

# Agenda

PRESBYTERIAN OLDER ADULT MINISTRY NETWORK  
CONGREGATIONAL MINISTRIES DIVISION PRESBYTERIAN CHURCH (U.S.A.)

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## ***A New Kind of Care, A Better Way***

by Nan Pascal

For more than seven years I was intimately involved in the care of a friend and brother-in-Christ whose Alzheimer's Disease ran the whole terrible gamut from early onset to death in an institutionalized setting. Since those days I have visited many institutions dedicated to the care of those who suffer this terrifying disease.

It was almost overwhelming for me to visit the Christopher Center at Our Lady of Hope Health Center in Richmond, Virginia, last summer. There I found a kind of care so dramatically different from any I had seen before that I could only thank God for the enormous step forward this represented. When Dick Morgan asked me to write a lead article on Alzheimer's Disease, I turned to Nan Pascal, Assistant Administrator at Our Lady of Hope, and asked her to describe the Christopher Center. Below is her description.

—Henry C Simmons, Ph.D., Presbyterian School of Christian Education, Richmond, VA 23227

The Christopher Center at Our Lady of Hope Health Center challenges the paradigm for Alzheimer's care. Light, space and activity are the hallmarks for this unique environment, specially designed for 32 men and women in mid-stage dementia. Large tinted skylights cover the living room" areas of the two pavilions of the Christopher Center providing light, but no confusing shadows. Acoustical ceilings, wall-to-wall carpeting and special wall coverings throughout the pavilions minimize noise and enhance the homelike feeling. Private rooms, each with a private bath, are arranged to permit and encourage self-care, whenever possible. Each bedroom is decorated with wallpaper borders, matching draperies and furnished with the resident's own possessions. To aid in resident recognition, each bedroom door is a different color and outside the door is a built-in illuminated display box. Residents and their families fill the boxes with personal mementos and photographs. The resident's name and most remembered home address appear above the display box. In addition to the large open area with activity centers, dance floor and comfortable seating, each pavilion of the Christopher Center has two additional rooms designed for special activities. The Solarium has glass walls arranged in a way that the rays of the sun are directed onto upholstered rockers in the room. This provides comforting warmth for dementia residents whose body thermostats make them feel cold. The Music Room is furnished with an upright piano, an old style radio (with modern workings) and comfortable chairs. Shelves hold a collection of rhythm instruments, tapes and songbooks for music activities.

An invitingly decorated kitchen in each pavilion of the Christopher Center increases the feeling of being at home, and the stocked refrigerator offers residents easy access to snacks and beverages. Meals are prepared in the facility's main kitchen, but served to Christopher Center residents in their own dining room at tables seating four or six people. Personalized meals can be provided to accommodate individual abilities, such as when finger foods are necessary, and special dietary needs. The kitchen in the Christopher Center is also the location for some individual and group activities. Here residents and staff can prepare foods to share. Setting the table for group meals is an activity that makes some residents feel productive and helpful.

Activity programs for residents of the Christopher Center are designed to build on previous life experiences and talents, thereby enhancing physical and mental functioning. The professional Activities staff presents a comprehensive program of social, recreational and religious events. Art and music therapists also provide many hours of activities for residents. For those residents who enjoy the outdoors, each pavilion has four doors that lead to a secured garden with walking paths, gazebo, benches and gardening beds.

Within each pavilion there are two "family" groups of eight residents. They participate as a unit in grooming and reminiscing activities with their Special Care Leaders. These staff members provide assistance to the residents in all their activities of daily living. Because the Christopher Center follows a social model for care as an Assisted Living unit, rather than the medical model of a Nursing Home, Special Care Leaders wear colored jumpers rather than white uniforms. All staff assigned to the Christopher Center—including maintenance, dietary and housekeeping staff—receive special training to understand the

philosophy of the Center and to develop the skills needed to work effectively in this unique setting.

Participation by the families of Christopher Center residents is strongly encouraged. Close relationships develop between staff and family members as together they try to meet the special physical and emotional needs of the residents. Families have formed a support group that meets monthly for discussion and a shared meal with their loved ones.

The Christopher Center provides an exciting new concept in dementia care. Until recently the families of men and women in the mid-to-late stages of Alzheimer's Disease had few options. Facilities marketing dementia care" usually offered only a shared room in a locked wing of a nursing home. Faced with this as their only alternative, many families tried to care for their loved ones at home, a situation that led to incredible stress as health and safety concerns increased. The Christopher Center at Our Lady of Hope Health Center demonstrates that there are other choices for families struggling with the realities of this terrible disease.

