

Spiritual Needs of Older People in Care Homes - Thinking it Through

(Derby Diocese 3 June 2003)

Session One

What is spiritual care and what do we mean by spiritual needs?

Spiritual needs

Before we can talk about the spiritual needs of older people in care homes, we need to understand what we mean by spirituality or spiritual needs. Individuals have differing ideas about the meaning of spirituality. For many people spiritual well-being is inseparable from religious belief and observance whilst others believe that spiritual well-being needs no connection with religious organisations. My set of values and philosophy could be summed up as:

- I accept that everyone irrespective of their faith has spiritual needs
- I believe that spiritual and religious needs are not necessarily the same
- I recognise that attention to spiritual needs requires us to take account of a person's culture, including their religious allegiance where relevant
- I believe passionately in a person-centred or individualised approach to care

I see spirituality as the way in which an individual responds to and makes sense of the raw experience of life - for instance moments of delight and sorrow, understanding and bewilderment, hope and despair. These can be interpreted within or without a religious framework. There is a need in all of us:

- to feel valued and affirmed
- to love and be loved
- to hope in something in this life and beyond
- to have faith and trust in someone or something

- to know peace, security and tranquillity.

People in the later stages of life (which includes all residents in care home) often seek to come to terms with their sometimes painful past, their diminished present and their uncertain future and the questions they ask do not depend upon whether they are religious or not.

Meeting spiritual needs is not therefore simply a matter of providing opportunities for religious observance, although that may be an important element for those who have a specific faith. A person's spirituality is linked to their sense of identity and the need for this linkage is nowhere more urgent than in those with dementia, whose personhood is so often denied - and it is estimated that 70% of people in care homes suffer from some degree of confusion.

I therefore passionately believe that meeting the spiritual needs of older people is not an optional extra but is crucial if the aims of holistic and person-centred care are to be met. In the words of National Service Framework Standard Two 'service users and their carers should be able to expect 'procedures...to meet any particular needs and preferences relating to gender, personal appearance, communication, diet, race or culture, and religious and spiritual beliefs' (Department of Health 2001).

For many, but certainly not for all, this spirituality may come from a relationship with God but we must never ever believe that those without adherence to a particular faith do not have spiritual needs. Nor must we think that meeting spiritual needs simply means arranging for services or pastoral visits from the vicar or minister. I believe that meeting spiritual needs is not just a job for religious professionals or an add-on to the normal work of the home but central to ensuring the well being of residents and ensuring that they have continuing meaning and purpose in their lives.

Care homes

All too often residential homes are seen as less than satisfactory places in which to live and the image prevails of older people sitting round, slumped in their chairs with nothing to do. Of course some homes are still like that and all of us would prefer to remain living independently in our own homes in the community. However for some of us, especially those moving into the so-called Fourth Age, physical or mental frailty may make this an impossible aspiration.

The best of residential homes counter the popular negative images and develop a way of living which still allows for caring, for being oneself and for a sense of community. Not unsurprisingly for one who worked for Methodist Homes for eight years, I believe that this should be the aim of all homes.

Listen to the words of a man in his early nineties:

My wife died, my sister lived here. At home I was only seeing a few people. I don't mind being on my own - but the arthritis...so I made up my mind and told my nephew that I was going to try for here. I came for one week which became three weeks and the head of home said 'Do you like it here?' I stayed. I never thought there could be so much love and warmth in a place'

Note: **he** made up his mind; he had no relatives; he came for a trial period; he **chose** to stay

Fred Pratt Green, the hymn writer and resident at Cromwell House, MHA's home in Norwich wrote:

When we had to move out of our own home and seek security in a Methodist Home, I thought at 87 that my writing days were over. As soon as I had settled into this community of old people with its deserved reputation for caring, with its variety of personalities, sharpened rather

than blunted by old age, with its pathos, its courage, its eccentricities, its incitement to gossip, its quiet fun and moments of hilarity, I began to feel that urge to write which I thought I had lost for ever.

