A Word for Sheepdogs

You've seen them — those frightened souls whose fractured and fading memories play tricks on them. Furtively glancing about, they search for familiar faces but they find only strangers. Sometimes they no longer greet dear friends and family members with a smile of recognition, but only puzzled caution. Dementia exacts a terrible toll on our society as a whole, and it lays a unique layer of complexity on the work of those who are given to shepherd the flock of God. How is a pastor to establish and maintain a connection with a person who is slowly dying inside — gradually losing contact with all that has given meaning and direction to his life? In this essay Tyler Arnold provides pastors with a wonderful resource to inform and shape their ministry to those who suffer from various stages of dementia. First, in his carefully researched and well crafted paper he provides a sound medical and social foundation from which to understand the disease. Here you will find invaluable insight into what life is like for someone who is incrementally losing the ability to put the pieces of life together in a meaningful way. Pastor Arnold also provides a rich biblical and theological seedbed in which to plant and nurture faithful care of memory impaired people. Finally, in a detailed appendix, he provides you with a toolkit. Drawing on his own extensive experience personally and pastorally, he provides practical and useful approaches to the faithful care of these precious souls, so often neglected and abandoned, who need the presence and protection of a God who never forgets His children, though they may forget Him. "Can a woman forget her nursing child, that she should have no compassion on the son of her womb? Even these may forget, yet I will not forget you." (Is 49:15)

- H. L. Senkbeil

Slowly Dying Inside:
Pastoral Care for Those with Dementia/Alzheimer's

Pastor Tyler C. Arnold

"Verna" is 79 years old, a member of the parish family, and lives in a nursing home. She is in the later stages of Alzheimer's.[1] A visit to see Verna at the memory care unit is unlike any other I carry out through the course of the week. She talks very little. Her expressions are subtle. She infrequently responds to verbal communication. At this point her most common communicatory response is the expression on her face. As it is with all Alzheimer's patients, her cognitive dysfunction impairs her capacity to process information, convey her needs, and make sound judgments. Over time, plaques and tangles[2] have slowly destroyed the hippocampus of her brain as it has become harder, even impossible, for her to form new memories. This debilitating disease relentlessly spreads through her cortex, and there is nothing devised by man that can stop it.[3] At this point, verbal communication is almost nonexistent.

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[1] Dementia is a progressive and irreversible deterioration of the cognitive-functional capacities of the brain in older adults. Alzheimer's is one of many forms of dementia and is the most common making up 60% to 80% of all cases. So, as the proverbial saying goes: everyone with Alzheimer's has dementia but not everyone with dementia has Alzheimer's.

[2] These two abnormal protein fragments are specifically called beta-amyloid plaques and neurofibrillary tangles. These plaques and tangles accumulate in the brain over time and destroy brain cells.

[3] For a helpful, brief overview of the disease, see "Understand Alzheimer's Disease in 3 Minutes," https://www.youtube.com/watch?v=Eq_Er-tqPsA

How does the *Seelsorger* care for the souls of these children of God, like Verna? Is there still a need for pastoral care for those suffering from dementia, especially victims in the later stages? Pastors increasingly face these challenges as the population of both society and the churches we serve is growing older.

The challenge is this: how can we nurture the spiritual well-being of the person who has a diminishing ability to think, reason and remember?

Just the Facts…

According to the Population Reference Bureau, the number of people 65 and older will double by the year 2060. By then, 25% of the population will be over the age of 65, up from 15% now.[4] One in 10 people over the age of 65 have some form of dementia, of which Alzheimer's is the most common type. Today, an estimated 5.3 million people in the United States[5] and 40 million people worldwide have been affected by Alzheimer's; by 2050, it is estimated that 150 million will be affected.

If you are over the age of 85, your chances of having Alzheimer's is almost one in two.

Society either doesn't grasp the severity of this epidemic or decides to ignore it. 10 times more money is spent on cancer research than Alzheimer's, though the death rates of the diseases are nearly equivalent. One out of five Medicare dollars are spent on care for those with Alzheimer's, making it the most expensive disease in the world. Dr. Samuel Cohen calls Alzheimer's one of the biggest medical and social challenges of our generation;[6] yet, there has been nearly no progress in curing this disease since it was first diagnosed by Alois Alzheimer in 1901.

These sobering statistics translate into a unique challenge for pastors who will continue to encounter more and more cognitively-impaired parishioners in the years to come. Effective pastoral care will need to be informed and intentional. The challenge is this: how can we nurture the spiritual well-being of the person who has a diminishing ability to think, reason and remember?[7] While cognitive fluidity changes, the child of God with dementia/Alzheimer's still remains in the baptismal identity furnished by a Lord who saved us "by the washing of regeneration and renewal of the Holy Spirit, whom he poured out on us richly through Jesus Christ our Savior…" (Titus 3:5-6). Dr. Luther reminds us that, "I believe that I cannot by my own reason or strength believe in Jesus Christ, my Lord, or come to Him…"[8] This is comforting news for cognitively impaired individuals and those who are given the task to serve their needs. *Not only does the Holy Spirit come and*

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[4] http://www.prb.org/Publications/Media-Guides/2016/aging-unitedstates-fact-sheet.aspx

[5] http://www.Maxlife.org/BioViva.asp

[6] Samuel Cohen is a Research Fellow in Biophysical Chemistry at St. John's College and the Centre for Misfolding Diseases in the Department of Chemistry at the University of Cambridge. His scientific research focuses on neurodegenerative disorders. He is co-author of more than 20 scientific papers, book chapters and patents, and was recently a lead author on a widely-reported study in which researchers made a major breakthrough towards finding a cure for Alzheimer's disease. Statistics, unless otherwise noted, can be found at: https://www.ted.com/talks/samuel_cohen_alzheimer_s_is_not_normal_aging_and_we_can_cure_it?language=en

[7] Eileen Shamy, *A Guide to the Spiritual Dimension of Care for People with Alzheimer's Disease and related Dementias: More than Body, Brain and Breath* (London and New York: Jessica Kingsley Publishers, 2003), 63.

[8] Luther's Small Catechism — Explanation of the Third Article.

make believers "apart from" our own human reason or strength, He comes "despite" it as well. For that reason, the pastor actively continues to care for the souls of those even in the advanced stages of cognitive impairment.

Stages of Dementia

The major symptom of dementia is memory loss resulting in confusion of language, thinking, and, even further, perceptual recognition. Motor responses and emotional changes eventually become evident as well. Victims follow a debilitating course that insidiously ushers them through various changes until death. Family and victims may not be able to determine when these symptoms first appeared, but once the condition has been recognized, they will watch it progress steadily through three major stages.

