

MEETING A GROWING NEED: THE PASTORAL CANDIDATE'S PREPARATION FOR  
SPIRITUAL CARE TO ALZHEIMER'S PATIENTS

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A THESIS SUBMITTED TO THE FACULTY IN PARTIAL FULFILLMENT OF THE  
REQUIREMENTS FOR THE DEGREE OF MASTER OF DIVINITY

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MARCH 9, 2016

## **Abstract**

1 in 10 people in the United States over the age of sixty-five currently suffers with Alzheimer's disease. Over 5 million people have been diagnosed, but thousands more may have the symptoms and not know it. The demographics of older people in the United States will steadily grow over the next generation. Are future pastors ready to meet a growing need and bring spiritual care to Alzheimer's patients? As we look to the future, it is healthy to evaluate and discuss what role Wisconsin Lutheran Seminary can serve in preparing future pastors to meet this growing need. Alzheimer's disease is quickly becoming a health crisis in our country. In order to meet this growing need, the purpose of this thesis is twofold: 1) It helps the pastoral candidate gain awareness about the growing presence of Alzheimer's in our society. 2) It serves as a starting point to prepare the pastoral candidate for the specific spiritual care he will bring to Alzheimer's patients. In order to minister effectively to someone with Alzheimer's disease, a pastor needs knowledge of the Scriptures, knowledge of the individual to whom he ministers, and knowledge of Alzheimer's disease.

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## Introduction

I have many fond memories of gathering together with family at Grandma Warnecke's house in tiny Hokah, Minnesota. Her house sat at the end of the road, perched up on a hillside overlooking a valley between two bluffs. She lived just a few miles West of the Mississippi River across the border with Wisconsin. This was the house in which my father and his family grew up. It became a place where my cousins and I played together. It was where we returned after an adventure through the hills of Hokah. Many competitive games of Memory and Rummy and Go Fish happened at the kitchen table. I will never forget the warmth, the comfort, the food, and the joy that came from stopping by grandma's house. It was where we shared memories and stories from the past. Grandma's house was a special place for the Warnecke family.

My grandmother was a blessing from God to many people throughout her life, but in her last several years on earth, she began to show signs of dementia. Grandma often repeated the same question several times in brief conversation. She retold the same story over and over. We began to worry about her independence at home and her ability to function with daily tasks. Only recently did I learn the extent of what she dealt with. When she stayed with my uncle, she often woke up in the middle of the night scared and paranoid about where she was. She was afraid to go to bed at night. She would often tell my aunt someone was in the backyard of the house or someone had been in the house without her knowing. None of these fears were true. Sadly, my grandma probably had many more fears, anxieties, and paranoia we didn't realize.

My grandmother was never diagnosed with dementia or Alzheimer's disease, but her doctors said she showed all the symptoms. My grandma is an example to me of what many people struggle with when they face dementia. This struggle became clearer to me over my vicar year when I viewed a documentary called *Alive Inside*. This film follows Dan Cohen, a social worker, who used music therapy in nursing homes. He used music to bring back memories hidden deep within someone who was in the late stages of Alzheimer's. When the disease progresses, someone can mentally shut down to the point of becoming non-verbal. They don't want to talk. They don't remember how to talk. They have given up of trying to find the words they can't remember.

Music can often make connections to emotions which can spark memories from the distant past. When Cohen played familiar or favorite songs from someone's past, they revealed the personality and memories locked deep inside the brain. As much as Alzheimer's tried to hide someone's personality, the music proved they were still alive inside. The outer personality and communication recede as Alzheimer's progresses, but this should not lead us to doubt the existence of someone's personality or soul. A pastor's role becomes a matter of finding the connections and memories that remain and utilizing them as he shares God's Word.

The work and calling of a pastor is to share the gospel. The truth of sins forgiven through Jesus is his motivation for ministry and life. It is the desire to share the gospel that leads a pastor to invest his time and discover the hidden connections and memories in someone with Alzheimer's. The discoveries will help him make better connections from a soul to the truth of Scripture. Pastor Curt Seefeldt, a former chaplain and current administrator with The Lutheran Home Association, spoke of his experience in pastoral ministry: "Unless you've had someone in your family deal with Alzheimer's, you come out [into ministry] pretty green. If anything, you really need to take some time to try and connect. I think sometimes it's too easy to say, 'Boy, Joe just doesn't get it. I've got other things I need to do.' We have to work there and make the connection."<sup>1</sup>

Pastor Seefeldt's evaluation based on his experience is accurate. Many pastors are willing to spend their time and efforts with other areas of ministry instead of reaching out to the elderly, to the home-bound, or to someone with a complicated cognitive disease. This kind of ministry requires education and awareness about what a pastor can expect when he ministers to someone with Alzheimer's disease. It will be tedious and somewhat frustrating work to make connections in order to share the gospel. The prevalence of ministry to the elderly is likely to increase as the population of the United States changes. It is time for the Seminary to consider and begin discussions about how best to prepare future pastors to meet this growing need. Scripture will guide the discussion and form our approach to spiritual care for individuals dealing with Alzheimer's disease.

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<sup>1</sup> Curt Seefeldt, video interview with the author, October 14, 2015.

## Meeting a Growing Need

Our interactions with people who are sixty-five and older will be happening more frequently in the near future. For example, the fastest growing metro area in the United States for the second year in a row was The Villages in Florida. The Villages saw a population increase of 5.4 percent between July 1, 2013 and July 1, 2014. Just over 6,100 people moved to The Villages, about 16 people per day. (By way of comparison, the second fastest growing metro area grew at a rate of 3.2 percent.<sup>2</sup>) The Villages is built exclusively for people over the age of fifty-five. It appeals to the aging Baby Boomer generation. Their ages spanned from 50 to 69 in the year 2015.<sup>3</sup> For the first time in our country's history, the older generations will rival the younger ones in numbers. As one of the author's classmates put it: "It's a unique situation that faces the country for the first time. We're kind of in uncharted territory as far as the population shift goes."<sup>4</sup> The chart on the next page was produced by the U.S. Department of Health and Human Services Administration on Aging. It shows the projected growth of people over the age of sixty-five until the year 2060.<sup>5</sup>

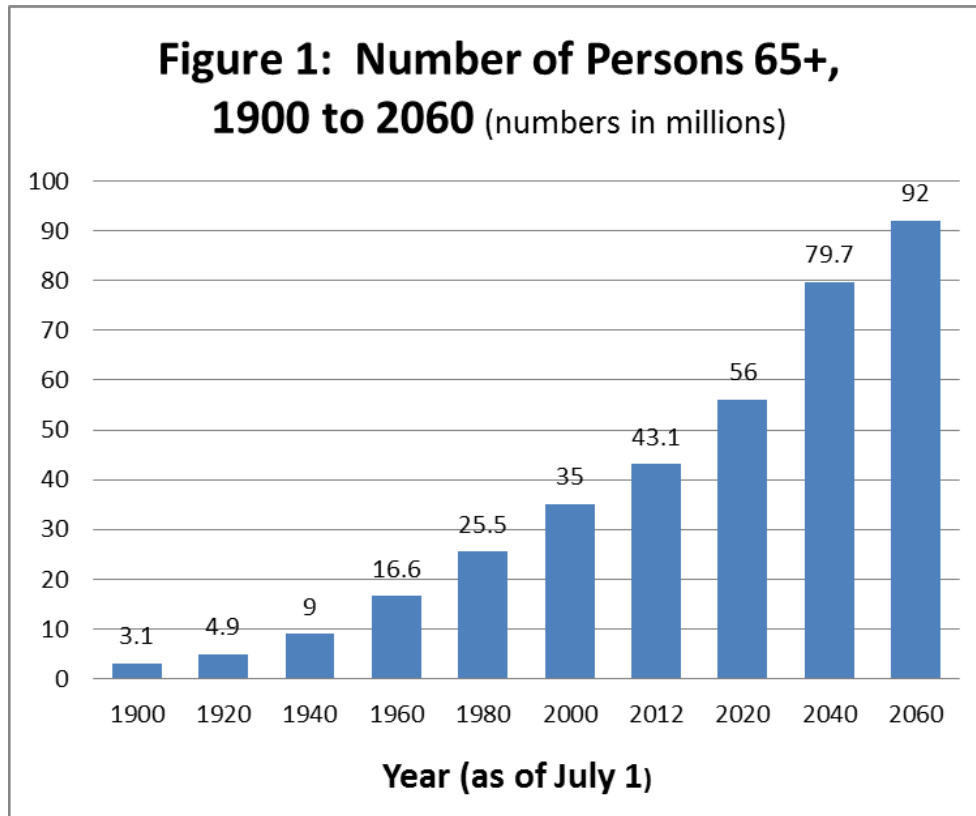
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<sup>2</sup> "Population Estimates for Countries and Metro Areas," U.S. Census Bureau, last modified March 26, 2015, accessed December 1, 2015, <https://www.census.gov/newsroom/press-releases/2015/cb15-56.html>.

<sup>3</sup> "Baby Boomers," last modified November 23, 2015, accessed November 11, 2015, [https://en.wikipedia.org/wiki/Baby\\_boomers](https://en.wikipedia.org/wiki/Baby_boomers).

<sup>4</sup> Peter Wells, personal interview with the author, October 19, 2015.

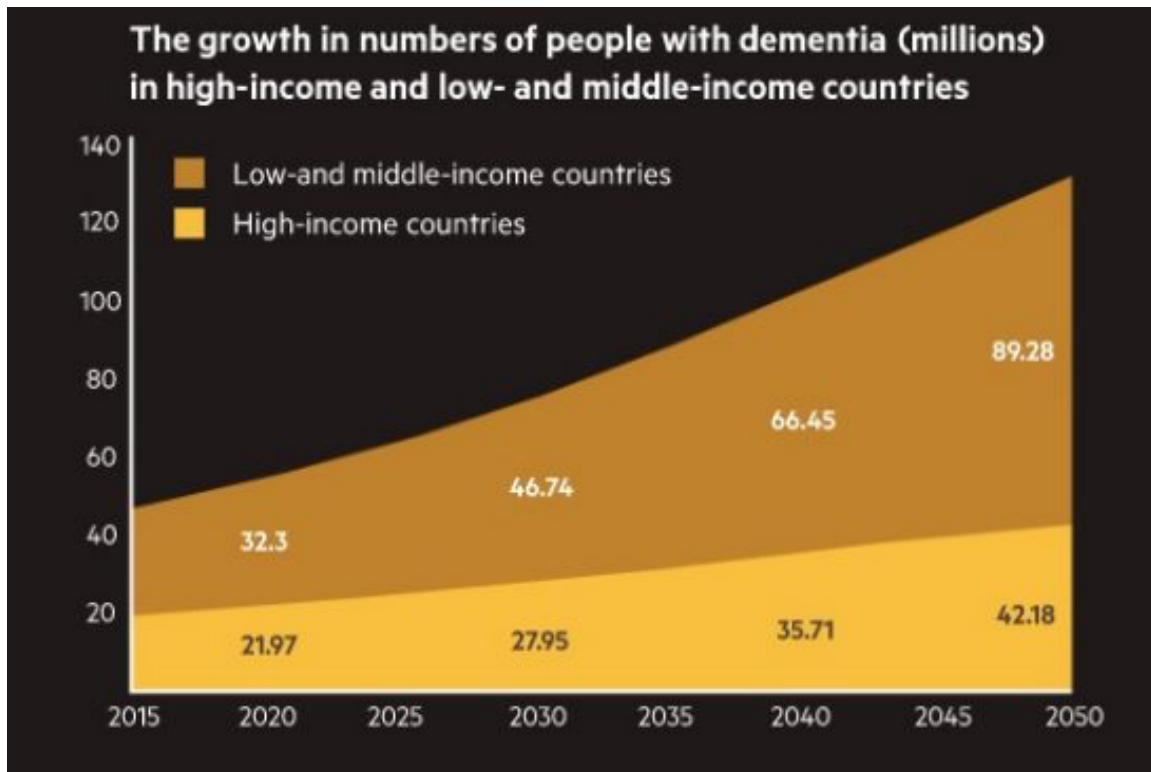
<sup>5</sup> "A Profile of Older Americans: 2013," Administration on Aging, accessed December 1, 2015, [http://www.aoa.acl.gov/Aging\\_Statistics/Profile/2013/docs/2013\\_Profile.pdf](http://www.aoa.acl.gov/Aging_Statistics/Profile/2013/docs/2013_Profile.pdf).



