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The Dissolving Self? Dementia and Identity in Philosophical Theology

Dementia has been the focus of significant work in pastoral theology, but has received relatively little attention in (impractical?) philosophical theology. Yet dementia raises acute questions in philosophical theology to which we must give an answer, such as the nature of personhood, death and its encroaching on life, physicality, resurrection and hope, and the like. This paper focuses on questions relating to memory and identity. What does it mean to be a 'self'? How does that relate to memory and personal narrative? What happens to us, to our identity, when memory, the ability to remember the stories we use to define ourselves, fades? Do the acids of dementia dissolve our very selves? These questions, valid in their own right, are seen in sharp and deeply personal focus in the experience of those who endure dementia. I will outline a particular response to these questions in critical conversation with John Swinton's practical theology of dementia, and suggest ways in which practical theology and ethics and philosophical theology can engage in mutually enriching conversation.

Keywords: dementia, identity, memory, John Swinton, narrative, time and eternity, agency

Introduction

Dementia, until recently, has been something of a forgotten condition. Consigned to care homes and the occasional locked wards, dementia had largely slipped our communal mind – until its increasing prevalence amongst ageing baby-boomer populations brought it squarely to our attention. In this piece, I would like to explore some philosophical-theological reflections on dementia – perhaps not the kind of attention it normally receives.¹ But before we move on to some of these broader conceptual issues and the specific questions I would like to address, let me start with the particular. For whatever we say about a matter such as this, unless it relates to the particular it is of little, if any, value.

Lisa Genova's novel, *Still Alice*, is a poignant account of one woman's experience of early onset Alzheimer's disease.² A professor of neuro-linguistics at

1 I would like to thank a number of people for helpful comments on earlier versions of this paper: Jeff Bishop and the research seminar in bioethics at St Louis University; Trevor Stammers and the participants at the St Mary's University public lecture; Peter Kevern; Erin Sessions; Stephen Williams; and most particularly, John Swinton who gave of his time and generously discussed my criticisms and comments with me.

2 Genova, L. *Still Alice*, London: Simon & Schuster (2014), Kindle.

Harvard, Alice Howland initially puts her occasional bouts of confusion and forgetfulness down to the effects of the menopause – she is, after all, fifty. But then it gets worse. Much worse. And she receives the devastating news that she has Alzheimer’s disease (the result of the autosomal dominant PS1 mutation). As her world slowly unravels, we witness with her the loss of her beloved academic career as her capacity to follow – and present – complex arguments is lost, and the ways her family struggles to deal with it. And, of course, worse is to come, as she becomes unable to recognise those she loves or where she is in the world, follow conversations and do the complex tasks most of us take for granted. Happily, the novel ends with her in the company of those she had loved, rather than being abandoned (as is so often the experience of those with dementia). But there is, of course, no escape for her from the clutches of the disease. She is happy enough, but doesn’t recognise the person who is caring for her as her daughter, or even who she is. Towards the end, having lost the capacity to construct complex sentences, along with so much else, she laments her losses to her husband. Unable to articulate how much she misses being smart and articulate and deeply involved in people’s lives, how much she misses the family she vaguely knows she once loved, she simply states: ‘I miss myself’, to which her husband replies, ‘I miss you too, Ali, so much.’³ That is what dementia does. As it tangles and strangles neural connections, it chokes the brain of its victims, eroding memory, incapacitating complex thought, appearing to culminate in the dissolution of the very self of the sufferer.

It is no wonder, then, that dementia is one of the most feared ‘diseases’ in the Western world. In cultures such as ours, with their pathological fear of ageing and infirmity, and their obsessive focus on choice and autonomy (and their unfettered play in capitalist consumption), dementia seems to rob us of all that matters to us, even before we pass through the doors of death.⁴ Of particular concern for many people is the way they see dementia eating away at the personhood of those who suffer from the condition. Its well-known (and feared) effects on memory, cognition, communication, emotional life and the ability to make decisions strike at the heart of what we most value about ourselves: our ability to function as (rational) agents in community. Given the importance of memory to the ways in which we understand ourselves and our location in the social world, the erosion of memory seems to entail the erosion of the person. When the acids of dementia bite, they dissolve not just our memories, but our very selves. Or so it seems.

It is now generally recognised that dementia is a significant and growing issue facing ageing communities. ‘342,800 Australians were estimated to have dementia in 2015. Based on projections of population ageing and growth, the number of people with dementia will reach almost 400,000 by 2020, and

3 *ibid.*, loc. 3673.

4 Wells, S. ‘Dementia and resurrection’, *Christian Century* (2015) 132 7, 33.

around 900,000 by 2050.⁵ “There are 850,000 people with dementia in the UK, with numbers set to rise to over 1 million by 2025. This will soar to 2 million by 2051.”⁶ In the US, approximately 5.5 million people live with Alzheimer’s dementia,⁷ and this is projected to rise to 13.8 million by 2050.⁸ Dementia is not just a condition of the ‘Western’ world: globally, around 44.4 million people live with the condition, and it is projected to increase to 135.5 million by 2050.⁹ Clearly, this is a problem we need to address, especially those of us who, by calling ourselves Christian, commit ourselves to representing the God of the gospel in our speech and lives and conduct in the world. And there has been some good work in the area, especially in relation to medicine and bioethics, the practical care of people with dementia and their friends and family, and matters of practical theology, some of which I will refer to as I go along. But dementia is a relatively neglected question in *philosophical* theology (and, for that matter, in philosophy *per se*, with the exception of questions relating to the ‘personhood’ of people with dementia and, perhaps, matters relating to definitions of death).¹⁰ And so in this paper I would like to address some of the questions that dementia poses to philosophical theology – and some of the answers philosophical theology might contribute to our understanding of dementia as a *theological* phenomenon.¹¹

But what, you may ask, are these philosophical-theological questions? Indeed, what does dementia have to do with philosophical theology, or philosophical theology with dementia?¹² Much. Here are some of the questions.

