



# Faith in Older People

## NEWSLETTER – Issue Spring 09

THIS ISSUE  
FUNDED BY

THE TITHING  
GROUP  
OLD ST PAUL'S  
EDINBURGH  
[www.osp.org.uk](http://www.osp.org.uk)

### Mission Statement

Faith in Older People aims to celebrate the lives of older people and to support the spiritual care of older people and their families

#### Faith in Older People

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*At this time of year, when spring is all around, how many of us rely on being able to go out and experience it for ourselves - time to watch the birds or see and smell the new flowers and blossom. Perhaps we take our freedom to do so for granted. Do spare a thought for those in care homes; hospitals or who are housebound, who would love to smell the spring, but realise there may be no one who has the time or insight to help make this happen.*

### Keeping the Spirit Alive

Most of us would like to think that we will end our lives at home - surrounded by people, objects and memories familiar and important to us. But many of us may spend our last years, weeks or days in some kind of health or care setting.

Faith in Older People has just completed an action research project, **Delivering Spiritual Care** – in which we conducted interviews with staff in three residential homes across the country to find out how staff understand the spiritual needs of older people.

#### What is “spiritual care”?

Our research found that spiritual care is being provided but it is not understood in those terms. Staff and residents do have an understanding of the importance of this thing called “spirituality” but struggle to articulate quite what it is. Carers tended to assume that spirituality meant religious observance. This meant they did not recognise that they were already delivering spiritual care in their daily activities with the residents.

Being recognised first as a person with a full life history and having it acknowledged by word and deed is of crucial importance to the way in which an older person will experience their time in residential care.

Allowing residents time to talk and reflect on what really matters to them, in the past or the present, is part of this.

The staff interviewed recognised that there were activities which were part of the daily routine which enhanced the spiritual lives of the residents, baking, being given choice over food, being supported in doing as much as they could for themselves, and celebrating special events together.

One of the points the care staff made again and again is how important fresh air is to the residents - it lifts their spirits.

*(continued on back page)*



## FROM 3<sup>rd</sup> AGE TO 4<sup>th</sup> AGE THE BREAKPOINT

Recently I should have been running a day's training on this very topic with my colleague Penny Grieve in St Andrew's. I should have been shipped in as "Exhibit A", but alas I was not there. Let me explain, if 1st age is childhood, 2nd age adulthood, 3rd age active retirement, then 4th age is when one finds oneself unavoidably in need of care.

For some this movement from 3rd to 4th may happen slowly, be well planned, regrettable perhaps, but accepted. For others it may happen unexpectedly, in a trice, through a fall, stroke or heart attack.

Those who die suddenly or young may miss 4th age altogether, and some insist that they will never grow old and that planning for 4th age is "negative thinking" and not for them! Family, neighbours and Church community all watch with concern when people on the brink of 4th age steadfastly deny any possibility of it, and I know GPs and social carers who realize that some people will just have to "come to a crisis" as no amount of talking will "make them see sense". This crisis may well involve a broken bone or broken health of the older person, or their exhausted carers.

Yet many professionals are not overly critical of an older person's refusal to see what others think is self evident; they know through experience that the gifts of determination, optimism and fierce independence always have their blind side, but are the qualities that keep people going and enjoying life while they can. Most-times "living dangerously" at home feels better than "a risk-assessed life in a care home"! I think we can all sympathise.

In January I catapulted myself temporarily into 4th age status breaking through both tibia and fibia bones above the right ankle. There then ensued the predictable and unavoidable progression of ambulance, hospital, temporary cast, little sleep, operation, 2nd temp cast, less sleep, 5 days in hospital, solid cast and then finally home to hopping on an arthritic left knee with a zimmer to support me! To add

insult to injury, our house has precipitous stairs, and no loo on the kitchen level, so I stayed upstairs until I had worked out how to get safely up and down.

I described myself as being on 8 weeks work placement, doing Module 2, 4th Age Empathy Studies, use of zimmer and crutches. What have I learned? Well firstly how kind and thoughtful people are in a crisis. The church has excelled in cards, flowers and prayers and messages of support, and my family and neighbours have been wonderful, I am truly grateful. Luckily we live in a large house with big windows and I have not developed cabin fever, but how would I have coped if all this had been permanent? What if this break had meant the beginning of not walking unaided, or not driving, or not going outside on my own again?

