**Where is God in Dementia and Alzheimer’s Disease?**

**A Beginning of a Theology on Dementia and Alzheimer’s Disease**

Introduction to the Beginning of an Answer

In this article I will begin an answer to the theological question, “Where is God in the disease of dementia and Alzheimer’s disease?”

These are only some initial thoughts on this topic.

The topic of dementia & Alzheimer’s disease has similarities to other critical areas.

Some of these topics are grief and loss, end of life decisions, topics such as euthanasia & MAID. Included also are topics such as what does it mean to be a person,

to be a Christian, and to be a caregiver.

I will note how these - and other topics shed light on each other.

This article is divided into three parts:

I. Life Values and our Actions.

Our Values and our beliefs impact our actions.

II. Who is an expert to speak on the topic of dementia and Alzheimer’s disease?

III.Topics that are Lenses through which we see Dementia and Alzheimer’s disease.

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**I.** **Life Values and Our Actions**

Our **beliefs** impact our **behavior**.

What we **believe** determines how we **live**.

The other way around - what we do is based on what we believe.

When we look at our practices, reflect on them, examine them, then we will get a good indication of what we believe.

No one can see what we believe - but people can see what we do.

Our actions speak louder than words. Whenever what we do does not seem to fit our belief systems (theology), or we think it does not, then what we **do** **reveals** our **actual theology** or **core beliefs**.

Consciously or unconsciously - we all have personal life values.

And, if an individual claims he has no spiritual values, this is not possible.

We all have core beliefs.

In part three of this article I will consider several core beliefs and values and note how these speak to the matter of dementia and Alzheimer’s disease.

**II. Who is an expert to speak on dementia and Alzheimer’s disease?**

Certainly we want to learn more on the topic of dementia and Alzheimer’s disease.

There is always more we can learn on this topic.

There are three aspects of dementia. The first is basic information on dementia and the second is on how best to respond and walk with people with dementia and their loved ones.

In this article we will consider the third area - this is our core beliefs and how these shed light on the topic of dementia.

Back to the question - Are we experts in the area of dementia and Alzheimer’s disease?

On the one level we may not know the neurological explanation of dementia and Alzheimer’s disease. However, each person reading this article has personal experience concerning dementia, either we are in the journey with dementia, we have loved ones or we are care providers or friends of people who have dementia. This qualifies us to sit at the table where we all have a valuable contribution to make on the topic of dementia and Alzheimer’s disease. The short answer to the question of this part is, “Yes. We are all experts to speak on dementia and Alzheimer’s disease.”

**III. Topics that are Lenses Through which to See Dementia**

We all have lens through which we look at the various issues in life.

These areas are like lenses through which we view dementia and Alzheimer’s disease.

We want to examine what we believe and what our core values are.

Even more, my commitment is that these beliefs will line up with what the Bible teaches.

Before we consider some of these areas I want to note that I have a deep appreciation for the explanation of dementia given in brochures provided by the Alzheimer’s Society. Those pamphlets are based on professional medical work.

However, a medical explanation does not fully explain dementia. We think of medical specialists. We have our eyes, ears, throat, knees, hips, heart - and all the other parts of our body. Each specialist can explain and diagnose a part of the human body. But, when we consider dementia, there is a depth that a brain specialist cannot explain.

The complete understanding of dementia and Alzheimer’s disease is not possible through the standard medical explanations on what is happening within our brains.

Said another way, dementia is as much a relational and theological condition as it is a neurological condition. It is the symptom of brain damage - but it is not adequate that we limit ourselves to brain damage.

We must look beyond a medical or neurological explanation. Where do we find these explanations and answers - and even direction to give us hope in reference to dementia?

As Christians we look to the Bible - and to the best wisdom from people.

But - the usual procedure in studying the Bible to find understanding on any topic may not help.

We can’t go to a Bible concordance - find the word “Dementia” and read all the times it is used and form a biblical theology on dementia by compiling the insights from these verses. Also - the classical theology volumes do not give us any help.