5 Australian Institute of Health and Welfare, <http://www.aihw.gov.au/dementia/> (accessed 20/07/2017)

6 https://www.alzheimers.org.uk/info/20027/news_and_media/541/facts_for_the_media (accessed 19/02/2018)

7 <https://www.alz.org/facts/> (accessed 19/02/2018)

8 Hebert, L.E., Weuve, J., Scherr, P.A. & Evans, D.A. ‘Alzheimer disease in the United States (2010–2050) estimated using the 2010 census’, *Neurology* (7 May 2013) 7; 80(19), 1778–1783.

9 <https://www.ageinternational.org.uk/policy-research/expert-voices/dementia-is-global/> (accessed 20/09/2018)

10 See e.g. Romano, V. ‘Dementia, Advance Directives & MAiD’, <https://impactethics.ca/2018/01/23/dementia-advance-directives-maid/>. (accessed 06/02/2018); Matthews, E. ‘Dementia and the identity of the person’, in Hughes, J., Louw, S. & Sabat, S.R. (eds.) *Dementia: Mind, Meaning, and the Person*, Oxford: Oxford University Press (2006), pp.163–177.

11 John Swinton has led the way in framing dementia as a *theological* question, for which see Swinton, J., *Dementia: Living in the Memories of God*, Grand Rapids: Eerdmans (2012). I might not agree with either his approach or his conclusions in their entirety, but his work is wise and compassionate and instructive and challenging. For a Christian philosopher’s own painful reflections on the experience of suffering his wife’s slide into dementia, see Groothuis, D. ‘Bedeviled by my wife’s dementia’, *Christianity Today* (26 October 2015), <http://www.christianitytoday.com/ct/2015/november/bedeviled-by-my-wifes-dementia.html>. (accessed 19/02/2018).

12 I will leave aside questions of what *precisely* philosophical theology is, and how it differs from philosophy, systematic theology, ethics, and so on (although, to be fair, they are the kinds

What is a person? What does it mean to be created in the image of God? How do those questions relate to human capacities and functions? What is death, and how does it encroach on life? What is care? What does a properly functioning human community look like? And how does it embody that care that is rightly owing to its members (and, for that matter, how do we determine who are the members of a community and what care is due to them)? Addressing each of those questions is beyond the scope of a piece such as this. But there are two other particular issues that come to mind about which I think I might have something sensible to say. First, what is identity? That is, how do we identify ourselves and others as enduring beings through time? Second, what hope is there for a physical universe bound to futility and decay, and for human beings whose decaying minds are a microcosm of universal entropic processes? In short, how do we understand those persons whose selves seem dissolved in the acids of dementia, and what hope is there for them? This paper will attempt to address the first of these questions, namely, dementia and the nature of identity, before concluding with some reflections on the mutual interplay of philosophical theology and the reality of dementia. First, let me briefly identify the nature of the problems I'm seeking to address.¹³

So, what exactly is the problem?

The phenomena of dementia – memory, personality and cognition

Dementia is a complex phenomenon – or perhaps, more accurately, a complex of phenomena. It involves a complex of signs and symptoms associated with a range of pathological processes such as Alzheimer's disease, multiple ischaemic episodes and the like. Dementia presents a number of clinical pictures, such as 'classical' dementia, associated with memory loss, interference with executive functions and personality changes, and frontotemporal dementia, associated particularly with language loss and personality changes. It results from different pathological processes, such as cell-death in Alzheimer's and vascular dementia, or interference with neuronal or synaptic function, due to Lewy bodies or multiple sclerosis or Parkinson's. Perhaps the most prominent feature – certainly the one that looms largest in public perception – is memory loss. And that is the one most pertinent to my interests, given the way it impinges on the sense of the self. So, what happens to us, to our identity, when memory, the ability to remember the stories we use to define ourselves, fades? Who are we when the acids of dementia eat away our memories, our stories,

of questions philosophers and theologians like to talk about). I will leave such methodological matters to others and simply stipulate it as: careful consideration of the content, coherence and implications of what Christians believe.

¹³ I address the second question in 'Untangling the Cords of *Sheol*'.

our sense of self? What makes a self?

Now, there are important questions here relating to the brain, the mind, the person and the relationship between them. I will presuppose a non-reductive physicalist perspective.¹⁴ That is, the mind is neither reducible to the brain and brain states, nor epiphenomenal on them. It is, however, a function of the brain as a complex system (and it may well be an emergent property of such a complex system in which top-down as well as bottom-up causation is at work). In the light of these changes to both the brain and the mind, where is the self, and who is it – or who does it become? How do we know them as persons? How do they know themselves, when the stories which seem so important to our identity – to ourselves and others – decay along with the memories that bear them (and are sustained by them)? Who do we know them *as*? (For personal knowledge is always knowledge of someone *as* someone). For those who suffer these losses, who do they know themselves to be?

Dementia, memory and identity

a) *What is the self?*

If dementia raises questions about identity and the self, we also need to recognise that the question of who we are, what the self is, is both contested and problematic. Here I want to be clear about what I am and am not discussing. I want to think about the question of *identity*, not the question of *personhood*. That last question is even more contested and puzzling, despite the long philosophical legacy of the Lockean ‘forensic’ person and the very significant work it does in practical ethics.¹⁵ Indeed, the very asking of the question in the philosophical and ethical contexts in which it is generally discussed has been criticised as being oriented to the *exclusion* of some entities (generally human) from some morally relevant category.¹⁶ To echo Allen Verhey and Stanley Hauerwas, moral

14 Careful exploration of the relevant philosophical and theological issues in theological anthropology is beyond the scope of this piece. A number of important arguments are canvassed in Green, J.B. & Palmer, S.L. *In Search of the Soul: Four Views of the Mind-Body Problem*, Downers Grove: InterVarsity Press (2005). But let me note two things in passing: first, the language of the Old Testament/Hebrew Bible seems to identify the self with the ‘soul’ (*nephesh*) rather than the ‘soul’ being a component of the self; second, those who hold to some form of dualist theological anthropology still need to come to grips with the soul’s relationship to a compromised brain, which seems to be its primary vehicle for interaction with the physical world.

