# “I pray that I will not fall over the edge.” What is left of faith after dementia?

## ABSTRACT

Although there have been studies of the importance of 'spirituality' for people with dementia, and studies of religious coping among their carers, there is very little research on the ways in which Christians with dementia themselves reflect theologically on their condition. This paper collates and examines the fragments of theology recorded from people with dementia. It goes on to argue that some ways of reflecting theologically on dementia may be more useful to sufferers than others, and makes the case for theological reflection to be part of an early-intervention strategy for Christians showing signs of the onset of dementia.

## Introduction

It is now beyond question that the number of people suffering from Alzheimer's Disease and other age-related dementias is rising at an alarming rate, both in the UK and across the world. Since the statistics are readily obtainable there is no need to recite the dismal figures here, but two will give a sense of the existential significance of the condition: that by 2025 there will be more than a million people suffering from dementia in the UK (Alzheimers Society 2007) and that more people fear dementia than fear cancer in the UK (Alzheimers Research UK, 2011). This rise in the prominence and fear of dementia represents a major change in the way in which we corporately and communally experience and construct our shared world.

As well as this general challenge to our understanding of ourselves, I have argued elsewhere (Author 2009; 2010a; 2010b; 2010c; n.d.) that Christians face particular challenges to their understanding of God and of their faith. We may want to believe that a person's faith is written into the very core of their being, closer to them than breathing; but all the information we can gather from a person's speech, behaviour and mood imply that their faith is as vulnerable to loss in dementia as any other habit they have acquired at the same stage in life. Furthermore, God has traditionally often been imagined by analogy with a conscious mind; and the action of God on believers has frequently been understood (particularly in protestant traditions) in terms of their conscious perception of God, intellectual assent to divine authority and response through intentional activity. Since the capacities to perceive, assent and respond intentionally appear to be progressively lost as a person's dementia progresses, questions inevitably arise about their status as a Christian and the goodness of the God they serve.

Such questions are not just the stuff of idle speculation, but have clear practical implications. Although there is a point beyond which a sufferer from dementia becomes incapable of abstract reflection, Katsuno (2003) has demonstrated that patients with early-stage dementia find spirituality and its associated meanings important in coping with their diagnosis and its consequences; and there is every reason to believe that it will grow more rather than less important as the condition progresses. There is a good case to be made for developing a person’s spiritual and religious resources as they come to terms with the early stages of dementia.

However, vague expressions of support for somebody's theological reflections may not be enough. In a study by Stuckey (2003: 295) he warns that in dementia a person's religious commitments may become a barrier to their emotional well-being because of their unresolved anger towards God (Shah, Snow, & Kunik, 2001). He suggests in another paper (in this case, among caregivers and relatives) that those who place their source of security in a strict doctrinal conception of God may be handicapped by it in their attempts to reconcile themselves to adverse life-events (Stuckey,2001). We may conclude from these studies that responsible pastoral care for people entering the early stages of dementia will include support for their efforts to find spiritual significance in (or in spite of) dementia; but that discernment needs to be brought to bear on the particular beliefs and hopes they express if they are not to be hampered in by them in attempting to adjust to the condition.

This paper represents an initial attempt to bring such discernment to bear on the theological strategies people adopt when faced with the prospect of progressive dementia, with a view to informing the pastoral responses of those close to them. It follows that our search for such responses should begin with the testimony of those with firsthand experience of the condition: how do they understand the theological implications of receiving a diagnosis of dementia, how do they experience changes to their faith as the condition progresses, and how do they assert or adjust their religious beliefs in response?

The evidence base available for reflection is extremely small. As Snyder (2003: 300-301) points out,

Although much of the literature speaks sensitively to the perceived spiritual needs of persons with dementia, there is a relative absence of commentary from the individuals to whom these services are directed. Rarely do we hear the direct testimonies of those diagnosed or learn of their experiences or needs. With advances in earlier diagnosis of Alzheimer’s and related disorders, more and more individuals with mild-to-moderate symptoms are able to clearly express their thoughts and feelings.