We are familiar with Psalm 119 - the writer is passionately devoted to the word of God.

The challenge for us is to have an equal commitment and belief in God’s Word.

As we do, we will receive both wisdom and hope as we deal with dementia.

We must come with a theological lens - or an ideological lens - to fully understand dementia.

You may ask - “What does this mean?”

To find a direction for an answer I invite us to think of dementia as loss - but loss in three aspects.

First - a loss or deterioration of the capacities of the brain. This is a neurological loss.

Second - a diminishing social environment - loss of friendships, loss of social contacts, and a loss of significance. When a person has the first - a neurological loss - one consequence is a social loss - isolation, loneliness.

 Third - a loss of faith, a distancing or a seeming absence of God, an empty prayer life, and an inability to understand core elements of one’s faith.

These three areas of loss - a loss of brain functioning, a loss of social relationships and personal identity, and a loss within one’s faith in God, relate to one another.

We are a unit. What happens in our bodies, specifically what is happening in our brains, impacts what happens in our relationships with one another and then also our relationship with our God.

Because we are a unit, and we are not just dealing with brain damage, we need to consider other areas - or lenses - that shed light when there is dementia.

I will look at only some of the lenses. As we briefly note each we will recognize that they connect to each other and also address the matter of dementia.

In order to stress the seriousness of what we are dealing with I will begin where I wish I would not need to begin nor mention.

**A. End of Life Decisions**

You will ask, “Why do I begin here?” These two reasons will become obvious in my presentation. 1st Individuals and groups are presenting what I propose as inadequate and unwise reasons for euthanasia. 2nd We need to have a clear lens when questions are raised in this area.

When Bill C-14 was brought forward we were assured that the necessary safeguards would be in place. Yes - one group was given the right to have euthanasia. As was noted during the debate on euthanasia - once one group has the legal right to be euthanized - there was no logical way this right cannot be denied to any other group.

In September, 2019 a judge granted the right to specific people - continuing the precedence that no group can be denied. However, a group, Dementia Advocacy Canada, is promoting MAID for people with dementia.

This lobby group states, “Dementia Advocacy Canada affirms the rights of people living with dementia to benefit from all of Canada’s civic and legal rights including the right to choose medical assistance in dying (MAID).”

This provides both an urgency - but also an opportunity to bring forward other values and lens by which we perceive dementia. As we will understand - these values are related or connected.

A short summary of this section is this: when a person has dementia this does not diminish this individual’s sense of values or what it means to be human and therefore does not mean that this person is entitled to the right of euthanasia.

**B. Quality of Life - Health Span**

We are familiar with the term - “life span.” This is the length of time that a person is alive. This will vary from country to country - and from century to century - as well as between genders.

A new word - added in March, 2018 in the Miriam-Webster dictionary is “Health Span.” “A person’s health span is the length of time that the person is healthy - not just alive.”

These questions then becomes very pointed.

How might a person who has ALS for 20 years, and is frail for 4 years, feel about a CTV or CBC news feature where a lawyer defends the right of a seemingly healthy ALS person to have euthanasia?

Or, how might a person who realizes he has the beginning symptoms of dementia hear the news that a group is advocating euthanasia for people with dementia?

Or, how might a spouse hear such news when her husband has advanced symptoms of Alzheimer’s disease?

Further, what is our value when we live beyond our “health span” - as defined by some arbitrary measurement?

Are we defining “health span” by qualities such as strength, rationality, independence, freedom from pain?

Are we within our health span when we can check off these qualities:

 - we are strong - and capable to do what we choose,

 - we are independent - and believe we don’t need any help,

 - we can think clearly - our memory is perfect, we can speak distinctly, .

 - we are pain free - or we can at least find the pills to eliminate or lessen our pain?

But, what if the quality of life consists of weakness, dependence, pain, and dementia?

What if we are feeling excruciating, throbbing pain, are absolutely dependent on help, and in the final stages of dementia?

A beginning of an answer will come as we look at a related topic: the essence of personhood.