And the result was *The Last Lap* - a book of poems based on life in a care home (Stainer and Bell, 1991).

Not only had these people found a place where they were cared for but also a place to be themselves and they had found a community after a degree of isolation in their own homes.

Later this morning I will talk about some practical ways in which churches and individual church members might respond to the spiritual needs of residents. At this point I simply want to highlight some of the spiritual needs which I believe the residents in your local care home may have:

1 The need for community

A basic human need is the sense of community, and many older people immediately before moving into residential care have lost this and become very isolated. Often their so-called independent living in their own home has been reduced to life in one room with total dependence on visits from relatives, friends or professional carers to attend to their every need. Far from the move into care being a loss of living in the community, it can be seen as a move into community - a community consisting of other older people, of staff, of relatives and hopefully of members of the community local to the home. And this is where you came in.

In a good home, older people should find a web of what Leonie Kellaher in her book *A choice well made* (CPA and Methodist Homes, 2000) calls 'mutuality' - a mix of friendliness, respect and support and an interconnectedness between all the people involved in the home. It may surprise some of you that this is definitely a two-way process. Residents may need a lot of care, but they can also continue to give of their time and their ability to listen. They are

often of enormous support to young care assistants. This can even occur with residents with dementia. Sue Sullivan of Kitwood House, Ilkley wrote in the CCOA Dementia Group Newsletter:

I would like to pay a tribute to all those who live and also work at Kitwood House. The residents give to the staff far more than any of us can give to them. They give us a sense of spiritual well-being and we hope that we all give the residents and their families this same sense of spiritual well-being.

When as members of local churches, as relatives or friends we visit residential homes we are visiting not individuals, but a community and a living organism. We must remember this especially when we come to take services or administer communion - do we consider when would be convenient to the home or do we expect people to be ready when it suits us? More of this later.

2 The need to be needed

A deep rooted spiritual need which we all share is that need to be needed, to continue to see meaning and purpose in life and not to feel useless or put out to grass. My aunt once said to me after a period of illness, 'it is so nice to be seen by members of the church as a colleague again rather than as a patient.' Many older people feel redundant when they have retired from their main role in life, when their children no longer seem to need them and where it appears that their church was only interested in them when they could hold office or be on rotas!

Do we see our visits to people in residential homes as duty visits to patients or as opportunities for sharing and maybe even consulting with, or learning from, people whose experience of life is considerably longer than ours?

Some examples of ways in which residents can continue to contribute:

The ministry of prayer

- MHA Dovercourt prayer group which prays every morning for the needs of the organisation and individuals within it.
- The late Alan Ecclestone - remembering 630 people in his intercessions!
- Dan Beeby of the URC wants to set up a Wrinkly Order (his title not mine)
He writes in *Reform*:

What can age give to an ageing church? Age may or may not give wisdom with long experience. One thing is certain is that we have a gift to share - time. I would like to see a wrinkly order of organised aged intercessors. We may not move much at all but we can pray sitting down.

How many of you have thought of inviting church members in residential homes to intercede for you or for other members of the congregation?

However it is not only through a ministry of prayer that residents can continue to feel needed:

- My Granny who was a minister's widow saw herself as head prefect in her care home - common for retired clergy and their wives.
- An elderly minister at Westbury although living with dementia continued to see himself as having a pastoral role - and was treated with respect for this by the staff.
- David Wainwright suggests that there is a role for older people in continuing to network - by telephone if necessary when mobility prevents visiting.

Contrast the wisdom of older people as affirmed in the Bible with the 'out to grass' attitudes today.

3 The need for celebration and laughter

We've already heard Fred Pratt Green's comment about 'quiet fun and moments of hilarity' Do we remember this when visiting residential homes? I think many residents are as much in need of opportunities for sharing in laughter as in worship and prayer.