15 Peter Singer has been a prominent exponent of such arguments. See Singer, P. *Practical Ethics*, 3rd edn., Cambridge: Cambridge University Press (2009). See also the extensive discussion of Locke and his legacy in Shoemaker, D. ‘Personal identity and ethics’, in Zalta, E.N. (ed.) *The Stanford Encyclopedia of Philosophy (Winter 2016 Edition)* (2016), <https://plato.stanford.edu/archives/win2016/entries/identity-ethics/>. For the argument that personhood is an unhelpful notion in understanding and caring for people with dementia, see Higgs, P. & Gilleard, C. ‘Interrogating personhood and dementia’, *Aging & Mental Health* (2016) 20 8, 773-780.

16 See e.g. Preece, G.(ed.) *Rethinking Peter Singer: A Christian Critique*, Downers Grove: IVP

philosophers line up with Jesus's questioner in Luke 10 in seeking to limit the extent of their neighbourly love by excluding some from the moral community.¹⁷ After all, if this is not a *person*, it cannot be my neighbour. Now, these are important questions and asking the right ones in relation to persons and ethics matters. But that is not my focus here – although the answers we come to about the self and identity might shed some light back on questions of the nature of persons. My question is: what is the self? Or, perhaps more clearly, 'what allows us to identify ourselves *as selves* enduring over time?'¹⁸

Some apparently obvious answers won't work, such as that of physical continuity. This body, which seems to be the same one I had when I was forty, or twenty or five for that matter, has little, if any, of the physical substance that once constituted it. Most, if not all, of the molecules in our bodies will be replaced between birth and death (every seven years or so).¹⁹ Our bodies are like Grandpa's axe. It has had six new handles and three new blades, but it is still Grandpa's axe. There might be physical resemblance (although much less between my adult and my childhood body), but does that constitute identity? Furthermore, personal identity seems to survive even the most disastrous and disfiguring of injuries which disrupt that physical continuity in crucial ways. There are similar problems with seating identity in consciousness or the mind. Am I myself when I am deeply asleep and not conscious of myself? Or when anaesthetised, or in a reversible coma? I think we rightly consider that when I sleep – or am anaesthetised or in a coma – it is right to say that *I* am asleep or anaesthetised or in a coma, not some other entity. The sentence 'Edith is in an irreversible coma' is a meaningful one (thereby entailing a distinction between Edith and her consciousness). So, we have a more-or-less clear sense that there must be some *thing*, some capacity or quality, that makes us persons, that allows us to identify ourselves as 'me', and others to identify us in conversation and the social world, no matter what the state of our bodies or even of our minds.²⁰

(2002); Reinders, H.S. *Receiving the Gift of Friendship: Profound Disability, Theological Anthropology, and Ethics*, Grand Rapids: Eerdmans (2008). For an extensive treatment of various accounts of the grounding of 'full moral status' with specific reference to people with severe cognitive disabilities, see Wasserman, D. et al. 'Cognitive disability and moral status', in Zalta, E.N. (ed.) *The Stanford Encyclopedia of Philosophy (Fall 2017 Edition)* (2017), <https://plato.stanford.edu/archives/fall2017/entries/cognitive-disability/>.

17 Hauerwas, S. 'Must a patient be a person to be a patient? or, my Uncle Charlie is not much of a person but he is still my Uncle Charlie', in Lysaught, M.T., et al. (eds.) *On Moral Medicine: Theological Perspectives in Medical Ethics*, Grand Rapids: Eerdmans (2012), pp.377-379; Verhey, A. 'The good Samaritan and scarce medical resources', *Christian Scholar's Review* (1994) 23 3, 360-373.

18 Sloane, A. 'Reflections on Identity', *Case* 2017, 20-21.

19 Wall, T. 'Resurrection and the natural sciences: some theological insights on sanctification and disability', *Science and Christian Belief* (2015) 27, 41-58.

20 For extensive discussion of these issues (drawing rather different conclusions to mine), see Shoemaker *op. cit.*, (15). His treatment in #6.2. of the moral force of advanced directives in dementia is particularly pertinent, even if the way he frames the questions is, in my view,

But perhaps there is a straightforward theological answer. The notion of the image of God has been central to theological anthropology for centuries.²¹ While it has traditionally been understood in substantive terms (some property that human beings and God share, such as rationality, or the like), it has also been understood functionally or relationally. Unfortunately, the notion is problematic for a number of reasons. First, most discussions of the image of God exclude people with severe cognitive disabilities (such as are experienced by people with advanced dementia), given the loss of properties such as rationality, and their inability to exercise functions such as dominion, or to engage as agents in meaningful relationships.²² More importantly for my purposes, being created in the image of God does not identify a *particular person*, it describes something common to all humanity – both each human individual and humanity as a whole. So, reference to being made in the image of God doesn't solve the problem, it just relocates it.

The soul might be an alternative. In traditional bi- or tri-partite anthropologies, the soul is an immaterial substance separable from the body, which survives death and is the bearer of our personal identity between death and resurrection.²³ Now, I am not persuaded that the biblical data supports such a

misguided. For a classical discussion of (non) identity from the point of view that psychological continuity is what really matters when we ask questions of personal identity (and that, in fact, we can do much better without the mistaken notion of identity, and should do so), see Parfit, D. 'Personal identity' *The Philosophical Review* (1971) 80 1, 3-27. In my view, his discussion depends upon 'thought experiments' that ignore fundamental features of human existence as the kinds of embodied creatures that we are, and that belief in, and experience of, other persons as enduring selves existing through time are irreducibly basic concepts that we cannot do without, and so his arguments can be left to one side. For an excellent discussion of the forms of argument that pertain to such knowledge of others as persons (and the necessity of narrative portrayals of them), see Stump, E. *Wandering in Darkness: Narrative and the Problem of Suffering*, Oxford: Clarendon (2010), pp.23-81.