The first stage of the disease lasts from two to four years. This is normally the time of diagnosis as family and friends, along with the victim, will recognize forgetful behavior. Items begin to get misplaced and things like simple driving directions become more difficult to comprehend. Plots in books or television shows become hard to follow, and there is an occasional lack of care in personal appearance. Denial becomes prevalent for victims, and they commonly form strategies to cover up their deficiencies. In moments of solitude, victims often realize that something is wrong even if they won't admit it.

The second stage is the longest, lasting two to ten years. Victims continue to experience increasing memory loss and confusion. Families (and pastors) may report their astonishment when the victim complains that they never visit, even though they were actually there the day before. Sometimes this stage is called the "confusion stage" as victims grow increasingly upset over more profound memory loss. They might read an article and immediately forget its content. They get lost in their own home and begin to forget the faces of close friends and family. They become more restless and agitated. They repeat phrases more often and use words and movements for no apparent reason. Speech suffers as words become jumbled in the mind, and it becomes increasingly more difficult to recall the next word. Anxiety turns to depression as they become more withdrawn from social contacts and discover they are more comfortable being alone.

The third stage of the disease lasts one to three years. Victims lose their ability even to recognize themselves in a mirror. They cannot communicate their needs except through anxious looks, loud screams or repetitive outbursts. Further brain deterioration results in loud groans of anguish, as well as loss of bowel and bladder function. They cannot be left alone. Their immune system may be compromised as they become susceptible to infections and pneumonia. Many times the final cause of death is an infection.[9]

[9] Information regarding the three stages was taken from Sam J. Sligar, "A Funeral that never ends," *The Journal of Pastoral Care*, 41, no. 4, (December 1987), 345 and Glenn D. Weaver, "Senile Dementia and a Resurrection Theology," *Theology Today*, 42, no. 4 (January: 1986), 448-449.

Theological Implications — Existentialism & Dualism

Attitudes towards dementia manifest theological challenges that affect both the cognitively dysfunctional individual as well as society's mindset. While these challenges vary in scope and number, individual and social implications will most often reside within the confines of two general categories: existentialism (an individualistic view of matters spiritual and physical) and dualism (a common and popular worldview of the spiritual and physical self).

Existentialism suggests that we are solely in control over our destinies; as a result, we are isolated from God and society. This philosophical ideology joins together two distinctive components to the human being, such as faith and memory (the building blocks of personhood before God and man) and makes them part and parcel to one another. As sustaining memory function is considered essential for maintaining control over personal choice and individual autonomy, it is also considered necessary for preserving a saving faith. In other words, the one without memory has no meaningful identity and therefore loses personhood and standing before both man (memory) and God (faith).

Victims fall into the existential falsehood that faith is directly tied to existence independent from outside influence: in other words, if they lose their memory, they lose their faith.

By losing significance before man, the cognitively impaired lose identity. Losing identity robs them of knowing who they are before God and others.[10] As sin brings chaos to God's created order, memory loss brings chaos to the sufferers as their orderly narrative of memories becomes broken, disjointed, or even lost. Dementia "produces chaos in the part of the body that is most central to our imaging God in this life."[11] Without a story, victims feel misplaced, less important, even completely lost. They have limited or no recollection of the past and have a difficult time determining how they fit into the greater context of life and faith. Victims fall into the existential falsehood that faith is directly tied to existence independent from outside influence: in other words, if they lose their memory, they lose their faith. Loss of individual identity as a person will affect standing before God because they have lost everything that matters — even that which grasps individual faith.

Dualism often tempts Western thought to separate body from soul, influenced by the Greek understanding of being human as being two separate entities. Dualism attempts to separate human nature into a material body and a non-physical mind/spirit dimension that includes consciousness and possibly an eternal attribute.[12]

This philosophical approach to human beings has significant theological implications. First of all, our world today has become increasingly uncomfortable with the material aspects of creation and has almost completely devalued God's First Article gifts. (Examples of "right to die" legislation enacted in various parts of the country further demonstrate this present-day reality.) Today's world has readily adopted the false dichotomy of perceived self-identity

[10] Shamy, *A Guide to the Spiritual Dimension of Care for People with Alzheimer's Disease and related Dementias: More than Body, Brain and Breath*, 118.

[11] Glenn D. Weaver, *Senile Dementia and a Resurrection Theology*, 450.

[12] http://www.allaboutphilosophy.org/dualism.htm

over assigned physical characteristics, opting for a modern brew of Gnosticism that the material/physical self is insignificant and therefore malleable based on perception. In reality, there is a lasting unity within the self as God created us both body and soul together. If one perceives body or soul to be more important, then he will naturally determine the other to be less important. Scripture does not know this dualism: God's children are not body and soul (*nephesh*) separate and distinct; they are souls fearfully and wonderfully made together by the Master Architect. Therefore, every aspect of the self is valued because God has identified the whole self as His very own handy work.[13]

Today, personhood is defined by higher brain function, as evidenced in the arguments of abortion proponents. Stephen Post has aptly named this our "hypercognitive culture."[14]

Additionally, an economically minded culture tends to attribute more value to persons who are producers and not just consumers. Those who suffer severe cognitive impairment and the inability to fend for oneself or others are prime candidates to be devalued by society.

Here is what I call a truly westernized thought paradox. Society glorifies individualism; but it only begins to attribute intrinsic value to it when achievement for the greater good of society takes place. Because the cognitively-impaired person's worth has diminished immensely, he is seen as a lost cause — even, at times, for spiritual caretakers. The thought-world we inhabit has this dualistic view that separates human nature into a material body and some kind of "spiritual" entity that outlives and out-values the body. To the contrary, we are fearfully and wonderfully made as both body and soul, and this is reflected in faithful pastoral care. We do well not to approach care for these individuals with the attitude that they may be viewed simply as bodies that cannot function as they once did and spirits that are yearning to get out. Identity before God, granted by God Himself, is the cherished possession of the whole self and not just part. Therefore, *those with dementia are not just spirits who are "in there somewhere" and waiting to escape the natural fallen person who has lost everything*. Caregivers, and especially spiritual caregivers, must reject this false ideology in favor of the truth that they care for the whole person, both body and spirit, created and living together. The whole person is made and redeemed by God.

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Pastoral Challenges

Perhaps the most theologically rich self-narrative of a Christian with Alzheimer's disease is that of Robert Davis, who was a pastor of a large congregation in Texas when he was diagnosed with the condition. Davis writes,

> *Now I discovered the cruelest blow of all. This personal, tender relationship that I had with the*

[13] This does not mean that all aspects of the self are perfect. Dysfunction occurs physically, spiritually, and emotionally. Such dysfunction needs to be addressed appropriately.