Currently, the amount of our population sixty-five or older is around 14%, about 44 million people. That number will continue to steadily increase over the next fifteen to twenty-five years. By the time the 2016 graduates of Wisconsin Lutheran Seminary are somewhat seasoned pastors, Lord-willing, the population will look much older. By 2030 those who are sixty-five or older will make up close to 20% of our population (72 million people). At the same time, a quarter of all people in the United States will be over sixty if these projections hold up (90 million people). What does all of this have to do with Alzheimer’s disease? In the vast majority of cases, Alzheimer’s typically affects people over the age of sixty-five. Currently, 1 in 9 people over age sixty-five has Alzheimer’s. That number spikes to 1 in 3 when they are over the age eighty-five.<sup>6</sup> The chart on the next page shows projected worldwide growth in dementia cases.<sup>7</sup>

<sup>6</sup> “2015 Facts and Figures,” Alzheimer’s Association, accessed December 1, 2015, [http://www.alz.org/facts/downloads/facts\\_figures\\_2015.pdf](http://www.alz.org/facts/downloads/facts_figures_2015.pdf), 22.

<sup>7</sup> Jennifer Yang, Kate Allen, and Amy Dempsey, “The Growing Impact of Dementia — Are We Ready?” *Toronto Star*, November 21, 2015, accessed December 1, 2015, <http://www.thestar.com/news/world/2015/11/21/the-growing-impact-of-dementia-are-we-ready.html>.



Alzheimer's is a cognitive disease that affects the memory, thought process, and behavior of an individual. It is one type of dementia. Think of dementia as an umbrella under which are found different types of dementia like Alzheimer's. Some other types include dementia with Lewy bodies, Parkinson's disease dementia, and Vascular dementia. Alzheimer's makes up sixty to eighty percent of dementia cases. It develops when protein fragments called "plaques" and twisted fibers of another protein called "tangles" begin to build up between and inside the brain's nerve cells. As the plaques and tangles build up, they disrupt the communication between nerve cells and the ability for the brain to relay information from one part to another. The nerve cells suffer damage and as a result parts of the brain begin to shrink. Alzheimer's disease will slowly take over parts of the brain rendering them useless. Medications are available to slow the symptoms and the progression in order to raise the quality of life for someone with Alzheimer's. Unfortunately, experts and scientists have not yet found a cure for Alzheimer's disease.<sup>8</sup>

To help understand how Alzheimer's affects the brain, consider the following situation. A common task like going outside to collect the mail from the mailbox can lead to an unintended

<sup>8</sup> "What Is Alzheimer's," Alzheimer's Association, accessed December 1, 2015, [http://alz.org/alzheimers\\_disease\\_what\\_is\\_alzheimers.asp](http://alz.org/alzheimers_disease_what_is_alzheimers.asp).



result for someone who has Alzheimer's. In the middle stages of the disease, places become unfamiliar and the individual becomes easily lost and confused. When Nancy, 71, steps outside before lunch to collect the mail, she walks out the door knowing her task. She sees the mailbox at the end of the driveway and begins to make her way to it. As Nancy walks down the driveway, she notices her next-door neighbor loading up the SUV with kids. She is curious about where they're going and strikes up a conversation. They are going to a birthday party for a friend of one of the kids. Nancy is excited and happy for them all. She wishes them well and cautions them about eating too much cake at the party. Walking back to her driveway, Nancy pauses to remember why she is outside and not in the house. She looks back at the house trying to recall. She looks at her neighbor now pulling out into the road and waving goodbye. With confused thoughts, she politely waves back.

As she continues to think for a few minutes about why she is outside, Nancy sees her elderly neighbor across the street who is out collecting her mail. Her neighbor from across the street says, "Nothing but bills and junk again today. I was hoping for a big check to solve all my problems. Right Nancy?" Nancy's mind is straining to process the sentence her neighbor shared with her. She had almost figured out why she was outside when her neighbor interrupted her thoughts. Unsure of what her neighbor really said, and a bit upset that she broke up her thinking, Nancy somewhat angrily answers back, "Yea, whatever." She promptly turns around and heads back inside frustrated, upset, and confused about what had happened.

When Nancy comes back inside empty-handed, her husband asks, "No mail today, huh?" After a brief pause, Nancy asks, "Is that what I went outside to do?" She breaks down crying at her failure to remember such a simple task. This is just a small example of what may happen numerous times in the course of a day to someone struggling with Alzheimer's. The usual connections in the brain aren't there. After Nancy had engaged in conversation with her next-door neighbor, her mind would normally have made the connection that she was outside and collecting the mail. That connection was lost when it was interrupted. The brain's ability to go back to that thought had disappeared.

Doctors are getting better at identifying the signs of dementia and testing to diagnose appropriately, but they don't interact with patients nearly as much as family members and

friends. As a regional advocate for dementia education, Jan Zimmerman is trying to get the word out as best she can. On October 8, 2015 she was guest on Wisconsin Public Radio's *Central Time*. The radio interview explored changes that must be made in communities to meet the needs of people with Alzheimer's disease and other forms of dementia.<sup>9</sup> When the awareness level is raised, the stigmas, the fear, and the isolation of dementia patients can be prevented. "The numbers are growing all the time. It's become a crisis and we're totally not prepared for it. Hopefully we can help prepare people."<sup>10</sup> Since July of 2015, Jan has been working with Heritage Homes in Watertown, WI and The Lutheran Home Association (TLHA) as the director of dementia outreach and education. As a registered nurse with 38 years of experience, Jan was already instinctively making efforts to make Watertown a dementia-friendly community before she received her new position.

Jan's work gained national media attention from a front page story in the Wisconsin State Journal in October 2013. Lori La Bey, a leader in Alzheimer's advocacy and director of the group Alzheimer's Speaks, thought "Watertown, to our knowledge, is going to be the first dementia-friendly community in the U.S."<sup>11</sup> Websites connected with Alzheimer's Speaks, AARP, the Associated Press, and many other local Wisconsin news stations all had articles or videos noting Jan's efforts as a pioneer in her field. The United States is behind countries such as Australia, New Zealand, and the United Kingdom when it comes to educating about dementia and providing appropriate care for those with it. This is significant because our nation is on the leading edge of momentous population changes during the next generation. It is an important blessing to have Jan Zimmerman, a leader in her field, working with WELS and TLHA as an advocate and educator. The WELS has an opportunity to be a leader in making our congregations dementia-friendly. Our pastors have an opportunity to learn from her about how to minister effectively to people with Alzheimer's or other forms of dementia. It is advantageous for WELS,

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<sup>9</sup> Listen to the interview in Wisconsin Public Radio's archives: <http://www.wpr.org/creating-dementia-friendly-community-wisconsin>.

<sup>10</sup> Jan Zimmerman, personal interview with the author, October 12, 2015.

<sup>11</sup> Doug Erickson, "Watertown Aims to Become First Dementia-Friendly Community," *Wisconsin State Journal*, October 20, 2013, accessed November 12, 2015, [http://host.madison.com/wsj/news/local/health\\_med\\_fit/watertown-aims-to-become-first-dementia-friendly-community/article\\_7f2e53c9-5305-5ae8-bc7c-9c604223cd60.html](http://host.madison.com/wsj/news/local/health_med_fit/watertown-aims-to-become-first-dementia-friendly-community/article_7f2e53c9-5305-5ae8-bc7c-9c604223cd60.html).

Wisconsin Lutheran Seminary, and leaders in churches to receive education and experience in order to meet this growing need.

If a pastor is unable to meet with Jan personally, how can he learn more about Alzheimer's in order to help those in need and gain some perspective and knowledge? When the author posed this question to the five classmates he interviewed, all but one of them said their first source of quick information would be the internet. Jan provided her top four websites as good sources for general information. The Alzheimer's Association (alz.org), The Alzheimer's Foundation of America (alzfdn.org), The National Institute on Aging (nia.nih.gov), and the Centers for Disease Control and Prevention (cdc.gov) are great places to start. "They have information, news, and publications. They [the publications] are free to have and distribute. These are the top 4 that I go to. I trust them. It's good information. It's researched information. Lots of internet sites out there don't have good information."<sup>12</sup>

As these websites seek to raise awareness and educate the public about Alzheimer's, the search for knowledge will also uncover many negative viewpoints about Alzheimer's. Some of the videos of people suffering with Alzheimer's can be very alarming to the viewer. Some documentaries and websites will use a shock value to attract an audience. Others use fear to motivate people to find a cure. These tactics may not present a complete picture of the different stages of Alzheimer's. They also glorify the disease and fail to mention anything positive. In spite of this, some very good resources exist to educate and instruct through video. For example, HBO ran a documentary series about Alzheimer's entitled *The Alzheimer's Project*. The benefit of this documentary is to give real life examples of what Alzheimer's can do to individuals and their families. The series does an excellent job of documenting the retained personalities of the individuals as well as an honest take on the fears and anxiety about contracting Alzheimer's. Some of the best resources available give a balanced approach of honesty and advice. This combination will give education and awareness about early signs and symptoms of Alzheimer's.

First-hand experiences and autobiographies can also prepare family and caregivers for the future. A more recent and well-known example of this is the movie *Still Alice*. Based on the bestselling novel by Lisa Genova, the storyline follows an accomplished college professor, Alice,

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<sup>12</sup> Jan Zimmerman, personal interview with the author, October 12, 2015.

at the height of her career showing symptoms of early-onset Alzheimer's. The medical world designates early-onset Alzheimer's as anyone under the age of sixty-five who develops Alzheimer's. It is less common and found in 5% of the 5 million in the United States who currently have Alzheimer's.<sup>13</sup> A few years after diagnosis, Alice is no longer able to teach at the university. She can't remember faces or places or family. Completing every day tasks becomes a labor. *Still Alice* describes the struggle with Alzheimer's from the perspective of Alice, a story we often don't hear or know about. It is accurate, captivating, honest, and eye-opening.

*Still Alice* was a popular film debuting in December 2014. It won several awards including the Academy Award for the Best Actress, Julianne Moore. The level of Alzheimer's awareness and education is growing in the United States, but those concerned about dementia typically are not people under the age of 30. Perhaps a grandparent has Alzheimer's and through irregular exposure the 20-something is familiar with it like I was with my grandmother. Even though many efforts are made to expose and educate the general public on Alzheimer's disease, it cannot replace human experience. Here is a quote from Dr. Muriel R. Gallick, a geriatrician who wrote an article on medical decisions for those with advanced dementia. The study he refers to was done about advance medical directives.

A recent study brought this home forcefully by comparing the preferences of cognitively intact adults who were given a verbal description of advanced dementia with the preferences of those who were shown a short video illustrating the main features of the disease. The subjects were asked whether their primary goal of care in the face of Alzheimer's would be life prolongation, comfort, or something in between. The results were striking. Before watching the video, 50% of the subjects said they would want an approach focusing on comfort, 21% said they would want life-prolonging treatment, and 18% said they wanted something in between these two extremes. Another 11% expressed uncertainty. After the same group watched the video, 89% said they would wish for a comfort-oriented approach, and no one wanted life-prolonging treatment. Only 3% were unsure of their preferences.<sup>14</sup>

The video used in the study illustrated in a more vivid way the verbal information given to the subjects in the study. If they had just received the description about Alzheimer's verbally,

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<sup>13</sup> "Younger/Early Onset Alzheimer's & Dementia," Alzheimer's Association, accessed November 12, 2015, [http://www.alz.org/alzheimers\\_disease\\_early\\_onset.asp](http://www.alz.org/alzheimers_disease_early_onset.asp).

<sup>14</sup> Muriel R. Gillick, "Doing the Right Thing: A Geriatrician's Perspective on Medical Care for the Person with Advanced Dementia." *Journal Of Law, Medicine & Ethics* 40, no. 1 (Spring 2012): 53.

half of them felt care over life-prolonging measures needed to be taken on their behalf if they were diagnosed with Alzheimer's. That number went up dramatically once they saw what Alzheimer's is. They experienced it. Many of them shifted from prolonging life to a desire for care and comfort. This is common for many who see or experience what Alzheimer's can do to someone. They are afraid to get it. Those who are closely connected to someone with Alzheimer's wish it were cancer or heart disease, anything that leaves the mind intact. One pastor I interviewed remarked: "Some people are afraid to go into memory care [to visit] because they are afraid the patients will treat you differently."<sup>15</sup> Alzheimer's can certainly cause a dramatic change in someone's personality, character, and habits. It is a life altering disease, perhaps more so than any other disease people currently face. The more we know, the more we experience, the better prepared we are to handle the uncertainties and challenges of this devastating disease.