—Nan Pascal, Assistant Administrator

### ***Special Care for Alzheimer's at the Forest at Duke***

by Leslie C. Jarema, N.H.A.

"Where greatness comes from going out on the edge."

Special Care Units for Alzheimer's Disease and related disorders have begun to emerge as long-term care facilities become more innovative and competitive in an effort to meet the special needs of the cognitively impaired resident. The Forest at Duke offers unique care for Alzheimer's residents that goes beyond segregating these individuals behind locked doors, which maintains the "out of sight, out of mind" mentality .

The Forest at Duke has responded to this critical care need with the development of an Alzheimer's Special Care Unit and Wandering Garden, with specially trained staff. Although most people with Alzheimer's Disease are cared for at home at first, as the disease progresses, there are unrelenting demands just to meet activities of daily living such as feeding and dressing. Caregivers must face their loved one's constant wandering, disorientation in time and space, agitation, occasional violent behavior, and withdrawal.

The purpose of the Special Care Unit is to:

1. provide a protective, low-stimulus environment where persons can interact with others who have similar problems;
2. provide a safe environment that is predictable, safe and secure;
3. meet resident needs with as little medication as possible.

At the Forest we have provided a special unit and garden, a bright, cheerful place where residents are free to interact in a safe, secure environment. The Forest's Wandering Garden provides a walking path for more than physical exercise. It allows residents opportunities for passive involvement in activities, and stimulates numerous physical senses—sight, hearing and smell—and gives freedom to enjoy the outdoors. The residents can roam in the garden and discover a gate in the middle of their path. Going in and out of the gate distracts them from slipping out of real doors that pose a danger. Other unique aspects of this Special Care Unit are a living area in the 1950s style, reminiscent of the resident's younger adult years, with bright colors to provide a happy, upbeat environment, and a kitchen area that provides residents with opportunities to perform simple cooking projects, arrange and wash dishes, or fold napkins. Each person has a private, personalized room with an enlarged photograph as a young adult, and a biography on their door. While the photo and biography assist the resident to find his/her room through recognition of the person they knew, the picture and biography are primarily for the staff to get to know who the resident was—and is—and to increase the respect for that person. Other special effects for residents include a large, colorful triangle that points to the outside door in an effort to provide directional cues. "Oldies" music plays from the diner-style jukebox on the kitchen counter, and familiar objects from the past adorn the unit, even to a Collier's magazine on the coffee table.

Everyone (residents and staff) tries to live like a family. Families of residents also participate in "shared care," in which family members are encouraged to describe their concern about the care of their loved ones. Early results indicate that residents are allowed to move about freely, and there has been a reduction in psychotropic medication as well as negative behaviors. My basic philosophy has been that "mediocrity comes from playing it safe, and greatness comes from going out on the edge." For further information, please contact:

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The Forest at Duke  
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(919) 490-0887

### ***From the Editor***

by Richard L. Morgan, editor

Alzheimer's Disease has been called the "disease of the 20th century" and as we live longer, will remain so in the 21st century. Dubbed by some "the funeral that never ends" and "the slow death of the mind," it affects some 4 million Americans today. The fourth leading cause of death among older people, geriatricians project it will afflict 14 million Americans in the next 20 years.

Through the National Council on the Aging, we learned that 4 million Americans have Alzheimer's Disease now. The projection is that by the middle of the next century, 14 million Americans will have Alzheimer's Disease unless a cure or a preventive measure is found. So, it is fitting that we devote this issue to this ever growing problem for older persons. Highlighting this issue are two creative approaches to Alzheimer's Disease, at the Forest at Duke in North Carolina and at the Christopher Center at Our Lady of Hope Health Center in Virginia. An excellent list of books is also made possible through our Center on Aging at PSCE. I trust this will be of value as we all face the issued of this disease, one which requires "a 36-hour day."

—Dick

P.S. I am now on the Internet and can receive your e-mail letters at [rmorgan@hci.net](mailto:rmorgan@hci.net) Let me hear from you!

### ***More on the Aging Ministry in the Presbyterian Church***

by Albert E. Dimmock

The last issue of AGenda contained excellent articles by Miriam Dunson, Patt Schroeder, and Jan McGilliard on the development of the ministry with older persons in the Presbyterian Church. Those articles related to the older adult network, which has grown in significance and is a primary resource for leadership and programming today.