Everyone has supported me magnificently in my *temporary* distress, but how good are we all at the long haul, when someone moves to 4th age permanently? What sort of help and support is it possible and helpful to offer? These are the questions I wrestle with much of the time in my work, and the answers are different for each person.

Some accept practical help, or share the pain with bitter humour, others need a listening ear to hear the story for the realisation to unfold; for others their faith in God's love and the promise of Jesus' presence with them no matter what their trials keeps them whole; almost all welcome the visits of professionals or caring faithful friends and family as they come to terms with their change in status.

Secondly as "a patient" with a broken bone, learning to "wait patiently" (pun intended) becomes a vital skill. Waiting at the outpatient orthopaedic department for stitches out, X-ray, new plaster and meeting with consultant takes a whole morning. At home, almost any of the things one expects to be able to do for one's self - shop, get food or a drink, answer phones, put away laundry, etc.,

are all either impossible unaided, or take time and have to wait until someone else is able or perceives it needs doing!

From being able to “do things” one becomes humbled into accepting that things will be done by others. The task for the patient is to give up power with good grace, to become a leaf on the water and “go with the flow”. This may be relatively easy to start with, but the novelty soon fades and it becomes a difficult discipline. “You must be very frustrated” friends say.

It is connected with how we see ourselves –if it is through others eyes i.e. as useful, or by what we get done, then giving up the status of “useful person” is hard. I feel like I have given up rather more than I intended this Lent!

Waiting is not a high status activity, in a way, the longer you wait, the lower your status, and as a society we don't rate those who “wait on others”, carers, waiters or shop assistants. Yet we all know how valuable a really good “servant” can be, one who sees others needs and willingly, quietly attends to them.

I have been reading a wonderful book “Waiting on God” by Denis McBride and in it he explores many aspects of waiting.

As I write, we are in Lent, coming up to Holy Week and the story of Christ's passion. He reminds us that the root of the word passion, ‘*passio*’, is also the root for passive (and patient!) and that Jesus moves from being a doer, a healer, a preacher, to allowing things to be done to him. His passion is a time when he suffers what is done to him – the word “suffer” has also changed its meaning over time. To suffer was to allow in the King James Version – as in “suffer the little children” but we now use the words suffering and passion in a rather different way.

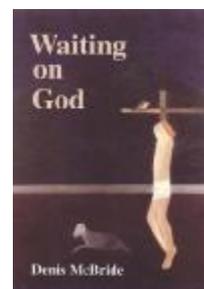
The moment when active turns to passive in the gospels is after the last Supper. There is the terrible agonising still point in the Garden of Gethsemane when Jesus accepts “not my will, but thy will be done”. He asks the disciples to stay awake while he prays, but they are unable and he struggles on his own.

It is very hard for any of us to “stay awake” to other people's suffering, and I realise that the change from active to passive that comes in the 3rd age to 4th age transition often has its own painful Gethsemane; the still point or breakpoint where much is given up.

Our duty or gift is to stay awake, not to turn away from the moment of decision or suffering – we cannot alter the outcome but we can stay awake with people to accompany them “*com passio*” (with compassion).

*“Gethsemane is an image of sorrowful waiting, of being present to the prospect of what people will do to you; but it is also a story of resolve to endure, literally to hang in there. And this is very difficult to do. Half the world lives in Gethsemane, and the other half is asleep. It is difficult to stay awake to the suffering of others and to wait with them; we want to get on with life, as if life is somewhere else, at an address safely distant from suffering.”*

From *Waiting on God* -  
Denis Mc Bride –  
ISBN 0 85231 284 9  
Redemptorist Publications



While I have been waiting for my leg to heal – hoping to be released from the strictures of 4th age and permitted back to my normal life style – I realise it is what I have learnt in the process, about waiting, that has been the gift.

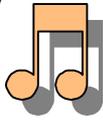
I have greatly appreciated the attentiveness shown to me at the moment of crisis and many of those who have been most sensitive are those who have suffered that shift from action to passion themselves. Their gift of compassion at the time of need has been a vital complement to the capable medical attention I have received.

Mary Moffett

*This article first appeared in The Sign the church magazine of St Cuthbert Colinton.*

## The power of music

Enjoyment of music is a powerful way of lifting the spirit, and music is often used in creative activities with elderly people and people with dementia. Now a new study has found that listening to certain tunes from your past evokes powerful and vivid memories that appear to be immune from Alzheimer's disease.