In light of so much fear and anxiety, with knowledge of a growing demographic in our population, and with the possibility of Alzheimer's affecting many of them, how are future pastors prepared to meet this growing need? Even if a cure for Alzheimer's is never found, the cure for sin and death has been revealed in Scripture. Pastors will bring confidence through Christ. "He was pierced for our transgressions, he was crushed for our iniquities; the punishment that brought us peace was upon him, and by his wounds we are healed" (Isa 53:5). Jesus, our Savior said, "Whoever believes in me will live, even though he dies; and whoever lives and believes in me will never die" (Jn 11:25-26). Pastors can meet fear and anxiety with the power of the gospel. "So do not fear, for I am with you; do not be dismayed, for I am your God. I will strengthen you and help you; I will uphold you with my righteous right hand" (Isa 41:10).

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<sup>15</sup> Mark Bartsch, personal interview with the author, November 2, 2015.

## **The Pastoral Candidate's Preparation**

Whether a pastor is preaching on Sunday morning, talking with a shut-in on Tuesday morning, leading a Bible study on Wednesday evening, teaching Catechism on Thursday morning, visiting someone in the hospital on Friday afternoon, or ministering to someone with Alzheimer's disease, he offers up his best with the time and talents he has in glory to God (cf. 1 Corinthians 10:31).<sup>16</sup> This mindset of giving God the glory in all things comes from a heart that is changed by the power of the gospel. It's a heart that trusts in the promises of God's Word. "I am not ashamed of the gospel, because it is the power of God for the salvation of everyone who believes" (Ro 1:16). In a way, preparation for pastoral ministry begins before he sits in his first Greek class or before he preaches his first sermon to his piers. The preparation for pastoral ministry begins in the heart that is changed by the Holy Spirit. With the fire of faith burning in a young man's heart by the Holy Spirit's power, a pastoral candidate experiences in small ways the joy of helping others trust in Christ and grow in their knowledge of him.

When the academic and practical preparation does begin, what does the pastoral candidate receive which prepares him to meet this growing need of ministering to those with Alzheimer's? During middler year at Wisconsin Lutheran Seminary (WLS), students receive a three-credit course on principles of pastoral theology. The class notes and textbook provide information about pastoral care for the sick. This section begins with scriptural support and principles. Several pages later the textbook briefly explains visiting the home-bound. Part of this ministry includes administering the Lord's Supper. The textbook explains the difficulty dementia can bring into the personal examination and preparation of a Christian for proper reception of the Sacrament. To the author's best knowledge, this is one of very few places in the entire Master of Divinity curriculum that specifically addresses or discusses practical pastoral ministry to those with dementia. Is this one aspect of ministering to the sick all the future pastor is trained to know about the difficulties that can arise when giving pastoral care to someone with Alzheimer's?

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<sup>16</sup> "Whether you eat or drink or whatever you do, do it all for the glory of God."

In the WLS dogmatics (doctrine) notes and textbook, a student will find examples of the impact Alzheimer's can have on an individual's spiritual life. The student finds a similar caution for his future ministry: "A profitable use of the Lord's Supper presupposes an intelligent use. Therefore certain people are normally excluded from participation in the sacramental meal. People with severe deterioration of intellectual faculties, such as memory, concentration, and judgment (e.g., insanity, Alzheimer's Disease, senile dementia), whose condition makes self-examination impossible."<sup>17</sup> If the future pastor were to base his ministry to those with dementia and its various forms on what he receives from the WLS classroom curriculum, he will be extremely unprepared. The only decision he would have to make is whether or not his member has enough cognitive ability to properly receive the Sacrament. The author is failing to consider class discussions, life experiences, practical ministry experiences, and any independent learning which would supplement and enhance the pastoral candidate's preparation for ministry to those with Alzheimer's disease.

For example, Professor Brenner has discussed Alzheimer's disease during dogmatics classes under the topic of faith. Saving faith involves a cognitive element. Christians have knowledge and understanding of the truth in God's Word. Brenner brought up this discussion because he regularly ministers to his mother-in-law who has dementia. If another professor in the Systematics department at WLS would teach the section on faith, would he bring up a similar example?

If the pastoral candidate is looking for more classroom education from WLS on this subject, it is available as part of the Grow in Grace Master of Sacred Theology summer courses. Pastor Robert Fleischmann teaches a core class for the Pastoral Theology discipline of this degree entitled *Medical Decisions and Dilemmas in End-of-Life Care*. Pastor Fleischmann described what portion of his course would discuss matters dealing with Alzheimer's.

I can only speak from the perspective of what I cover in my presentations regarding end-of-life care. For the 2016 Summer Quarter course I will teach at the seminary, I expect to touch briefly on recognizing the symptoms of Alzheimer's and being able to distinguish that condition from the more typical "shades" of dementia. I will then say more on practical issues of dealing with the aging as relates to relocation, on-going care, etc.

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<sup>17</sup> John P. Meyer, *WLS Dogmatics Notes*, ed. John F. Brug et al., (Mequon: Wisconsin Lutheran Seminary Press, 2005), Vol. 2.D.2.F.IX.1.b.2.b.

I certainly will talk about practical spiritual issues such as large print Bibles, the use of familiar songs, memory verses, and even children's devotional materials depending on the level of dementia. I would guess that it would be close to the 45-60 minute allocation in the summer quarter course. I am also planning on providing some handout material and passing around copies of useful material on the topic as well.<sup>18</sup>

When we examine the landscape of preparation WLS provides in the classroom on this subject, it is minimal, especially for the pastoral candidate. Without the class period covering the topic of Alzheimer's in Pastor Fleishmann's summer course, the time spent discussing this ministry before the seminarian graduates is almost non-existent. With this in mind, how does the average student feel about his preparation for ministry to those with Alzheimers? In various formal interviews with members of the senior class, they testified to the training and experience received in preparation for this type of ministry. When asked what the Seminary curriculum currently does to prepare future pastors for ministry to people with Alzheimer's, they gave these various responses: "I think this is part of the curriculum. [We] go as juniors to preach in the nursing homes, exposing us to geriatrics, whether its Alzheimer's or bigger cognitive issues. Just exposing us to that is good because we see the need to know that. It's mentioned in middler Pastoral Theology."<sup>19</sup> Another student evaluated the current curriculum and what it provides:

Nothing directly. But, some guys will run into it vicar year or EFT<sup>20</sup> or senior vicar, but we don't have it [a pause in his answer] we might have it briefly in Pastoral Theology, but we don't speak to it specifically. In a general way we touch on it in faithfulness, visiting the sick, shepherding all the sheep regardless of the struggle. That can apply to Alzheimer's just as it applies to other struggles. If you're thinking about it, you can make applications on your own, but there isn't a ton of time directed to it specifically at Sem.<sup>21</sup>

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<sup>18</sup> Email messages to the author, October 28, 2015 and October 29, 2015.

<sup>19</sup> Ryan Kolander, personal interview with the author, October 16, 2015.

<sup>20</sup> An Early Field Training (EFT) program during their junior and middler years gives students a modest amount of practical experience under the guidance of pastors in the Milwaukee metropolitan area. After completing the middler year, all students are obligated to a full year of training as vicars in a congregation. This training is a part of the seminary curriculum and is administered under the supervision of the local pastor in collaboration with the seminary. This is a definition from the 2015-2016 WLS Catalog accessed on December 1, 2015, <http://www.wls.wels.net/catalog-2/>.

<sup>21</sup> Gunnar Ledermann, personal interview with the author, October 21, 2015.



In the three other formal interviews I held with classmates, two of them recalled the middler Pastoral Theology course as the place for classroom preparation. However, they seemed uncertain if Alzheimer's was specifically mentioned. The other classmate answered in this way about opportunities in the curriculum: "Go on shut-in visits with your EFT pastors, your bishop [during vicar year]. Besides that not much from what I see. It's putting the onus on the student to say [to his bishop after a call], 'What did you do there?' You can't control whether you will have an Alzheimer's patient as a shut-in. When you do, are you taking an educational advantage of the situation?"<sup>22</sup>

Just by taking a handful of students from the senior class of 2015-2016, this author feels safe to conclude most of the seniors think the Seminary trains future pastors for ministry to Alzheimer's patients in a very small way during middler Pastoral Theology. As for the majority of the training, that comes during EFT and vicar year experiences. Additionally, as some shared in their interviews, those experiences can vary from student to student in frequency and helpfulness.

In order to supplement its regular curriculum, WLS offers a three day conference every February called Mission and Ministry. Pastors and presenters are invited to speak about their involvement in various areas of ministry within WELS. One day is designated for Home Missions, one for World Missions, and one for Congregational Ministries. It is during the Congregational Ministries day that an expert like Jan Zimmerman or Pastor Curt Seefeldt or a chaplain from TLHA can come and speak about ministry to people with Alzheimer's. However, this is subject to the availability of the speaker, the invitation by the seniors who organize Mission and Ministry, and whether or not a student attends the presentation among the various options.

Reliance on this avenue to supplement the regular classroom curriculum for the topic of Alzheimer's is inconsistent at best. Some years presentations will not be offered on Alzheimer's disease or dementia. Even if the presentation is offered, not every student will have the opportunity to attend it because of scheduling constraints. However, for those who do attend a presentation on Alzheimer's when it is offered, the hope is that they gain interest and awareness

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<sup>22</sup> Caleb Schultz, personal interview with the author, October 17, 2015.

about this type of ministry. During Mission and Ministry week, students will often share their takeaways with other students who did not attend the same presentation.

Another example of training that is helpful but not shared by all students is the position of nursing home preaching coordinator. Two juniors (first-year students) and one middler (second-year student) organize a rotation for men in the junior class to lead a shortened worship service and give a devotion at a local nursing home. The juniors who do not serve as coordinators may get one or two opportunities to lead this service while the coordinators receive regular experience in the nursing home. The coordinator's responsibilities includes inviting residents to worship, helping them from their room to the worship space, connecting with them personally, and being a witness to the power of the gospel for the residents.

Some of the men who serve or have served as nursing home coordinators spoke to the author about the experience they gained in a nursing home setting. They received insights into the lifestyle of residents in a nursing home. Their familiarity with people of older generations grew. These young men began to understand the struggles and joys of people who are no longer able to be independent. Similar responses came from a middler who regularly leads devotions at two nursing homes operated by Wisconsin Lutheran Child and Family Services (WLCFS). Three middlemen rotate and serve about once or twice a month throughout the school year in this capacity.

The men who spoke with the author were grateful for their experience and accurately anticipated this type of ministry in their future. Whether the experience happens before vicar year, during vicar year, or in full-time ministry, it's not a question of if but when. One student correctly said it is impossible to prepare for every situation, but it certainly is helpful to have some experience before vicar year. While this type of nursing home experience only comes to a handful of men each year, it is valuable for those who are able to participate.

As we consider ministry in a nursing home setting, a false assumption is our members who have Alzheimer's will be in nursing homes and unable to come to church. At times this may be the case, but Jan Zimmerman dismantled this assumption: "A lot of them [people] think they're in nursing homes or in assisted living. A lot of them are living at home. Probably 70-80%

of them live at home.”<sup>23</sup> For the majority of those with Alzheimer’s, it is best to keep them connected, active, and involved in social communities. Only when the disease progresses to its later stages will it become necessary to consider a place that will keep them safe from wandering, getting lost and confused, or hurting themselves or others.

In order that this author not appear overly critical of the training and education he has received, significant advantages are present in the current WLS curriculum structure. Even with the current growth trends in older generations and the diagnosis of Alzheimer’s, it can be difficult to predict how often a pastor will be involved in ministry to someone with Alzheimer’s. Since WLS cannot cover absolutely everything in the classroom preparation, it remains determined to equip its graduates with the tools necessary to be more than adequate in many areas of ministry yet never quite a master of any specific area of ministry. Professor Cherney summarized this point well: “It’s probably been said many times over its 150 years of training pastors that the mission of Wisconsin Lutheran Seminary is to produce ‘general practitioners,’ not specialists.”<sup>24</sup>

Whether a pastor becomes more of a worship guy, a history guy, a preaching guy, or a counseling guy will vary on his ministry, gifts, and interests. God is praised for the faithful work done by the majority of pastors in the WELS who are generalists and the minority of those who are called to be specialists. Through the work of various ministries, talents, and people, God’s sheep are fed and nourished with the Word through pastors trained in the same way for decades. The professors and tactics have changed, but the majority of the material remains the same.

