“Pastoral Considerations with Memory Impairment”

Presented by Erika L. Sanborne, MA

Describe the spiritual needs of persons with memory impairment, and how pastoral care can meet those needs.

1. The Etiology of Memory Impairment (10 minutes)
   A. the stereotype
   B. different causes of memory impairment
   C. stages of Alzheimer's Disease

2. Pastoral or spiritual needs one might encounter when visiting someone with memory impairment (20 minutes)
   A. broadly – as similar to any visit
   B. more personally – unique needs present
      i. identity crisis
      ii. communication issues
      iii. overall spiritual needs
      iv. So, why should we bother?

Discuss strategies for pastoral care when caring for or praying with those who might forget.

3. Requisite pastoral skills (20 minutes)
   A. facilitation
   B. accomplishment
   C. communication through what is recognized or known

4. Strategies for pastoral care (25 minutes)
   A. when follow-up visits are probable
   B. when a one-time visit is likely
   C. Group Discussion, Q&A

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7.5% of hospice care patients in the U.S. have Alzheimer's Disease (ICD-9-CM 331.0) as their primary diagnosis.¹

Stages of Alzheimer's Disease, marked by symptom progression:²

Stage 1: No cognitive impairment

Stage 2: Very mild decline – slight memory lapses; forgetting familiar words and names; losing keys; medical exam is unremarkable

Stage 3: Mild cognitive decline – other people notice problems at work/home/church; clinically measurable memory and concentration deficits; difficulty remembering reading materials; decreased ability to organize and plan

Stage 4: Moderate cognitive decline – Mild or early-stage Alzheimer's disease; decreased knowledge of recent events; mental arithmetic difficulties; struggles to pay bills or plan family dinner; forgets some personal history; might be socially withdrawn, especially when struggling

Stage 5: Moderately severe cognitive decline – Moderate or mid-stage Alzheimer's disease; major gaps in memory, and deficits in cognitive function emerge; help with activities of daily living becomes essential; might forget current address, today's date; might get dressed with wrong season's clothes; usually knows one's overall life story

Stage 6: Severe cognitive decline – Moderately severe or mid-stage Alzheimer's disease; significant personality changes may emerge along with behavioral symptoms, including – suspiciousness and delusions, hallucinations, and compulsive repetitive activities; will be prone to wandering and getting lost; much help with activities of daily living is needed; might be unaware of most recent events and current surroundings; will recall personal history imperfectly but will recall own name; might forget spouse's name but can distinguish familiar faces from new ones; needs help getting dressed; could make errors such as putting socks outside of shoes; sleep cycle is disrupted; bathroom assistance needed

Stage 7: Very severe cognitive decline – Severe or late-stage Alzheimer's disease; loses the ability to respond to one's environment and to speak, and ultimately loses the ability to control movement; words or phrases may occasionally be uttered; loses the ability to walk without assistance, then sit, then to hold one's head up; reflexes don't work right and muscles grow rigid; swallowing is impaired.

Prayer offers one powerful way to simultaneously affirm a careseeker's sense of self and affirm that he is a beloved child of God. Some (including this author) would say that is the central role of pastoral care with persons who might forget – to bring a careseeker's identity into the broader, nurturing identity of being a beloved child of God, with a fundamental responsibility of never denying who the careseeker knows herself to be independent of our interactions. The central thread is a mixture of identity and communication. Chronic memory impairment threatens both of these. Both of these are involved in prayer. (p.214)

Leaving a written prayer, and using the careseeker's own words whenever possible, ideally words she will remember having spoken, is a wonderful pastoral act. In fact, such a prayer might bring more comfort than regular prayers with regular people, by its very nature. The process of repeatedly discovering something that is nurturing might allow for a cumulative effect that makes it more meaningful, to the soul, than just getting the chance to appreciate it once. (p.215)

This is important for pastoral caregivers to be aware of – your time is well spent, and we don't forget the spirit of the interaction, the actual venue for God's elegance, just perhaps the description of it. (p.216)


¹ National Home and Hospice Care Survey, Current Hospice Care Patients: table 12 http://www.cdc.gov/nchs/data/nhhcsd/curhospicecare00.pdf
Pastoral or spiritual needs one might encounter when visiting someone with memory impairment

→ identity crisis
→ communication issues
→ overall spiritual needs
→ So, why should we bother?

Pastoral skills & Strategies

→ facilitation
→ accomplishment
→ communication through what is recognized or known