But think too of the nourishment of the spirit we all experience through sharing meals with friends, engaging in conversation or celebrating special occasions. In one home guests are welcomed at meals by arrangement but staff and residents only eat together at special times like Christmas. Could more homes encourage staff and residents to share meals together and at the invitation of residents welcome families and friends from the community to eat in the dining room?

The CCOA booklet *Residential Care: a Christian Perspective* (CCOA, 2000) has a whole chapter giving examples of how the Christian year can be celebrated in residential homes. On an annual basis, the seasons of the year provide a framework within which residents may find the security and the sense of celebration which is important for the nourishment of the spirit. If these are further linked to the Christian calendar the marking of spring, summer, autumn and winter becomes the celebration of Easter, Whitsun, Harvest and Christmas. These occasions can be discussed and planned in advance with anticipation. Opportunities can be made for reminiscing about Christmases and Easters in the past and for recalling past customs. Many homes make a special attempt to celebrate such events with the participation of the wider community and afterwards everyone can enjoy looking back on the event.

How about a celebration of age at your church?

4 The need for a recognition of individuality and appropriate activity

Residents in MHA reported as follows:

I feel I haven't altered in myself although I've altered in my surroundings...I haven't given up my own life'

I can be myself. I can go out. I usually go down to coffee and I sit and gaze around. I have a paper delivered daily.

I am fulfilled because I can use my life the way I want to - please myself

People in residential homes are all different individuals with different spiritual needs and before we can meet their needs we need to find out more about each individual. How often are we guilty of forgetting that the older people sitting round the room are people like us with the same hopes and fear, their own individual likes and dislikes and their own personal stories. I expect many of you already know of the poem found in the possessions of an old lady who died in the geriatric ward of a hospital.

"Crabbit Old Woman"

**What do you see, what do you see?
Are you thinking, when you look at me-
A crabbit old woman, not very wise,
Uncertain of habit, with far-away eyes,
Who dribbles her food and makes no reply
When you say in a loud voice,
I do wish you'd try.**

**Who seems not to notice the things that you do
And forever is loosing a stocking or shoe.
Who, unresisting or not; lets you do as you will
With bathing and feeding the long day is fill.
Is that what you're thinking,
Is that what you see?
Then open your eyes,
nurse, you're looking at me.
I'll tell you who I am as I sit here so still!**

As I rise at your bidding, as I eat at your will.

I'm a small child of 10 with a father and mother,
 Brothers and sisters, who loved one another-
 A young girl of 16 with wings on her feet,
 Dreaming that soon now a lover she'll meet,
 A bride soon at 20- my heart gives a leap,
 Remembering the vows that I promised to keep.
 At 25 now I have young of my own
 Who need me to build a secure happy home;
 A woman of 30, my young now grow fast,
 Bound to each other with ties that should last;
 At 40, my young sons have grown and are gone,
 But my man's beside me to see I don't mourn;
 At 50 once more babies play around my knee,
 Again we know children, my loved one and me.

Dark days are upon me, my husband is dead,
 I look at the future, I shudder with dread,
 For my young are all rearing young of their own.
 And I think of the years and the love that I've known;
 I'm an old woman now and nature is cruel-
 'Tis her jest to make old age look like a fool.
 The body is crumbled, grace and vigour depart,
 There is now a stone where I once had a heart,
 But inside this old carcass, a young girl still dwells,
 And now and again my battered heart swells,
 I remember the joy, I remember the pain,
 And I'm loving and living life over again.
 I think of the years all too few- gone too fast.
 And accept the stark fact that nothing can last-
 So open your eyes, nurse, open and see,
 Not a crabbit old woman, look closer-
 See Me.

Nowhere is this recognition of personhood more important than with older people with dementia. They may not be able to tell us who they are but we need to know. It is important to produce life story books, photographs and memory boxes (containing items of importance to the individual and who they are) because through them we can re-engage with their lives.