Snyder's own response is to gather insights from 28 dementia sufferers who have reflected on 'spiritual' themes. As she recognizes, the nature and size of the sample does not make possible any deductive conclusions, but she aims to demonstrate the importance of engaging with such themes in the care of those with dementia. In this paper I will use the narratives she gathers as a primary resource, along with a few others; but I shall deploy them for more specifically 'theological' purposes. I shall aim to identify three key theological strategies indicated from her sample, and supplement it with material from three more extensive accounts from Christians who have explicitly attempted to muster theological resources to strengthen them in their journey into dementia. Where possible, I will rely on the first-person voice of people with dementia rather than that of their associates, carers or researchers. The results will of course be suggestive rather than conclusive, but will provide the basis for further reflection, research and discussion.

## Meaning despite dementia: “. . . faith will still be there, in the essence of you”

Kath Morgan has contributed on a number of occasions to studies and classes at Staffordshire University since being diagnosed with dementia. She came to the Christian faith as an adult, and here is part of her story (Morgan 2010):

I went to bed one night saying my prayers (just as a routine my mother had taught me). I know I was weeping. I must have gone to sleep because I woke up at six in the morning whereas I had been waking at 2 or 3 o’clock and not going back to sleep again. I swung my legs out of bed and knew I was different. I felt different, calm, safe, secure. I no longer felt I was carrying all the troubles alone. I felt as if I was in a cocoon. The problems were still there, but I could cope. . . .

He gave, and still gives me, spiritual guidance. People might say “it’s a delusion”, “it’s religious mania”, “it’s a crutch”. All I can say is this: it’s my faith, my belief, that it’s me that can cloud Him out. He is always faithful to me, always there when I need to say sorry. His love is constant. Without Him I am adrift, adrift in a world of darkness and fear. He allows me to be angry, to rage against Him, to question why, why, why?

All people with faith (any faith) have this certainty that all will be well; it is only when we ourselves start to cloud the issues because things are not as we want. You are always given what you need, not necessarily what you want (which often isn’t good for you). I have learnt that prayer requests are not instant; the patience waiting for the answer is sometimes the answer to prayer. Faith never stands still, it is always growing. People with faith trust God implicitly. Faith gives this ability to surrender yourself to His will, not blindly, not un-questioning: at times you rebel, you “go your own way” but in the end, because we believe we return, the alternative is that life loses its substance, its direction, its richness. . . .

For someone with Alzheimer’s, a faith that has grown over the years is, and will be, a deep faith as natural to them as breathing. A faith that will sustain and hold them through the frightening days after the diagnosis, a faith they will draw on each and every day. I would say to them, hold tight onto your faith, it will see you through, it is the one certain thing that will always be with you, always be there, something from the before that will never be lost. Even when you appear to have lost everything, faith will still be there, in the essence of you, like a perfume always remembered.

Is this fanciful? I hope that this thought could be a comfort to a family or loved ones, a gift from God, to know a reassurance that part of the “real” person, the person they remember is still there, still alive saying to them, remember me, remember I loved you, remember I cared, remember we are just a heartbeat apart.

For Kath, faith is something received in the heart of one’s being, and experienced directly through the feelings. It has an ‘ontological’ character that depends on no human capacity. As dementia progresses, we may lose the capacity to *communicate* an awareness of our faith to others; may even lose the self-awareness to be able to ‘name’ it as faith to ourselves; but these are failures of communication. The essential person, and their essential relationship to God, remains untouched by these declines in capacity.

Similarly Snyder (2003: 305) cites this testimony from her own research: that of an African American man from the US Baptist tradition:

God is a foundation that I have. My faith is solid. It’s within me and it is me . . . As a child when you’re brought up with the scripture and the teaching of the holy word, that puts a foundation under you . . . I try to live by the book. I’m steeped in it now. You couldn’t pull me away from it now. (Snyder, 1999: 102)

Another is from an undefined 'Protestant man':

If I were talking to someone who was on the edge of something, I would say to them, ‘You’ve got to find something to hold onto.’ And my faith in God is what I’m holding onto. (Snyder 2003: 305)

These stories give a sense of a faith that is fundamental and immanent: it is inconceivable that it should be compromized by the more superficial changes of dementia. A few writers (e.g. Morse & Hitchings, 2008) would maintain that this is the theological and physical reality: that despite any appearances, the life of faith and the full humanity of the believer is not lost in dementia and cannot be. Although the brain is part of this 'body of flesh' to be discarded at death, the human spirit is eternal and will simply be re-clothed at the resurrection.