A summary of this topic is: when a person is beyond an arbitrary “health span” does not automatically lessen her or his humanness.

**C. Essence of Personhood**

What we think of ourselves - of our essence - has a major bearing on how we view the topic of dementia?

We will have heard the premise: “I think, and therefore I am.” Descartes.

Here we believe that rationality is perceived as the core quality that defines life.

Is the essence of life that I am able to think and make decisions?

Or is it enough to say, “I am a person because I am a person”?

We are not defined by our abilities or inabilities, by our strength or by our weakness, by our rationality or even our lack of rationality. We don’t define our worth by any ability. We are of value simply because we are.

As people who base our values on the Bible we will take this to another level and declare, “We are created in the image of God.” We reference this with several Bible passages:

“So God created man in his own image, in the image of God he created him, male and female he created them.” Genesis 1:27.

The psalmist worships God by declaring how phenomenal God has created mankind,

 - “For you created my inmost being,

you knit me together in my mother’s womb.

I praise you because I am fearfully and wonderfully made;

your works are wonderful,

I know that full well.” - Psalm 139:13, 14.

We hear these verses. These provide comfort and assurance that we are of worth.

But then we look ahead at a dark and cold tunnel - as we feel the hopelessness and despair of protecting and walking with a spouse who is in the last stage of Alzheimer’s disease.

Will we - or can we - or should we praise God because our spouse has Alzheimer’s disease?

Do we praise God only when we are normal - even strong, rational, independent?

What does it mean to be in the image of God?

- Answers often come easily.

We hear it said that we are in the image of God because we can think, we can feel, we can make decisions.

As we consider the topic of dementia, what does it mean to be in the image of God?

I bring forth this premise - we must declare that a person with dementia, or with extreme disabilities must be fully defined as in the image of God even though this person may not be able to think clearly and make decisions.

I invite us to consider these opposites:

Independency - versus dependency

Strength - versus weakness

Ability - versus disability

Rationality - versus dementia

Somehow we have bought into the myth that we are more human when we are independent, strong, able, qualified to have rational thought.

Therefore we avoid - or wish we will not be perceived as

dependent, weak, disabled, unable to think clearly.

I want to present what might be a bold statement:

 To be fully human is to be dependent, weak, limited by disabilities, unable to think clearly.

We all need one another, we are dependent on each other,

we all have limited strength - our weakness is only a matter of degree,

we all have disabilities - some more, some less,

we all have limits in our thinking.

To be fully human is to be frail, dependent.

Here is another item we need to be aware of - .

- of all the animals - only mankind is created in God’s image.

Further - of all animals none is as dependent as mankind.

In contrast to all animals - God has so designed us that a major part of our lives - after birth and before death - is one of dependency and weakness.

May I present that part of our dependency is not only of what our body can do and cannot do - but also of what the mind can do and cannot do.

Therefore - to be a person is to be mortal - and to be mortal means we are defined by our limitations and weaknesses.

Applying it to the topic we are considering - humanness is not diminished by dementia.

As noted earlier the lenses or topics are related.

- since our humanness is not determined by our “health span”

- and since our humanness is not diminished by dementia the matter of euthanasia should not be on the table at all.

Yet when a loved one has dementia we state, “Our loved one’s body is alive - but his dementia has taken him away.”

How does a wife relate to a husband who does not recognize her?

I will begin an answer in two other sections - E. finding hope in God’s Word and in F. community.

But, here I need to insist and emphasize that our humanness is neither diminished nor taken away with dementia.

**D. Essence of Being a Christian**

Here I wish to address two related issues:

How does a person become a Christian?

What does it mean to be a Christian?

Possibly we are familiar with one or all four of the following:

1st The Four Spiritual Laws - designed by Bill Bright of Campus Crusade for Christ, now

 Power to Change.

2nd “The Bridge to Life” - by Navigators

3rd “Steps to Peace with God” - Billy Graham Association

4th The Roman Road

Each of these are summaries that focus primarily on salvation from sin as the central message of the gospel.