An example - a confused old lady lives in a home for people with dementia. The staff are impatient with her because she 'gets in the way' when they are trying to make beds. But she was trained as a nurse and a perceptive care assistant asks her to help with making beds. And she does it - envelope corners and all!

What activities can help to confirm an individual's personhood? I believe that that activities of daily living are equally as important to the maintenance of well-being as the more traditional activities programmes favoured in many care homes, where residents are expected to take part in bingo, carpet bowls and collage making. In an article in *Community Care*, we read:

'It's not down to bingo and Christmas parties. Residents seemed livelier because there were **things to do as a matter of course**, rather than social events just added on'.

'Things to do as a matter of course'. This surely is the key to a fulfilling life in a care home. Activities don't have to be structured, they are not a means of passing time, or keeping residents occupied, they are the stuff of life itself. Activity means everything we do, because everything has the potential to be therapeutic. The task in residential homes is to provide opportunities for our residents to continue to live and work in such a way that their personhood is affirmed and they can feel fulfilled. In this way we will be able to care for them in a rounded and holistic way paying attention to their physical, mental, emotional and spiritual needs. Maybe I shall need an office and a diary when I'm in residential care and suffer from dementia!

As a resident said:

There is always something going on. I am never bored

5 The need for acceptance - Being rather than doing

CCOA published in 2001 a booklet with the title *Being rather than doing: a spirituality of retirement*. It is the collected writings of David Wainwright who died that year having enjoyed a full ministry, including five years in London with the Church of England Board of Social Responsibility. In it David reflects first on the need in retirement and the Third Age to 'let go', to learn to accept the bereavement that comes with retirement from work and loss of status, to become aware of what he charmingly calls the 'zone of perpetual human maintenance - always something medical to attend to, always some clinic to go to! I thoroughly recommend this booklet for its insights into the Third Age.

However more relevant to my theme is David's last article, written shortly before he died. As he said when I last saw him 'I think I'm now entering the Fourth Age' He and his wife were moving to live nearer their son - but they could have been moving into residential care. In his final chapter entitled *Reparation and Diminishment* David speaks of the increasing frustration and powerlessness that comes with the Fourth Age. However in his concluding paragraph he writes of the acceptance he has found:

We are the elderly foot soldiers of the Church with a job to do. I believe that if we offer our diminishment to Christ on behalf of the church and of the world our activity will draw the sting of suffering and will also help us to remove some of the fear of old age and reveal instead the riches of God.

I was struck recently by something that Murna Downs of the Bradford Dementia Group once said:

Our society values cognitive skills -knowing, naming etc - and has little respect for the emotional world. People with dementia can help us remember that being and touching and holding and laughing are as important as remembering and naming and planning.

Being rather than doing.

Conclusion

I am part of a network of people who are dedicated to putting forward at every opportunity the view that older people need holistic care, that is care that gives due respect not only to the physical, mental and emotional needs of every individual but also to their spiritual needs. We have been enormously encouraged to read in the Department of Health's National Service Framework for Older People under the heading Dignity in end-of-life care 'To recognise and meet spiritual and emotional needs'.

As the Prince of Wales once said:

'there is an irony asking a patient on admission to a hospital to which religion they belong - and then ignore all that this spiritual belief may bring them in terms of how they understand and cope with their illness.'

A quotation from a book by Sheila Cassidy *Sharing the darkness: the spirituality of caring* (Darton, Longman and Todd 1988) sums up what I feel about those we meet who are living in care homes and my Christian vocation to care for their spiritual needs:

It is the lavishing of precious resources, our precious ointment, on the handicapped, those with mental illness, the rejected and the dying that most clearly reveals the love of Christ in our times. It is this gratuitous caring, this unilateral declaration of love which proclaims the gospel more powerfully than bishops and theologians... It is a particular form of Christian madness which seeks out the broken ones, people with

dementia, the handicapped and the dying and places before their astonished eyes a banquet normally reserved for the whole and the productive.

May this be our mission today.

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