[14] Stephen Post, *The Moral Challenge of Alzheimer Disease*, (Baltimore: Johns Hopkins University Press, 1995) as found in Stephen Sapp, "To See Things as God Sees them: Theological reflections on pastoral care to persons with Dementia," *Journal of Health Care Chaplaincy* 9 no.1/2 (1999), 25-43.

Lord was no longer there. This time of love and worship was removed. There were no longer any feelings of peace and joy. I cried out to God for it to be restored. I howled out to the Lord to come back and speak to my spirit as he had done before. This was unfair and unthinkable…"

It is my prayer that somehow God will hold me so that in my uncommunicative silence Christ will somehow cuddle me close to him. I beg him for this in my secret prayers. With desperation I pray that I will not fall over the edge into that dark chasm of total blackness either psychologically, emotionally or spiritually. [15]

Davis sees for himself the real possibility of a time when he will not have the capacity to recognize a true faith. He fears that the cognitive failure to recall feelings of peace and joy associated with faith will directly affect the assurance of eternal life.

Furthermore, throughout history, God has been imagined by analogy with a conscious mind, and the action of God on believers has frequently been understood in terms of their conscious perception of God, intellectual assent to divine authority, and response through intentional activity.[16] As a result, questions inevitably arise in victims about their own personal value or status before a Lord they cannot recollect the way they once did. This is one example of a real challenge the pastor might face while ministering to persons with dementia. Especially in the early stages, they will intentionally remind the victim that memory loss cannot touch baptismal identity. Jesus makes the person who they are, a blood-purchased child of God, apart from impaired cognitive faculties that result in fading memories. It may be necessary to remind the person repeatedly, calmly yet directly. In each case, spiritual care is individualized, based on particular concerns and level of need. No two cases of dementia are the same.

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The Assault on Personhood

It doesn't seem that anyone in the Bible suffered from dementia, though there were those who suffered enormously. Job experienced an avalanche of suffering, but retained his mental faculties well into his later years. The Psalms of Lament provide us perhaps the best biblical picture of grief, helplessness, and sorrow in light of how order becomes chaos, and it is the disorder and confusion of a failing mind that moves the victim from independence to total dependence. Most people fear the loss of their autonomy, and Christians are hardly exempt. It is true that the human condition is one of total dependence on God. However, those we serve want to see themselves as independent and self-sufficient in relation to others. Before God, we are dependent, but before man, we want to be as independent (not a burden) as possible.[17]

Demented persons lose personal autonomy, self-sufficiency and privacy. They lose their right to choose when

[15] Robert Davis, *My Journey into Alzheimer's Disease* (Carol Stream, IL: Tyndale, 1989), 47, 120, as found in Peter Kevern, "'I pray that I will not fall over the edge:' What is Left of Faith after Dementia," *Practical Theology,* 4, no. 3 (December, 2011), 287, 288.

[16] Peter Kevern, "'I pray that I will not fall over the edge:' What is Left of Faith after Dementia?" 284.

[17] For more on dependence, see Sapp, *"To See Things as God Sees Them": Spiritual Care for Persons with Dementia*, 34-36.

they bathe, what they wear, and what they will eat, long before they have lost the desire to make those choices. There is a gradual loss of rights to personhood that most adults take for granted. Grief undoubtedly accompanies such losses and personal despair is abundant.

The assault on personhood continues throughout the stages. Cherished activities and meaningful conversations that previously affirmed one's sense of self and belonging no longer take place. When visiting, friends tend to talk around them rather than with them. Some will stop visiting dementia-stricken friends altogether because they think they are no longer those whom they used to know, or because they won't remember the visit anyway. Sometimes friends and loved ones are uncomfortable visiting persons with dementia because they don't know how to act or react. They may even fear how the person will act (or not act at all) toward them, as the disease leads to changed demeanors and personal expressions. When a stoic glance or a blank stare describes their expression as if they have become lost in some unfamiliar place, visitors may not know what to do — or how to handle the silence. Society, perhaps unintentionally, begins to treat the cognitively impaired as less than the persons God has made them to be. This consequence is oppressive to the sufferer yet rarely recognized as such. Eileen Shamy calls personhood our essential dignity as human beings, made in the image of God.[18]

So, the fundamental aspects of ministry to those with dementia must begin with what God sees, what He has created, what He has done for that person, and not what we see before us. No matter what the condition, the afflicted is a child of God. Therefore the pastor approaches the person with dementia with reverence and care as he would anyone else. However, visitation with our cognitively impaired members is unique, and there are simple yet effective techniques that can be employed to help make valuable connections that trigger memory and response.

[18] Shamy, *A Guide to the Spiritual Dimension of Care for People with Alzheimer's Disease and related Dementias: More than Body, Brain and Breath*, 129.

Connections

Certainly the processes for effective pastoral care for those experiencing the loss of memory are unique and challenging. For those with normal cognitive functionality, despite all that has occurred in life, recollections of present situations and past events give us comfort to know that we are the same person we were five hours ago, five days ago and five years ago. "Memory locates one's sense of self in a personal history and allows a person to project self forward to an anticipation of the future."[19] Our personal experiences, our awareness of today as well as future aspirations, give us a sense of being. So, when memory functions are destroyed, a vivid loss of personal reality and self-identity takes place: the individual moves toward the pit of chaos and nothing can be done. The God of our own salvation histories, who calls us to live as disciples and leads us into the life of the church, becomes very distant when cognitive dysfunction sets in.

So, how do we connect to the member who is suffering from dementia? When nothing seems to trigger

[19] Weaver, *Senile Dementia and a Resurrection Theology*, 450.

So, the fundamental aspects of ministry to those with dementia must begin with what God sees, what He has created, what He has done for that person, and not what we see before us.

a memory or spark a connection to faith, life, and history, how do we go about entering their world and work toward creating a bond? Pastoral care becomes more presence and being, rather than progress and doing.[20]

Isolation caused by the inability to connect with others cultivates the deep personal need for spiritual interaction. People with dementia desire a closeness with others but have trouble doing so because personal and familial narratives diminish as the disease progresses. However, what remains familiar to them is faith along with spiritual connectedness that come through worship and ritual. It is therefore extremely beneficial for those suffering with dementia to experience worship within the gathered community of believers, as this particular cue can trigger remote memories and a sense of self in relationship to God and others. With these triggers, memories allow the person to claim themselves as a part of the greater narrative. Spiritual identity as a baptized child of God never falters, of course, even when memory of such a reality does. When these memories can be triggered, self-identity and personhood come through them as the person with dementia will try to find their place in the midst of their own narrative and the narrative of others.

When ritual and familiar prayers/chants are used, there is far greater likelihood that connections and visible responses will take place. Pastors may experience these results more often as this now becomes the sole source of reactionary communication.

