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**INTEGRATION OF CHRISTIAN SPIRITUAL CARE INTO  
ASSISTING THE RELOCATION OF OLDER ADULTS WITH  
DEMENTIA**

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**Presented at:  
NACSW Convention 2010  
November, 2010  
Raleigh-Durham, NC**

# **Integration of Christian Spiritual Care into Assisting the Relocation of Older Adults with Dementia**

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## 1 INTRODUCTION :

### 1 Background

I (Ichinose) had worked with elderly people as a social worker in a city hospital and in a rural community in Japan. Throughout my work, I heard people say, “There is no meaning for me to live” or “I wish I get called into the other world soon.”

On the the conference of the Japanese Christian Social Work, Miwa Fujii referred to “faith of the social worker and the social work practice”. She suggested that to take part in the life of someone is to be asked for helper that who we are as a person. She pointed out that to help someone is rooted in who we (helper) are rather than in what we (helper) should do.

I was inspired by her idea. And so I have decided to look deeper into assisting the relocation of people with dementia by examining how our being should be our main concern, rather than what should we do.

### 2 Goals of this presentation:

In this presentation, I hope that three goals would be accomplished:

- 1) Look deeply into the anguish of people with dementia;
- 2) Identify what will we intervene in helping older adults relocate; and
- 3) Examine how we keep our personhood

## 2 RESEARCH

### 1 What is the “episode description”?

I used the method of the “episode description” (Kujiraoka: 2005) for this research. The “episode description” is one of a qualitative research method that was developed by Takashi Kujiraoka. I would like to describe its nature by comparing conventional empirical research method.

#### (1) An approach to the person’s being as a unique individual

Kujiraoka proposed this research method because of his awareness that conventional analysis and quantity approach only identify the person by breaking down the general property of behavior and by squeezing the person into the general category. Those

things identified through such an approach is too distant from the person's being as a unique individual (Kujiraoka, 2005:10). Therefore, the method of episode description tries to approach the unique lives of each individual person (Kujiraoka, 2005:257). Through the practical episodes in fields that evoke the participants' positive and negative feelings and impressions split daily events, giving us a glimpse of totally new worlds, such as to "see the light with" (Kujiraoka, 2005:5).

## (2) Value-bound approach

Traditionally, observation in human science has been supposed to steer clear of and remain in the colorless sidelines, value-free, much like in natural science. And researchers have been unaware of their hidden assumptions of their own values in observation or research. However, the method of episode description starts from observations or researches that are value-bound. Because human perception works to perceive "things AS something" and observers look at a thing with a value imposed on it (Kujiraoka,2005:258). Kujiraoka uses the term "participatory observation" not just simply "observation".

On the other hand, the "episode description" presents episodes with "meta-observation". It means that to reflect how I look at the event from what value stands in the way of objectivity to my own observation. And consequently, to propose my own value and perspective into the public space where my value is crossed with values and perspectives of others.

## 2 Why the "episode description" in research people who have dementia?

I asked to 6 people who have mild dementia and tried to interview them. However, I realized that the interview was too difficult for them. Because it required the ability to recall past events and to tell it to the interviewer systematically.

Feil has developed the Validation method that uses empathy to tune into the inner reality of disoriented people (Feil, 1992:10). The episode description tries to "acknowledge what an observer feels through his/her body" (Kujiraoka,2005:22). This approach is common in the Validation method, which tries to acknowledge the language of the body and emotion not only through logic or reason. Therefore I think the episode description is an adequate method to approach the reality of people with dementia.

## 3 Process of analysis

The episode description consists three processes, namely:

### 1) Presentation of episodes

Presenting episodes that arose as inter-subjective involvements between person to person or among people in daily events on the fields.

2) Meta observation

Reflecting on why I capture the episode from the background and identifying what kinds of perspectives or values.

3) Meta meanings of the episodes

Describing meanings or implications that arise when the episode is put in the context of the previous research.

4 Field of participatory observation

I conducted participatory observation at 2 fields in the USA and in Japan.

