

# How Can We Support Religious and Spiritual Practices of Older Adults With Mild Cognitive Impairment and Dementia?

Older adults, those facing advanced illness, and historically underrepresented communities find salience in religion and spirituality for coping with stress and illness (Balboni et al., 2022; Chatters et al., 2013). Religious and spiritual beliefs and practices serve as meaningful sources of social engagement and, for some, a vital component of successful aging. However, what do we know about the religious and spiritual practices of older adults with cognitive impairment and dementia? Well, we know they are important, but there is limited research in this space. We need to do more work to support the established religious and spiritual practices of older adults facing the progressive and terminal illness of dementia.

We know that as adults age, their risk of developing cognitive impairment and dementia rises (Alzheimer's Association, 2021). More than 6 million Americans live with Alzheimer's disease and related dementias, and these numbers are expected to rise as the population ages (Alzheimer's Association, 2021). It is well-known that persons living with dementia rely on others to support their well-being. Currently, in the United States, 11 million caregivers (i.e., family members and friends) are providing unpaid care for persons living with

dementia (Alzheimer's Association, 2021). With this growing burden of dementia, we need to identify protective factors and nonpharmacological interventions that promote health, quality of life, and well-being for older adults at risk of and with dementia. If older adults and socially marginalized populations at greater risk of dementia find religion and spirituality important, why don't we start there?

## RELIGION AND SPIRITUALITY

So, what are religion and spirituality exactly? Often times religion and spirituality are interchanged in research studies. Although these terms overlap, the concept of spirituality is more abstract and generally refers to forms of connectedness. For example, *religion* refers to a system of beliefs and practices related to one's faith tradition, whereas *spirituality* refers to individual expressions of meaning, purpose, and connectedness to self, nature, others, and to the divine, and through transcendence, rising above one's life circumstances to find peace (Koenig, 2012; Puchalski et al., 2009). This conceptualization of spirituality has been put forth by a consensus conference of spiritual experts and leaders to arrive at one consolidated definition of spirituality (Puchalski et al., 2009). According to

these spiritual experts and leaders, one consolidated definition of spirituality was necessary to best capture the essence of this concept and advance the science on spirituality and health (Puchalski et al., 2009).

## MEASURING RELIGION AND SPIRITUALITY

How do we measure religion and spirituality in research? Existing measures include frequency of religious service attendance; frequency of private prayer; religiosity (i.e., how religious a person is); daily spiritual experiences (i.e., one's sense of connection to God, inspiration, and awe); spiritual well-being; religious coping (negative and positive); religious beliefs, practices, and support; meaning; faith; peace; and life purpose (Britt, Kwak, et al., 2022; Koenig, 2012). Findings from these measures suggest that religion and spirituality are used for coping with stress and illness and are associated with better mental and physical health (Balboni et al., 2022; Koenig, 2012). For physical health, outcomes include a lower risk of all-cause mortality, cancer, stroke, and hypertension and less substance use and smoking. Religion and spirituality are also associated with better immune function and endocrine response. In mental health, religion and spirituality are associated with fewer

depressive symptoms and lower anxiety and increased life satisfaction and psychological well-being (Balboni et al., 2022; Coelho-Júnior et al., 2022; Koenig et al., 2012; VanderWeele, 2017; Williams & Sternthal, 2007).

## RELIGION AND SPIRITUALITY ON HEALTH

Increasingly, studies are being performed to examine mediators and moderators of the relationship between religion and spirituality and health outcomes in older adults, including those with chronic conditions. Currently, it appears religion and spirituality promote positive psychological emotions and virtues (e.g., hope, optimism, forgiveness, gratefulness), which may mediate the relationship (Lucchetti et al., 2021). Other factors may also influence the association, including healthy lifestyle adherence (i.e., decreased smoking and alcohol consumption). Religion and spirituality communities provide social engagement opportunities with teachings that may stimulate cognitive thought. Preliminary studies have also found that religion and spirituality practices may reduce stress, anxiety, and possibly inflammatory markers (Anyfantakis et al., 2013; Chen et al., 2021; King et al., 2001; Koenig et al., 2012; Williams & Sternthal, 2007).