I invite us to consider these four summaries and do so with two questions in mind:

1st Do these four-point summaries accurately & fully represent what it means to become a Christian?

The 2nd question is very necessary in the context of dementia.

2nd How is someone in the beginning stages of dementia - or who cannot comprehend difficult thought patterns - able to understand what he or she cannot comprehend?

How does the normal gospel presentation connect with my grandson, Simon, who has Downs Syndrome?

We do not have the time to examine what have become very accepted summaries.

 I have both used and provided these. But, I wish to shed light on these by noting (1) the most important commandment and (2) Jesus’ call to follow him.

1. The Most Important Commandment

Towards the end of Jesus’ life people asked him what was the most important commandment, “Love the Lord your God with all your heart and with all your soul and with all your mind. The second is like it, “Love your neighbour as yourself.”

As we consider the topic of dementia - and specifically those who have difficulty comprehending theological and biblical themes or doctrines - may I encourage us to think in terms of what Jesus said.

1. Jesus’ Call to Follow Him

To become a Christian is to accept his call to follow him.

What does this mean?

Jesus invites us to follow him with the capabilities we have. This changes the essence of what it means to become a Christian and also what a Christian is.

It comes down to what is in our hearts - do we love? Do we love Jesus? Do we love one another as he loves us?

To be a Christian is follow Jesus as we know how - with the capacity we have. Did Jesus not say whoever humbles himself like a child is the greatest in the kingdom of heaven?

 Will we not agree this includes qualities such as trusting, being unpretentious, humility?

I invite us to examine our easy answers of what it means to be a Christian and think how they apply to a person who is unable to comprehend things.

**E. FINDING HOPE IN GOD’S WORD**

When a person has beginning stages of dementia or a loved one is in the advanced stage of Alzheimer’s disease we search for answers to life’s questions.

We begin with the premise that we will find the best answer in the Bible-

But how we use the Bible - both for ourselves and for other people - is important

 A comparison - the Apostle Paul wrote numerous letters. Each letter was written with a specific congregation in mind. He had a specific situation that he addressed. An example - Paul did not write the letter to Philemon and send it to the church in Rome, nor did he send the letter to the Ephesian congregation to the congregation in Corinth.

We firmly believe that every verse in the Bible is God-breathed and is useful for teaching, rebuking, correcting and training in righteousness. - 2 Timothy 3:16

Here I will be this bold as to say that there are some themes or doctrines, or Bible passages that are best not used when we talk about dementia. I do not have the time to fully explain this.

There are several questions we will want to consider when we are about to share a Bible verse with a person whose loved one has dementia:

1st how might the Bible verse encourage and give hope to this person?

2nd how might the verse give direction to this person?

The Bible has many themes or core doctrines.

Therefore, if you have the early symptoms of dementia, or if a loved one has severe dementia - which of these two core Bible doctrines do you believe the Holy Spirit would want you to read and study:

 1st - God’s Sovereignty & God’s Justice

 2nd God’s Compassion and Care?

An answer to this question is found in the book of Job.

The first part of the book of Job, chapters 1 & 2, has a parallel to the catastrophic loss when a person has dementia. Job lost it all. And a spouse whose loved one has Alzheimer’s may feel that she has lost everything as well.

If you were a friend of someone whose loved one has dementia - what section of the book of Job would you go to?

Job’s friends saw the depth of Job’s loss - and they did two things.

 1st Sat with him and wept - Job 2:11 - 13

The key words in this section are sympathize with, comfort, wept aloud, did not say a word.

 2nd Heated argument on how to fix and explain loss - Job 3 - 27

I am convinced that, not only the best, but the only section we will find hope is the first section.

When we want to help a person whose loved one has dementia are there some themes we might not use nor turn to?

When I speak to the issue of loss and grief as well as dementia I list 2 broad areas that, I believe, are not wise or compassionate to bring to the topic. I believe these are not the right things to say when considering dementia

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 1. Purpose Passages

Romans 8:28 - “And we know that in all things God works for the good of those who love him, who have been called according to his purpose.”