Therefore, the pastor can foster spiritual well-being by helping the person with dementia exercise every opportunity to engage in activities that have symbolic meaning, making them feel valued and cherished.[21] In the appendix to this paper, "A Pastor's Handbook for the Care of Persons with Dementia," I will share practical ways to apply pastoral care during encounters through the three stages discussed earlier.

The Role of Ritual

No doubt, the most effective way to connect spiritually with the demented person is through the activity of liturgical ritual, which is deeply embedded in the person's psyche. When direct verbal communication fails, activities such as familiar chants, prayers, and especially the use of music can sometimes trigger meaningful responses. Familiar psalms and the metaphorical strength of parables can help dementia victims discover the meaning behind life's events, or take comfort in particular words and rhythms.[22] Lutherans have been blessed with a rich tradition of hymnody, integrated with the liturgical form used during the Divine Service. Such memories do not disappear and are more apt to be recalled through much of the duration of the disease. So, when ritual and familiar prayers/chants are used, there is far greater likelihood that connections and visible responses will take place. Pastors may experience these results more often as this now becomes the sole source of reactionary communication. Sometimes feedback might be verbalized; other times, reaction might only be seen in a facial expression or simple movements. However, these familiar words, chants, and

[20] Ellen B. Ryan, Lori Schindel Martin, Amanda Beaman, "Communication Strategies to Promote Spiritual Well-being among People with Dementia," *The Journal of Pastoral Care and Counseling*, 59, No. 1-2, (Spring-Summer 2005), 53.

[21] Ryan, Martin, Beaman, "Communication Strategies to Promote Spiritual Well-being among People with Dementia," 55.

[22] Ryan, Martin, Beaman, "Communication Strategies to Promote Spiritual Well-being among People with Dementia," 53.

hymns are reaching deep into their dysfunctional cortex and connecting that person through faith to the greater church community in meaningful ways.

On Good Friday I visited Verna in the nursing home. I brought with me a pectoral crucifix that the former senior pastor used to wear regularly. The family gave it to me after his transfer to the Church Triumphant in the fall of 2015. One way I connected to Verna that day was to run her fingers over the corpus of Christ and tell her from where that cross came. Pastor Krueger was her pastor for almost thirty years. When I mentioned his name, her facial expression changed and her eyes lit up indicating that something she heard and touched triggered a remote memory. Surely she would have noticed the long-time pastor wear that cross as often as he did. Touch was the most effective means of communication with Verna that particular day: many times, objects seen or felt can trigger memories more readily. With Verna, some days these connections happen; at other times they do not. The point is to keep trying. If something doesn't work, try something else. However, by all means, use the well-known, repetitive liturgies that the person knows well in pastoral care. The use of touch, song, and verbal repetition will further enhance connections during visitation.

Holy Communion — Value and Use for those with Dementia/Alzheimer's

At the top of the list of concerns pastors have regarding the care for persons with cognitive impairment is the issue of proper administration of Holy Communion. Faithful practitioners of souls have asked many times: When should I cease giving Holy Communion to the church member who has dementia? At the heart of this issue is 1 Corinthians 11:28, "Let a person examine himself…" We understand that in circumstances where this ability ceases to exist, so too does the reception of the Lord's Supper. Johann Gerhard writes that "only Christians who examine themselves are to be offered the Holy Supper."[23] This would then exclude a range of people falling into various categories (dead, impenitent, excommunicated, etc.), one of which would be those incapable of using reason. I do not disagree with Gerhard and Gerhard does not disagree with the Augsburg Confession.[24] However, the question remains: are those who suffer with dementia incapable of using reason? Or, is there some other category of cognitive functionality we should consider?

The truth is, not all mental impairments are created equal. Some preclude all discernment while others merely handicap it. For the most part, dementia sufferers are in possession of their mental faculties. However, the way the information is processed in the brain progressively reduces the capacity to make oneself clear to others and/or to make sound judgements. "We would be mistaken to imagine that the inability to respond meaningfully to inquiry is

"We would be mistaken to imagine that the inability to respond meaningfully to inquiry is sufficient proof of lack of reason."

[23] Gerhard, Johann. *A Comprehensive Explanation of Holy Baptism and the Lord's Supper (1610).* Translated by Rev. Elmer Hohle, (Malone, Texas: Repristination Press, 2000), 427-435.

[24] Augsburg Confession XXV, "For the custom has been retained among us of not administer the sacrament to those who have not previously been examined and absolved." Robert Kolb, Timothy Wengert, "The Book of Concord," 72.

sufficient proof of lack of reason."[25] In other words, one may be able to reason adequately regarding matters of faith without having the capacity to communicate the way we would usually expect. And further, it is possible to mistake or miss the communication that might only be a little more than a repetitive motion or sound.

Gerhard also writes, "One finds certain insane and mindless ones who at certain times are sane and desire the Holy Supper; should one refuse it to them?" Gerhard answers: "In such a situation, one should not deny them the Holy Supper, provided that they can with express word give confession that they can examine themselves and distinguish (discern) Christ's body."[26] With cognitive functionality still in place, but not the ability to process clear responses or sound judgements, this issue may revolve less around discernment and more around what Gerhard says, "with express word give confession…" If this is the case, the recognition of the non-verbal cues of discernment may be necessary. Does one recognize the Sacrament, recognize the rhythm of language and prayers surrounding it? Do they begin to speak the Lord's Prayer, the Creed, or sing the Sanctus with the pastor? Do they move in a certain way or show an expression that could give a clue that struggles are not so much with reasonable understanding but with clear expression? Of all the long-term memories, spiritual formation and long-standing encoded hymnody, Scripture, and liturgical ritual are likely to remain. Such rituals tend to put thoughts in order, and therefore are more easily retrieved.[27]

Responsible pastoral discretion is the key component, especially for the steward who is entrusted with such sacred things and the souls for whom we care. With that in mind, we should stop short of prescribing any sort of law for when a pastor should or should not administer Holy Communion to the member with dementia. It is important to consider whether or not the person discerns the holiness of the Sacrament, not so much how they demonstrate this discernment.[28] A faithful communicant prior to the disease's devastating effects reminds us that while dementia does impair the ability to make oneself clear, this does not totally preclude discernment of God's holiness found in the Sacrament. As in all matters, proper pastoral discretion is needed.

[25] Quoted from a conversation with Dr. Beverly Yahnke.

[26] J. Gerhard, *A Comprehensive Explanation of Holy Baptism and the Lord's Supper (1610)*, 427-435.