## RELIGION AND SPIRITUALITY IN DEMENTIA

Now, what do we know about religion and spirituality in dementia? Studies on religion and spirituality and dementia report similar associations as reported above. Greater engagement in religious/spiritual practices is associated with slower cognitive and behavioral decline and better functioning in older adults with dementia (Britt, Kwak, et al., 2022). One spiritual intervention using reminiscence found improved cognitive function among the sample with dementia (Wu & Koo, 2016). In a study performed during the pandemic among dementia caregivers, 64% reported their loved one

with dementia and 100% of caregivers identified as religious or spiritual (Britt, Richards, Radhakrishnan, et al., 2022). Only one older adult with dementia received religious and spiritual support during social distancing during the pandemic from a religious or spiritual leader (Britt, Richards, Radhakrishnan, et al., 2022). Religious and spiritual activities for older adults with dementia include watching or listening to religious services, listening to music, engaging in prayer rituals, and holding and using religious and spiritual objects (e.g., crucifix, prayer book, rosary beads, Bible). Due to limiting physical disabilities and technological illiteracy, older adults with dementia were not able to continue their established religion and spirituality practices during the pandemic. They relied heavily on caregivers to support their spiritual needs. Loss of established religion and spirituality practices may prompt a decline in previous skills and function for older adults who do not have religion and spirituality support for their coping practices. The pandemic revealed the more profound need for meaning and connectedness we all have but was limited due to social distancing and social interaction with others.

In other studies, among older adults with mild cognitive impairment and dementia aged  $\geq 73$  years, 87% to 96% of non-Hispanic Black and 100% of Hispanic participants reported religion to be very important (Britt, Richards, Acton, Hamilton, & Radhakrishnan, 2022; Britt, Richards, Acton, Kessler, et al., 2022). Among Hispanic participants, 67% to 71% reported attending religious services once or more per week. Interestingly, private prayer was used the most, with 100% of non-Hispanic Black and Hispanic participants and 88% of non-Hispanic White participants reporting praying once or more per week. Higher religion and spirituality practices were associated with better cognitive function, lower neuropsychiatric symptoms, and fewer

sleep disturbances (Britt, Richards, Acton, Hamilton, & Radhakrishnan, 2022; Britt, Richards, Acton, Kessler, et al., 2022).

## RECOMMENDATIONS AND CONCLUSION

Even with all of these findings, we need to conduct more research to examine associations over time. More studies are also required to examine if religion and spirituality support can help older adults with dementia and cognitive impairment maintain their cognitive health and physical functioning while decreasing neuropsychiatric symptoms, such as depression and agitation. The potential impact on caregiving burden could be substantial, as dementia caregivers report twice as many emotional, physical, and financial problems compared to caregivers of persons without dementia (Alzheimer's Association, 2021). We need to create more interventions supporting the religion and spirituality practices of older adults as they age, begin to have cognitive impairment, and even after they are diagnosed with dementia. As up to 40% of dementia risk factors are modifiable, establishing education programs and caregiving support groups is essential. What better way to address health inequities than to partner with faith-based organizations to increase resources and education, potentially decreasing health disparities? As the 2022 Caregiving Strategy (Administration of Community Living, 2022) mentioned, faith-based organizations are taking a role; it is time to partner with religious organizations, such as churches, temples, synagogues, and mosques, to establish dementia-friendly services and resources to support aging adults to continue their established coping practices for as long as possible. As procedural and emotional memory are the last memories to diminish in dementia, using familiar and established religion and spirituality objects and activities tailored to the individual has the potential to improve spiritual well-being even as they progress

through the illness. Much work is needed, so let's get started. Amen!

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doi:10.3928/00989134-20230309-01