There are of course theological difficulties with this strict division between body and soul that have been extensively argued but are not our prime concern here. More to the point, the question must at least be asked whether these stories represent an acceptance of the onset of dementia and a theological adaptation to it, or whether they represent a refusal to engage with the profundity of the changes that are sure to come. Here we may note that Kath's faith seems to liberate her to rage against God, which may be read in terms of a positive struggle to accept (e.g. in Kubler-Ross, 1969) or an example of 'negative religious coping' (e.g. Pargament et al, 1998). A sensitive pastor may wish to probe her assertion that God is constant unless we “cloud Him out”; and the implied desperation of the unnamed 'Protestant man' in his statement that “You've got to find something to hold onto”: is there sufficient flexibility here to adapt to the changes to come?

## Meaning after dementia: “I can look beyond the ‘moonlight’”

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

Now I discovered the cruellest blow of all. This personal, tender relationship that I had with the Lord was no longer there. This time of love and worship was removed. There were no longer any feelings of peace and joy. I cried out to God for it to be restored. I howled out to the Lord to come back and speak to my spirit as he had done before. This was unfair and unthinkable. . . (Davis 1989: 47)

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

. . .Perhaps the journey that takes me away from reality into the blackness of that place of the blank, emotionless, unmoving, Alzheimer’s stare is in reality a journey into the richest depths of God’s love that few have experienced on earth. Who knows what goes on deep inside a person who is so withdrawn? At that time, I will be unable to give you a clue, but perhaps we can still talk about it later in the timeless joy of heaven. On second thought, all those heartaches won’t really matter over there, will they? (Davis 1989: 120)

Where Morgan holds to her inner experience of faith against the appearance of loss in dementia, Davies looks steadily into the horror of his developing dementia, and in particular the emotional and existential bereavement of which he has glimpsed the beginnings. For him there is the real possibility of a time when he will not have the capacity to maintain or recognize faith, may even be destined for ‘that dark chasm of total blackness’. But what makes it possible for him to contemplate this future is the conviction that it will turn out to be temporary and ultimately unreal: that after death he will be restored to ‘himself’, recognisably the same person as he was before the disease symptoms began.

Right now, I walk in partial moonlight. How depressing it would be if all I had to look forward to in life was to journey down into this darkening moonlight only to end up in the cold blackness of the grave. However, I can look beyond the moonlight and see glorious ‘Sonlight’ emanating from the Son of God himself enthroned in that place where all things are changed to become perfect – heaven. This view makes life makes sense, gives me patience, and produces a yearning in my heart. (Davis 1989: 137)

Although there is a change, it is followed by restoration. It is this hope of restoration beyond and despite dementia that for him relativizes its power and enables him to maintain his belief in the ultimate triumph of God’s love. This dialectic between loss and reward provides one way of dealing with the prospect of such loss. As Shamy (2003: 37) puts it, “In a very much wider sense we could claim that the person with Alzheimer's disease is a 'fellow sufferer with God' – he or she is the one who, like God, is 'handed over to the world' to wait upon the world's response”. Thus, as the cross is converted from a badge of shame to a sign of glory, so dementia itself can be reappraised as a mark of God's goodness.

A related theological structure is that of the 'test': perseverance in the faith through the darkest days brings on to the reward at the end of life. Snyder (2003: 308-309) records a response of this sort from a Christian woman:

Even before Alzheimer’s, when my life got complicated, I would say ‘God’s testing me’ and smile. Each time I passed the test and was rewarded. Something good came out of it. I’m being tested again. This test has lasted longer. I think now, I’m passing the test. It is a test of my faith in God. I still have that faith and believe God is helping me. I pray for strength to endure and accept the difficult times. He has answered my prayers. I also remember to thank Him for my good days and my family who care about me and support me. I am truly blessed.

Again, there are theological critiques of this approach which need not get in the way of pastoral questions. The claim that whatever happens to us in this life is of secondary importance because God will make up for it in eternity has been challenged as stifling change by theologians of liberation and their successors (e.g. Isasi-Diaz, 1996); and the notion of 'sharing in the sufferings of Christ' has a long tradition of Protestant critique supplemented by the suspicion of those who see in it a cloak for sadomasochism (e.g. Soelle, 1975). However, both of these strands of criticism are irrelevant to the question of how individuals may muster religious resources to cope with the onset of a suffering that is intractable, inevitable and irresistible. The question of how the church may recover a sense of the positive graces of inevitable suffering courageously borne remains one for further consideration.