A team from the University of California, led by Professor Petr Janata, has discovered that the section of the brain which is associated with music is also associated with our most vivid memories. It is also the region of the brain which seems to be the most immune from the effects of Alzheimer's disease.

"Memory for autobiographically important music seems to be spared in people with Alzheimer's disease," Prof Janata said, and one of his long-term goals is "to use this research to help develop music-based therapy for people with the disease."

"Providing patients with MP3 players and customized playlists could prove to be a quality-of-life improvement strategy that would be both effective and economical."



"What seems to happen is that a piece of familiar music serves as a soundtrack for a mental movie that starts playing in our head."

"It calls back memories of a particular person or place, and you might all of a sudden see that person's face in your mind's eye. Now we can see the association between these two things – the music and the memories."

(The study "The Neural Architecture of Music-Evoked Autobiographical Memories" is published in the journal *Cerebral Cortex*.)

## Looking to the Future

FiOP is grateful to the Scottish Government and a major Trust for the support they have provided to help sustain the work of the organisation over the next three years.

This will enable us to progress our work with health and social care staff and faith communities to increase the understanding of spiritual care and age.

We will be building on our findings in our report '**Delivering Spiritual Care**' as outlined in our article on page 1 as well as expanding our geographical reach, range of courses and contacts.

FiOP aims to work collaboratively with other organisations and individuals to make best use of the knowledge and expertise that is available to promote a better understanding of spiritual care.

Please get in touch with us to explore ideas for an event or training in addition to the courses outlined in this Newsletter

## NHS Commitment

Faith in Older People welcomes the *NHS in Scotland's* commitment to addressing the spiritual needs of patients:

"The NHS in Scotland recognises that the health care challenges faced by the people it cares for may raise their need for spiritual or religious care and is committed to addressing these needs."

"Among the basic spiritual needs that might be addressed within the normal, daily activity of healthcare are:

- The need to give and receive love
- The need to be understood
- The need to be valued as a human being
- The need for forgiveness, hope and trust
- The need to explore beliefs and values
- The need to express feelings honestly
- The need to find meaning and purpose in life."

These are the "basic spiritual needs that might be addressed within the normal, daily activity of healthcare" according to guidance on spiritual care issued to the NHS in Scotland by the Scottish Government. (CEL (2008) 49)

The guidance commits the NHS to addressing these needs and outlines the action expected of NHS Boards.

## Forthcoming events

Friday 8<sup>th</sup> May 2009

**Old Age: Wasteland or Harvest Field**  
*Eden Court Bishops Road, Inverness*

A Conference to challenge people within the Scottish Churches who are responsible for the training and education of their "flock" to place the issue of Old Age: Wasteland or Harvest Field at the top of their agenda. Speakers include Dr Harriet Mowat, Gaynor Hammond, Professor John Starr, The Revd Sue Kirkbride.



We have received sponsorship to enable us to offer this conference at £20

Comment from our previous conference elicited the following extract:

*"good statistics; light hearted study; valuable insights".*

Saturday 23<sup>rd</sup> May 2009

**Spiritual Journaling** £80

Royal Scots Club, Edinburgh

There is a history over many centuries of individuals keeping journals of their spiritual journeys.

In recent times it has become an even more popular activity, particularly as life becomes increasingly complex and demanding. In these circumstances the Journal can become an oasis of quiet contemplation and taking stock.

In this short course **John Killick**, himself an experienced journaler, will take participants through the practicalities of keeping a journal, with particular emphasis on creative ways into accessing insights and shaping the given material.

He will also provide many examples of journaling, past and present.



## Communication

Tuesday 2nd June 2009

Communication £95

A matter of life and death of the mind – finding ways to connect with people with dementia.

Ignatian Spirituality Centre, 35 Scott Street, Glasgow, G3 6PE

**Facilitators**

**Kate Allan** is a clinical psychologist who has worked in the dementia field for over ten years. She has lectured and written widely on the subject.

**John Killick** is a poet, writer and broadcaster who has been a writer in residence with people with dementia.

*I want to thank you for listening.*

*You see, you are words.*

*Words can make or break you.*

*Sometimes people don't listen,*

*They give you words back,*

*And they're all broken, patched up.*

*But will you permit me*

*to say that you have*

*the stillness of silence,*

*That listens, and lasts.*

This poem was written by a person with dementia as a result of a workshop run by [John Killick](#).

