

## ESSAY REVIEW

Elizabeth MacKinlay & Corinne Trevitt. (2015). *Facilitating Spiritual Reminiscence for People with Dementia: A Learning Guide*. London: Jessica Kingsley Publishers. ISBN 978-1-84905-573-4

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## Introduction

In past centuries religious bodies were central in helping people find meaning through worship and ritual, but even now, in secular societies, the human need for meaning through ritual and symbol has not diminished. This need can be addressed by engaging with the spiritual in creative and imaginative ways. Religious services of worship remain important to those who hold a religious faith and the use of meaningful symbols and rituals supports hope, healing, forgiveness and reconciliation for those who participate.

The remaining spiritual tasks of ageing are finding relationship and connectedness, expressed in Figure 1.2 of the volume as finding intimacy with God and/or others (often in the face of loss of important relationships), finding final meaning through story (the focus of spiritual reminiscence), dealing with issues of vulnerability and an ability to transcend loss/disability leading to self-transcendence and, finally, hope *versus* fear.

Learning of new skills in providing care is valuable, but even more valuable and a first step to being able to provide high quality spiritual care, is a spiritual self-awareness of the care provider. Spiritual care is very important to quality of life, health and wellbeing, particularly in later life. One important way of addressing the spiritual needs of older people is through spiritual reminiscence. Spiritual reminiscence allows people to talk about the things in their lives that have held great meaning for them. It also gives them permission to remember past events over which they may have felt angry, sad or guilty, or even regretted. It can help people to reframe events that occurred in the past and come to new understandings and perhaps a sense of peace.

The first part of enhancing spiritual care is, as the book describes, to raise spiritual awareness among those who work with older people, including aged care staff. Some people say that issues of spirituality are very private issues

and should not be raised. However, the authors found that the numbers of older people with dementia do indeed want to discuss these issues, with some wanting to review their lives and sometimes wishing to share with one or more people how they feel about the kinds of lives they have lived.

## How the book is organised

The introduction to the text explains that this book is written as a guide for those older people who are dying and their loved ones as they make this important and final journey of life. It is about growing older, dying and death. The guide is divided into two parts. Part 1, consisting of 6 chapters, is entitled 'Learning about working with people with dementia - story, spirituality and spiritual reminiscence.' It contains necessary background to working effectively with people who have dementia and especially, the process of reminiscence and spiritual reminiscence. Part 2, constituted of chapters 7-11, provides the 'how to' guide for facilitating spiritual reminiscence.

Chapter 1, 'Spiritual Care', focuses on grief and loss as a part of life. Chapter 2, 'Dementia', discusses the fear of dying. Chapter 3, 'Communication', considers the final life career: whether it is only a time of waiting for death or if there is something more? Accepting that death may come with pain, distress and suffering is examined in Chapter 4, 'Reminiscence work' and, Chapter 5, 'Spiritual reminiscence'. Chapter 6, 'The process of small group spiritual reminiscence', introduces prayer followed by responding to meaning and discusses the roles of symbols, rituals and transcendence in the process of death and dying. Chapters 7-9 concentrate on the healing of relationships, with intimacy and dying and dementia being considered in Chapters 10 and 11.

Throughout this guide there are 'Important Point' and 'Think About' boxes. These highlight important parts of the narrative and guide the reader in considering more deeply some of the issues discussed. The 'Think About' reflections of the reader will enable him or her to reflect on facilitating a reminiscence group.

## Intended Audience

The authors have noted that some facilitators of spiritual reminiscence were more skilled at assisting people with dementia to communicate with a small group than others. This guide ensures that everyone wanting to use spiritual reminiscence as a way to communicate with those with or without dementia can develop appropriate skills. Consequently, they carefully considered what factors were important in facilitating this group process. The result was the development of this learning guide to assist facilitators who work with small groups of people who have dementia. This guide ensures that everyone wanting to use spiritual reminiscence as a way to communicate with those with or without dementia can develop appropriate skills. The information gained and the skills developed will help facilitators to communicate in a meaningful way with all older people.

## Style of writing

The objectives of the book are concise and relevant to the title. The methods of facilitating weekly small group spiritual reminiscence sessions for people with dementia are clearly described. These sessions are part of the holistic programme to support and affirm the wellbeing of people with dementia. The focus is on meaning, emotions and spirituality, not on facts and cognition. The bibliography is complete and up to date.

## Guideline for facilitating the weekly sessions

### Week 2: Topics discussed - Relationships, Isolation and Connecting

We begin by reviewing the conversation between 'Rose' and a facilitator. "She lives in Surrey somewhere. I think I have the address but I have forgotten it. Yes, she's a nice girl. She worked for a long time. She married a doctor. She got divorced and she married this doctor and he died about seven years ago, so she's on her own. But she has got a son of her own and she has got two, two grandchildren. But she don't make friends very easily, she is a funny girl in some ways."