## Meaning in dementing: “journey from cognition, through emotion, into spirit”

A key witness to the process of dementia 'from the inside' is Christine Bryden, who has written and presented extensively since her diagnosis in 1996 and is a key figure in Alzheimers Disease International. In her influential *Dancing with Dementia* (2005) she speaks of her developing dementia as a journey:

My journey with dementia has been a journey of self-discovery about who I really am. My first book asked ‘Who will I be when I die?’ It expressed the fear of ceasing to be, and assumed the journey of dementia was somehow a loss of self. . . . (Bryden 2005: 158)

. . . Dementia is often thought of as death by small steps, but we must ask ourselves what is really dying. Hasn’t the person with dementia reached that place of ‘now’, of existing actively in the present?

I believe that people with dementia are making an important journey from cognition, through emotion, into spirit. I’ve begun to realise what really remains throughout this journey is what is really important, and what disappears is what is not important. I think that if society could appreciate this, then people with dementia would be respected and treasured. (Bryden 2005: 159)

Living in the present is where our true self is. If we get too anxious about what might happen or what used to happen, we are really in our outer shell of ourselves, and that’s not really us. I’ve come to the acceptance of living in the present, and realising that it is a very special privilege to be released from memories and future worries.

Like a bud, my true self encapsulates all the potential of what it means to be me, in an eternal realm, not only in this earthly temporal existence. This being in the present, continually and eternally, is a new way of living, maybe even the essence of living. (Bryden 2005: 160)

The key point here is that she sees her advancing dementia as a process of spiritual purification: uniquely, she sees it as a positive grace of God rather than a loss to be borne. As she stated it in an address to the Ageing and Spirituality Conference in Canberra, (2006) “As my cognition fades, my spirituality can flourish as an important source of identity.” She speaks of her personality in terms of “the layers of the onion being stripped away”

Although this is the least explicitly ‘Christian’ of the three versions, Bryden is a practising Christian and is here applying a fundamentally Christian instinct: that (by virtue of the Incarnation), God is to be found in the actual living of life rather than only in a preserved area set apart from it. Thus, while Morgan reserves for God a timeless inner core that is unaffected by dementia and Davis focuses his hope on an eternity on ‘the other side of’ dementia, Bryden concludes that “what really remains throughout this journey is what is really important”.

Thus, 'religious reappraisal' may be understood in the proactive rather than the reactive sense: since God will preserve what is most important in a person's faith, what is left in the process of dementia is by definition that most important core. Dementia witnesses to the fact that the stripped-down dwelling in the 'now' is, finally, what makes us human before God. Similarly Snyder (2003) recounts the story of “a Catholic man” documented by Brennan (1995) who found that :

I no longer remember prayers I once recited automatically. The prayers frequently get mixed up with each other . . . As for the sacrament of penance or confession it too requires memory. I do not recall when I last went to confession or how many sins I have committed or what in fact sin is especially if it is non-physical. I don’t know if I know all manner of right and wrong – it is more of a feeling of what is right and wrong . . . I am less Catholic now. I didn’t mean or want it to happen; it just did. However, God is in my heart. Somehow he connects to me physically. I think this feeling is called spirituality. There is a sixth sense at work that feels his presence. I talk to God because I do not remember prayer . . . I don’t understand how one could become less religious and possibly more spiritual. Yet this appears to be happening . . . (Snyder 2003: 311)

Finally, there is the following example (recounted in Snyder 2003: 302):

If we were able to sit down with the Good Lord right now I’d say ‘Why did you let this happen to me? I had such a good career. Everything was going fine for me.’ He would probably say, ‘Well, why did you fight it? I was trying to lead you in this direction. ‘Oh, I didn’t realize that.’ I’ve come to the conclusion that everything has a purpose; the Good Lord knows the best for you. Maybe this was to slow me down to enjoy life and to enjoy my family and to enjoy what’s out there. And right now, I can say that I’m a better person for it. (Stuckey et al.,2002: 203)

