. This packet contains a broad base of information about dementia. We list 10 acts of kindness that any spiritual community can consider in caring for dementia patients.

Pastors and spiritual communities must always remember that dementia can kill the brain and erase the mind, but the soul remains intact. These human souls remain members of the spiritual community.

# 10 Suggestions For A Church's Ministry to Alzheimer Patients/Families

1. Visit on a scheduled basis. ☆
2. Always ignore patients' embarrassing behavior. Be creative in ways to allow continued church participation. ☆
3. Establish regular phone contact system. ☆
4. Provide meals, do lawn work or other household tasks. ☆
5. Sit with patient to relieve caregiver. ☆
6. Take patient/caregiver on outings. ☆
7. Send cards on special occasions.
8. Help pay for respite care.
9. Keep Alzheimer patients and families on church prayer list.
10. Offer home visits for communion/prayer/music/spiritual comfort when families are unable to attend services.

The Alzheimer patient and family offer a compelling ministry opportunity to the church.

## **REMEMBER:**

ALZHEIMER'S CAN DESTROY THE BRAIN,  
BUT NOT THE SOUL!

☆ *Frequency determined by church resources and family needs*