Facilitator: Do you feel you would like to support her a little bit?

Rose: Hmm. She can't come and see me and I can't go and see her getting upset.

Facilitator: It's a long way away Rose, isn't it?

Rose: Yes. I feel she is lonely.

The reader's attention may turn to the mention of Rose's emotional upset. Sometimes it is assumed that people must be kept happy in activities and group work; however, sadness and grief and signs of hurt from past events can reveal themselves as people reflect on their lives. All of these experiences and emotions are part of life. These emotions are not to be shut off, but the people expressing their emotions should be supported and heard at these times. The authors found in some of the group sessions that one of the participants would reach out to another of the group who was upset, to touch them, to reassure them. These gestures appeared to be well accepted. All the people in these groups had dementia, but this did not remove their sensitivity to others in distress; in fact, they seemed to be very sensitive to the emotions of others in their group. In this way, bonds were able to form between the group members. Sharing at a deep level about feelings and relationships is an important way of growing connections with others. Loss of relationship is a common experience for these older people who have dementia.

The next example illustrated this:

Amy: No, I think that is one of the advantages of a place like this where as if you were at home, like stay at home, if you are, then I think the loneliness could be quite acute, whereas here, well if you walk just up and down the corridor for a while, you will meet up with someone you could talk to, or have a joke with, or something.

Facilitator: So are you saying it is really up to you?

Amy: Well it is never completely up to one person I suppose, you've got to get that.

Facilitator: Two way.

Amy: Yes, but ... well I think personal loneliness in your life is something you have to learn to live with and we all seem to have to face a certain amount of it don't we?

Being in a residential aged care facility does not mean that loneliness is not experienced and it can be hard to establish new relationships, as can be seen in the following quotations. Take, for example, the following brief exchange:

Facilitator: What about you Karen, what do you look back on with sadness? When you look back at your life, what do you remember with sadness? What makes you sad?

Karen: That I have nobody, Nobody.

Violet: That can be sad too.

### Week 3: Hopes, Fears and Worries

At week 3, in the group sessions, the authors found that many of the participants talked about financial issues or about their families. Some people describe experiences of life from long ago, sharing sensitive and personal issues. Often group members will come to learn that some of the disappointments, fears and events, that they experienced from earlier life were also experienced by others in their group. When explaining distressing events being remembered in the weekly group sessions, the authors explain that sharing a difficult experience and feeling heard can lead to healing. Topics for the week can include asking people to discuss questions such as what their hopes and fears were for the future.

In closing this session, facilitators are advised to be sensitive to any issues that have been raised in the group setting and to remember that it is not necessary to 'fix' things, but rather, to hear the person and to respond to them in affirmation. It may be necessary to take up some matters with chaplaincy or through counselling with the participant's agreement. For sure, facilitators should bring the session to closure, re-emphasizing the positive aspects of the life journey, not forgetting to thank the group members for sharing and to encourage them to return the next week. Self-care for the facilitator is important and debriefing and professional or peer supervision need to be available.

### Week 4: Growing older and transcendence

One of the benefits of spiritual reminiscence is that it enables people to think about the changes they have experienced in growing older. It is also helpful, in addition, to reflect on how they are managing these changes and any difficulties they may be having, as well as assessing the degree of transcendence they have achieved. It may be that through experiences of adversity or suffering, the person has grown in their spiritual life. Their sharing of these experiences of life may be strengthening for others in the group. In closure of this Week 4 session, the authors emphasize the positive aspects of the life journey and group members are thanked for sharing and encouraged to return the following week.

### Week 5: Spiritual and religious beliefs

People may find meaning through worship, art, music, poetry, through symbols, drama, prayer and reading of sacred texts and these are reflected upon in Week 5. For those who have no connection with anything of a religious nature, symbols still retain their importance. The authors acknowledge that some older people may not relate to the term 'spiritual' and suggest that people could be asked about the beliefs and values that they hold and what the deepest things were in their lives. In the closure of this session the facilitator has to remain aware of the very

different experiences that may have been shared in this session. The importance is on re-emphasizing the positive aspects of the life journey.

### Week 6: Spiritual and religious practices

The theme of the Week 6 session affords a good opportunity to identify what people's spiritual and/or religious needs are and whether these needs are being met. The topics in this week are focussed on identifying whether or not participants took part in any religious/spiritual activities and whether these were found important and meaningful. Taking Communion or the Lord's Supper remained important for some:

Facilitator: Communion, when you take Communion. What that means to you? How important it is?