An earlier movement preceded this and needs to be remembered in any historical accounting of work with older people. It is the contribution of the Center on Aging established at the Presbyterian School of Christian Education (PSCE). This pioneer Center grew out of the influence of The National Interfaith Coalition on Aging (NICA), founded as a means of expanding the religious ministries among older people in the United States. NICA, under the leadership of Rev. Tom Cook, a Presbyterian minister, undertook the Gerontology In Seminary Training (GIST) research, working with theological schools in education and experimentation to develop ministry with older people across denominational lines.

Dr. Kenneth Orr, president of PSCE, was part of the NICA program from the beginning and saw the importance of this ministry. Through his efforts, and the support of Ms. Josephine Newbury, also of PSCE, the Women of the Presbyterian Church allocated one-half of the Birthday Offering in 1976 toward the establishment of a Center on Aging at PSCE—the first such program in any major denomination in the United states. Also, in 1976, the Montreat Conference Center began the first Older Adult Conference to provide inspiration and training for the church.

The Presbyterian School of Christian Education in 1977 called Dr. Albert E. Dimmock of Raleigh, North Carolina, to become the founding director of the Center on Aging. The Center was to provide educational classes, seminars and workshops, undertake research to draw together materials and develop and test models for ministry, and to develop

practical resources for the church. The Center was charged to provide the church with Biblical/spiritual resources, helps in understanding older adults, and tested programs covering many aspects of older adult life, including ways of sensitizing the church; programs for active, retired, and homebound older people; intergenerational programs; and programs of ministry for adults with aging parents. With additional grants the Center flourished, pioneering in many experiments across the nation. Under the leadership of Dr. Henry C. Simmons it has continued to serve the church.

### Do You Know Who Thought Up The Name "AGEnda"?

Since preparing the February issue of AGEnda that included some of the history of Older Adult Ministry in the Presbyterian Church, another little-known but very important piece of history has come to the forefront. In 1981 the Office on Aging was opened in Atlanta with Dr. Tom Robb as the Director. Also working in that office was Betty Partenheimer. It was from Betty's very creative mind that the name, AGEnda," emerged, and then was adopted as the official name of the newsletter. Not only did the name come from Betty, but she served as Editor of AGEnda from about 1982 until the offices began making plans to move to Louisville in 1987. She also assisted Dr. Robb in developing resources, in working with the "Gift Of A Lifetime" project, in the publication of the newsletter, and in many other projects that came out of the Office on Aging during those years. Since her retirement she has continued both her interest and her very deep involvement in Older Adult Ministry, working to raise the awareness of the issues that older adults deal with on a daily basis, and seeking especially to enhance their spiritual growth in the later years. The history of Older Adult Ministry in the Presbyterian Church would not be complete without the inclusion of Betty Partenheimer's major contributions to this work.

### From Here and There

I continue to meet incredible Fourth Agers. One is Vola Fox of Hickory, North Carolina, who recently celebrated her 90th birthday with a motorcycle ride. As she began her ride, she remarked that she was born about the time the Harley-Davidson Company went into business. Her driver, Tom McNeilly commented, "She's the only 90-year-old scooter fox I know." There were many incredible Fourth Agers I met at the Florida Presbyterian Homes in Lakeland recently. Over 80 persons gathered to share life stories. One memorable person was Eugene Clements, who has written and published his life story (Wa-o-n-spe-ki-ye, Teacher). A third Fourth Ager of note is Harry Jordan, resident at Grace Ridge Retirement Community in Morganton, North Carolina. At the age of 92, he maintains his zest for life, attends church regularly on his walker, and is a constant source of wisdom and counsel to everyone he meets.

### The Eden Alternative

Physician William H. Thomas has developed a unique approach for Alzheimer's patients called The Eden Alternative. It teaches that elderly persons will be happier and less dependent in a comfortable living space with pets and plants. Claiming that loneliness, boredom and helplessness account for the bulk of suffering in a nursing home, the Eden

Alternative provides less programmed-activities approach to life and devotes these resources to the maintenance and growth of the habitat. He believes the nursing home ought not to be "a watered-down hospital for hopeless cases, but a home." Dr. Thomas' unique approach first took place in 1991 at Chase Memorial Nursing Home, a rural, eighty-bed skilled nursing facility in New Berlin, New York. At this time there are more than 100 "Edenizing" nursing homes in the United States. (See William H. Thomas, *Life Worth Living: The Eden Alternative in Action*, Acton, Mass.: VanderWyk & Burnham, 1996.) For further information write:

Eden Alternative  
R.D. 1, Box 31B4  
Sherburne, NY 13460  
Tel.: (607) 674-5232  
E-mail: rumpelst@norwich.net

## ***The Presence Matters***

by Ed Loper

The important stuff I learned about ministry I learned on the Alzheimer's Unit: what you say is not nearly as important as being there. What did the man say? Ninety percent of the game is just showing up.