[27] A fine example from a different faith background comes from Zachary Luke Farmer who writes, "As Stephen, the Minister for Congregational Care, pulled out a chunk of leftover communion bread and a half-drunk container of Welch's grape juice, the laughing and the careless bantering stopped. Somehow even the debilitating curse of an 85-year-old mind suffering from dementia did not keep this woman from realizing that something special was about to happen." Zachary Luke Farmer, "All Powerful Like: Reflections on Communion and Rebirth in the Midst of Dementia," *The Journal of Pastoral Care and Counseling*, 61, No. 4 (Winter 2007), 383-84.

[28] "What special considerations should be taken into account regarding the participation of mentally impaired persons in Holy Communion? Caution should be employed so that the mentally impaired not be required to communicate their faith in the usual manner." CTCR, *Theology and Practice of The Lord's Supper*, May 1983, 28.

Encouragement — The Cross and Pastoral Care

Dementia has everything to do with losing something … losing memories … losing narratives … losing self. But great comfort lies in the fact that loss is not unknown to our Lord. Of course our Jesus lost everything to gain that person, no matter how cognitively lucid they happen to be. We are confident that Jesus does not lose those who suffer loss of memory.

Jeremiah reminds us, "O Lord, you know all things, remember and visit us" (Jer 15:15). Though we are not lost, Jesus knows loss better than anyone. Such truth held by the gift of faith (and not by a lucid mind) brings great comfort when personal narratives are misplaced and one cannot find himself in God's story. Loss of memory does not indicate that we are without what Jesus freely gives: "The peace which surpasses ALL understanding" (Phil 4:7).

Bonhoeffer reminds us that only a suffering God can help.[29] Fortunately, our God shares in our sufferings and does not at the same time require any of us to understand them. Beyond the demented mind, our Lord reaches out, grabs hold of His precious child, and carries their burdens directly to the place where God remembers exactly who they are. Dementia cannot take away the *imago Dei*. Yes, the image of God is surely made up of various characteristics such as intelligence, imagination, and creativity to name a few. But our true identity is only found in the One who created us new through the blood of His Son. Therefore, every pastoral care moment gives the Holy Spirit opportunity to reach beyond the cortex of the human mind and into the life created in faith still firmly held by the person with even severely depleted cognitive abilities.

We are confident that Jesus does not lose those who suffer loss of memory.

Pastors are divinely called servants to those who are considered by today's standards as uneconomic and less than valuable. It is true that our presence with such children of God, at times, will not seem productive or lively. Conversations may be unilateral as declarations of pure Gospel are delivered to the non-responsive. However, our presence is never in vain. Just as we are called God's very own even when we cannot recall how, pastors share a Word that does the work God intends beyond understanding. The prophet Isaiah reminds us, "… so shall my word be that goes out from my mouth; it shall not return to me empty, but it shall accomplish that which I purpose, and shall succeed in the thing for which I sent it" (Isa 55:11).

For this reason, pastors have the unique opportunity and ability to carry Christ's life and renewed hope into hopeless situations. In today's Christian worldview, which focuses on attracting the newest, revitalizing the antiquated, and producing quantitative results that can be boastfully recounted on statistical reports, the pastor who cares for these often forgotten souls will experience very few moments of reciprocal warmness. Do not be dismayed by the devil's schemes that lead us to believe that such visitations are worthless and a waste of time. To the contrary, God's righteousness is given free course each pastoral care moment despite cognitive roadblocks that make normal interaction impossible. Value

[29] As found in Kenneth Roxburgh, "When Mind and Memory Flee… Pastoral Care and Senile Dementia," *The Expository Times*, 111, no. 10, (July 2000), 339.

Merit proceeds forth in the active Gospel, which does what it promises, even when we cannot see it happening.

cannot be judged on mutual connectivity. Rather, merit proceeds forth in the active Gospel, which does what it promises, even when we cannot see it happening.

Conclusion

Pastoral care to Verna is difficult, yet rewarding. Each time I visit, she teaches me something new, even if she says nothing at all. I can see the little moments of clarity and connection in her face. I hear faint sounds of recognition when memories thought to be long gone are brought to the surface by something so familiar. Malcom Goldsmith puts it eloquently when he says,

> *The person with dementia presents a challenge to the community of faith. A challenge to be accepted unconditionally, to be valued and honored, to be treated with respect and dignity and to be recognized as a child of God, loved, welcomed, forgiven and recognized as a brother or sister, and to be fed. But more than that, to be discovered as being a vehicle or a channel for the love of God to others, for it may well be that God chooses to reveal the very heart of the mystery of life and of love through the vulnerability of the person from whom pride and pretense has been stripped away."*[30]

God only knows what is going on deep inside the mind of a person who is almost completely withdrawn. They sit blank, emotionless, and unmoving; yet they are completely wrapped in the richness of God's love. At the very heart of Jesus' ministry was concern for those who are separated from the community by disability. The blind, the paralytic, and the diseased were ostracized. Through healing, our Lord re-integrated and "re-membered" His precious ones to the community that wanted nothing to do with them. Caretakers of souls are the active vessels who bring that precious Gospel of life into the lives of those who are despised by many, but never forgotten by the Lord. While pastoral care to persons with dementia presents its own set of challenges beyond ordinary visitation, these challenges can be met and overcome. Such encounters will take time and effort, but these pastoral care moments are not undertaken in vain. We have more than an encouraging word: we have a true connectedness through presence that reflects how this baptismally-washed child marked by Christ is held in the hands of a Lord who promises to never let go.

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[30] Malcom Goldsmith, "Through a Glass Darkly: A Dialog Between Dementia and Faith," *Journal of Religious Gerontology* 12, no. 3-4, (2001), 123-138.

Appendix: A Pastor's Handbook for the Care of Persons with Dementia

Tyler C. Arnold

Because moods and responses may vary greatly from day to day among dementia sufferers, pastors should utilize a more individualistic pastoral approach, grounded in the ministry of the gospel and flexibly prepared for surprise.

While this ministry is difficult and considered futile by many, it is also necessary and effective. Pastoral care for dementia sufferers rests not on the quality of communication but rather on delivering the means of life eternal for the sake of the spiritual well-being of the victim. God is offering sacred opportunities during mundane moments to enact His powerfully effective ministry through Word and Sacrament.

I offer the following strategies for effective pastoral care throughout the entire life of those suffering with dementia. While every case will be unique, there are certain helpful techniques that the pastor may employ to maintain personal and spiritual connectedness throughout the progressive stages of deterioration. These stages may overlap, so it is important that the pastor maintain a fluid perceptual approach and be ready to employ various approaches.

Stage One — Fact Finding

The first stage of memory loss is likely to be accompanied by denial, suspicion and perhaps paranoia as simple tasks become difficult and misplaced items are thought to be stolen. Both victim and family are subject to a wide gamut of emotions, so it is important that the pastor care for both through active visitation. At times when the victim is coherent and communicative, pastoral care may closely resemble other regularly-encountered situations. Regular visits with the victim will prepare the pastor for visits with the family, and a licensed therapist may prove useful when emotional trauma is evident.