21 See Middleton, J.R. *The Liberating Image: The Imago Dei in Genesis 1*, Grand Rapids: Brazos (2005); Hammond, G.C. *It Has Not Yet Appeared What We Shall Be: A Reconsideration of the Imago Dei in Light of those with Severe Cognitive Disabilities*, Reformed academic dissertations, Phillipsburg: P&R Publishing (2017).

22 See Reinders *op. cit.*,(16); Hammond *op. cit.*,(21). Romero has suggested that Aquinas' theological anthropology does not in fact exclude people with severe cognitive disabilities as Reinders suggests. See Romero, M.J. 'Aquinas on the *corporis infirmitas*: broken flesh and the grammar of grace', in Brock, B. & Swinton, J. *Disability in the Christian Tradition: A Reader*, Grand Rapids: Eerdmans (2012), pp.101-151, esp. pp.108-110, 113-114. I will leave that question to others to adjudicate.

23 Cooper, J.W. *Body, Soul and Life Everlasting: Biblical Anthropology and the Monism-Dualism Debate*, Grand Rapids: Eerdmans (1989). For a recent defence of the soul as the form of the body in contradistinction to the embodied philosophy of Lakoff and Johnson, see Cooper, A.G. *Life in the Flesh: An Anti-Gnostic Spiritual Philosophy*, Oxford: Oxford University Press (2008), pp.160-183. For an argument specifically attempting to ground the personal identity and moral worth of deeply forgetful people in some notion of an immaterial soul (using the metaphor of 'cloud storage' to explain the connection between brains and mind and memories) see Post, S.G.

notion, nor that it is needed to do the philosophical and theological work parcelled out to it.²⁴ Moreover, if such a thing as a soul does exist, it needs to be related to our experience of the world as bodily beings located in time and space. If the 'soul' is the bearer of identity, then the particular history of a particular person shapes their 'soul' and its fundamental characteristics, and the grounds on which it might be judged morally and spiritually.²⁵ Whatever connection the soul has to the body, cognitive dysfunction and memory loss must impinge on it, resulting in a disconnect between the bearer of identity and the embodiment of the person whose identity it bears. Invoking notions such as the image of God or the soul doesn't do much useful work. The problem of identity persists, often now entangled in and complicated by questions about the nature of the image of God or the soul. Thankfully, there is an alternative connected with the experience of the self.

b) John Swinton and the memories of God

Central to most of the ways we identify ourselves are memory and the stories we tell ourselves about our past and our present and our possible future. Personal narrative seems to be the best candidate for what bears our identity, our sense of ourselves as selves existing through time, as philosophers like Linda Zagzebski²⁶ and others have pointed out.²⁷ Narrative, the ability to

"'Is Grandma still there?': a pastoral and ethical reflection on the soul and continuing self-identity in deeply forgetful people', *The Journal of Pastoral Care & Counseling* (2016) 70 2, 148-153. David Keck also grounds both hope and ongoing personal identity in the notion of a soul, for which see Keck, D. *Forgetting Whose We Are: Alzheimer's Disease and the Love of God*, Nashville: Abingdon, (1996), pp.97-127.

24 See Green, J.B. *Body, Soul, and Human Life: The Nature of Humanity in the Bible*, Studies in theological interpretation, Milton Keynes: Paternoster Press (2008). Brown, W.S. & Strawn, B.A. *The Physical Nature of the Christian Life: Neuroscience, Psychology, and the Church*, New York: Cambridge University Press (2012).

25 For the claim that this makes the soul effectively redundant in our understanding of personal identity, see Shoemaker *op. cit.*, (15), 2.7.

26 Zagzebski, L.T. *The Philosophy of Religion: An Historical Introduction*, Carlton: Blackwell (2007), chap.8. Atkins, K. *Narrative Identity and Moral Identity: A Practical Perspective*, Oxford: Routledge (2008). MacIntyre, A. *After Virtue: A Study in Moral Theory*, 2nd edn., Notre Dame: University of Notre Dame Press (1984), esp. p.218. Shoemaker disputes what he calls the communitarian view of narrative identity found in MacIntyre's work on the grounds that it is either descriptive or normative in nature. If descriptive, it fails the test of the lived experience of some who simply do not see themselves as having a coherent life story, but rather see a life as inherently episodic in nature. If normative, then it presupposes a disunited self, given that 'what they ought to strive for is greater unity' (Shoemaker *op. cit.*, (15), #7.) But this is mistaken, as MacIntyre's is a mixed descriptive-normative account as, indeed, it must be in light of his Aristotelean roots. See also MacIntyre, A. *Dependent Rational Animals: Why Human Beings Need the Virtues*, London: Duckworth (1999). While he adopts a narrative approach to identity, questions of personhood and identity are conflated with unfortunate results in McMillan, J. 'Identity, self, and dementia,' in Hughes, J., et al. (eds.) *op. cit.*, (10), pp.63-70.

27 For reflections on the role that narrative fiction plays in identity formation and dementia,

tell a more-or-less coherent story about our bodily existence that allows for continuity through growth and change and decay, and that can be understood as the particular expression of my being made in the image of God, the shape my 'soul' takes through my life in the world, seems to do the requisite work.²⁸ My self-understanding is largely driven by my knowledge of my history, of my roles and relationships, the memories I and others share about my passage through life. Let me be clear: I am not positing narrative identity as a metaphysical substance, a 'thing' like the traditional notion of the soul that is added to or connected with the body that has some kind of separate ontological existence. Rather, it is a dimension of our understanding of ourselves and others as enduring entities in time and space which allows us to identify who we, and others, are. Even so, once again (and now more acutely), the question must be asked, what happens to us, to our identity, when memory, the ability to remember the stories we use to define ourselves, fades?²⁹

David Keck seems to suggest that the loss of memory entails the loss of the self: 'It is impossible for us to distinguish between ourselves and our memories... We are our memories, and without them we have but a physical resemblance to that person we each suppose ourselves to be.'³⁰ If such a view is correct, the very personal identity of those with dementia is called into question.

