SPIRITUALITY, FAITH, AND MILD ALZHEIMER’S DISEASE

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ABSTRACT

There is some evidence for a positive association between spirituality, cognitive, and behavioral functioning in people with Alzheimer’s disease (AD). However, to our knowledge there is no published data to date that provides an explanatory model for these findings. Twenty-eight individuals with mild AD received in-depth interviews and measures of cognitive, behavioral, emotional, and spiritual functioning to gain insight into this question in this mixed methods study. Findings revealed that people with mild AD can actively engage in meaningful discussion about how spirituality influences their experience of living with AD; that they remain deeply devoted to a relationship with the transcendent (i.e., God, higher power, spirit) and their spiritual communities; that they value and benefit from the sacred aspects of their day-to-day lives; and that their core spiritual values, beliefs, and practices can be activated to help them adapt to the uncertainty of living with AD. Additionally, persons with AD who are experiencing spiritual struggle tend to experience a greater degree of anxiety, depression, and behavioral changes as compared to those...
who do not, suggesting that spiritual struggle is a risk factor for poorer outcomes in this population. Implications for future research, clinical practice, and community care are provided including how researchers and clinicians can effectively adapt traditional measures of spirituality for use with this population; the importance of integrating spirituality into the assessment and treatment of people with AD; and the role spiritual communities can play in helping or hindering people with AD as they adapt to this disease.

**Keywords:** religion, spirituality, coping, Alzheimer’s disease

When the sands are shifting in other parts of your life, you know why God is the rock.

—Person with mild Alzheimer’s disease

Dementia is a neurocognitive syndrome characterized by global cognitive decline across several domains, most notably memory, but also attention/concentration, language, visuospatial/constructional skills, and executive functioning which leads to subsequent difficulties carrying out one’s day to day tasks. Dementia is an umbrella term for several diseases stemming from diverse etiologies including progressive neurodegenerative disease such as Alzheimer’s disease (AD), Frontotemporal dementia (FTD), dementia with Lewy bodies, and dementia with parkinsonism, among others; diseases which tend to be more variable in their course and progression such as vascular dementia, alcohol-induced persisting dementia, and dementia associated with traumatic brain injury (TBI), among others; and diseases with potentially treatable etiologies such as endocrine or metabolic disorders, infectious disease, vitamin deficiencies, among others (McGee & Bratkovich, 2011). Autopsy studies (Holmes, Cairns, Lantos, & Mann, 1999; Lim et al., 1999), clinical series (Thai, Grundman, & Klau-ber, 1988), and population-based surveys (Fillenbaum et al., 1998) suggest that AD is the most frequent etiology of dementia in North America and Europe.

Dementia presents a significant global public health challenge. There are approximately 36 million people currently living with dementia which is projected to rise to 66 million by 2030 and to 115 million by 2050 (Prince, Bryce, & Ferri, 2011). In the USA, one in eight people over the age of 65 is affected (Hebert, Scherr, Bienias, Bennett, & Evans, 2003) which translates into 5.4 million, a number which is projected to rise to 13.6 million by 2050 (Alzheimer’s Association, 2011). The global fiscal cost of dementia is about $604 billion (USD) which is greater than 1% of the global Gross Domestic Product (Wimo & Prince, 2010). If dementia were a nation, it would represent the world’s largest economy according to the World Alzheimer’s Report (Wimo & Prince, 2010). In addition to the financial costs of