Back in the 1980s the Presbyterian Home decided it would develop a special unit dedicated to the care and nurture of dementia patients. We did so for at least two reasons: Dementia patients were difficult persons with whom to work and to live. We were seeing more and more of them with increasing problems. On the other side of the coin, our demented residents were not being well served. The staff and board of directors dedicated forty beds in a unit dedicated to dementia care. We tried all sort of things: nighttime programming to take advantage of the "sundown syndrome," memory boards and visual cues, nursing strategies to involve folks in personal care, environmental management of behavior, activities designed to stimulate daily living skills, lots of creative activities intended to maximize eroded cognitive function.

Much of this I watched from afar with skepticism and bemusement until the day I was assigned the task of designing worship for dementia patients. I scarcely could believe the words I was hearing. Worship, Bible study, prayer groups for demented people! I mark this as the day when my learning about ministry began. What I learned from that day forward was important.

Presence in ministry is everything. I would really worry about what I could say or do. Much of my ministry depended on the cognitive skills of the other. When the other could not receive or process the information I had to give, or could not respond to my insightful and open-ended questions, it was a problem. Dementia folks don't deal with information. They deal in feelings and emotions. They are very aware of how others feel and react to them, how the emotional system in the room is running and what emotions they are

receiving from others. Ministry starts to happen when the emotional system gives feelings of love and nurture and support. I could talk about those things all day, but if my voice and body language did not show these things, all was really in vain.

This was especially true in preaching. I became aware of how much of my preaching was trying to convey information I thought important. When I began to think about how my tone and manner and attitude worked against what I wanted to say, I began to preach.

The same is true at a much deeper level for worship. We Presbyterians are quite cognitive beings—even in worship—who spend more time talking about stuff than experiencing them. When I began to worship and celebrate sacraments with people who can only experience and who can very seldom understand, I began to understand the power of experience in the sacraments. The same is true of the power of music in worship. So is the power of Scripture as the stories are heard for themselves without layers of interpretation and old preaching to act as filters.

Ministry, authentic pastoral ministry, is presence before anything else. It is not speaking or doing, at least not right away. Ministry is an empathetic being with, an uncritical and open listening, it is trying to understand and respond to what it is to be the other. It is helping the other to find and experience the awesome power of being in the presence of God, unfiltered by cognitive understanding. Ministry is to be in the world of the other. Like I said, everything I learned about ministry that is worth knowing I learned in the dementia unit.

### ***Musings by Miriam***

by Miriam Dunson

When I was in college, the pastor of the Presbyterian Church in that college town and his wife provided a "home away from home" for many of us during our college years. One of the ways they found to enhance that feeling of "being at home" was to invite members of the Westminster Fellowship, along with the Presbyterian student worker, to the manse on Friday nights to sit around on the floor in front of an open fire, eat popcorn, and discuss the finer points of the theology of Winnie the Pooh as read to us by the pastor's wife. Those were cherished moments for us all.

Thirty-five years later I was a seminary student, engaged in an intern year serving as chaplain at a large retirement home in Atlanta. There, on the third floor in the intermediate care section, was my college pastor's wife, whom I shall call "Margaret," a resident on the wing that cared for persons with Alzheimer's Disease. The disease had not progressed to the extent that she was completely out of touch with her reality, because she knew me at the first of the year. However, a few months later she did not recognize anyone and did not know where she was.

Occasionally, during those years in Atlanta, I and some of my college friends who lived in the area would gather just to stay in touch with each other, especially when one of our "gang" from another place was passing through the city. That spring we had such a gathering at my apartment, and we decided to arrange for Margaret to come and join us. We placed her in a comfortable chair in my living room, provided her with refreshments, talked to her about who these people were in the room. She did not know us, but was beautiful and gracious as always. Just on a hunch, I went to the bookshelf, found Winnie the Pooh, and asked Margaret if she would read to us.