The beginnings of an answer to that question can be found in the work of John Swinton who has written, if not the definitive work on theology and dementia, certainly a very helpful one.³¹ Swinton rightly challenges the functions that a medical diagnosis such as dementia plays in both the social world and the experience of those who have dementia. Of particular concern is the way that people become reduced to their diagnosis and effectively dehumanised in the medical system. This, in turn, compounds their condition not only by way of the relational disruption and isolation that generally follows, but by directly exacerbating the neuropathology of the disease processes. He calls us to embrace

see Strauss, S. 'Memory, dementia, and narrative identity in Alice Munro's "The bear came over the mountain"', in Moreno, M.C. & Soler, N.P. (eds.) *Traces of Aging: Old Age and Memory in Contemporary Narrative*, Aging Studies 9, Bielefeld, Germany: Transcript (2016), pp.133-148. For an explicitly narrative and relational account of personal identity reflecting on both Genova's *Still Alice* and her own mother's dementia, see Baylis, F. 'Still Gloria: personal identity and dementia', *International Journal of Feminist Approaches to Bioethics* (2017) 10 1, 210-224.

28 Something like narrative identity allows us to identify my Grandpa's axe as his axe through all its changes - so, too, a company or a country or an institution or, for that matter, the people of God.

29 Please note: I am not claiming that memory constitutes the self, for memory *presupposes* a self (I remember events that happened to *me*, or were related to *me*), it does not constitute it. See Shoemaker *op. cit.*, (15), #1. Hence, I do not accept the notion that the loss of autobiographical memory entails the loss of the self as does Luntley, M. 'Keeping track, autobiography, and the conditions for self-erosion', in Hughes, J., et al. (eds.) *op. cit.*, (10), pp.105-121.

30 Keck *op. cit.*, (23), p.43.

31 Swinton, J. *op. cit.*, (11).

people with dementia as persons-in-relationship as a way of both honouring them as human beings made in God's image and contributing to their wellbeing. Along the way he presents some important arguments relating to my topic – namely, memory and personal identity – which comprise an interesting mix of the insightful and the problematic. Let me outline his key claims, before I suggest some areas that require correction or more careful articulation.

Swinton's central thesis relates precisely to my question regarding memory and identity. He notes that the erosion of memory associated with dementia is often identified with the dissolution of the self. Citing David Keck's statement that 'The loss of memory entails a loss of self',³² he states: 'If we are our memories, if our sense of who and what we are in the world is determined by what we can remember about ourselves and the world around us, then Keck is correct: losing our memory will inevitably mean losing our selves.'³³ In response he states:

It will be one of the tasks of this book to show that, devastating as dementia undoubtedly is, the human beings experiencing it do not dissolve. They are certainly changed, and there is much suffering and cause for lament. But these people remain tightly held within the memories of God. It is our ideas about what humanness, the nature of the self, and self-fulfilment mean that will have to be dissolved and re-created.³⁴

Running through Swinton's work is a rejection of capacity-based assessments of human personhood and worth. His particular focus is the cognitive-rational fixation of much modern Western philosophy and theology (the so-called Lockean forensic person). If we are required to have particular capacities in order to qualify as a person or to be considered as being made in the image of God, then those with severe intellectual disabilities fail the test (as, of course, do others), with dire consequences for how they are treated in the social world and the medical system.³⁵ Swinton rightly challenges this on the grounds that

32 Keck *op. cit.*, (23), p. 15. It is important here to note that Keck speaks of 'the apparent dissolution of a human being' and much of the rest of his book aims to show that, devastating as it is, people suffering from Alzheimer's are still human and need to be cared for as such. As such, his fundamental stance is more aligned with Swinton's than his use of the quote might suggest, despite his problematic account of memory and identity and the role of soul as bearer of memory and identity.

33 Swinton, J. *op. cit.*, (11), p. 14.

34 Swinton, J. *op. cit.*, (11), p. 15.

35 For discussion of these and related issues in relation to advanced medical directives, see Jaworska, A. 'Advance directives and substitute decision-making', in Zalta, E.N. (ed.) *The Stanford Encyclopedia of Philosophy (Summer 2017 Edition)* (2017), <https://plato.stanford.edu/archives/sum2017/entries/advance-directives/>. She defends the notion that once people no longer have a coherent set of values, they fall below the threshold of morally significant entities, and so ought to have no say in their current treatment: 'So long as an individual is capable of valuing, she remains a being of a morally privileged type, and interests stemming from her

being made in the image of God is predicated of humanity as a whole and all individual humans (as I noted earlier). His alternative is appropriately relational in nature: human beings are identified by their relationships and it is those relationships that shape them (he would say, constitute them) as persons. But here, he argues, it is vital to recognise the necessity of relationship with God if those with profound intellectual disabilities (and so no capacity to actively engage in relationships, and consequently often excluded from passively receiving relationships in our distorted social world) are to count as persons made in God's image; for whatever their standing in human relationships, they are loved by God. Indeed, the loss of capacity cannot erode the humanness of these creatures, for dependence and contingency are fundamental to who we are as creatures.³⁶ Furthermore, the identity of people with dementia is not deconstructed by their failing memories for, he argues, memory is not locked away in a deteriorating cerebrum: others can function as repositories of our memories and the identifying stories associated with them as, indeed, can our bodies. And, most importantly, so does God. For even if we cannot remember who – and even *whose* – we are, we are kept safe in the memories of God.