During stage one, the following are effective strategies for pastoral care.

1) Visit with regularity. This gives the pastor more opportunity to understand the victim. For the dementia patient, nurturing long-term relationships involve presence and being, not progress and doing.[31] Even at this early point, it's easy for pastors to rationalize that such visitations may be more time-consuming than worthwhile.

2) Listen! Each victim has a story to tell. When they forget it, help remind them of the important details. Be cognizant of non-verbal cues that might recall a memory and put the person back into their own narrative.

3) Go on fact-finding missions. Learn the victim's story, including family, hobbies, vocation, and their likes and dislikes. Where were they born? Where did they grow up and live? Discover what is most familiar to them regarding their spiritual life: What liturgy do they know best? What hymns mean the most? Is

[31] Thomas St. James, O'Connor, "Ministry Without a Future: A Pastoral Care Approach to Patients With Senile Dementia," *The Journal of Pastoral Care*, 46, no. 1, (Spring 1992), 6.

there a pastor for whom they have special memories? As the disease progresses, the pastor will be able to use the information found in these more permanent memories as part of spiritual care.

4) Be patient. It is not uncommon for the victim to keep repeating the same story. Allow them this time so long as this is not causing great distress. As the disease progresses, some stories turn into delusions; and there may be times the pastor will enter into a particular delusion with the dementia victim. Though the story may be completely false, the pastor should refrain from correcting the person — it may cause deeper agitation. Entering into the demented person's delusion may be the only way to carry forth a conversation so long as it doesn't cause further pain to the victim.[32] If this point is reached, try calmly to change the subject or ask the person if it would be a good time to pray. This may help redirect the conversation or end it and the visit altogether.

5) Intentional spiritual care for those with dementia will include constant reminders that the person is "held" and "kept" by the Savior, and that their baptismal identity will not be forgotten. Though memories fail, God's promises do not; and though the victim may forget names, places and stories, the gifts of Jesus enacted by grace will endure forever. Total dependence on Jesus for salvation is the same for the cognitively impaired as it is for the completely lucid.

6) Prayer and blessing. Much the same with other aspects of the liturgy, prayers and blessings are familiar triggers that reconnect the dementia victim to the active life of the church. Use the Lord's Prayer and a familiar blessing each time. Make the sign of the cross just as they have seen it done in the Divine Service. These triggers may create connections to deeply embedded memories and oftentimes produce reactions.

As dementia progresses:

7) The use of music. Music is an important component for working with dementia sufferers. In neurological terms, the musical areas of the brain are usually in the non-dominant hemisphere, the side of the brain that does not control language. Since language and logical functions become less easily accessed, simple verbal cues will eventually become more and more difficult to process. However, music and symbols retain their power to touch many of the same people through right brain functions.[33]

Create a playlist from your previous "fact-finding" missions. If possible, arrange for a familiar church organist to record beloved hymns on the instrument they've heard in the Divine Service. Such familiarity has been known to spark embedded memories in the most difficult of situations.

It is important to use headphones to minimize outside noise and other distractions; though if functions still allow, speakers attached to the mp3 player can help lead participatory congregational singing. Persons suffering with dementia are easily

[32] Roxanne L. Miller-Sinclair, Momma, O Momma, I can't remember, *Journal of Health Care Chaplaincy*, 8, no. 1-2 (1999), 3.

[33] David Wentroble, Pastoral Care of Problematic Alzheimer's Disease and Dementia Affected Residence in Long-Term Care setting, 65.

distracted, so a quiet room will help maintain focus.

8) Create a "Memories Box" unique to the individual. Such boxes help the victims use their senses as best they can and allow pastors to communicate through nonverbal means. They further build a relationship between the pastor and victim, and the various elements serve as vehicles for the victim to tell their personal narratives.[34] Items may include a familiar cross on the wall or a religious picture. Tactile items are useful since processing touch will be easier at times than direct verbal cues, especially as the disease progresses. An early collection of these materials will give the victim opportunity to share memories that the pastor can later help the victim recall.

9) Connecting life stories with pictures. Narratives from the distant past tend to be recalled easier than memories from the recent past. Old pictures organized with stories can be used in pastoral care to trigger memories of significant events such as baptisms, confirmations, weddings, and so on. During the early stages, it might be beneficial to have the victim write out the story of each picture in their own handwriting. The capacity to read is often a function that remains for an extended period of time. Such pictures and stories can help capture the moment and connect the person to a greater narrative. This is a key component in regaining a measure of personhood that victims often experience as memory loss progresses.

As the disease continues, pastors will increasingly play a significant role in the life of the victim. Those who were once close to this person may begin to distance themselves as isolation coupled with depression becomes more common. As pastors address the victim as a person — not a problem — they will see through the affliction and treat the soul as completely capable of receiving God's gifts of mercy, one who still has personal significance in the eyes of God.

Stage Two — Connecting and Reconnecting

As short-term memory deteriorates and disorientation grows during stage two, rituals and symbols become more important.

Eileen Shamy says that "Ritual provides an opportunity for us to express our deepest emotional levels of memories and is therefore very important at times of joy, sorrow, celebration, loss, and death."[35] It engages both the right and left hemispheres of the brain, so dementia victims are more likely to recognize the comforts of faith through these deeply rooted connections. The ritual of the liturgy lessens fatigue because dementia sufferers no longer have to think about the process — they just do it. Dementia sufferers may economize the amount of effort that is required to participate in challenging conversations; routines, however, are much more familiar and take less effort.[36]

Symbols that dementia victims can touch, see, or even smell and hear

[34] Thomas St. James O'Connor, *Ministry without a Future*, 11.

[35] Eileen Shamy, *A guide to the Spiritual Dimension of Care for People with Alzheimer's Disease and related Dementias,* 23.

[36] Malcom Goldsmith, "Through a Glass Darkly: A Dialog Between Dementia and Faith," *Journal of Religious Gerontology* 12, no. 3-4, (2001), 143.

have proven to be valuable connecting mediums: they play a key role in generating feelings that trigger past memories. Familiar symbols, meaningful to the particular individual, can create an atmosphere of calm and peace, and are best identified during stage one.

During stage two, the following may be effective strategies for pastoral care.

1) Make a mindful approach. As the victims continue to regress, they begin to lose their sense of personhood as narratives for self and others escape. Their connectedness to the greater community in both the church and society grows increasingly distant. Reattachment to community through regular contact will help the victim regain a sense of standing before God and man. Consistent visitation will likewise help strengthen the bond between the pastor and the dementia sufferer and help, in the long run, trigger faith recollections. A mindful approach will reinforce the victim's personhood and ascribed value in the eyes of God and others.