John, together with Kate Allan, a clinical psychologist who has worked in the dementia field for over ten years, ran a one-day workshop for Faith in Older People in January this year.

The Workshop, which was attended by 25 people, set out to explore the role of communication in underpinning the provision of care for the person with dementia, as well as its importance for the personhood and wellbeing of all concerned. Participants were invited to consider many aspects of communication including language, non-verbal channels, creativity and humour and gained many ideas for new ways of connecting with persons with dementia.

They will be running the same workshop in Stirling on **21<sup>st</sup> April**

Visit John Killick & Kate Allen's website at [www.dementiapositive.co.uk](http://www.dementiapositive.co.uk)

## Courses from other organisations

### DEMENTIA SERVICES DEVELOPMENT CENTRE

#### Palliative Care for people with dementia

21 April 2009

Cost £295 +VAT

Event: 1 day seminar

Venue: Central London

#### Enabling Communication for People with Dementia

19 May 2009 Cost: £295

Event: 1 day course

Venue: Central London

#### Open Day 18 June 2009

Event: ½ day Cost: £25

Venue: Iris Murdoch Building, University of Stirling

Further information and booking forms for all the above can be found at <http://stirling.jellycommunications.com>

### CHURCH ARMY

#### Grandparents and Mission - Identifying opportunities for greater effectiveness

Tuesday 19th May 2009

10:30am - 3:15pm Wilson Carlile Campus, Sheffield.

A chance to network with other grandparents, share ideas for nurturing the spiritual lives of their children, grandchildren and great grandchildren, hear input on the changing nature of grand parenting in our society, raise important issues for further resourcing, and identify ways in which local churches and their leaders could support grandparents in their congregations.

Limited places are available.

Cost £20 including lunch.

[www.sheffieldcentre.org.uk](http://www.sheffieldcentre.org.uk)

*Faith Words Action - For latest news follow us at <http://twitter.com/churcharmy>*

## THE SPIRITUAL CHALLENGE OF DEMENTIA by JOHN KILLICK

Dementia raises fundamental questions of life and death, what it means to be human, and which are the values we should hold as most precious. These values could be considered to involve the spiritual in its widest sense.

It seems clear that the decline of reasoning ability, almost universally noted as one of most obvious consequences of the development of Alzheimer's, releases in some individuals emotional and creative capacities which may previously have been hidden. This forces us to confront the person in their essential self, and gives us the opportunity to value them for this rather than for any other qualities (economic, political, intellectual) which society has pushed into the foreground. This self manifests itself in terms of such virtues as honesty, spontaneity and the capacity to live to the full in the moment rather than clouding it with concerns of past or future.

I will illustrate this idea with a quote each from a carer and a person with dementia. The carer is an American, Beverly Murphy, who says:

*If you believe in the concept of a soul, then you have to believe that the soul doesn't get Alzheimer's any more than it gets cancer.*

*....Maybe, just maybe, our people have the unique experience of being able to live in two worlds, ours and a freer one that allows them access to insights and awareness we can't even begin to fathom.*

And the person with dementia is Christine Boden, an Australian:

*This unique essence of 'me' is at my core, and this is what will remain with me to the end. I will be perhaps even more truly 'me' than I have ever been.*

In the writings and speeches of persons with dementia and their carers there are an increasing number of instances of statements of this kind. It may well be that not only have we much to learn from them about how this most mysterious of mental health conditions affects individuals, but there is knowledge of the nature of the spiritual to be imparted as well. In the coming months I and my colleague Kate Allan hope to be exploring these, and a number of other profound concepts (communication, creativity for example) in a series of workshops for this organization.

Beverly Murphy (2004) in *Voices of Alzheimer's* ed. Betsy Peterson Da Capo Press, Cambridge MA USA p.163

Christine Boden (1997) *Who Will I Be When I Die?* Harper Collins London p. 49-50

## Introducing the Ca(I)re Project

### Ca(I)re – Putting the 'I' into Care

This project addresses the important issue of maintaining unpaid carers' own good health and general well-being and aims to enable them to fulfil their caring role adequately.

This is achieved through offering free educational, recreational and therapeutic courses, social events, Open Days, advice and information service and a weekly Drop-In support.