This strategy has the advantage that it fits in with the broad flow of contemporary spirituality (in that it stresses inwardness and 'living in the now' over outward activity) and also that it seems capable of adapting to the inevitable increasing isolation as dementia progresses. For an older generation (particularly perhaps older Catholics) schooled in the importance of right practice, there may need to be positive support to help the person 'let go' of particular devotional markers; there may also be distress as the person become less able, for example, to remember a prayer or read their Bible. But this sort of theology fits well with a form of positive religious adjustment that Pargament terms 'Deferring', and which research shows is of particular value in situations where the patient has no further control over the outcome (Hathaway & Pargament 1990): a simple expression of trust in what God has in store.

## Discussion and Conclusions

One of the cruel paradoxes of progressive dementias is that they force inevitable and profound changes on their victims while at the same time reducing their capacity to adjust and reappraise. Each of the three strategies outlined above goes some way to supporting the person in early- and mid-stage dementia, and each has attendant difficulties.

The main advantage of the first strategy is its simplicity: since it rests on an assertion that the relationship between the individual and God never changes, it does not require a constant labour of reappraisal or search for meaning. However, for the same reason it is likely to come under strain when, as Robert Davis testifies, the 'sense of God's presence' is no longer felt.

The second strategy is more immune to change, because it expects less. Since it predicts a challenge and decline up to the point of death, there is little room for a catastrophic challenge to expectations. However, for the same reason its capacity to offer support and comfort to the individual is likely to be limited. The theological manoeuvre of finding meaning in suffering and thus glorying in adversity is counterintuitive and requires some cognitive effort: it is likely to become incomprehensible to the person suffering dementia at an earlier stage in the course of the condition than the other strategies.

Finally the attempt to find meaning in the very necessity to live in the 'now' has the singular advantage of facilitating acceptance of the loss of a sense of history that is a typical feature of dementias. The main difficulty may be that it is so far removed from the typical religious and devotional practice of Christians, and therefore is relatively unsupported by the devotional habits that such Christians will have built up from an early age.

Thus the outcome of this investigation is not to point to one particular theological strategy as the 'right' one for people with dementia to adopt, but to point to the importance of theological *activity* as one of the ways in which Christians with dementia may, and frequently do, interpret and come to understand their condition and prospects. It is a reasonable inference that in doing so they are affecting the way they experience their dementia, at least in the early and middle stages.

One of the practical implications of this conclusion relates to Early Intervention programmes for people with a diagnosis of dementia. The National Dementia Strategy *Living Well With Dementia*(DoH 2009) has adopted the principle of early intervention, diagnosis and support as a priority for development (Objective 2, page 11) since it is demonstrably effective. However, within the report are some unresolved gaps and tensions which point to the need for a supplementary contribution to be made by groups such as faith communities. For example, early diagnoses of dementia need to be handled with care and sensitivity (DoH 2009: 31-32) and Beeston (2010: 40-42) reports on a number of risks (such as feelings of helplessness, changes in family dynamics) if individuals and their social networks are not helped to come to terms with the meaning and implications of a diagnosis. Furthermore, the report identifies (DoH 2009: 40) but leaves largely unaddressed patients’ desire for continuity of care, named individuals who will be available to them over time rather than simply instituting a care package and setting it in motion.

Most importantly for the purposes of this paper, however, is an important lacuna in the report’s description of ‘a comprehensive community personal support service’ (DoH 2009: 48). This is defined in terms of access to home care, ‘personalised social activity’, peer support, ‘networks’, patient and carer programmes, crisis services, supported housing, respite care/breaks, advocacy services and assistive technologies. However, this ‘comprehensive care’ does not offer resources in personal, spiritual or theological reappraisal. If, as I have argued, this is an important element of adjustment to dementia for at least some people of faith, it will need to be supplied by representatives of the faith community in an intelligent way.

What is missing here is a detailed consideration of the contribution of a person’s support network: of those who will accompany them through the process of dementia and assist them in finding meaning and hope in the midst of it. In Christian terms, the pastoral support of fellow members of the faith-community is the ‘missing link’ in this picture of early intervention and care. It remains an open question whether individual congregations and their ministers will have the resources for this rather specialized ministry, or whether it might be more appropriately offered through health service chaplaincy; but it is clearly the natural domain of the Christian community rather than the formal machinery of the Department of Health.