Margaret took the book from me, opened it, and she began to read—just as she had done 35 years before. She had the same excitement, used the same intonation, gestures and emphases—just as before. When she finished the first story, we were all sobbing both with joy and with sadness, but we applauded, and she said excitedly, "Let's do it again!" Margaret read to us for some time as we drank up every word and relived those joyous times so long ago. After a little while, Margaret closed the book, and she was gone again.

But, oh, what a gift this was—a gift hopefully for Margaret, as she reached way back in her memory and for a time was living in that memory, perhaps a much happier time for her. Certainly this was a gift for us who listened, as we caught a glimpse of the Margaret we had known before, and who had meant so much to each of us in our formative years.

One of the most important principles I learned during my chaplaincy training program at that retirement home was that it is not productive or helpful to try to do "reality checks" with residents with Alzheimer's Disease. In the beginning I tried this, and I became frustrated, as did the resident with whom I was visiting. A wise supervisor advised me to "go with the flow"—"go into fantasy-land with the resident" and enjoy the ride! I did indeed enjoy the rides I took with the residents as they hopped from the early part of this century, to a "whenever" kind of picnic by the river, to talking about "papers, porches and purses" as one woman relived her profession as a journalist including those three words in almost every sentence.

We did not do a "reality check" with Margaret. But the reading of Winnie the Pooh touched a reality in her memory that put her, and all the rest of us, back in history for a very special time. What a gift!

## ***The President's Page***

by Jan McGilliard  
Life is Messy

We Presbyterians pride ourselves in being orderly, in planning for the future, even brainstorming in the form of an outline. Leaders take it personally when meetings and gatherings don't follow the schedule and those inevitable unforeseen circumstances cause us to wander from the path. Worship services are a good example. One Sunday as the pastor, session member, and family gathered around the baptismal font (in the center of

our sanctuary), the pastor discovered there was no water in the pitcher. Off sprinted the session member to get water. Somehow it didn't seem much like Holy Water that day. Or one Easter Sunday when the children brought forward their Stu-Bear boxes for One Great Hour of Sharing, one very proud child struggled to carry a very full box of coins. You guessed it; the box exploded on the floor with coins cascading in every direction. The congregation roared in laughter. People scurried to help pick up the coins. Upon a second presentation, the box fell apart and once again coins were everywhere. For about ten minutes things were out of control, and the pastor must have wondered how to get from chaos to communion in the space of one hour!

Our personal lives are no less challenging. I thought with both children in college, the house a private sanctuary and office, and our parents in good health, my usual hectic Spring would roll out smoothly and without wrinkles for the first time. No more calls from the high school to "bring my flute, please?" No more concerts or soccer games except those we chose to attend. Then one afternoon in March we received a calmly written e-mail from my mother-in-law informing us she was entering the hospital with pneumonia. We began our nervous vigil around the telephone, one of us nearby at all times. IV antibiotics failed to eliminate the infection, and within days she was gravely ill. Family members were summoned to Michigan from Virginia, Oregon, and Illinois.

The message is: life is messy. Family caregiving responsibilities often turn our lives inside out and upside down at a moment's notice, often involving great time and distances, friends, neighbors and extended family. We were fortunate; our children were able to travel with us to Michigan. We were infinitely blessed with their grandmother's survival, even the ability to communicate with us after being totally sedated and dependent on machines to do her breathing.

According to the 1997 National Caregivers Survey (sponsored by the National Alliance for Caregiving, AARP and Glaxo Wellcome), nearly one in four U.S. households cares for an older adult. Here are some of the findings of the survey, first presented at the American Society on Aging meeting in Nashville:

Family caregivers spend an average of 18 hours per week providing care for an older adult, with nearly half devoting eight hours weekly to these responsibilities.

Intense caregiving (defined as 40 hours per week of unpaid, informal family assistance) occurs in one-fourth of the 22.4 million households.

Caregivers spend about \$2 billion each month out of pocket for groceries, medicine and cash support for their loved ones.

More than 40% of those caring for older adults are also raising children under age 18.

Almost two in three caregivers are employed full or part-time.

The study reported a surprising 22% of family care-givers to be in their 20s, while 12% of caregivers are over 65. Most are women, though the number of men involved in family caregiving is on the rise. In many cases older adults are living independently because of the assistance offered by family members, often for many years.

For more complete information on the 1997 National Caregivers Survey, contact NAC, 4720 Montgomery Lane, Suite 642, Bethesda, MD 20814. Telephone: 301-718-8444. Information from the survey will be very important to the work of our older adult ministry network.