◊ Make eye contact and talk to them directly.

◊ Don't hesitate to reintroduce yourself. Don't wait to see if they remember your name. Many times they will recognize your face but won't remember your name. Immediately reminding them of who you are will alleviate the anxiety of trying to recall your name.

◊ Maintain focus on the individual despite their inability to follow conversations or express intended answers to questions.

◊ Smile and assume their capacity for insight.

◊ If you are having a tough time understanding the person, don't hesitate to ask them to repeat their statement. However, be cognizant not to cause the individual further agitation.

◊ Be alert to signs of frustration and anxiety. While silence may be uncomfortable for the caregiver, it may be a soothing break for the person with dementia.

◊ Go slow. Patience is truly a virtue in pastoral care for those with dementia. Don't ask too many questions, especially consecutively. This tends to frustrate the person.

◊ Build relationships. Effective pastoral care for a person with dementia requires sufficient time. Allow them to talk about whatever topic they feel important.

2) Continue to use items gathered for the "memories box." In addition to its use in stage one, leave the box with the person. Other caregivers may want to explore the contents with the sufferer as well. There may be opportunity to add items to these boxes as you continue to build relationships and discover other meaningful objects.

3) Implement Ritual and Symbols. For Lutherans, the most common religious ritual is the Divine Service or Prayer Office liturgy found in hymnals. And since the liturgical ritual includes the use of music, this may be the most appropriate time to connect the person suffering with dementia to deeply embedded musical settings and hymns. Along with music, the following may be helpful:

◊ Candles

◊ A crucifix

◊ Use of liturgical vestments, especially the clerical collar

◊ Use of a familiar version of the Bible along with familiar verses

◊ Singing portions of the liturgy that are most familiar

◊ Use of physical contact when appropriate, such as during communion or the giving of the blessing (as cognitive impairment advances, non-verbal communication such as touch becomes even more vital)

It is unlikely that breakthroughs will occur each time. These moments of helplessness are not indications of a failure of adequate care for the spiritual needs of persons with dementia. On the contrary, these are times for pastors to rely completely on the work of the Holy Spirit to accomplish His promised divine work even in the midst of significant cognitive limitations.

Stage Three — Relationship and Presence

During the third stage of moderate and severe levels of dementia, the victim can no longer live without the direct assistance of others. In most cases this requires institutionalization since family members find it too difficult to give the level of care needed. Intellectual capacities are almost nonexistent. Self-recognition and basic bodily functions are almost completely lost. The immune system is now very weak and the body becomes more susceptible to infections and, especially, pneumonia. While we want to be careful to give proper precaution to preventing the spread of disease, touch remains vitally important.

Despite the advancement of the disease, there may still be a surprising number of relatively lucid moments of cognition well into the victim's final days. Feelings remain intact long after the person has lost the ability to process basic communications or even comprehend the world around them in the most basic ways.

During stage three, the following may be effective strategies for pastoral care.

1) Relationship and presence. This begins to become more important than responsive communication: a touch or a glance may carry with it a connection that words cannot achieve. This is not to say we shouldn't still use words or other forms of communication mentioned earlier. We have no idea to what extent the brain is processing cues, and the Holy Spirit remains active through the spoken Word of God.

2) Familiar means and familiar ways. To the point that Holy Communion is still possible, communicate in tactile ways. Use vessels that are more likely to trigger memory. For example, if the person with dementia drank from the common cup at church, use the common cup during visitation: if possible, use the same common cup used during the Divine Service. As mentioned before, keep the liturgy simple and direct. Use touch during the blessing at the conclusion of the Communion Service.

3) Simplicity is now even more important. Talk directly to the individual using short sentences and simple vocabulary. Do not, however, speak to them like a child: affirm their personhood through appropriate age-related treatment.

4) Provide more visual cues. Pastors can wear their collar and bring religious items such as the ones included in the "memories box." As these items were important within the previous stages, these cues will be even more vital when verbal communication becomes nonexistent.

5) Validation of feelings is necessary. It is not uncommon to see tears rather than hear words. At other times declarations spurred on by past memories may be repeated over and over again. (One woman in a nursing home I visit calls out, "help me, daddy!" incessantly for hours, though her father has been deceased for years.) Instead of telling her that her father cannot help, a better approach would be to calm her immediate fears through touch while reminding her that you are there and that she is safe. This is called the validation approach.[37]

6) Keep in contact with family. If possible, visit while a family member is present. It's doubtful, especially at this stage, that the person with dementia will remember your visit. Close contact with the family will reassure the family that pastoral care continues for their loved one.

7) Pray for the dementia victim with regularity. Central to the vocation of pastor is that of intercessor.

[37] Pioneered by Naomi Feil as found in Thomas St. James O'Connor, "Ministry Without a Future: A Pastoral Care Approach to Patients with Senile Dementia," *The Journal of Pastoral Care*, 46, no. 1, (1992), 9.

Comfort and Care Recourses

The baptized Christian with dementia has an ascribed identity marking that person as kept by Jesus Christ who will never forget even if memories of our Savior fade. In His High Priestly Prayer to the Heavenly Father, Jesus speaks of all His precious brothers and sisters and says, "While I was with them, I kept them in your name, which you have given me. I have guarded them and not one of them has been lost…" (John 17:12). Just as our family members with dementia do not cease being our mothers, fathers, and spouses, neither do they cease being Christians belonging to our Lord. Therefore, our pastoral care moments continue to deliver Christ through blessing, Holy Communion, Scripture, and prayer as those we serve remain preciously kept by God.

Selected Psalms:

The Creation Psalms remind us of God's work, dominion, and ownership over all that He has made.

Psalm 8: "O Lord, our Lord, how majestic is your name in all the earth!"

Psalm 19: "The heavens declare the glory of God, and the sky above declares His handiwork."

Psalm 139: "O Lord, you have searched me and known me!"

Psalms of Trust bring a familiar word of comfort.

Psalm 23: "The Lord is my Shepherd…"

Psalm 91: "I will say to the Lord, My refuge and my fortress, my God, in whom I trust."

Psalm 121: "I lift up my eyes to the hills. From where does my help come?"

Liturgical Psalms share a familiar word of assurance.

Psalm 24: "The earth is the Lord's and the fullness thereof..."

Psalm 46: "God is our refuge and strength."

Psalm 122: "I was glad when they said unto me, let us go to the house of the Lord."

Psalms of Praise and Thanksgiving remind us from whom all blessings flow.

Psalm 34: "I will bless the Lord at all times..."

Psalm 40: "I wait patiently for the Lord..."

Psalm 100: "Make a joyful noise to the Lord, all the earth!"