1) Field A

One of the fields is a retired community that the Presbyterian church initiated in the USA. I conducted participatory observation from February 9<sup>th</sup> to 26<sup>th</sup> ,2009 and from February 1<sup>st</sup> to 25<sup>th</sup>,2010.

2) Field B

The other field is a nursing home that is run by a local Christian social work corporation. I have researched at the field from November 2009 to November 2010, frequency is about once a week (sometimes once every 2 weeks or 3 days in a week).

### 3 OUTCOMES

1 an episode of Mr. C

During fieldwork at A, I followed a chaplain and attended a psychiatric consultation of Mr. C. Psychiatric consultation was held to evaluate Mr. C's cognitive state and to decide adequate level of care. Members are Mr. C's family and helping professionals including a psychiatric doctor, a specialized nurse, the director of dementia care, a social worker who was assigned to Mr. C and the chaplain.

Mr. C was in his 70's. Mr. C fell about a year ago and broke his hip. He came to the health care center for the rehabilitation. Mr. C has Parkinson's disease and his wife has taken care of him for several years. Mr. C's voice was weak and trembling because of Parkinson's disease. Sometimes, Mr. C was agitated and got angry when staffs didn't understand him. Mr. C was found when he fell down on the mat underlying the bed several times because he couldn't remember to call the attention of staffs when he would move. Mr. C's adequate level of care is evaluated according to his physical needs and staffs' experiences of Mr. C's cognition and behavior. About a month ago, Mr. C moved from health care to the most severe dementia care unit according to the

assessment of level of care on him. On the day he moved, Mr. C refused his medicine and shouted, spluttered and hit staffs and his wife.

At the psychiatric consultation, the psychiatric doctor responded to the question asked by Mr. C's wife and explained that his symptom would progress. After the conference, the psychiatric doctor met with Mr. C and asked him to test and evaluate his cognitive state. The conclusion of psychiatric consultation told his family that his cognitive state was 2-5 years old. His family took him to for neurologic consultation.

## 2 Meta-meaning of the episode

### 1) Story of dementia

The Chaplain told me that "They were afraid to lose their mind and to be considered as non-person" (an interview of chaplain). According to the chaplain's indication, it tells the story of Alzheimer's disease that older adults experience as "losing their mind and to be considered as a non-person."

Mr. C also might experience Alzheimer's disease such as "to be lose his mind and to be considered as a non-person." His aggression, which he showed by refusal to take medicine, and hitting in staffs and his wife were meant to resist to be treated as being non-person.

### 2) Meaning of relocation

According to an interview of a social worker, she said "Residents would not like to move their place, despite their health changed and they couldn't secure themselves without help. It is most difficult thing for social workers" (an interview of social worker). If Mr. C experienced Alzheimer's disease such as "to be lose his mind and to be considered as a non-person, relocation from health care center to severe dementia care unit would mean to him to be treated as non-person.

## 4 CONTROVERSIAL ISSUES FROM OUTCOMES

### 1 Philosophical construction of dementia

Engelhardt (1986) defined in bioethics that *the person* is moral agents. He insisted that not all humans are persons. What distinguishes persons from human species is their capacity to be self-conscious, rational, and concerned with worthiness of blame and praise. Therefore, by his discourse, fetus, infants, the profoundly mental retarded, and the hopelessly comatose are examples of human nonpersons (Engelhardt, 1986:107).

Such discourse of *the person* underlie elder people's story that "losing their mind and

to be considered as a non-person". There is a philosophical construction that a person without self-conscious, rational, and concerned with worthiness of blame and praise, is a non-person.

## 2 What will we intervene in helping elderly people relocate?

In conventional wisdom, dementia has been considered as "the loss of self" (Cohen and Epidorfer, 1986). However, when we look at the episode of Mr. C, he was agitated and got angry *when* staffs didn't understand him. *At the day* Mr. C moved to the most severe dementia care unit from health care center, he refused his medicine and shouted, spluttered and hit staffs and his wife. From this episode, he expressed himself in non-verbal even though he couldn't express by a rational language. It implies that a person with dementia is lost the self is not accurate.