Ibuprofen

A massive study by Johns Hopkins University shows that frequent doses of the anti-inflammatory drug ibuprofen for two years or longer can reduce the risk of developing Alzheimer's Disease by as much as 60 percent. The study, conducted by the National Institute on Aging, involved 2,300 subjects over nearly 20 years. However, the researchers cautioned against widespread use of ibuprofen in an effort to stave off the debilitating disease since the drug can cause peptic ulcers and kidney damage. (Los Angeles Times, March 9, 1997)

### ***Got Old-Timer's Disease?***

by Dr. Bill Harkey

After hearing her parents talk about their parents, little Susan blurted out at a dinner party, "Want to know something? My Granny has 'Old-Timer's Disease!'"

Pardoning Susan's pronunciation, whether it is Alzheimer's or Old-Timer's disease, the end results are disturbingly bad. Both are to be avoided if at all possible.

While Alzheimer's is primarily a physical disease, "Old-Timer's" tends to be psychological. It is an aging condition of attitude. It produces worrisome misunderstanding between generations. Sadly, it tends to alienate us older folk from others. Fortunately, it can be prevented—even cured.

"Old-Timer's Disease" is brought on by an unhealthy clinging to our past. It is especially serious in those seniors who cling to every memory— whether good or bad. It attaches itself and soon becomes so apparent that many times we are either avoided or summarily dismissed. It can become the source of loneliness and depression.

What seems to be one of the first symptoms of "Old-Timer's Disease" is a developing mental rigidity. Some might call it "downright stubbornness." Coming as we do from one or two generations previous, it is not easy to accept the changes in today's society. The real trouble begins when we tend to become too critical. We begin to fight with life. It's a fight to turn back the clock. It just won't work!

For instance, in our day we had romance without concurrent sex. Our deep relationship was a commitment to a lasting marriage. Separation, if it happened, was usually by death, not divorce. How different today. We feel that our past society closely followed biblical guidelines .and was much superior to today's accepted practices. The problem emerges

when we become immovably rigid and legal. While we might well be right, this "what's old is right" attitude begins to spill over into every facet of living. Soon our conversation and manner alienates us from friend and foe alike. We have succumbed to Old-Timer's Disease."

Worse yet, we no longer "matter" in today's society. Yes, you say, but we are right! Well, maybe yes—maybe no. We point to the Ten Commandments and say, "See!" And we are right, as far as we go. Our sin is in judging. We well know Jesus' famed reply, "Let him who is without sin cast the first stone"! The hurdle we can't seem to jump is that of admitting the severity and presence of our own personal sins. This, in spite of our faith that we are now saved from our sin's consequences through the shed blood of Jesus Christ. So, what do we do?—we cast the first stone!

There seem to be equal measures of disobedience to God in every generation. As we pass from one generation to the next, disobedience takes on different emphases, forms and disguises. Our Christ died and rose again for every generation. The sin problem, no matter its prevalent forms, will always be present. And, praise God, Christ also will always be present, offering full salvation and the more abundant life.

The realization that God's plan is at work in this generation is the first therapy for Old-Timer's Disease. The big "zinger" comes in trying to answer the question, "What are we going to do about it?" Only if we do something constructive about problems of the present generation will we be able to work our way out of "Old-Timer's"—and on to acceptance, credibility and helpfulness.

Working our way out of "Old-Timer's Disease" won't be easy but the rewards will be enormous. At rock bottom, we super seniors must learn how to truly hate this generation's sins—but deeply love this generation's sinners. As gentle, mature Christians, we must first strive to withhold judgment on those of the present generation. Only if we do this can we even begin to communicate with them. In loving honesty, as oldsters, we should admit we do not have all the answers.

But, in the same reasonable way, we should try to illustrate appropriate experiences from our own and other's lives. It's hard to quarrel with real life experiences. If none are available, gently suggest taking a peek at the Scriptures as a way that many of us have found answers.

This gentle witnessing—without judging—can do much to help us escape Old-Timer's Disease. Even more important, if the Lord pleases, we might experience the highest joy of life: leading some of our present generation to Jesus Christ!

***"Old-Timers Disease" is brought on by an unhealthy clinging to our past***

Untethered Frances

by Troy S. Lewis, Rutherfordton, North Carolina

Do our minds wear out with age or do they just fill up and overflow? Sometimes I think that is what has happened to people with Alzheimer's. Their rich memories of the past seem to have overflowed into the present.

