What is dementia and what are the implications for providing service with persons who have dementia? Dementia is different from memory loss. It is not unusual for a person, as they age, to forget things. In fact, we forgot things when we were 35. Persons with dementia do have memory loss, especially short-term. Persons with dementia also forget where they are, and who they are. A person does not have dementia just because they lose their keys. They might have dementia if they not only lose their keys, but also forget what the keys are for. Persons with dementia might not be able to remember what they had for breakfast this morning, and they also might forget where the bathroom is located, or walk where they live. There are many forms of dementia. Dementia is the general term, like the word “automobile.” One of the most common types is Alzheimer’s disease. Alzheimer’s is a type of dementia, like Ford is a type of automobile.

People are often frightened about dementia. In fact, I believe that older persons today are more afraid about dementia than they are about cancer. Most people know of persons who have beaten cancer. No one has beaten dementia, and that is frightening. What is more, people are frightened because they can’t seem to communicate with a person who has dementia. Their sentences are often mixed up. Their memories scrambled. Since they can’t remember the past, nor do they have a sense of the future, most people don’t know what to say to them.

Researchers in dementia care remind us that a person with dementia is a person with a spirit, feelings, will, personality and a life story, and they have the present moment. These same researchers suggest that a person with dementia may still be a person who gives and receives love and affection; a person who is compassionate and concerned; a person who enjoys verbal and non-verbal communication; a person who has a sense of humor; a person who maintains old skills and talents; and a person who responds to the experience of new information.¹

Marty Richards suggests the following list of needs that persons with dementia have. This list may help guide visitation with and ministry to persons with Alzheimer’s disease and other dementias. Persons with dementia need:

- To feel connected
- To have a sense of belonging
- To feel competent
- To be able to share
- To be useful
- To be respected
- To be successful
- To be appreciated
- To be loved and to love
- To have a sense of control
- To have a sense of hope

Since persons with dementia increasingly have no past or no future they need to be addressed in the present. Being in the present is specifically what many persons have difficulty with in ministry. When the ordinary person visits a friend in the hospital, what is often the topic of conversation? The past and the future. “Did the doctor come in yet today?” “What have the doctors said about your condition?” “What did you have for breakfast?” “How long do you think you are going to be in here?” Some persons with dementia cannot remember what

¹ David Troxell and Virginia Bell, The Best Friends Approach to Alzheimer’s Care (1999).
happened five minutes ago, much less what they had for breakfast or when their doctor last visited. They might not even understand where they are or why they are there. In fact, this ‘new place’ might become the topic of conversation, even complaint. “I don’t want to be here.” “Will you take me home?”

What does the caregiver/visitor say or do in this situation? Keep in the moment. Keep in the present. One day, at a long-term care community, I engaged a resident who was looking for his wife. I knew that he had been widowed for at least a couple of years, but that information was in the past. It was not present. After some conversations about his wife (tell me about her, etc) I volunteered to take the person on a walk to search for his wife. I knew that all I needed to do was to change the environment and/or the subject of conversation, and the person would ‘forget’ that he had been looking for his wife. We went outside (safe to do so in this retirement community) and in the process began talking about the weather and the flowers. After a few moments, I invited the resident to rest and enjoy the beauty around him. He thought that was a good idea, so he sat down and enjoyed the view, totally forgetting about his search. Now the search itself was a part of the past.

Try bringing items on your visit that you can talk about. Photos are good. Perhaps a pet (if it is allowed and welcomed in the community). Remember that a person with dementia may not be able to process things cognitively like others can, but they can still see, feel, smell and touch. Use these immediate sensory abilities to guide your conversation. What is around the room? Is your chair hard or soft? I like the color of your blouse. What colors do you like? How do they make you feel? How about getting some water-based paint (like the powdered stuff that needs added water) and finger paint the sun, or the experience of being hot, or the warmth of a kitten. Again, anything that keeps you in the moment is good.

Touch can be very effective in ministry with a person with dementia. Always approach a person with dementia from the front, where they can easily see you. Ease in gently rather than quickly. If it feels appropriate, reach out to touch a hand or a shoulder but be ready to stop immediately if the person pulls away. Once a person with dementia feels comfortable with your presence, a light touch of the hand might be welcomed and assist the resident to focus on you and your conversation.

Don’t forget about the resources of your faith. Sing hymns—one verse only from memory, lead in a simple devotion (Psalm 23 is a favorite, but don’t be surprised if a number of residents ‘chime in’ on the reading), or use the Lord’s Prayer (again, even persons with advanced dementia often remembers this ritual). Providing communion can also be meaningful. Touching persons with their past while not requiring them to remember the past is an important principle to remember.

The Rev. Donald Koepke is founding director of California Lutheran Homes Center for Spirituality and Aging, now serving as Director Emeritus.

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