Another testimony to the current value of the WLS curriculum is how it prepares future pastors to respond when a member of their congregation is diagnosed with Alzheimer’s. The author asked this question in his interviews with classmates: If someone was just diagnosed with Alzheimer’s in your congregation, what would you do to help him or her? One answered with, “I would try to talk to them a lot and find out their story. To see where they’re at. To have them talk

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<sup>23</sup> Jan Zimmerman, personal interview with the author, October 12, 2015.

<sup>24</sup> Kenneth A. Cherney, Jr., ed., *Heritage and Hope: Essays in Honor of the 150th Anniversary of Wisconsin Lutheran Seminary* (Mequon: Wisconsin Lutheran Seminary Press, 2013), v.

to me so I can know them. . . . Seek to understand how I as a pastor can help.”<sup>25</sup> Another answered, “If I were in that position I’d talk with other pastors. They’d be on the list of shut-ins and I’d be talking with the family. But are there are more specific things or meaningful ways?”<sup>26</sup> Along similar lines another said, “If they still have family in the area, go to them and ask them about info from the doctor. After that, I’d ask the other guys in my circuit, classmates.”<sup>27</sup> But perhaps the answer that matched closest with the published research was what Gunnar Ledermann answered.

Ask pointed questions about their childhood and past in order to figure out their deepest memories of passages and hymns. My role as pastor is to take care of them spiritually. I’d like to find out what they remember. Maybe they know Psalm 23 and that’s the one to use. Maybe they don’t know it because they’re new to faith. Keep track of it. Keep praying with them. Meet with them maybe on a more regular basis to establish the relationship. As you meet with them they will recognize you. Not that we have to see a proper confession, we are confident God works in them like a child. It’s reassuring to hear it from them though, to know that their faith is still there. Figure out what will stick the longest in order to give them assurance and bring them comfort when they don’t know what’s going on and they’re scared. Bringing that to them will bring them peace.<sup>28</sup>

When the author interviewed Gunnar, it became clear he possesses a great deal of empathy for the older generations and those who are home-bound. When asked how he gained this empathy for them he answered, “It’s from my vicar year because I saw a lot of it. One lady, she had Parkinson’s. She ended up passing away, but we visited her every week. We really got to know them and see what they went through, what their spouse went through. It [Alzheimer’s] is not just a word or a condition it’s something that affects a person. Having seen it and its effects helps me empathize.”<sup>29</sup>

Gunnar has been shaped by his life and ministry experiences. He and the author both spent vicar year in Florida, a state known for its pockets of elderly populations. The congregation the author served in Florida had recently built independent retirement living on its property. This

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<sup>25</sup> Ryan Kolander, personal interview with the author, October 16, 2015.

<sup>26</sup> Kurtis Wetzel, personal interview with the author, October 17, 2015.

<sup>27</sup> Caleb Schultz, personal interview with the author, October 17, 2015.

<sup>28</sup> Gunnar Ledermann, personal interview with the author, October 21, 2015.

<sup>29</sup> Gunnar Ledermann, personal interview with the author, October 21, 2015.

provided regular opportunities for ministry and relationships with an older generation. Gunnar spent the majority of his weeks during vicar year visiting the members he served and strengthening his relationship with people of an older generation. The congregation he served had a home-going pastor with church-going people. These ministries may be somewhat unique to WELS, but they instilled in the students of those ministries the importance of all God's people, especially those who are getting older and experiencing a new set of challenges.

Since the bulk of the WLS training for this area of ministry relies heavily on individual experiences in EFT training or vicar year, some considerations for improvement are advised. In light of the population growth in older generations, the author suggests providing a similar class session equivalent to Pastor Fleishmann's hour in the continuing education curriculum for the pastoral candidate prior to graduation. A flex hour presentation or a two-session class presentation by an expert in the field would be a foundation to serve as a point of reference later in ministry. The author understands the subjective nature involved in these statements. If these suggestions will create discussion and conversation about Alzheimer's and how WLS and future pastors will address it going into the future, God will bless it.

The following quotes are some suggestions from students about what WLS can do in the future to prepare its students for ministry to Alzheimer's patients. "I suppose recognizing and verbalizing that [need]. I've known this, but I haven't heard it said that way, that we have a growing aging population. They need to be served just as our youth do."<sup>30</sup> Another student said, "Dedicating a class to it. It's hard to remember everything, but if I've got a page of notes on this from class for a quick reference that would help with a hospital call on someone with Alzheimer's."<sup>31</sup> A different classmate added: "From a pastoral theology standpoint I'd like to know their level of comprehension. Do I read a third grade Bible story? Do I read Scripture? Do I expound on this? I'd like to know what I can do when I go in and understand what they are getting out of it. . . . Maybe just a few classes or a few weeks."<sup>32</sup>

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<sup>30</sup> Kurtis Wetzel, personal interview with the author, October 17, 2015.

<sup>31</sup> Ryan Kolander, personal interview with the author, October 16, 2015.

<sup>32</sup> Peter Wells, personal interview with the author, October 19, 2015.

Another answered: “I think ultimately it’s awareness of the issue. It’s telling people that this is a bigger thing. There’s enough passion on this campus, if we heard we need to focus on ministry to older people, especially to those who have the onset of mental illness, I think guys would take ownership and learn how to deal with it. I think right now it’s a back burner issue.”<sup>33</sup> And finally,

Take them [students] to a place where Alzheimer’s patients are. Have them see or talk with them or get them involved. Maybe have a doctor or someone in the field come in during a flex or special period to talk. If they want to be serious about it they need to give us an experience with them. It needs to be more than a video. . . . It’s more than just saying you should learn more about this because you will run into this. Seeing it will help us see the need to learn more about it. That was a soul in need of pastoral care. I want to be equipped to minister faithfully.<sup>34</sup>

The passion for ministry and a heart for pastoral care are evident in these men preparing for full-time service in God’s kingdom. What a blessing God has instilled in them and in many other young men training for pastoral ministry! The men interviewed were informed of the growth in our aging population. After learning this, they wondered if more could be done to bring the same information to students’ attention. In response, some suggested adding a class or a presentation in order to give them foundational knowledge and a reference point for future ministry. Gunnar Ledermann went a step further and suggested required experience in this field. Experiential knowledge is powerful as the study by Dr. Muriel R. Gallick noted earlier. It can open someone’s eyes to the challenges and blessings in this ministry to those with Alzheimer’s. Experts and professors can explain principles, techniques, and strategies to the best of their ability, but until you experience ministry first hand, your knowledge is often waiting to be applied. We strive to give God glory in all we do. Wisconsin Lutheran Seminary is doing that well. Healthy discussion on whether or not to make curriculum changes is God-pleasing and will bring him glory too.

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<sup>33</sup> Caleb Schultz, personal interview with the author, October 17, 2015.

<sup>34</sup> Gunnar Ledermann, personal interview with the author, October 21, 2015.

## Spiritual Care for Those With Alzheimer's

During the apostle Paul's farewell to the Ephesian elders, he encouraged them to "keep watch over yourselves and all the flock of which the Holy Spirit has made you overseers. Be shepherds of the church of God, which he bought with his own blood" (Ac 20:28). Paul beautifully combined his encouragement with gospel truth. The motivation behind the work of overseers or pastors and leaders in the church is the truth that God has purchased souls with his own blood. God's love for sinners flows into the pastor's heart by the power of the Holy Spirit through the Word. He sees every member, every sheep in the flock as someone in his care. It is God alone who equips and sustains pastors for such a task. How can a man of faults and failings ever be of any good to an entire flock? God's promises give us guidance and comfort as we seek to give spiritual care to those with Alzheimer's.

Although it may be obvious, it is still important: Christians who suffer with Alzheimer's disease are still Christians who need to hear law and gospel. In the passage above Paul encouraged the Ephesian elders not to ignore anyone in their care. Keep watch over yourselves and *all* the flock. In similar fashion, Paul instructed Timothy about how to care for the older generation in his congregations. "Do not rebuke an older man harshly, but exhort him as if he were your father. Treat younger men as brothers, older women as mothers, and younger women as sisters with absolute purity. Give proper recognition to those widows who are really in need" (1 Ti 5:1-3). Paul prescribes these principles for young pastor Timothy and for future gospel ministers so they can best minister to *all* of God's people. Similarly, in his letter to Titus, Paul wrote: "You must teach what is in accord with sound doctrine. Teach the older men to be temperate, worthy of respect, self-controlled, and sound in faith, in love and in endurance. Likewise, teach the older women to be reverent in the way they live, not to be slanderers or addicted to much wine, but to teach what is good" (Tit 2:1-3).

God gave Paul a heart for all of God's people. His letters are gushing with a zeal that seeks to save the lost and retain the saved. His pastoral apprentices, Timothy and Titus, learned from his ways and kept watch over all the flock of which the Holy Spirit made them pastors. Whatever situation Titus, Timothy, or any pastor is in, whether he be ministering to young or old,

sick or healthy, rich or poor, Pauls said, “Preach the Word; be prepared in season and out of season; correct, rebuke, and encourage — with great patience and careful instruction” (2 Ti 4:2). Pastors preach and teach the Word which the Holy Spirit uses to shape a person’s relationship with God. If someone is secure in a sin or thinks lightly of his errors, the pastor uses the law to expose his sin. He allows the Word to show the need for a Savior. When someone is despairing because his conscience constantly accuses him, and when he fears God’s punishment for all his wrongs against God, the pastor comforts and saves with the power of the gospel. It is “the power of God for the salvation of everyone who believes” (Ro 1:16).

With such confidence in the Word and the working of the Holy Spirit, pastors apply themselves not only to the careful handling of the Scriptures, but also to understanding the flock. They want to avoid becoming a hindrance to the gospel. Paul said, “I have become all things to all people so that by all possible means I might save some. I do all this for the sake of the gospel, that I may share in its blessings” (1 Co 9:22-23). For the sake of the gospel pastors apply themselves to careful study of ancient biblical languages and the history of the Church. We immerse ourselves in careful exegesis of a text to mine the depths of the Word in order to explain and apply the truth to our people in our sermons. We utilize teaching techniques and learning philosophies so we may be relevant and effective at teaching and “telling the next generation the praiseworthy deeds of the LORD, his power, and the wonders he has done” (Ps 78:4). For the sake of the gospel we use the information about Alzheimer’s disease and the power of the gospel to win those with Alzheimer’s disease. Just because we see the outward person changing from an inward disease does not mean we cease to do all we can to effectively share the gospel with them.

The Christian faith is often defined as trust. A believer trusts in Jesus as his Savior. He trusts in the promises God has revealed in his Word. A Christian trusts what God says in spite of what he sees in his life or in what he experiences. God gives us his promises for every situation in life, but especially when our cross is heavy and the burdens seem to be many. When a spouse, a grandparent, an aunt or uncle, a brother or sister, a mother or father is diagnosed with Alzheimer’s disease and the mind and memories fade, are we to be uncertain about their faith? What if they can no longer communicate their beliefs? What if they forget what the Lord’s



Supper is? How can they be a Christian if they suddenly take an aversion to attending worship, something they did for a lifetime? Where is a patient, a pastor, a family, a congregation to turn for spiritual care and guidance on this journey with Alzheimer's disease?

In his doctrinal treatment of faith, Professor Lyle Lange explains the difficult position our reason can be in as it considers the faith of an Alzheimer's patient.

Faith is trust or confidence in Christ as our Savior. It is present even when we are not fully aware that it exists. We can still have faith, even when we sleep or are under a general anesthetic. People whose "conscious awareness" has been altered by mental illness, Alzheimer's disease, dementia, or injury can still have faith. What a comfort it is to know that people who are not aware of the world around them can still possess the faith they had earlier in their lives. Their faith has not left them because they are no longer consciously aware of it.<sup>35</sup>

In his book, Lange compares the faith of someone with Alzheimer's disease to the faith of an infant or child. As an example of the struggle between reason and saving faith with regard to infants or someone with Alzheimer's, consider Paul's words to Titus: "He [God] saved us through the washing of rebirth and renewal by the Holy Spirit" (Tit 3:5). God promises that Baptism has saving power through the Holy Spirit. When a child is baptized they are saved through faith. Even though an infant cannot communicate his faith or join in the Apostles Creed on Sunday morning, a Christian trusts what God says about saving faith in Baptism. We also know that infants and children can believe because of what Jesus said: "I tell you the truth, anyone who will not receive the kingdom of God like a little child [infant] will never enter it" (Mk 10:15). If God can work the miracle of faith in the heart of an infant through his Word and Baptism, could he not also preserve saving faith in the heart of a Christian who is confused and scared because of what Alzheimer's is doing to their life?