As I said, there are great riches in Swinton's work, and much wisdom and compassion; but there are areas which require clarification or correction in my view. Despite his intentions, he tends to disparage the value of neuroscience and medical perspectives, in part because of their association with what he calls 'defectology'. His understanding of the epistemology and ontology of diagnosis is flawed, due both to a misunderstanding of how language refers, and also because he attributes the depersonalising of people with dementia to the function of diagnosis. His notions of memory and of identity need revision, as does the understanding of God and God's memory associated with them. The last of these will be the focus of my discussion. Let me hasten to add: I have little, if any, argument with the practical measures he proposes, and nor would I want to undermine a commitment to engaging with persons with dementia in loving relationships, valuing them for who they are and have been and embracing them in community. After all, that, I believe, is the way a properly formed human community operates, and is one of the chief purposes of medicine within it.³⁷ Nonetheless, I think it helpful to gain greater conceptual

values have the authority to dictate how the individual ought to be treated.... [T]he capacity to value marks the morally crucial threshold above which the current interests of a formerly competent individual remain authoritative for the surrogate's decisions and the conflicting interests of the earlier self can be set aside.' (*ibid.*, #3.1.) This is one version of a common set of beliefs and attitudes that Swinton is at pains to oppose (including the notion, canvassed but rejected by Jaworska [see *ibid.*, #3.5.], that someone with dementia becomes a different person, or even ceases to be a person, when they lose those capacities that are required for personhood. These views are reflected in: Luntley; McMillan. Swinton is right to oppose such views.

36 Swinton, *J. op. cit.*, (11), pp. 115-116.

37 As I discuss in Sloane, A. *Vulnerability and Care: Christian Reflections on the Philosophy of Medicine*, London: Bloomsbury T&T Clark (2016).

clarity on these matters, both because ideas matter and because such clarity will better inform the care that we rightly extend to these vulnerable members of our communities.

The key to this is the role that memory plays in the narration of the self in relation to our personal identity. One of the ways Swinton seeks to uphold the dignity and personhood of people with dementia is by redescribing the nature of memory. He sees personal memory as located not just in our heads but in our bodies and in those with whom we are in relationship, people who can sustain our identity when our ability to remember our stories and even ourselves is lost.

Dementia doesn't entail a loss of mind. Rather, it provokes others to presume that there is a loss of mind. This presumption is then projected back onto the individual and used as a way of making sense of his/ her experiences and changes. To suggest a loss of mind is to misunderstand the person in fundamental ways. Dementia doesn't entail a loss of self. Understood properly, the self remains intact even in the most severe forms of dementia. Any loss of self relates to a failure of community.³⁸

This is due to the way that memory is extended in the world and sustains our identity.

Our memories aren't simply in our heads or in our brains; they're scattered in many places. Our reflections on the nature of the memory of God indicate that our memories and our identity are not confined to the boundaries of our skulls. Memory that is in a real sense ours clearly exists both inside and outside of individual brains... And when some things about ourselves are far from clear in our own minds, we are able to experience a sense of self through the memories of us held by those around us, through the stories they tell about us. Memory, like mind and personhood, is corporate through and through.³⁹

This seems confused to me. There is a distinction between the way we are remembered in our communities, and our personal memory of ourselves. True, we are not the only contributor to the store of communal memories that sustain our place in the social world: other people are the custodians of key memories of who we are and what we have done and, in turn, play an important role in our developing an accurate sense of who we are. But they are memories *of me*, they are not *my memories*, and unless I have the capacity to access them, they serve no role in my experience of myself and my identity. Others' memories do not sustain our personal identity: they can sustain our impact in the life of a community, and certainly that can improve the ways others interact with

38 Swinton, J. *op. cit.*, (11), p. 108.

39 *ibid.*, p. 221.

us and so enhance our lives even in dementia.⁴⁰ But I don't see how that is the same as sustaining *ourselves* – any more than the recounting of stories of my deceased mother keeps her *identity* alive. It is true that her influence can thereby live on and shape others for good and for ill; but that is not quite the same thing as sustaining her identity, any more than the personal identity of great thinkers such as Augustine or Barth persists because they have ongoing influence in our lives. Influence and identity are distinct phenomena. That is not to say that others' recounting of their memories of us cannot contribute to stabilising our sense of self and even the memories associated with them, as we shall consider in a moment. So too, I am not sure that 'body memory' is, in fact, a function of our non-cerebral bodies. It seems to make better sense to think of it as a form of procedural memory in which patterns of gesture and movement are encoded in different areas of the cerebrum and are accessed using different pathways to those of discursive memories.⁴¹ That is not to say that they are unimportant, or that they have no function in our identity or agency, both personal and social; it is hard to see how that could be the case for a great pianist or tennis player or physician. While Swinton rightly suggests that identity and memory are inextricably linked, and that a person's identity can somehow survive the sense of the dissolving of the self in advanced dementia, we need a better understanding of memory and identity and how they are connected.⁴²

As noted earlier, he sees one of the keys to an enduring self as lying in the memory of God. Again, the fundamental notion is helpful, but the way he articulates it is problematic, particularly its connection with the timelessness of stories and of God. Early in the book he claims that narrative is a timeless phenomenon: 'Storytelling reveals the inherent timelessness of human existence.'⁴³

40 See e.g. Cowley, C. 'Dementia, identity and the role of friends' *Medicine, Health Care, and Philosophy* (2017) doi:10.1007/s11019-017-9801-2; Lindemann, H. 'Holding one another (well, wrongly, clumsily) in a time of dementia', *Metaphilosophy* (2009) 40 3/4, 416-424. For an alternative view that emphasises the role of positive relationships for people with dementia while dismissing the notion of a unitary self over time see Brown, J. 'Self and identity over time: dementia', *Journal of Evaluation in Clinical Practice* (2017) 23 5, 1006-1012. I find her rejection of a unitary self fundamentally problematic – indeed, it is interesting to note how much of the language of her article presupposes a more or less stable self that exists both at particular times and through time.

41 Crystal, H., Grober, E. & Masur, D. 'Preservation of musical memory in Alzheimer's disease', *Journal of Neurology, Neurosurgery, and Psychiatry* (1989) 52,1415-1416. For reflections on how this might be incorporated into the care of people with dementia, see Wrigley-Carr, R.L. "'Soul care" for people with dementia: insights from Friedrich vonHügel's "Three Elements of Religion"', *Journal of Religion, Spirituality & Aging*, (2016) 28 3, 155-166. She adopts Swinton's notion of 'body memory'; but her argument does not depend on it and can be applied with minimal modification using categories such as procedural memory.