Clearly, there is just not enough information available on how the faith of people with early- and middle-stage dementia develops (and the strategies they use to bring it into conversation with their experience) to offer any more than a few speculative lines of thought here. This is likely to continue to be the case: the experience of dementia and the theological issues it raises will vary widely, and clear information will probably never be available to us. However, there is sufficient material to demonstrate that early engagement with the theological implications of a dementia diagnosis may be as important as early engagement with its financial or practical consequences

## References

Alzheimers Research UK. 2011. Poll commissioned from YouGov, results released 9.2.11 and obtainable from <http://www.alzheimersresearchuk.org/news-detail/10183/Alzheimers-Research-UK-launch/> (accessed 16.2.11)

Alzheimers Society. 2007. *Dementia UK*, obtainable from <http://www.alzheimers.org.uk/site/scripts/download_info.php?fileID=1> (accessed 16.2.11)

Beeston, D. 2010. *Early Interventions in Dementia*. Stafford: Centre for Ageing and Mental Health, Staffordshire University. Obtainable from <http://www.improvingnhsscotland.scot.nhs.uk/programmes/mental-health/Pages/Resources.aspx> (accessed 17.2.11)

Brennan, T. 1995. Comforts of faith fade as God becomes a presence. St Petersburg Times, October 31. Obtainable from <http://www.virtuallawoffice.com/brennan2.html> (accessed 17.2.11)

Bryden , C. 2005 *Dancing With Dementia* London: Jessica Kingsley

Bryden, C. 2006 **Dementia – a journey inwards to a spiritual self.** Powerpoint presentation delivered to the Ageing and Spirituality Conference, Canberra obtainable from <http://www.christinebryden.com/Resources.html> (accessed 17.2.11)

Davis, R. 1989. *My Journey into Alzheimer’s Disease* Carol Stream, Ill: Tyndale

Department of Health. 2009. *Living Well With Dementia: a national dementia strategy* available for download from <http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094058> (accessed 17.2.11)

Hathaway, W.., & K. Pargament, K. 1990. Intrinsic religiousness, religious coping, and psychosocial competence: A covariance structure analysis. *Journal for the Scientific Study of Religion,* 29 (4), 423-441.

Isasi-Diaz, A. 1996 *Mujerista Theology: a theology for the twenty-first century* New York: Orbis

Katsuno, T. (2003) Personal spirituality of persons with early-stage dementia: Is it related to perceived quality of life? *Dementia*  2: 315-335

Author (2009) Title

Author (2010a) Title

Author (2010b) Title

Author. (2010c) Title

Author (n.d.) Title

Kübler Ross, E. 1969. *On death and dying.* New York: Macmillan.

Morgan, K. 2010 *Meeting With God.* Personal communication, copy in possession of the author

Morse, L. and R. Hitchings. 2008 *Could it be dementia? Losing your mind doesn’t mean losing your soul* London: Lion

## Pargament, K., B. Smith, H. Koenig, and L. Perez. 1998. Patterns of Positive and Negative Religious Coping with Major Life Stressors *Journal for the Scientific Study of Religion* 37: 710-724

Shah, A., A. Snow, and M. Kunik. 2001. Spiritual and religious coping in caregivers of persons with Alzheimer’s disease. *Clinical Gerontologist*, 24, 127–36.

Shamy, E. 2003. *Guide to the Spiritual Dimension of Care for People with Alzheimer's Disease and Related Dementias: more than body, brain and breath* London: Jessica Kingsley

Snyder, L. 2003. Satisfactions and challenges in spiritual faith and practice for persons with dementia. *Dementia* 2: 299-314 DOI: 10.1177/14713012030023002

Soelle, D. 1975. *Suffering* Philadelphia: Fortress

Stuckey, J. 2001. Blessed assurance: the role of religion and spirituality in Alzheimer’s disease caregiving and other significant life events. *Journal of Aging*

*Studies*,15, 69–84.

## Stuckey, J., S. Post, S. Ollerton, S. FallCreek, and P. Whitehouse. 2002 Alzheimer's Disease, Religion, and the Ethics of Respect for Spirituality. A Community Dialogue. *Alzheimer's Care Quarterly* 3(3) 199-207