God gives Christians absolute, everlasting truth to drive away doubts, fears, and hesitations. God's Word guides us as we consider how best to give spiritual care to someone with Alzheimer's disease. First, God knows more about us than we can ever know about ourselves. He has already planned out how many days, hours, and minutes we will live. David wrote, "All the days ordained for me were written in your book before one of them came to be" (Ps 139:16).

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<sup>35</sup> Lyle W. Lange, *God So Loved the World: A Study of Christian Doctrine* (Milwaukee: Northwestern Publishing House, 2005), 307-308.

And for each one of those days, whether filled with joy or grief, God gave David and us this promise too: “Surely goodness and love will follow me all the days of my life” (Ps 23:6). In God’s care, the Christian humbly submits to God’s will, relying on his wisdom and power. “What is your life? You are a mist that appears for a little while and then vanishes. Instead, you ought to say, ‘If it is the Lord’s will, we will live and do this or that’” (Jas 4:14-15). A pastor, a caregiver, a patient, and a family can take comfort in knowing that God is in control and knows so much more about Alzheimer’s than we do. His will guides all things. He provides love and goodness for each day of the earthly journey, especially when a pastor feels he is not ministering effectively. His Word brings comfort when family members cannot find the answer to the question of why. God’s love shines down to us through his promises as someone with Alzheimer’s deals with fear and uncertainty.

The second type of promise God gives is to watch over and take care of all his people. “For I am the LORD, your God, who takes hold of your right hand and says to you, Do not fear; I will help you” (Isa 41:13). Our Savior God promises to help us. How reassuring for the pastor, for the family, for the person suffering with Alzheimer’s! God *will* help! The book of Psalms is filled with poetic pictures and descriptions to illustrate God’s love and help. “I will say of the LORD, ‘He is my refuge and my fortress, my God, in whom I trust.’ He will cover you with his feathers, and under his wings you will find refuge; his faithfulness will be your shield and rampart” (Ps 91:2,4). Our Savior himself said, “Surely I am with you always, to the very end of the age” (Mt 28:20). We are convinced that God loves us no matter what we experience because he has said, “neither death nor life, neither angels nor demons, neither the present nor the future, nor any powers, neither height nor depth, nor anything else in all creation, will be able to separate us from the love of God that is in Christ Jesus our Lord” (Ro 8:38-39). God takes great care of his people. Far beyond what we deserve.

Thirdly, God gives us promises about the power and effective work of his Word. He says it will always accomplish a purpose and powerfully work in the heart of an individual. Through Isaiah he wrote, “So is my word that goes out from my mouth: It will not return to me empty, but will accomplish what I desire and achieve the purpose for which I sent it” (Isa 55:11). And about its power to effect hearts and lives he says, “The word of God is living and active. Sharper than

any double-edged sword, it penetrates even to dividing soul and spirit, joints and marrow; it judges the thoughts and attitudes of the heart” (Heb 4:12). It has the power to bring eternal life to sinners. “These are written that you may believe that Jesus is the Christ, the Son of God, and that by believing you may have life in his name” (Jn 20:31). Those who believe the promises about Christ are freely given forgiveness for their sins, eternal life in heaven, and the ability to live according to God’s will. Those who believe in Jesus before and after a diagnosis of Alzheimer’s have life in Jesus’ name.

As pastors use the gospel in ministry, they are careful to avoid the thought that the power to change hearts comes from them or from the various ways they employ to administer the Word. “The power of the gospel does not work magically or automatically by mere contact or ritual. It is the power of the divine truth and the Holy Spirit, accomplishing what God wants.”<sup>36</sup> This magical use of the Word results from hearts that are disconnected with the truth of the gospel. When someone loses trust in the power and message of the gospel, he then relies on the outward forms and rituals as the power to bring change. “The Lord says: ‘These people come near to me with their mouth and honor me with their lips, but their hearts are far from me. Their worship of me is made up only of rules taught by men’” (Isa 29:13).

Finally, God has promised to preserve his elect in faith by grace. This promise and teaching brings confidence and certainty to the believer. God has chosen us out of the world. We are hand-selected to receive the benefits of salvation. Jesus said, “I give them eternal life, and they shall never perish; no one can snatch them out of my hand. My Father, who has given them to me, is greater than all; no one can snatch them out of my Father’s hand” (Jn 10:28-29). Elsewhere Jesus said, “All that the Father gives me will come to me, and whoever comes to me I will never drive away” (Jn 6:37). With these assurances and encouragements from Jesus, we can be confident that those who confessed and believed in Jesus when they had full cognitive ability will certainly not be turned away by the God who chose them to be his by grace.

This truth should not be mixed with the error that states when someone has received the gift of faith, he will always retain it. This error goes against what Scripture teaches because God warns believers about arrogance and evil that can turn a believer away from Christ. “So, if you

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<sup>36</sup> Meyer, Vol. 2.D.2.B.IV.2.d.

think you are standing firm, be careful that you don't fall" (1 Co 10:12)! Paul also wrote to Timothy: "Holding on to faith and a good conscience. Some have rejected these and so have shipwrecked their faith" (1 Ti 1:19). Perhaps our pastors are so committed to visiting the homebound and the sick because we know about this error. It would be easy for lazy ministers to call longtime believers part of the elect and ignore ministry to them since they are saved anyway. We do not believe in a "once saved always saved" blessing from faith. God's people long to hear the gospel and we give it to them. Humans cannot see into the hearts of other humans to know whether or not someone is part of the elect. We preach the gospel. We take someone's confession of faith at face value and entrust them into God's care and judgment.

The apostle Paul wrote about believers being the praise of God's glory. God's plan of salvation is proven to be true through his believers. He has revealed this to us in his Word, but the truth will become clear to all people on the Last Day. Until then, we thank God for counting us among the elect!

In him we were also chosen having been predestined according to the plan of him who works out everything in conformity with the purpose of his will, in order that we, who were the first to hope in Christ, might be for the praise of his glory. And you also were included in Christ when you heard the word of truth, the gospel of your salvation. Having believed, you were marked in him with a seal, the promised Holy Spirit, who is a deposit guaranteeing our inheritance until the redemption of those who are God's possession — to the praise of his glory (Eph 1:11-14).

Christians look forward to the day when we will be delivered from this world of sin to a new heaven and a new earth where "there will be no more death or mourning or crying or pain, for the old order of things has passed away" (Rev 21:4). Alzheimer's disease can be added to the list of things that will pass away. Sin will no longer hold its grip on us. Everything will be made new. The numerous scriptural promises listed in this chapter are certainly not extensive or all-inclusive pertaining to the topic. The passages provide comfort, motivation, and evidence of how good and gracious God is as we give spiritual care to people with Alzheimer's disease.

## Alzheimer's Patients

It is one thing for a pastor to know the Bible backwards and forwards, but if he cannot pass on that knowledge and understanding in a way that relates and resonates with his hearers, what good is it? If a pre-school teacher wants to make the classroom procedures clear to all the students, does she have them read a book by themselves or use lengthy words and college classroom language? This illustration may be silly, but do pastors give thought to how best they can pass on the Word and display Christian love by using the most effective ways they can? Do they seek to break down barriers and avoid putting them up? Certainly many if not all pastors strive to do these very things for Christ, but which sheep will receive more care than others? How can a pastor choose between good and good? Priorities can shift and change depending on life situations and congregational needs. Learning new skills or refining old ones takes time, discipline, and sacrifice. Isn't this the yoke of pastoral ministry, the "becoming all things to all people" Paul described?

Paul rhetorically asked, "And who is equal to such a task" (2 Co 2:16)? Who can stand as a representative for God to speak his truth without apology? Who can be the aroma of death and a message of judgment for those who reject God's Word, but the aroma of life and a message of salvation for those who believe? "Such confidence as this is ours through Christ before God. Not that we are competent in ourselves to claim anything for ourselves, but our competence comes from God. He has made us competent as ministers of a new covenant — not of the letter but of the Spirit; for the letter kills, but the Spirit gives life" (2 Co 3:4-6).

With God's help, a pastor sets himself to the task of giving spiritual care to Alzheimer's patients. With the help of others who have experience in this field, a pastor can use the best of current knowledge about Alzheimer's to effectively bring the Word to God's people. And although an abundance of information is available about Alzheimer's disease, the symptoms and the progression of the disease vary from person to person. Each individual has a different personality, different memories, a different brain. One author recalled a conversation with a social worker who said, "If you have seen one person with Alzheimer's, you have seen one

person with Alzheimer's."<sup>37</sup> General truths and expectations can accurately be made about someone with Alzheimer's, but how this disease will affect an individual's life and personality can be very different from person to person.

So what are some of the expectations we can have when someone is diagnosed with Alzheimer's? The Alzheimer's Association lists three main stages of the disease on their website categorizing them as Mild (early-stage), Moderate (middle-stage), and Severe (late-stage). "In the early stages of Alzheimer's, a person may function independently. He or she may still drive, work and be part of social activities. Despite this, the person may feel as if he or she is having memory lapses such as forgetting familiar words or the location of everyday objects."<sup>38</sup> Some examples of symptoms during this Mild Stage are "problems coming up with the right word, having greater difficulty performing tasks in social or work settings, forgetting material one has just read, losing valuable objects, and increasing trouble with planning or organizing."<sup>39</sup>

The Moderate Stage "is typically the longest stage and can last for many years. You may notice the person with Alzheimer's confusing words, getting frustrated or angry, or acting in unexpected ways such as refusing to bathe. Damage to nerve cells in the brain can make it difficult to express thoughts and perform routine tasks."<sup>40</sup> Some of the symptoms may include "forgetfulness about one's own personal history, feeling moody or withdrawn, especially in socially or mentally challenging situations, confusion about where they are or what day it is, an increased risk of wandering and becoming lost, personality and behavioral changes including suspiciousness and delusions or compulsive and repetitive behaviors like tissue shredding."<sup>41</sup> Remember my example of Nancy earlier in the paper? I described her as someone in the Moderate Stage of Alzheimer's, struggling with a routine task like collecting the mail.

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<sup>37</sup> Robert H. Albers, William H. Meller, and Steven D. Thurber, ed., *Ministry with Persons with Mental Illness and Their Families* (Minneapolis: Fortress Press, 2012), 215.

<sup>38</sup> "Stages of Alzheimer's," Alzheimer's Association, accessed November 24, 2015, [http://www.alz.org/alzheimers\\_disease\\_stages\\_of\\_alzheimers.asp](http://www.alz.org/alzheimers_disease_stages_of_alzheimers.asp).

<sup>39</sup> "Stages of Alzheimer's," Alzheimer's Association, accessed November 24, 2015, [http://www.alz.org/alzheimers\\_disease\\_stages\\_of\\_alzheimers.asp](http://www.alz.org/alzheimers_disease_stages_of_alzheimers.asp).

<sup>40</sup> "Stages of Alzheimer's," Alzheimer's Association, accessed November 24, 2015, [http://www.alz.org/alzheimers\\_disease\\_stages\\_of\\_alzheimers.asp](http://www.alz.org/alzheimers_disease_stages_of_alzheimers.asp).

<sup>41</sup> "Stages of Alzheimer's," Alzheimer's Association, accessed November 24, 2015, [http://www.alz.org/alzheimers\\_disease\\_stages\\_of\\_alzheimers.asp](http://www.alz.org/alzheimers_disease_stages_of_alzheimers.asp).

During the Severe Stage “individuals lose the ability to respond to their environment, to carry on a conversation and, eventually, to control movement.”<sup>42</sup> This stage requires extensive care since daily activities become unfamiliar and unable to be done by the individual. They may “require full-time, around-the-clock assistance with personal care, lose awareness of recent experiences as well as their surroundings, have increasing difficulty communicating, become vulnerable to infections, especially pneumonia, experience changes in physical abilities, including the ability to walk, sit and, eventually, swallow.”<sup>43</sup>

The Alzheimer’s Foundation of America tells family members of individuals with Alzheimer’s they can expect their loved ones to “develop co-existing illnesses and most commonly die from pneumonia. Alzheimer’s disease typically progresses over two to 20 years, and individuals live on average for eight to 10 years from diagnosis.”<sup>44</sup> Very often someone with Alzheimer’s will die from a related medical development. But since the nature of the disease is to slowly stop brain functions, it is responsible for death. Numerous sources including the Alzheimer’s Association, the Alzheimer’s Foundation of America, and the National Institute on Aging all say Alzheimer’s is not a natural part of aging.