42 Shoemaker notes problems with the too-tight a connection between our telling of our own stories and our identity, and notes the ways in which third-person accounts of our lives need to be incorporated into the picture. See Shoemaker *op. cit.*, (15), #2.3, 2.4.

43 Swinton, J. *op. cit.*, (11), p. 22.

But that is confused. It is true that we can jump back and forth in our telling of stories, but even then stories and the telling of them are inherently temporal, as they are both narrated in time and are about particular times. The fundamental features of stories are time-bound: plots, scenes, character development, even dialogue and flashbacks and presaged future events all presuppose the passage of narrative time. In the same way personal stories are all anchored in particular times and places, even as the creatures about whom they speak are anchored in space and time. Narrative is inherently temporal.

His misunderstanding of the nature of narrative in relation to God's remembering us is compounded by confusions in his presentation of the memory of God, and the very nature of God. He suggests that God's memory is what allows for the ongoing existence of creaturely phenomena. 'God's memory has to do with sustenance and action. To be remembered is to be sustained; to be forgotten is to cease to exist. To be remembered is to be the recipient of divine action.'⁴⁴

The last statement works; the former ones don't, as is evident in the Psalms. Psalm 13:1, for instance, accuses God of forgetting the Psalmist. If Swinton is correct, that is a self-defeating utterance, for if God had truly forgotten the Psalmist in his sense then there would be no one there to make the complaint; and if that was how the language was properly understood, the Psalmist could not coherently utter the accusation. Similarly, the request that God remember, does not somehow imply God bringing that person into existence. Rather, for God, remembering and forgetting have to do with acting on the basis of; so for God to remember Israel and the ancestors is to act on that basis (ideally in grace) and for God to remember our sins no more is to not act on their basis (again, a gracious act of God's). Swinton acknowledges that: "To be held and remembered by God implies some form of divine action toward the object of the memory. It is not purely eschatological action; it is something that occurs in the past and in the present as well as in the future."⁴⁵ That makes better sense than connecting God's memory with the existence or non-existence of creatures. But let us return to the notion of timelessness.

Swinton, in conscious debt to Augustine, sees divine timelessness as necessary for divine perfection.

Augustine's concern is that if time existed before the creation of the world, this would involve the creator in time. For Augustine, the absolute contingency of the world is crucial. Time relates to non-being. If God is in time, then God is open to this possibility, which reduces the contingency of creation... If God were subject to time, this would contradict the idea that God

44 Swinton, J. *op. cit.*, (11), p. 214.

45 Swinton, J. *op. cit.*, (11), p. 216.

was ever-present, eternal, and unchangeable.⁴⁶

Now, the connection between time and contingency is mistaken, in my view, as is the notion that timelessness would be a divine perfection or guarantee one. There are better ways to understand the divine perfections.⁴⁷ But here let me point out a tension, if not contradiction, in his ideas. Elsewhere Swinton rightly rejects the notion of an impassible God in favour of a God who suffers with (and for) us, citing Bonhoeffer's famous line (as most of us do): 'Only the suffering God can help.'⁴⁸ But passibility and immutability are theologically incompatible. Suffering is precisely one of the phenomena that eternal immutability is to guard against. Either God, while absolutely faithful and dependable, is able to experience suffering, and so is subject to change, or God is eternal and immutable. It seems to me to make more sense for Swinton to surrender the notions of timelessness and immutability in favour of God's compassionate suffering with God's creatures. Doing so would in no way undermine the role that God's memory plays in sustaining us in the forgetfulness of dementia. So, while his claim that our identity and memory are sustained in the memory of God in the face of the dissolution of dementia is sound, we need greater clarity in how that is articulated theologically. To that I now turn.

c) Philosophical reflections on identity in the face of dementia

Much of what follows draws heavily on Swinton, as is only fitting given the valuable work he has done. As noted earlier, narrative identity provides a better account of the self as an enduring entity over time than alternatives such as physical continuity or the self as located in some property that inheres in us as persons. The narratives that define and shape us precede our own existence, let alone our memory of it. For most of us, family is the context into which we are born and which shapes our emerging personality. The character of those who come before us establish family systems and cultures that shape our earliest experiences; indeed, it is those others who precede us, notably parents, who establish the patterns of behaviour and experience that will help shape the emerging structures of our brains and the capabilities that we develop.⁴⁹ We are thrown into the world in a story that has already started and to which we make little initial contribution. But that family exists as part of a larger story, not just of that family extended in time, but of the culture and landscape in which it finds itself, the language used to tell the family story (and which, of course, shapes the possible ways of telling that story and the possible ex-

46 Swinton, J. *op. cit.*, (11), p. 231.

47 Wolterstorff, N. 'Unqualified divine temporality', in Ganssle, G. (ed.) *God & Time: Four Views*, Downers Grove: IVP (2001), pp.187-213.

48 Swinton, J. *op. cit.*, (11), p. 201.

49 For helpful reflections on this, see Rosner, B.S. *Known by God: A Biblical Theology of Personal Identity*, Grand Rapids: Zondervan (2017), pp. 41-64. Wall *op. cit.*, (19), 45-49.

periences that comprise it). We become aware of some of this influence, and explicitly affirm or deny its legitimacy as part of our story; but much of it is opaque to us. Furthermore, even though we live our earliest years, most of us have little if any memory of our lives before the age of five (largely, I believe, because the extreme plasticity of the developing cerebral cortex doesn't allow for the formation of the neural structures required for long-term memory). It is worth remembering (!) that even our lived story extends backwards beyond our conscious memories.⁵⁰ Perhaps that ought to give us pause before we think that a possible future without memory somehow erases us and our stories.