Isaiah 55:8,9 - “For my thoughts are not your thoughts, neither are your ways my ways,” declares the LORD. “As the heavens are higher than the earth, so are my ways higher than your ways and my thoughts than your thoughts.”

Ecclesiastes 3:1, 11, 14 “There is a time for everything, and a season for every activity under heaven...He had made everything beautiful in its time.

He has also set eternity in the hearts of men; yet they cannot fathom what God has done from beginning to end...I know that everything God does will endure forever; nothing can be added to it and nothing taken from it. God does it so that men will revere him.”

Why might we choose to refrain from turning to these Bible passages when a person shares the loss of dementia in a loved one?

Certainly the sovereignty of God is a given.

It is also a given that God is far above our knowing.

When Job was in his greatest loss - his friends went down the cruel path of attempting to explain and solve the dilemma of loss.

That would be the same as attempting to explain why a person has Alzheimer’s disease.

We can never explain what God is about.

So, when I answer the question, “Where is God in dementia?” we cannot find the answer is the major part of Job, nor in the purpose passages.

These passages are true - but, I believe, they are not the place to turn to when walking with someone with dementia.

 2. Pious, unthoughtful cards

Besides avoiding the purpose passages in the Bible we will also want to avoid pious, unthoughtful sympathy cards.

Let me explain. Sympathy cards have many one liners. They apply specifically when a loved one has died.

But - in a very definite sense - when a loved one has major symptoms of dementia - the wife or husband of this loved will feel deep loss and therefore these lines may resonate and hurt:

 1st “God broke our hearts to prove to us He only takes “the best.”

Did God take my loved one away into Alzheimer’s disease to prove the loved one was the best?

 2nd “God loves you deeply. And God will never send you more pain and loss than you can bear. God only let this happen to you because He knows you are strong enough to handle it.”

 This next one is likely never written - but spoken when people described a loved one.

 3rd God was so gracious and compassionate - our loved one lived to an old age of 95 - had major health problems - but thank God - in all our mother’s pain and disabilities - she was clear right to the last minute. Isn’t God good. In fact, “God is good all the time. All the time, God is good.”

How might someone whose spouse is in the final stage of Alzheimer’s disease hear these words? Will this person ask, “Why is God so good to that family - but not to my family?”

What might be the right words to say?

What might be the right Bible verses to share?

I would like to answer this by going to the next area - or lens.

**F. Relationships - Community - Church**

One senior pastor of a large church characterized his seniors in three categories “no go, slow go and fast go: If someone is a *no go* she tends to be frail and demented, dependent upon others, while the *fast go* is strong and independent.; a *slow go* is somewhere in between. The church should ask the hard question, what value to society is a “*no go*”? And we should answer confidently, “An incontinent, dependent, person suffering from late stage Alzheimer’s disease provides the person’s family and her church with one of life’s most important lessons, an opportunity to learn how to love a person unconditionally, without any expectation of something in return.” (James Houston, in A Vision for the Aging Church pages 31, 32).

How do we respond best to a person whose loved one has dementia?

Certainly Bible verses - carefully selected are good.

But - I believe the better way is to be follow God’s example.

We know what God did. He did not stay up in heaven and text promises - or assurances.

Where is God in dementia? God is Immanuel.

God is present - God is with us.

What will give us hope to believe that God is with us in our brokenness when we cope with a spouse who has dementia?

What will really assure those who have dementia or their care providers is that God is with them through His people who walk with them as they walk the valley of Alzheimer’s.

Dr. Houston stated that the church is the church at its best when it loves a person unconditionally, without expectation of something in return.

I wish to note 5 times in human history when the church was genuinely the church or was called to be.

At these 5 major times in history God instructed his people to care for the vulnerable - those without any strength - the frail, the widows, the orphans. Today we can place those with late stage Alzheimer’s disease into this category of people he calls us to care for.