Once a basic understanding and expectations of the disease are known, the next step in providing good spiritual care is to know the individual. Establish or strengthen a relationship with them so you can properly apply law and gospel to specific needs. The WLS faculty emphasizes not only Bible knowledge, but also people knowledge. They teach us to know our people. Phrases similar to these have been spoken in class: “When you get to your first assignment, get to know your people. Show them how much you love them and their trust will follow soon afterward. Preaching sermons becomes less difficult once you get to know your people.”

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<sup>42</sup> “Stages of Alzheimer’s,” Alzheimer’s Association, accessed November 24, 2015, [http://www.alz.org/alzheimers\\_disease\\_stages\\_of\\_alzheimers.asp](http://www.alz.org/alzheimers_disease_stages_of_alzheimers.asp).

<sup>43</sup> “Stages of Alzheimer’s,” Alzheimer’s Association, accessed November 24, 2015, [http://www.alz.org/alzheimers\\_disease\\_stages\\_of\\_alzheimers.asp](http://www.alz.org/alzheimers_disease_stages_of_alzheimers.asp).

<sup>44</sup> “About Alzheimer’s,” The Alzheimer’s Foundation of America, accessed November 24, 2015, <http://www.alzfdn.org/AboutAlzheimers/lifeexpectancy.html>.

In order to assist the pastor in his work of ministering to the spiritual needs of the individual with Alzheimer's, utilizing the Wisconsin STAR Method (WSM) is encouraged. Dr. Tim Howell, a geriatric psychiatrist who teaches at the University of Wisconsin-Madison Medical School, developed an organizational system to help with complex geriatric care matters. This allows for sharing and updating information between family caregivers and professional caregivers. One category of his purposed audience is caregivers and family helping someone with late-life mental disorders like Alzheimer's. On the Wisconsin Geriatric Psychiatry Initiative website they describe the value of the WSM:

The STAR Method can help to identify the traits and values and to appreciate the anxieties that may underlie puzzling behaviors (e.g. recurrent falls and worry about being seen in public as dependent on a walker). It can also be employed holistically to determine and highlight how multiple problems may be interconnected (e.g. gait instability due to Parkinson's, falls, loss of usual means for coping, depression, social isolation, and alcohol abuse).<sup>45</sup>

The chart on the next page is a simplified example of using the WSM. The pastor can utilize the family members to fill out information about the individual. The various categories are personality, social, medication, medical, and psychiatric or behavioral issues. The WSM is a valuable reference when the pastor makes a call on his member with Alzheimer's. The information may change when medications change, when medical issues arise, or when the personality of the individual changes in the later stages of the disease. When granted access to this information, respect confidentiality. Stay updated and current with the information. Use it as a way to pray for your member. Prioritize items on the points of the star by using a Likert Scale (on a scale of 1-5 with 5 being high . . .).<sup>46</sup>

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<sup>45</sup> "Star Method," Wisconsin Geriatric Psychiatry Initiative, accessed on November 24, 2015, <http://wgpi.wisc.edu/wisconsin-star-method/>.

<sup>46</sup> Alan Siggelkow provided much of the information about the Wisconsin Star Method in several handouts given to the author in a personal meeting, August 31, 2015.



**Jim — Age 87**

Medication for:

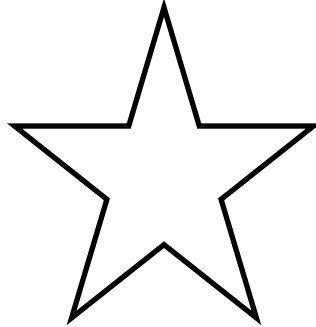
Arthritis, Diabetes, Alzheimer's  
(List specific names if necessary)

Social

Wife: Alice - deceased 5/12/06

Children: John & Joan, Joy & Peter  
(List Phone Numbers)

Faith Lutheran Church  
Pastor Jim Schroeder (555-5555)  
Navy Veteran - WWII - VFW  
WEAC Member



Medical - Physical

Arthritis in left knee  
Alzheimer's  
Diabetes  
Incontinence

Personal

Christian - WELS  
Union man - Democrat  
In past: Take charge guy, leader  
Values education - former teacher  
Reads the papers daily  
Loves to debate, especially politics  
Loves to watch baseball and football

Psychiatric/Behavioral

Angry - Acts out at bath time  
Wants to do things himself  
Frustrated  
Usually friendly  
Flirts with nurses  
Talks a lot  
Sometimes depressed  
Often is anxious

After a pastor strengthens his relationship with an individual, he will continue to look for ways to keep him or her connected to the means of grace. One pastor described ministry to people with Alzheimer's in this way: "I sometimes think we don't give people with dementia enough credit for what they can take in. I like to approach it as we have a communication problem. They're relying on me to provide a one way communication that connects with them. They're relying on me also to try to read what they're saying and connect with them. It's different."<sup>47</sup> The lines of communication with an Alzheimer's patient have changed. In the Mild Stage, they forget questions asked just minutes previously. Common words that seem to be at the

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<sup>47</sup> Curt Seefeldt, video interview with the author, October 14, 2015.

tip of their tongue are unable to come out. They often search for the right words to speak, but may give up after a while. In the Moderate Stage an individual may begin to forget who the pastor is or certain memories involving the pastor. Moods may begin to change and effectiveness may vary from one visit to the next.

As the disease progresses and reaches the Severe Stage, a person may start to speak about being places they are not (e.g. thinking they are in Michigan where they used to live over 20 years ago) or doing things they don't need to do (e.g. going to the office to get some work done). The individual begins to regress further back in memories and experiences. They will communicate their emotions and feelings based on the memory they recall or on the impaired connections their brain is making. We may not understand the connections they are making, but that is the art of communicating with an Alzheimer's patient. It's not going to be what you expect. To understand them, you need to step into their world. This is why understanding memories, personal histories, and background information is crucial. The more you know the easier it will be to make connections and use those relatable points to share the gospel.

This type of ministry requires a great deal of patience. All but one person interviewed said the pastor needs the gift of patience. It was often the first skill they listed among those a future pastor will need to meet this growing need. The reactions and feedback of an Alzheimer's patient to the spoken Word are often not visible or immediate. The communication is difficult and can be labored in the Severe Stage of the disease. The visits can be unpredictable and the pastor may wonder what effect if any he has by his visits. This type of ministry will take you on a journey of trial and error. A pastor willing to find what works and what doesn't will find value in patient perseverance. He will take note of the Bible accounts that resonate, the ones that are remembered clearly. The pastor will sing hymns that are familiar or favorites of the patient. If he can't sing, he can play them for the patient on a mobile device. Take note of which ones cause a reaction and which ones are remembered. He will find what memories are preserved and what memories are gone. All of this will require a lot of patience.

What follows is some of the advice and techniques gathered during interviews with those currently serving in this field of work. The author feels confident to recommend these skills and approaches since they overlapped in many interviews and in the researched sources. Remember

that these are general in nature and good rules of thumb. Techniques may change as the disease progresses or as communication changes. This is definitely not a “one size fits all” approach.

First, what must be done in preparation before the visit? If you will share a devotion or something from God’s Word in a one-on-one visit, here is some of the advice from caregivers and chaplains currently in the field. “I picked Gospel texts and story texts for the most part. They connected with people with cognitive decay. Not all chaplains may agree with me, but I think it’s a better way.”<sup>48</sup> The same pastor also emphasized the importance of remembering a Bible account or a song which connected with the individual. “If you connect with one thing you want to make sure you don’t forget it yourself. Write it down so you don’t forget it. You definitely want to go back to it. You may have worked really hard to discover the song that connects with them and you don’t want to forget it. You want to make sure you can reinforce that.”<sup>49</sup>

Pastor Seefeldt spoke about the importance of having a game plan before the visit. Use the WSM to find out past memories and use them in conversation.

The short term memory loss also explains why they can’t talk about weather, sports teams, recent events. It doesn’t register. If they have a conversation with us they have to go back to what they do remember. They go back in time to find an intact memory. If an emotional trigger happens it can bring back a memory. That’s what they’ll talk to you about. That short term memory loss is important, though it’s not true in every case.<sup>50</sup>

Second, after a pastor has his plan of what memories the individual may recall, some hymns in mind to sing or play on a mobile device, and some Scripture prepared for a devotion, he should not forget to check-in with the nurses, caregivers, or family about when a good time to visit will be. “You don’t want to do it early in the morning because that’s stressful as they are trying to get up and going for the day. Don’t do it late in the afternoon, because that’s when they get tired and they start sundowning<sup>51</sup> and getting anxious. Late morning is good. Right before

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<sup>48</sup> Curt Seefeldt, video interview with the author, October 14, 2015.

<sup>49</sup> Curt Seefeldt, video interview with the author, October 14, 2015.

<sup>50</sup> Curt Seefeldt, video interview with the author, October 14, 2015.

<sup>51</sup> Sundowning is a term used to describe behavior by Alzheimer’s patients in the late afternoon and early evening when sunset approaches. They grow more anxious, paranoid, and agitated as night closes in. The shadows and darkness bring a heightened sense of insecurity and uncertainty. Other factors include physical and mental exhaustion from the day, confusion between night and day, or disruption in the internal clock. This information was accessed on the Alzheimer’s Association website: “Sleep Issues and Sundowning,” <http://www.alz.org/care/alzheimers-dementia-sleep-issues-sundowning.asp>.

lunch or during lunch is good if they are not easily distracted during lunch. Early afternoon also works.”<sup>52</sup>

Good communication with caregivers, family, and nursing staff is important when making a visit. “Talk with the staff to find out how so and so is doing or anything you should know. It depends on the nursing home. Some are careful about that information. Other nursing homes are going to see you as a member of their team with whom to discuss things. Respect HIPAA [The Health Insurance Portability and Accountability Act]. The connection with the caregivers is imperative with those with dementia.”<sup>53</sup> Good communication with the family and caregivers opens up the possibility for you to be a minister to them as well. The gospel you are called to speak to an individual with Alzheimer’s may be much more far-reaching as you touch the lives of those around the patient. A former professor impressed on the author his personal goal and mindset for ministry to become “the gospel in the room.”<sup>54</sup> When caregivers, patients, and family members see you, will they know what kind of message you will bring to them?

Third, when the visit is planned and communication is up to date with caregivers or family, how will the visit go? What can the visiting pastor expect? Again, the author stresses the importance of understanding each patient individually because every person is different. Even when a pastor has developed a good familiarity and relationship with the patient, one visit may be very different from the next even if it is day-to-day or week-to-week. Some questions Jan Zimmerman provided during an interview will prove valuable for the pastor. He will be better prepared if he thinks through scenarios like these. “If someone is agitated what is something you can do to help them? If someone is anxious and crying and laughing the next moment, what do you do about that? Do you do anything about that? Or do you just sit there quietly, let them feel those emotions and then go on?”<sup>55</sup>

Here are some further things to keep in mind from a former Seminary professor who is also providing part-time care to his mother who has Alzheimer’s disease. “Everything should be

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<sup>52</sup> Jan Zimmerman, personal interview with the author, October 12, 2015.

<sup>53</sup> Curt Seefeldt, video interview with the author, October 14, 2015.

<sup>54</sup> The author remembers Professor Mark Paustian explaining this concept during an Interpersonal Communication class at Martin Luther College.