Daphne: Holy Communion, the bread and the wine, yes.

Hetty: Well I, I feel different, having Communion.

Daphne: Mmm

Hetty: I like it I enjoy it.

Facilitator: And, Claire, can you, do you want to say anything about taking Communion?

Claire: No dear.

Facilitator: That's okay.

Claire: Except that it has always meant something to me, deep down inside, it is a feeling you can't explain.

The authors found that with people who had dementia, repeating these themes benefited the participants over 24 weeks (or 6 months). The long-term benefits of this spiritual reminiscence work included making new friends, more readily making connections in the small group settings and coming to a greater sense of meaning in their lives. Throughout this work of more than a decade people with dementia responded to meaningful conversation, even while they may be losing cognitive ability.

## Thesis of the book

In the day-to-day care of older people with dementia it is often easy to slip into the process of physical care at the expense of psychosocial, emotional and spiritual care. Indeed, in the midst of a busy day when there are staff shortages and older people with high level care needs, it is often the physical needs that receive priority and are taken care of first - any time left over can perhaps be devoted to other aspects of care. However, if we believe that each

person deserves to be treated with dignity and care, then, as the volume recommends, we need to provide holistic care, recognizing and addressing the physical, social, psychological, emotional and spiritual needs of older people.

Spiritual needs are just as important as other needs. In fact, one manager in aged care has said that about three quarters of her work involved matters of grief, guilt and fear. These are certainly issues of the spiritual dimension. Good person-centered care takes into account the spiritual as well as the emotional, psychosocial and physical needs of people. However, the authors have found that work with activities in residential aged care can exclude the basic practice of person-centered care. This occurred especially when staff were adding new skills to their already established skills. They also found that some staff still worked from the premise that when a person's cognitive status declines, communication should be restricted to factual and concrete matters, which is far from true. People with little cognitive function can and do respond positively to emotional and spiritual input. In fact they may respond to the spiritual and emotional when they are no longer able to respond cognitively. Our attitudes to people with failing cognitive abilities can have a real impact on either supporting or limiting interaction with people who have dementia.

Spiritual and emotional care are closely associated with effective person-centered care and so it is necessary to understand what spirituality really is. The authors admit that describing the spiritual domain has always been difficult. Even now, when there seems to be a rising awareness of the spiritual in Society, there has been little agreement on what constitutes the spiritual domain; if everyone experiences it, if it ought to be addressed and if so by whom and how. Spirituality is about *meaning* in life and is mediated through: a relationship (with God and/or others), the arts, the environment or creation and involves human creativity and imagination and religion (religion takes in all aspects of spirituality). Some people see religion and spirituality as being the same. Others say that there is no relationship between religion and spirituality. In the book, it is maintained that religion and spirituality are connected, but that while some people do not practise a religion, all do have a spiritual dimension.

The book is clear that when we talk about spirituality we are not referring to religiousness although, of course, religion is part of spirituality for those who have a religious faith. Often, spiritual care is not seen as a priority because the older person does not declare a religion or go to church. A better way to think about spirituality is, as the authors suggest, to imagine that spirituality is an 'umbrella'. Religion comes in under this umbrella and is one way to express spirituality.

There has recently been an increasing interest in studying the spiritual dimension. It is suggested that issues of a spiritual nature become more important as people age. Certainly, findings from a recent study of 'baby-boomer ageing' show the importance of spirituality in later life with spirituality associated with promoting mental and physical health and lower anxiety about ageing. It also found that 'baby boomers' were not necessarily affiliated

with religious organizations, but had higher levels of spirituality. There are many definitions of spirituality. Elizabeth MacKinlay, for example, defines spirituality as: "That which lies at the core of each person's being, an essential dimension which brings meaning to life. Constituted not only by religious practices, but understood more broadly, as relationship with God, however God or ultimate meaning is perceived by the person and in relationship with other people."

## Conclusion

The current volume is an invaluable resource for people working in the dementia sector. Both nursing and clergy can use it to plan support for people with dementia. The authors advise readers to "Be sensitive to any issues that have been raised in the group setting, remembering that it is not necessary to 'fix' things, but rather, the aim is to hear the person and to respond to them in affirmation. It may be necessary to take up some matters with chaplaincy, or counselling with the participant's agreement. Bring the session to closure, re-emphasizing the positive aspects of the life journey. Thank the group members for sharing and encourage them to return next week. Self-care for the facilitator is important and debriefing and professional or peer supervision need to be available."

## Conflicts of Interest

The author declares no conflicts of interest.