1st When God called the nation out of Egypt

 God had specific instructions that his people care for the weak and vulnerable. Deuteronomy 14:29.

2ND Prophets - When God called a nation back to himself

What did the LORD say was at the core of returning to him?

Hosea wrote, “But you must return to your God;

maintain love and justice,

and wait for your God always.” - Hosea 12:6

Micah wrote, “What does the LORD require of you?

To act justly and to love mercy

and to walk humbly with your God.” - Micah 6:8

Who will receive God’s judgment? Rulers who do not defend the cause of the fatherless and whose widow’s case does not come before them.” - Isaiah 1:23

3rd Early Church –

The first test of whether the church was actually living as the church was at its birth. The first leaders ensured the most frail - the widows who were of Grecian descent were cared for. (Acts 6).

The Apostle James presented two indications of religion that God our Father accepts as pure and faultless. The first is to “look after orphans and widows in their distress.” (James 1:27)

4th During the time of the Black Death - 1348 - 1349 - more than a quarter of Europe’s population died. Yes, regretfully, some physicians and clergy fled. But, some Christians said - if we are following Jesus we must be prepared to die in the journey. A book was prepared to help people in the time of greatest need.

Ars Moriendi (the art of dying) in the Fifteenth Century

 But, there were stories of heroic & faithful caregivers.

This is both presented and applied in the book

The Christian Art of Dying, Learning from Jesus, Allen Verhey, Eerdmans, 2011

5th Today

Today, when our western society has defined human worth by the ability to be independent, strong, rational, and those at both ends are murdered or threatened with murder, at the one end by abortion and at the other end by euthanasia, the church must again do what it is called to do.

We are called to define God’s creation as he has and then to defend his creation.

We need to call the church to fulfill its responsibility to teach people to die well and to care well for the dying - specifically those our society pushes aside.

 If there was ever a group in our western society that is marginalised and pushed aside - it is those with dementia and Alzheimer’s disease.

In Jesus’ time those with leprosy were kept out of the community.

Some have defined those with dementia as today’s lepers - individuals we don’t know how to walk with - individuals we avoid and even push aside.

Where is God in the disease of dementia?

He is best understood in what he does through us - his people.

When we love, we weep, we listen - then people whose loved ones have dementia will have hope.

Earlier I asked, “What are the best verses that will be appropriate to someone whose loved one has Alzheimer’s disease?”

 - I believe a key criteria must be:

 - Will this person feel Immanuel through us?

When a person reads a Bible verse - there must be integrity

- The person must sense that the person who gives the verse believes and lives the verse

- This person must sense the love, compassion through the verse.

Another element of an answer is in Matthew 25

 How do burdened people, today we are speaking of people with dementia or whose loved ones have dementia, know God is Immanuel?

In Matthew 25 Jesus gave several examples - people were hungry, thirsty, a stranger, needed clothes, sick and in prison. Then God’s people did what was appropriate. Jesus’ final word was, “I tell you the truth, whatever you did for one of the least of these brothers of mind, you did for me.”

How might this apply to the concern with people who have dementia? Jesus’ invitation is, “I was afflicted with dementia - or my husband had Alzheimer’s disease - and you came and showed compassion.”

Certainly Bible verses are appropriate and necessary. But only as another assurance of Immanuel. After or as I am Immanuel do I have the right to give a Bible verse that supports the God is Immanuel.

These are a few Bible references:

Psalm 145:18, 19 – “The LORD is near to all who call on him,

 to all who call on him in truth.

 He fulfills the desires of those who fear him;

 he hears their cry and saves them.”

Psalm 146:8b – “the LORD lifts up those who are bowed down,

 The LORD loves the righteous.”

Psalm 23 “The LORD is my shepherd,…even though I walk through the valley of the shadow of death, you are with me.”

Matthew 25:40 The King will reply, “I tell you the truth, whatever you did for one of the least of these brothers of mine, you did for me.”

2 Timothy 1:7 For God did not give us a spirit of timidity, but a spirit of power, of love and of self-discipline.”

Psalm 121 “I lift up my eyes to the hills –

 where does my help come from?