<sup>55</sup> Jan Zimmerman, personal interview with the author, October 12, 2015.

brief. You may be visiting them in a nursing home and it can be very inconvenient. Often they are in the hallway, find out if there's another place we can go. Find a quiet place to go and be alone. Don't just take them yourself, because they might be afraid. Have them go with a caregiver they like. The window of opportunity might not always be there but it might be good when you are there."<sup>56</sup>

Another pastor gave his advice about what to include in a visit on someone with Alzheimer's: "With Alzheimer's you need to come in with your game plan. It's not going to be a regular devotion. It's going to be a story sharing, singing a song. If you use a devotion, use one that's familiar. It's a recall devotion rather than sharing something. Don't use current events, things in the news. Shut-ins can relate to stuff on the news, but not someone with Alzheimer's."<sup>57</sup>

Something else a pastor may want to consider and be comfortable with is the appropriate use of physical touch. Pastor Seefeldt spoke of his experience as a chaplain with The Lutheran Home Association: "I had a conversation with the administration and with the nurses and the social worker and told them what I wanted to do. I said, 'In many instances when they are touched in this nursing home, it's with rubber gloves. No one is holding their hand.' I said, 'I want to be holding their hand.' I wanted to cover my bases." A little bit later in the interview Seefeldt shared the impact appropriate physical touch can have on someone with Alzheimer's:

The technique I used was to come from the front. Get at eye level, drop down to a knee often. Offer my hand face up and let them respond. If they don't reach out I don't press anything. I don't want to intimidate them. If they reach out I put my other hand on top of them. I let them direct this then. I have had people grab me by the shoulders or the collar and pull me in. Because of my vicar experience where the lady pulled me in with my tie, I would've in the past tried to avoid that, but now I let it happen. I explained this to my coworkers to tell them "If they pull me in that's what they did." They do that to look for a connection, for human contact. No one is giving it to them. . . . If you're in the room have a door open so there's no misunderstandings. If you find a situation where you're uncomfortable, talk with the social worker or the nurse and let them know. This is what happened and they initiated. When you're up front and reporting, it will eliminate the chance people will misunderstand. Appropriate touch can be important as the disease advances.<sup>58</sup>

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<sup>56</sup> Alan Siggelkow, personal interview with the author, November 6, 2015.

<sup>57</sup> Curt Seefeldt, video interview with the author, October 14, 2015.

<sup>58</sup> Curt Seefeldt, video interview with the author, October 14, 2015.

Not every pastor may feel comfortable with appropriate touch, but it can be effective in triggering emotions and memories. It can also allow someone with Alzheimer's to see and associate the pastor as someone who cares deeply for them. The more senses involved, especially senses that can bring back memories linked with emotions, the higher the possibility of making a connection and communicating effectively with the individual. Jan Zimmerman also spoke of using non-verbal methods to connect with the individual. These techniques may need more reliance and prevalence in the later stages when communication becomes more difficult. "One day you may be their son the next day you may be the pastor. You never know who you're going to be. You have to be able to go with the flow. They have to feel comfortable ministering in methods other than words — things like touch or having symbols that they can look at."<sup>59</sup>

Professor Siggelkow shared some of the strategies that help him connect with his mother: Use "pictures that portray simple Bible stories. Every pastor should have the old Bible history blue book with woodcuts in it. It's what they remember and relate to. . . . Have pictures, woodcuts, drawings, audio, visual aids, keep in mind eye sight."<sup>60</sup>

All of these professionals and pastors recommended individual ministering to be most effective. One also gave some advice on what to avoid during a visit. "Understand they will not always understand you. Their disease progresses sometimes slowly sometimes quickly. Two things I've learned: Don't say 'no.' Don't ever ask 'why?' Don't ask them why they are doing something because they will get frustrated. They might not know why they are doing something."<sup>61</sup> Both the response of "no" and asking someone "why" come from a failure to step into the world of someone with Alzheimer's.

A patient might think he needs to leave and drive to Michigan to get home before supper. In reality, he hasn't driven for a few years, has no car, and doesn't have any reason to go to Michigan. It would be a mistake to tell him "no" because he could get very upset. Your answer and opposition could jeopardize the visit altogether. Instead of negatively answering, redirect

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<sup>59</sup> Jan Zimmerman, personal interview with the author, October 12, 2015.

<sup>60</sup> Alan Siggelkow, personal interview with the author, November 6, 2015.

<sup>61</sup> Mark Bartsch, personal interview with the author, November 2, 2015.

conversation while validating their emotion and giving them purpose to stay where they are.<sup>62</sup> To the patient, the task is something he needs to do. Joining them in their world and empathizing with them will help the pastor avoid the mistake of responding with questions of “why” and refusing to cooperate with the communication offered them by the patient.

All of this time and energy poured out in ministry for someone with Alzheimer’s disease will not be fruitless effort. The Lord will bless the gospel ministry of his pastors. Paul used a large section of his first letter to the Corinthians to describe the attribute and attitude which defines how a Christian uses his gifts to serve others. “If I have the gift of prophecy and can fathom all mysteries and all knowledge, and if I have a faith that can move mountains, but have not love, I am nothing” (1 Co 13:2). We show this love for others “because God first loved us” (1 Jn 4:19). Love defines who God is and what he has done for us. It isn’t a surprise that love defines Jesus’ followers as well.

This selfless love puts aside social stigma and fear of the unknown. A pastor can gain years of experience and still witness something new in ministry. Experience certainly aids any pastor in ministry, but it will also help demolish the fear and uncertainty when faced with a complicated and scary disease. Alzheimer’s and dementia awareness are on the rise in our current culture. The Academy Award winning movie *Still Alice*, based on an awarded novel, brought a spotlight to Alzheimer’s awareness. Nationally renowned Alzheimer’s advocates such as Teepa Snow and Lori La Bey work tirelessly to provide education. The localized work of Jan Zimmerman is making an impact in Wisconsin and in various parts of the country. Groups like the Alzheimer’s Association and The Alzheimer’s Foundation of America have committees and organizations within their networks who work at raising the level of awareness about Alzheimer’s. With Christ’s love in his heart, the pastor will raise his level of awareness for the sake of someone with Alzheimer’s in need of his spiritual care.

The more a pastor is educated and familiar with how discouraging and confusing Alzheimer’s can be, the better equipped he is to minister effectively. The pastors interviewed spoke of the fear often seen from those who do not know how to react to Alzheimer’s. The

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<sup>62</sup> The author saw this technique demonstrated by Teepa Snow in a video on her website, accessed November 21, 2015: <http://teepasnow.com/about/youtubes-webinars/>.

changes they see in someone who is diagnosed can be alarming. People hide behind fear and denial.

Don't be afraid of them. Don't be afraid of them. They need their Savior. Come with kindness, compassion, understanding, patience. Those attributes will help you work with them. Some people are afraid to go to memory care because they will treat you differently. I'm not afraid because I dealt with my mom for 10 years. She had no assisted living during her time. Kindness, compassion, love, understanding, patience. Use the skills you're learning as a pastor to use with everybody. Don't be afraid of them.<sup>63</sup>

Jan Zimmerman, a registered nurse with almost 40 years of experience, gave her thoughts about what future pastors can do to meet this growing need:

Learn about dementia and stop being afraid of it. That's the biggest thing. Help congregations become educated on dementia so they're not afraid of it. One of the things I hear over and over again as soon as someone announces they have dementia or if their loved one does, their friends fade away. . . . If someone stood up in church and started singing Amazing Grace, if it were a little kid it would be cute, but if an adult did it, they'd want to push them out or ask what's wrong with them. They push them out of the church community at the time they need it the most. Help the congregation become dementia aware.<sup>64</sup>

It is not outside of the pastor's call to arrange for a class on dementia awareness or Alzheimer's advocacy if it will assist the gospel ministry for a member. But it doesn't have to stop with our congregation. We can host a dementia awareness event at our church to show our connection and concern for the community. We become all things to all people in order that God through us might save some. God has placed us in charge of all the flock and if we can assist the flock in ministry and care, in love and help for someone with Alzheimer's, God will bless it.

Zimmerman commented on the lack of help and literature available to bring ministry perspective to this topic. "There's lots out there, but not so much on the spiritual means though. I'm finding it interesting trying to find something out there."<sup>65</sup> A retired pastor who developed Alzheimer's and his wife who served as his caretaker wrote a book about their experience. In their co-authored book *Through the Wilderness of Alzheimer's*, Bob laments about socializing after church on Sunday with his wife Anne by his side.

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<sup>63</sup> Mark Bartsch, personal interview with the author, November 2, 2015.

<sup>64</sup> Jan Zimmerman, personal interview with the author, October 12, 2015.

<sup>65</sup> Jan Zimmerman, personal interview with the author, October 12, 2015.



People instinctively talk to you. It's like I'm nothing. Oh, they'll say, "Hi, Bob," but right away they start visiting with *you*, and I'll just stand there. It used to be they would talk to me, too. But I was more sure of myself then, I could take a more aggressive stance and start a conversation. Now I know I make people anxious. I'm sure I pick up more vibrations now . . . I don't seem all that different to myself, but people treat me differently when they know I have Alzheimer's.<sup>66</sup>

Through the eyes of Pastor Simpson, we see the frustration and the stigma involved with Alzheimer's disease. His friends and church members weren't sure what to say and so they avoided him. Later he shares his frustration with the disease itself: "What's wrong with me? Sometimes I think I could just go to bed and wake up in the morning and be all normal again. I think people with Alzheimer's just give up because everything is so much work!"<sup>67</sup>

Finally, when a pastor is involved with gospel ministry, empowered by the Holy Spirit and the power of the gospel, he will strive to meet people where they are at in life. When a couple is engaged to be married, he shares in their joy and excitement as he visits with them in pre-marriage counseling. After a child is born, he has the privilege of administering the Sacrament of Baptism to give the blessings of rebirth and salvation through the power of the gospel. It may be the pastor who brings the tragic news of death to family members. And he will be there to help those who grieve and mourn with promises of resurrection and new life. A pastor is called by God to be his spokesman to his people in every situation of life. In times of joy or sadness, a pastor meets God's people where they are at in life and administers God's Word. He will convict those who are comfortable in their sin and comfort those who are convicted by their sin.

Without God's grace and the Word, a pastor's work would be impossible. Jesus said, "What is impossible with man is possible with God" (Lk 18:27). As in the life of any Christian, a pastor finds how much reliance he has on God. Each day, as he finds out what God has in store for him as a minister of the gospel, he continually relies on the Word God equipped him with. It is this same God and Savior who strengthens the pastor and then motivates him to extend the same saving strength to those under his spiritual care. The world of Alzheimer's is often dark and

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<sup>66</sup> Robert and Anne Simpson, *Through the Wilderness of Alzheimer's* (Minneapolis: Augsburg Fortress Press, 1999), 39.

<sup>67</sup> Simpson, 89.

scary, but pastors have something to offer to patients, caretakers, family, and friends wherever they may be in life. What wisdom God has in giving us his Word. The way it can speak to any issue and every situation is amazing and wonderful. Even if a pastor feels unprepared to meet this growing need, he has a God that will meet his every need in Christ. He has training that has prepared him to care for souls and to extend the gospel in the Word, Baptism, and the Lord's Supper. A pastor is ready to meet people where they are at. He will do all he can to remove barriers and obstacles so that Christ may be preached.

## Conclusion

“Modern medicine has done so much to help relieve the fear of so many diseases, but for some reason Alzheimer’s is still a ‘plague’ in our society. It has the power and effect of ancient leprosy. Victims feel they must try to hide any symptoms of the disease for as long as they can.”<sup>68</sup> When we understand how isolated, fearful, and worried people with Alzheimer’s feel, our hearts are led to wonder how we can help. Alzheimer’s disease is not just an isolated problem that is being taken care of. It is not something we have vaccines for, something we can control, or eliminate. Alzheimer’s is becoming more and more prevalent as the largest generation in the United States ages. The Baby Boomers will live longer than any previous generation and by the time they die, millions of them will be diagnosed with a form of dementia, many of them with Alzheimer’s disease. If the projections hold true, now is the time to raise awareness and prepare to meet this growing need.

Wisconsin Lutheran Seminary does not prepare men to find cures for cancer or develop new medications to fight disease. However, it does prepare men to be doctors of souls. Men are prepared to cut and convict with the law of God’s Word like a surgeon who delicately and carefully works on his patient. Future pastors are trained to bring healing with the gospel, stitching up the cuts and wounds of sin. Graduates of Wisconsin Lutheran Seminary cannot medically heal those with Alzheimer’s disease, but they can bring spiritual healing power for the disease of sin. After years of preparation, a pastoral candidate is ready to be called into full-time gospel ministry for the benefit of God’s people. People in need of spiritual care as they deal with the ugliness of Alzheimer’s await a shepherd, someone who will lead them to the Good Shepherd. How will a pastor meet this growing need?