Frances was tethered to a nursing home chair. She looked so sad. She would often pull at the restraints that kept her safe. They kept her from wandering off and climbing on a city bus or stepping in front of a car, or worse.

When Frances talked she was free of all restraints, even those of time and space. When she talked the past was present to her again. To her I was no longer the awkward minister who did not know what to say, but I was whoever she willed me to be, and the nursing home was no longer her safe prison but whatever she wanted it to be.

At first I tried to restrain her. I tried to tie her to the reality of her present by telling her over and over again who I was and where she was. But her mind could not be tied fast to the present. She refused to be confined to awkward conversations within the dingy walls of the nursing home. She would not allow it. She would not accept that "reality."

She took me to wonderful places. We went to U.S.O. dances and said good-bye to many handsome men and one very special young man. We played on her grandfather's farm, ate fresh peaches, swam in the creek, and gathered wild flowers. We rode street cars to work. We visited India and Africa. We went out into the Richmond city streets on V.E. Day.

We would skip through years and places as quickly as one memory triggered another. We were not even confined to traveling in a straight line. We would go from a childhood memory of making fresh peach ice cream to receiving word from the War that her special young man would not be coming home; then back again to the safety of her childhood. Sometimes she would pause, look around the nursing home, get a puzzled look on her face, and catch a glimpse of reality, but she never stayed long.

"Poor old Frances," people would say. "It is sad what happened to her mind." It was sad to see her that way. She would have been embarrassed to see herself tied to the chair. But that was not her reality. She saw herself as she had been at other times in far better places. And as I made friends with her reality, she was not such a sad figure. At times I could almost see the mischievous little girl and the brave young woman. At times I could even thank God for her overflowing memories and the escape they gave her. Frances is free of all restraints now. I celebrate her freedom. But sometimes I miss our trips.

***Harvested Wisdom***

***To a Redwood Tree***

by Marion Jean Chute

My eye is drawn to you, old veteran tree  
That's nearly dead. Your bare trunk shows great scars  
From branches lost to centuries of storms  
And fires you have survived. But looking up  
To your top, I see there's life there still.  
You brave old giant, putting forth new branches!

I stand here gazing upward, rapt, until  
The message you have for me comes clear.  
Your thousand makes my eighty years seem few.  
Yet I have felt sometimes that there was nothing  
Left I could give or do. You give me hope  
and courage to believe that I, like you,  
May in old age, still put forth new branches,  
Champion new causes, make new friends, and maybe  
Even dream new dreams and write new poems.

Ms. Chute lived to be 94, and was always championing causes; the week she died she wrote President Clinton about her concerns.

### ***Books on Alzheimer's Disease***

Atkins, Marguerite Henry, *Also My Journey: A Personal Story of Alzheimer's*. Wilton, Conn.: Morehouse Barlow, 1985. 160 pp.

This is a moving account of a man's medically incurable disease and how his wife coped, by the grace of God, for almost fifteen long years with an agonizing situation.

Davis, Robert, *My Journey Into Alzheimer's Disease: Helpful Insights for Family and Friends*. Wheaton, Ill.: Tyndale House Publishers Inc., 1989. 140 pp.

This book views Alzheimer's Disease from a spiritual perspective. The author, an ordained minister, discusses his journey from diagnosis of early onset Alzheimer's Disease to total acceptance of the disease.

Fish, Sharon, *Alzheimer's: Caring for Your Loved One, Caring for Yourself*. Wheaton, Ill.: Harold Shaw, 1996. 248 pp.

The author deals with two basic questions that face caregivers of Alzheimer's patients, viz., how to handle the loved one's changing behavior and where to turn for help. Appendix A offers a helpful list of resources.

Gray, David Dodson, *I Want to Remember: A Son's Reflection on His Mother's Alzheimer's Journey*. Wellesley, Mass.: Roundtable Press (Four Linden Square, Wellesley MA 02181), 1994. \$14.95.

The author journals his visits to his mother, an Alzheimer's patient in a nursing home, and his struggle to find new skills to sustain their communication to the last. Excellent book for deciphering the garbled language of an Alzheimer's patient.

Gwyther, Lisa, *You Are One of Us: Successful Clergy/ Church Connections to Alzheimer's Families*. Durham, N.C.: Duke University Medical Center, 1995. 59 pp.