 My help comes from the LORD,

 the Maker of heaven and earth…”

Several questions to ask when we use any card or any Bible passage:

 - is this appropriate for the specific need?

 - will this provide hope and assurance for the person and / or care giver?

**G. Where from here:**

 **Observing from the Balcony or Walking with on the Path**.

 **Strong Heroes or Wounded Healers**

How might we best conclude this article on Dementia - and specifically the question, “Where is God in the disease of dementia and Alzheimer’s disease?”

I wish to present two contrasts:

1st A view from the balcony or walking with people on the path.

A news reporter may describe what is happening. She may report an accident or a fire or any other crisis situation. But a news reporter will always be a reporter, an observer.

We may best describe the news reporter as a person who views from a distance - usually from a safe place. She has a view from the balcony.

This is completely different from being with people - walking on the path with them, lifting them up.

May we be known as those who embrace one another - who hold each other, who cry together – and not as those who view from a distance, from a high vantage point, from a balcony.

2nd Strong Heroes or Wounded Healers.

When we comprehend the enormity of the weight of dementia - and the tremendous disaster it causes - then who do we look to that will help us cope and survive.

Think of these two contrasts: Strong Heroes or Wounded Healers.

We live in a society where we are told that we must speak and act from our strengths. Further, we are told that only as we are strong, independent, articulate, and in control are we of any worth.

This implies that any person with advanced dementia will automatically be discredited - pushed aside.

The whole area of dementia and how to respond to the weight of caring for a person with dementia and the loved ones reminds me of a book. This book was well known some years ago - “The Wounded Healer” - by Henri Noewen.

The author puts forth a principle that is so necessary today. In this article it applies to our concern of dementia.

Only as we recognize our frailty will we be sensitive to other people’s weakness.

Only as we feel our pain will we see the pain in our friend’s eyes.

Only as we feel how difficult it is to climb the stairs will we be aware of the person who needs a helping hand.

Only as we accept our brokenness and scars will we embrace the brokenness and scars of other people.

Wounded people become sensitive to the wounds of others.

Weak people become sensitive to the frailty of others.

I have often reflected on the beatitudes.

In this article on dementia my point is not just what they are and the character qualities they portray.

The specific application is where they are in the life story of Jesus.

As we follow Matthew’s gospel we note this:

1st - Jesus called some disciples, “Come, follow me, and I will make you fishers of me.”

2nd Then he preached the good news of the kingdom and performed miracles to show that he had the authority to bring in the Kingdom of God.

3rd The very next thing we read is the Sermon of the Mount - this begins with the beatitudes. (Matthew 5 – 7).

We may be familiar with evangelism and the concept of “Follow up.” When a person chooses to receive Jesus as Savior we will follow up with Bible teaching so that this person knows what it means to follow Jesus.

Jesus’ very first words of follow up began with:

 - Blessed are the poor in spirit

- blessed are those who mourn

- blessed are the meek

- blessed are those who hunger and thirst

- blessed are the merciful

- blessed are the pure in heart.

We note the words: poor, mourn, meek, hunger, merciful, pure.

We live in a culture that puts people on platforms and on pedestals. We look for heroes - people who are rich, always smiling, strong, competent, capable, and independent.

We look for people who are articulate - who can clearly express themselves.

Jesus’ first words of follow up give us hope.

The hope lies in the fact God invites us to follow him - as we are, in our poverty, in our woundedness, as those who mourn, who are meek and hunger and thirst.

God calls broken people - and who can be more broken than the “no-go” seniors who - as James Houston described as incontinent, dependent, a person suffering from late stage Alzheimer’s disease.’

We are all broken people - the choice is whether we will admit our brokenness.

May God give us grace to see us as he does -

we are deeply loved - as we are.

This article is adapted from a Care Ministry seminar, present at Clearbrook MB Church, October 7, 2019

Pastor Walter Wiens, Pastor of Care Ministries