R.D.Laing said that one's self identity is the story one tells one's self of who one is (Laing, 1961:93). From the episode of Mr.C, I suppose that it is more accurate that Mr. C is lost of the story of who he is, rather than lost of self.

It implies that we need to intervene to his story that he tells who he is.

## 3 How we keep our personhood?

### 1) Person-centered care

Kitwood and his co-worker in Bradford Dementia Research Group, University of Bradford in England, argued the key psychological task in dementia care is that of keeping the sufferer's personhood in being (Kitwood and Bredin, 1992:269). In background of their suggestion, they challenged to the discourse that personhood is attributed to a property of the individual. Kitwood addressed his position that personhood should view as essentially social: it refers to the human being in relation to others (Kitwood and Bredin,1992:275) . He said "personhood is not, at first, a property of the individual; rather it is provided or guaranteed by the presence of others. Putting it another way, relationship is first, and with it intersubjectivity; the subjectivity of the individual is like a distillate that is collected later" (Kitwood and Bredin,1992:275).

He argued personhood is not attributed to a property of individual but is intersubjective relational being that is provided and guaranteed by others. He defined personhood as a standing or status that is bestowed on one human being, by another, in the context of relationship and social being (Kitwood, 1997:8)

His contribution to dementia care is that he distinguished disability of dementia which deprive of his/her personhood from impairment of dementia as pathological disease. He opened the way to non pharmacological approach to dementia care that to

focus to keep impaired people's personhood.

However, Kitwood's approach to keep one's personhood by another in the context of relationship and social being, have a limitation. Because if I were a another one who would bestow a standing or status on a person with dementia, sometimes I could treat him/her with deep respect, however, sometimes I couldn't do for my weakness: judgment and condemnation, anger and resentment, bitterness and jealousy.

### 3) Christian Spiritual care

Thus far, I referred to the philosophical and psychological insights. However, the episode in Acts chapter 3 tells us the qualitatively different way of keeping our personhood.

A certain man lame, was carried and laid at the gate of temple which is called Beautiful, to ask alms from those who entered temple. He saw Peter and John about to go into the temple at the hour of prayer, asked for alms. Peter and John fixed their eyes on him, Peter said "Look at us." Peter dared to say to him, "Look at us" because the man might ask them alms without facing them directly. He might be ashamed for what he's doing and himself. By contrast that the man couldn't see others' eyes, Peter said that "Look at us" and that "Silver and gold I do not have, but what I do have I give you: In the name of Jesus Christ of Nazareth, rise up and walk."

Then people saw him walking and praising God, and they were filled with wonder and amazement at what happened to the man who sat begging alms at the Beautiful Gate of the temple. Peter saw people ran together to them, greatly amazed, he responded to people, "Why do you marvel at this? Or why look so intently us, as though by our own power or godliness we had made this man walk? And he addressed them that the God glorified Jesus, whom they delivered up, denied and killed, and Peter was witness that God raised Jesus from the dead. He had a confidence for Jesus of Nazareth who is the Prince of life and said that "Yes, the faith which comes through Him has given him this perfect soundness in the presence of you all."

This episode tells us that the man who was ashamed himself was given the perfect soundness by the faith, "In the name of Jesus Christ of Nazareth", the name which represents Jesus' nature and His attribution.

## 5 CONCLUSION

In this presentation, I supposed that an anguish of a person with dementia is lost of the story of self who he is, rather than "the lost of self".

Therefore when social workers help a person to relocate because of cognitive problems,

we need to intervene to his/her story of who he/her is, not only to secure his/her physically.

And on the discussion of how keep our personhood, I examined Christian Spiritual care that means personhood care through faith “In the name of Jesus Christ of Nazareth” according to the episode of a certain crippled man in the Beautiful Gate.

In conclusion, Christians in social work can tell a totally different story around personhood from philosophical and psychological one. It is said that we can keep our soundness personhood and share it with the others through living and keeping in walk in the name of Jesus Christ of Nazareth.

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