What churches and clergy can offer people with Alzheimer's and their families is not available from any other source. This booklet attempts to link caring church ministries to Alzheimer's families. Jakes, P. David, *The Decision Is Yours: Help for Senior Adults and Their Families with Housing Options*. Nashville, Tenn.: LifeWay Press, 1995. 224 pp. The author outlines a step-by-step approach for assessing an individual's needs through the use of questions concerning ability to perform necessary daily tasks. The reader is then directed to the most appropriate living alternative.

Keck, David, *Forgetting Whose We Are: Alzheimer's Disease and the Love of God*. Nashville, Tenn.: Abingdon Press, 1996. 255 pp.

The author's premise is that Alzheimer's Disease raises key theological issues that are not being addressed. The approach taken in the book is that, while a person with Alzheimer's Disease no longer may be able to enter into relationship with God, there is a soul that is still loved by God.

McGowin, Diana Friel, *Living in the Labyrinth: A Personal Journey Through the Maze of Alzheimer's*. San Francisco: Elder Books, 1993. 129 pp.

This book provides a poignant, insightful look at the early onset of Alzheimer's as the author experienced it. She talks freely and openly about the fears she felt concerning the inevitable and uncontrollable changes taking place in both the present and the future.

Post, Stephen, *The Moral Challenge of Alzheimer's Disease*. Baltimore: The John Hopkins University Press, 1995. 143 pp.

This book specifies the moral and ethical signposts that ensure that those with dementia, and in particular Alzheimer's Disease, will be treated with dignity deserved by any human being. It challenges the current cultural attitude that nothing can be done for people with dementia.

Roberts, Joan D., *Caring for Those With Alzheimer's: A Pastoral Approach*. New York: Alba House, 1991. 84 pp.

Written by the caregiver of an Alzheimer's patient, this book intends to help caregivers in their duties and to show pastors and counselors how the spiritual and emotional needs of the caregivers can be met. Sapp, Stephen, *When Alzheimer's Disease Strikes*. Fort Lauderdale: Desert Ministries (Box 2001, Fort Lauderdale FL 33303), 1990. 32 pp. Brief but excellent discussion of what Alzheimer's Disease does to a family and the positive aspects of caregiving.

Simmons, Henry C., and Mark A. Peters, *With God's Oldest Friends: Pastoral Visiting in the Nursing Home*. New York: Paulist Press, 1996. 103 pp.

Suggests an approach and prepares the pastoral minister for visiting in an Alzheimer's unit; discusses the practicalities of a visit; details special units in nursing homes and special cases; addresses the need and use of rituals; and suggests ways to make a parishioner's transition from home to nursing home as graceful as possible.

(This list was compiled by Jane Wilson in a listing entitled *Alzheimer's Disease: An Annotated Bibliography*, for the Center on Aging, Presbyterian School of Christian Education in Richmond, Virginia, 1997.)

#### Upcoming Conferences

It is still not too late to register for the National Convention for Retired Clergy, Spouses and Survivors Convention at Louisville, May 21–24. For further information call John Rhea: 502-569-5486. Fall Older Adult Conference at Montreat, October 13–17, 1997. *Grounded in Faith: Growing in a World of Change.* Leaders: Howard Rice, Myrtle McCall, Virginia Bethune and others. For further information call 1-800-572-2257. Presbyterian Older Adult Ministry Annual Conference, October 30–November 2, 1997, at the Galt House, Louisville, Ky. Theme: *Equipping the Saints for the Faith Care of Boomers.* Leaders: Whit Malone, Sharon Willis, Marvin Simmers and others. Make Plans for the 1998 Older Adult Conferences at Montreat!! 1998 Spring Older Adult Conference: Dates: May 11–15, 1998 Theme: *"Recovering Biblical Hospitality As a Spiritual Grace"* 1998 Skills for Older Adult Ministry Conference Dates: May 11–15, 1998. Theme: *"Embracing the Challenge of Older Adult Ministry: Theologically, Spiritually and in Practical Application."* 1998 Fall Older Adult Conference: Dates: October 12–16, 1998 Theme: *"A Transforming Faith for Seasons of Transition"*

To request membership into the Presbyterian Older Adult Ministry Network, please do one of the following two things:

Click [here](#) for a membership form. If you choose this method, simply print out the page at this link, fill it out, and mail it to the address at the end of the form!

Contact the Office of Older Adult Ministries for a printed copy of this brochure that includes a membership request. The Office of Older Adult Ministries is located at: Presbyterian Church (U.S.A.), Office of Older Adult Ministries, 100 Witherspoon Street, Room 1615, Louisville, KY 40202-1396. (Tel. 502-569-5487).

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AGEnda

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