Psalm 103: "Bless the Lord, O my soul, and all that is within me, bless His holy name."

Psalm 107: "Oh give thanks to the Lord, for He is good, for His steadfast love endures forever."

Psalm 116: "I love the Lord because He has heard my voice and my pleas for mercy."

Selected Prayers

For Those Suffering With Dementia

(*Often it is helpful to call the individual by name while reminding them of the special events God worked in them throughout the years. The pastor may need to investigate records to discover this information. The following is an example of how this type of prayer might look*)

O God of all goodness, pour out Your grace and comfort upon ____. You call ____ Your very own child through baptism. You gave Your son Jesus to die on the cross for ______ to forgive her/his sins. _____ was made Your child through baptism on ______ at ______ Lutheran Church. _____ received her/his first communion on ______ at _______ Lutheran Church. You have kept _____ in the true faith that You grant by grace each and every day. Pour out Your mercy upon _____. Bless, comfort, strengthen, and encourage _____ along with her/his family (*here you could list family members like, for example, Bill her/his brother, or Rachel, her/his daughter, etc.*). You give Your promise that You will never leave ____ and You will always be her/his strength and stay in good times and in bad. Give Your blessing and protection to _____ and her/his family this and every day; through Jesus Christ, Your Son and our Lord and Savior in whose name we pray. Amen.

For Caregivers And Family Members

"Come to me, all who labor and are heavy laden, and I will give you rest. Take my yoke upon you, and learn from me, for I am gentle and lowly in heart, and you will find rest for your souls. For my yoke is easy, and my burden is light."

(Matthew 11:28-30)

Dear Heavenly Father, You are the Healer and Comforter of the weak and weary. The burden of families and caregivers is enormous and we seek Your strength during these difficult times. Help us to carry this burden of caring for our sick loved ones. Bless, preserve, and strengthen those who walk this difficult journey. Surround them with the love and strength of others, so they may be lifted up by the communion of saints. Remind us of Your continual presence, Your

bountiful goodness, and Your everlasting providence that remain with us now and forever; through Jesus Christ our Lord. Amen.

For The Sick

O Great Physician of body and soul, our lives are in Your hands. Hear our prayer in our trouble and need. Visit us with Your kindness. Help us in our need. Give us health of body and mind. And give us the wisdom and faith to receive this trouble as Your loving discipline and gift from Your paternal care, through Jesus Christ, Your Son, our Lord, who lives and reigns with You and the Holy Spirit, One God, now and forever. Amen. [38]

For Those Near Death

Heavenly Father, give to Your servants a blessed death in the faith. Forgive their sins. Strengthen them for this, their last hour. Sustain them in their agony. Give them the confidence of Your promises that never fail. Send Your holy angels to carry the soul of your servant to Your face, and the perfect joys of heaven. Protect their body to the day of the resurrection of all flesh. Give to us who live the confidence to die in Your name, and depart in peace, knowing that Your Son Jesus is the resurrection and the life. Amen.[39]

For Those Who Mourn

O Lord Jesus Christ, You are raised from the dead and seated at the Father's right hand. Send to us Your Holy Spirit, the Comforter, to those who mourn. Give them the confidence of Your promises, the promise of the forgiveness of sin, the resurrection of the body, and the life everlasting. Give us faith in Your Word and promises, that we would come to the joys of those who have gone through death to Your eternal life, for You live and reign with the Father and the Holy Spirit, One God, now and forever. Amen.[40]

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[38] Bryan Wolfmueller, *The Mini-Hymnal 2.0*, 83. The prayers are composed by Pastor Bryan Wolfmueller, and are released into the public domain for the sake of the Gospel and the Church.

[39] Wolfmueller, *The Mini-Hymnal 2.0*, 83.

[40] Wolfmueller, *The Mini-Hymnal 2.0*, 83.

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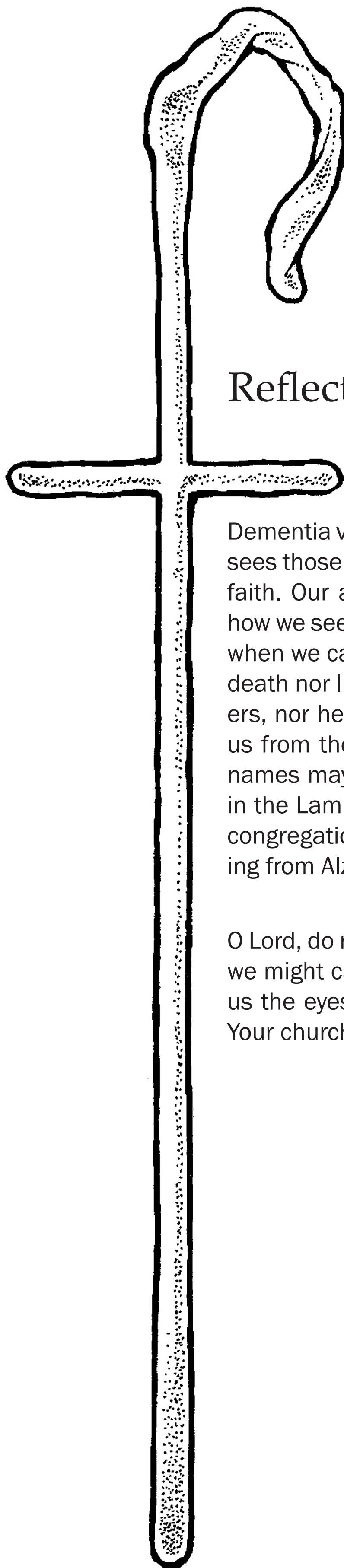

Reflection

Dementia victims might not recognize their own face in the mirror, but how the church sees those suffering from Alzheimer's indicates how we see their humanity and their faith. Our anthropology, our sacramentology, and our theology are all reflected in how we see and treat people who are losing their memory and mental capacity. Even when we cannot remember, we are not forgotten by God. "For I am sure that neither death nor life, nor angels nor rulers, nor things present nor things to come, nor powers, nor height nor depth, nor anything else in all creation, will be able to separate us from the love of God in Christ Jesus our Lord," (Rom 8:38-39). Imagine it! Our names may be blotted out of our own memory, but they are still written with blood in the Lamb's Book of Life. Pastor Arnold, in this wonderful essay, gives to pastors, congregations, and families an outline for understanding and caring for those suffering from Alzheimer's, and encourages us not to forget them.

☩

O Lord, do not forget us, remember us in Your mercy, and give us Your Holy Spirit that we might care for those whose memories are lost and whose minds are weak. Give us the eyes of Jesus to see, with mercy and kindness, all of Your people, and use Your church to bless and keep them until You call them to eternal life. Amen.

- Pastor Bryan Wolfmueller