Is the Seminary doing enough to educate and make future pastors aware of this growing need? Are candidates graduating with a heightened awareness of what various dementias look like? Do they know where to turn for help and guidance when faced with this challenging disease? It is impossible for a Seminary graduate to be prepared for every possible situation and experience he will face. WLS does not produce specialists, but remains committed to educating

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<sup>68</sup> Simpson, 132.

men who are very well equipped to face a variety of situations and challenges. This is a wonderful blessing! But, in light of the growing trends in our aging population and the prevalence of Alzheimer's as a result, can the Seminary do more in the future to draw attention to these trends? Due to the lack of literature available to aid pastors with practical guidance on how to give spiritual care to individuals with Alzheimer's, consider this paper a small supplement and a brief starting point for further education, observation, and study.

The Seminary could require or recommend reading a book or part of a book referenced in this paper as an addition to the curriculum. It may consider the viewing of movies such as *Still Alice*, *Alive Inside*, or segments of the HBO documentary series *The Alzheimer's Project*. A flex hour could be used to bring in Jan Zimmerman or a chaplain from The Lutheran Home Association to educate and make future pastors aware of the challenges in ministering to someone with Alzheimer's. Class time is valuable, but can a few hours be set aside in order to prepare future pastors to meet this growing need? Instead of taking time in class, add a requirement for EFT visitation or for accompaniment with a pastor in this type of ministry during the Seminary years. Alzheimer's may not be as prevalent as divorce or abuse or broken homes or death, but it is becoming a burden on those who are diagnosed, their spouses and family, their caregivers and communities, their congregations and pastors. How will the Seminary prepare future pastors to meet this growing need?

A pastor's job is to provide much needed spiritual care for people in many different situations. In order to do this effectively, he gets to know the people who are in his care. The more he understands the struggles and joys of his members, the better applications he is able to make to specific struggles and specific spiritual issues. If a patient went into the doctor's office and described some very general symptoms, the doctor might be able to diagnose a very general disease or sickness, and he may be correct. But if a patient is very detailed, the specific symptoms can give the doctor a greater chance of correct diagnosis. In the second example, the doctor can help the patient get the best help available for their problem. The more a pastor knows his people, the better he is able to help them with specific applications and problems.

As a pastor ministers to someone with Alzheimer's, he keeps in mind several truths about how God's Word works. The pastor trusts the Holy Spirit to work through the Word when and

where it pleases him. The gospel is always efficacious, but it does not always produce an effect. The sinful human mind and will can reject the gospel and its intended effect of faith and good works. Nevertheless, the gospel remains efficacious. It always accomplishes its purpose to bring sinners to salvation. For the lost and condemned, the gospel becomes a stumbling block and evidence for God's righteous judgment on the Last Day.

The power that resides in the gospel does not give a pastor the right to use the Word magically though. He does not go into a call trusting that a form or an ineffective speaking of the Word will produce a result. It isn't by our magical speaking of the Word over someone with Alzheimer's that they are preserved in faith. God desires his servants to do all they can to share the gospel effectively. We take every thought captive to Christ and do all things in his name and for his glory. This mentality leads pastors to become all things to all people. From hearts filled with the love of Christ, pastors reflect the same selfless love they have been shown. They do it in thanks for God's gift of faith and for the sake of the gospel.

By becoming all things to all people, a pastor will approach his ministry to people with Alzheimer's as someone familiar with the disease. He will strive to understand and empathize with the patient, the family, and caregivers. He achieves this by first understanding the memories and experiences of the Alzheimer's patient. Using the Wisconsin Star Method as an organizational tool, he can employ the knowledge of family members, friends, doctors, and caregivers to create a working reference when questions and issues arise. With a heightened awareness of Alzheimer's and knowledge of who the person is behind the mask of the disease, a pastor can minister more effectively. He will be equipped to avoid a greater number of confrontations, confusion, embarrassment, and doubts in his ministering. Knowledge and experience can aid greatly in a pastor's ministry, but they are not silver bullets. As the level of comfort a pastor has with Alzheimer's grows, he will be able to focus his attention on how he can minister effectively. He can be proactive rather than reactive.

Former pastor and author Robert Simpson described Alzheimer's as the modern-day leprosy. It is feared. It separates people from society. People feel disconnected. They live without a sense of purpose or meaning. Their life has turned into a slow walk toward death. No help. No mercy. No cure. Consider the meetings Jesus had with lepers when he lived on earth. He showed

compassion, care, mercy, and help. He broke social barriers. He took away the power of sin and with it the results of sin as well — fatal and painful diseases. In heaven Alzheimer's will not exist. All things will be made new including those who suffer with dementia and its many forms. "And I heard a loud voice from the throne saying, 'Now the dwelling of God is with men, and he will live with them. They will be his people, and God himself will be with them and be their God. He will wipe every tear from their eyes. There will be no more death or mourning or crying or pain, for the old order of things has passed away'" (Rev 21:3-4).

Until we reach heaven, we strive to grow in faith and knowledge of our God and Savior. He calls pastors to care for the spiritual needs of his people on earth, to be his mouthpiece and instrument of grace. For the sake of the gospel, for the sake of God's people, we will commit ourselves to preparing future pastor's to meet this growing need. They are prepared to minister to someone with Alzheimer's in a very general way, but more can be done for effective ministry. This will bring confidence to the pastor and comfort to the patient.

When Jesus saw a leper, He became a leper. He did not, of course, develop the symptoms. But which is the worst part of the disease, the physical symptoms or the psychological syndrome? The latter is worse: the loneliness, the mental anguish, the sense of being an outcast. Jesus did not sympathize merely. Certainly he did not patronize. Nor did he bend down in pity, as one who says, "Yes, I know what he feels." He felt it all. He identified Himself with all the horror of it until He could get His shoulder under the burden and lift and dispel it forever.<sup>69</sup>

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<sup>69</sup> Leslie D. Weatherhead, *Salute to the Sufferer* (Bungay, Suffolk, England: Chaucer Press, 1962), 61.

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## **Appendix A Helpful Alzheimer's Resources**

### **Websites**

The first four websites are great places to gain basic information on Alzheimer's disease. Their facts are researched and dependable. Teepa Snow is a leader in dementia care and an advocate for awareness and education.

Alzheimer's Association - <http://www.alz.org>

Centers for Disease Control - <http://www.cdc.gov>

The Alzheimer's Foundation of America - <http://www.alzfdn.org>

The National Institute on Aging - <https://www.nia.nih.gov>

Teepa Snow - <http://teepasnow.com>

### **Books**

*I'm Still Here* by John Zeisel, Ph. D. - Dr. Zeisel gives treatment ideas utilizing art, music, touch, and facial expressions to tap into retained abilities that don't diminish as Alzheimer's progresses.

*It's Alzheimer's* by Pastor Curt Seefeldt (Published by The Lutheran Home Association) - A short booklet available for pastors, families, and newly diagnosed patients to understand the disease and what God promises to those whose lives have changed.

*Still Alice* by Lisa Genova - A novel written from the perspective of someone dealing with early-onset Alzheimer's.

*Through the Wilderness of Alzheimer's* by Robert and Anne Simpson - A coauthored work written with insights from patient and caregiver. This former pastor and his wife share their joys and struggles in the journey through a wilderness.

### **Documentaries**

*Alive Inside* directed by Michael Rossato-Bennett - Music therapy is brought to dementia patients in order to discover the personalities and memories locked deep inside.

*Glen Campbell: I'll Be Me* - Campbell, a legendary country singer, gives an insider's perspective on the struggle he and his family have with Alzheimer's disease.

*The Alzheimer's Project* by HBO (<http://www.hbo.com/alzheimers/>) - This four-part series presents both the discouraging facts and the optimistic progress involved in the fight against Alzheimer's disease.

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## **Appendix B**

### **Alzheimer's Quick Facts**

- Alzheimer's is a brain disease that destroys the proper function of nerve cells in the brain. The effects on a person include an inability to remember things, difficulty in thinking clearly, and a decline in good judgment.
- Medical professionals have not discovered a specific cause for the disease.
- Alzheimer's disease typically affects people over the age of 60. Nearly half of people in the United States over age 85 are diagnosed.
- Alzheimer's progresses slowly and may be undetected or undiagnosed for a few years before someone notices decline in everyday mental functions.
- Noticeable changes will begin to occur in the everyday life of someone with Alzheimer's. Daily tasks like driving a car, cooking a meal, or paying bills become difficult. Confusion, forgetfulness, and getting lost lead to worry, anger, frustration, and even violence.
- Forgetfulness can normally occur with aging, but when it interrupts daily routines and functions it is best to see a doctor or specialist and test the brain's abilities.
- Some medicines are available to treat the symptoms of Alzheimer's disease. A few of these medications have been able to slow the progression of the disease for a time. Various side effects and results occur.
- Currently, no cure for Alzheimer's disease exists.<sup>70</sup>
- Alzheimer's disease was discovered in a study conducted by Dr. Alzheimer over 100 years ago. About 30 years ago Alzheimer's was identified as the most common cause of dementia.<sup>71</sup>
- About 5.1 million Americans over the age of 65 had Alzheimer's disease in 2015.<sup>72</sup>
- By 2025, the number of Americans over the age of 65 with Alzheimer's disease is estimated to be 7.1 million, a 40 percent increase from 2015.<sup>73</sup>
- By 2050, the same age group with Alzheimer's may almost triple in size from 2015 with a projected 13.8 million.<sup>74</sup> We are facing a growing need in this country.

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<sup>70</sup> The previous information is adapted from a booklet entitled "Understanding Alzheimer's Disease: What you need to know" produced by the National Institute on Aging. You can access this booklet and other publications from the NIA at their website: <https://www.nia.nih.gov/alzheimers/publication/understanding-alzheimers-disease/introduction>.

<sup>71</sup> [http://alz.org/facts/downloads/facts\\_figures\\_2015.pdf](http://alz.org/facts/downloads/facts_figures_2015.pdf), 8.

<sup>72</sup> [http://alz.org/facts/downloads/facts\\_figures\\_2015.pdf](http://alz.org/facts/downloads/facts_figures_2015.pdf), 16.

<sup>73</sup> [http://alz.org/facts/downloads/facts\\_figures\\_2015.pdf](http://alz.org/facts/downloads/facts_figures_2015.pdf), 22.

<sup>74</sup> [http://alz.org/facts/downloads/facts\\_figures\\_2015.pdf](http://alz.org/facts/downloads/facts_figures_2015.pdf), 22.

## **Appendix C**

### **Quick Tips for Ministry to Alzheimer's Patients**

- Know the history of those to whom you minister. It will help you make connections with them in the future when short-term knowledge will slowly fade. Long-term memories create talking points, emotional connections, and spiritual connections.
- Utilize the knowledge of the family members to gain insights into personality, habits, hobbies, and memories. They may become witness opportunities in the future. Maintain communication with the immediate family.
- Keep a record of which portions of Scripture you used for devotions, which hymns you sang or played for them, and which prayers you said. Discover what connects with them, make note of it, and utilize it again in the future.
- Join the Alzheimer patient in his or her world. Conversation may not make sense. Their reality may not be your reality, but they are trying to communicate something. Join them in the moment and discover what it is they are striving to say.
- Be patient. Listen to the repeated questions, phrases, or stories. Be appropriately flexible. Allow your planned time with them to be changed by their mood, communication, or functioning for that day.
- Communicate with the caregiver or nursing staff before the visit. They are a wealth of information on the individual under your spiritual care. Create a good working relationship and allow ministering opportunities to develop with the caregivers as well.
- Incorporate pictures, woodcuts, audio clips, music, the King James Version translation of Scripture, and older wordings for hymns or prayers to help connect with them.
- Consider Alzheimer's disease as a communication barrier. The usual ways of communication have changed. You must discover the new ways to communicate with the soul in your care.
- Empathize. Educate yourself on the challenges of Alzheimer's. Grow in your ability to understand the difficulties and fears that comes with a progressing, incurable disease.
- Listen. Take the time to make a statement of care by your active listening. They will see someone they trust, someone they know or recognize, someone who validates their existence in some extreme cases. Make a connection by listening.
- Go to the visit with a game plan. Consider the topics you will try to talk about. Don't bring up current events since they may not remain in the short-term memory. Keep the visit brief. The late morning or during the lunch hour is usually the best time of day to meet.
- Preach the gospel. Let your pastoral heart overflow with love and grace for the specific spiritual needs of people suffering with Alzheimer's disease. Become all things to all people so that by all possible means you might save some. You do all this for the sake of the gospel, to share in its blessings (1 Corinthians 9:22-23).