The Project is part of a wide ranging community and care programme provided by the Eric Liddell Centre in Edinburgh. These include



supporting people with dementia, frail elderly people and young people, and providing quality community facilities for the local population as well as project accommodation for

other charities. The Eric Liddell Centre has a long history of providing services to the excluded groups and is a registered charity.

The negative impact of caring on an individual carer's life can be physically and emotionally challenging and often leads to stress, anxiety, feelings of guilt, social isolation and general poor health. In discharging their caring responsibilities, carers often neglect their own needs, particularly as the caring role intensifies over a period of time.

The services offered address a multitude of carer needs in a holistic manner by providing short breaks away from caring responsibilities, peer support, emotional and practical support, information, and educational and learning opportunities through the context of lifelong learning. Through their participation, carers experience a marked improvement in their confidence and self esteem. Many carers are motivated to continue their learning when courses come to an end and are supported by the Project to find routes into formal further education / training / employment or simply to continue to experience the joy of learning for its own sake.



Many carers have discovered new interests and have taken up



volunteering opportunities and become active citizens and members of the community. Carers who were at risk of mental ill health often found new energy and focus for their lives through the

learning process that they committed to, sometimes in extreme personal circumstances.

Through the confidence building and empowering that the services have offered, some carers have described the programme as a 'life line'.

The project endeavours to provide a service that looks at the needs of carers holistically so that in addition to the educational benefits, carers also benefit from the short term respite and peer support that they gain when attending courses and drop-in. More than 200 carers participate in courses and one-off events organised by the Ca(I)re Project every year.

Open Days are held to provide carers with taster sessions and to gauge interest.



A Carers Book Club and a self-led Former Carers Support Group have been established successfully with a growing membership. Many carers often assist the Project on a voluntary basis with admin tasks. Some carers have felt confident and motivated to lead courses organised by Ca(I)re. Further two carers have written inspiring articles for the local Council's Health and Social Care magazine, describing their caring journey in an attempt to promote understanding of carer issues to the wider public and social care professionals.

[www.ericliddell.org](http://www.ericliddell.org)

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FUNDED BY

THE TITHING GROUP  
OLD ST PAUL'S  
EDINBURGH

## We celebrate ageing and faith

Developing an  
understanding of  
spiritual care of  
older people.

Encouraging people  
to celebrate  
growing older  
and

recognising and  
affirming their gifts  
and experience.

We offer support  
and training to  
pastoral carers  
and

ordained members  
on an ecumenical  
basis and amongst  
people of other  
faiths.

Supporting  
caregivers within  
health and long  
term care  
institutions to  
enhance the quality  
of life and wellbeing

by ensuring the  
inclusion of spiritual  
care for older  
people

Faith in Older  
People  
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Maureen O'Neill  
Training Officer  
Mary Moffett  
Administrator  
Jean Myers

*We are very  
grateful for  
donations from  
congregations.  
Can you help?*

## Delivering Spiritual Care – (continued from front page)

### Training

The results of interviews and observations were discussed by the project team and used to draw up recommendations for training programmes with the staff in care homes. The message was loud and clear: keep it short and keep it regular in order to fit in with their busy shifts

Some topics they thought could be covered included:

- creative activities as a way to talk about or reflect on spiritual issues.
- the possible emotional upheaval surrounding transition into care for the individual, the family and the consequences for the care home staff.
- the spiritual issues surrounding death for both staff and residents.

It was clear from staff that they would welcome on-going support in meeting spiritual needs in order to enhance the well-being of their residents.

They identified some of the issues they thought should be covered including how to convert "normal" caring practice into spiritual care.

Our report "Delivering Spiritual Care" has been presented to the Scottish Government, Older People and Age Team, who had funded the project.

*The project was  
conducted by  
Faith in Older People with  
Dr Harriet Mowat of  
Mowat Research.*

*See our website  
for copies of the report*



### Nature

The following is from *Christ of the Celts, The Healing of Creation* by J Philip Newell (Wild Goose Publications) ISBN: 9781905010523 and he in turn has extracted this from J S Eriugena, *The Voice of the Eagle*, trans. C. Bamford



*"The great Irish teacher John Scotus Eriugena taught that God speaks to us through two books.*

*One is the little book he says, the book of 'scripture', physically little. The other is the big book, the book of 'creation', as vast as the universe.*

*Just as God speaks to us through the words of scripture, so God speaks to us through the elements of creation. The cosmos is like a living sacred text that we can learn to read and interpret. "*