Nonetheless, for those of us who are aware of ourselves as beings existing through time, memory is fundamental to the stories we tell ourselves and of ourselves that shape (if not constitute) our self. In the memorable words of Marilynne Robinson, we have 'the odd privilege of existence as a coherent self, the ability to speak the word "I" and mean by it a richly individual history of experience, perception, and thought'.⁵¹ Our memories, fluid and frequently reconstructed in the very narration of key moments in our stories, bear the experiences and records of relationships that we narrate. They allow us to locate ourselves in the family and social networks that shape us as persons – indeed, to function as agents in those relationships. The kind of creatures we are (this already presupposes a particular relationship with God, of course) is fundamentally relational. It is not that personhood is the product of relationship, or that relationships are somehow ontologically prior to persons;⁵² but we are designed for relationships and cannot flourish as persons without them – it is, indeed, not good for us to be alone (Gen 2:18). So too, we are embodied beings, and it is as bodies that we experience the world and enter into relationships – be that now or in the *eschaton*. Rosner notes that Paul's use of *soma* 'denotes the person embodied in a particular environment, and the means of living in and experiencing that environment. Paul sees us as embodied and therefore social beings, defined in part by our social interdependence and responsibility'.⁵³ And this is also true of the eschatological resurrection body: 'he does not envisage a

50 Rosner *op. cit.*, (49), pp.172-173.

51 *ibid.*, p.33. The quote is from Robinson, M. *Absence of Mind: The Dispelling of Inwardness from the Modern Myth of the Self*, New Haven: Yale University Press(2010), p. 110. It is taken from the opening of chap. 4, 'Thinking Again', in which she critically interacts with reductionist physicalist attempts to explain (away) the nature of human existence.

52 As seems to be entailed in Zizioulas's Trinitarian theology and the particular personalism of McFadyen. See Zizioulas, J.D. *Being as Communion: Studies in Personhood and the Church*, Crestwood, NY: St Vladimir's Seminary Press (1985). McFadyen, A.I. *The Call To Personhood: A Christian Theory of the Individual in Social Relationships*, Sydney: Cambridge University Press (1990).

53 Rosner *op. cit.*, (49), p. 68. If I may put it this way, we have a self-identity, (a) social identity/ies, and a normative identity, each shaped by narrative – the stories we tell of ourselves; the stories others tell of us that identify us in community; and the story that God tells of us in relationship to the gospel.

bodiless existence in the eternal state, but rather a new body suited to the age of the Spirit... Paul cannot conceive of a satisfactory human existence without a body.⁵⁴ Furthermore, the memories that allow us to identify ourselves to ourselves and others by stories are only possible (for beings such as us) because of the physical structures and neural arrangements of those bits of our bodies we call our brains. When those structures are disordered (or, I suppose, never develop) the capacity for memory and for meaningful story-borne relationships is lost. We cease to be agents in the social world—or even agents of our own storied self. But that doesn't mean that our story is over, or that our self is lost. It means that we now become patients, recipients, of our story and that of our community.⁵⁵

In this respect, of course, we are always patients of our own story, not just agents. We are, in MacIntyre's lovely term, dependent rational animals⁵⁶ and, as he has eloquently shown, dependence is a fundamental feature of human existence, one that comes to the fore typically at the beginning and ending of our lives, but is evident all along. For some of us, should we live so long, we will be aware of our ageing and growing dependence on others as we decline towards death, and that will form part of how we tell our story up to the end.⁵⁷ For others of us, we will not, for processes of decay such as dementia will seemingly take us from ourselves before the end. I say 'seemingly' for, whether we know it or not, we will still be part of a larger story, the human story that pre-exists us and will postexist us. Furthermore, we can be patients of the story of the gospel. We are used to telling that as a story of agency – we are agents of the gospel, of God's kingly purposes in the world – but that is secondary, for the story we tell is a story of grace, in which we are first recipients of God's kingly rule, incorporated into this story that long preceded us, and in which we continue to be also recipients of God's transforming grace by way of the Spirit. Rosner states:

According to the Bible, in order to know who you are, you have to know *whose you are*. We are defined by our relationships, by who we know, and who knows us. And when it comes to personal identity, both the Old and New Testaments agree that being known by God is of critical importance. Being known by God introduces a new belonging. We belong to God as his children. We are part of his family. But the New Testament brings that rela-

54 *ibid.*, p. 69.

55 For similar reflections with respect to her experience of relationship with her mother who is slowly dying of dementia, see Baylis *op. cit.*, (27), 218-221. For philosophical reflections on the nature of change and deterioration in bounded human identity (and personhood), see Lesser, A.H. 'Dementia and personal identity' in Hughes et al. *op. cit.*, (10), pp. 55-61.

56 MacIntyre *op. cit.*, (26). See also Iozzio, M.J. 'The writing on the wall ... Alzheimer's Disease', *Journal of Religion, Disability & Health* (2005) 9 2, 49-74.

57 One value, I suppose, of the *ars moriendi* in its various forms is that it allows us to pre-narrate our dying, and so be somewhat prepared for it.

tionship into sharper focus. We are not only known by God, but also known by Jesus Christ.⁵⁸

That, in turn, gives us a destiny assured in the gospel that gives our stories the kind of ending that allows them to have meaning in their entirety – a story-defining destiny that is given to us as a gift.⁵⁹ Receptivity is fundamental to our gospel identity. Now, it is true that this involves some kind of response on our behalf – the precise lineaments of our agency and God’s in this had best not detain us. But in dementia the element of patience, reception, comes to the fore.

So, one key feature of the gospel is the way that God ‘writes us into’ the grand narrative of creation, disruption, redemption and restoration.⁶⁰ In this story we are called to be both patients and agents of God’s kingly purposes in Christ. Peter’s predicted death in John’s gospel is not that of an agent, but of a patient of Christ’s service. And Matthew 25 tells us that dependent people might be the occasion of the service of Christ – patients, rather than agents of the kingdom.⁶¹ What is more, if we understand Christ’s story and so ours as entailing suffering and aimed at eschatological transformation, then this final stage of kingdom patience forms a coherent part of that narrative, a narrative of receiving care

58 Rosner *op. cit.*, (49), p.137. For helpful reflections on this from an Old Testament perspective, see McConville, J.G. *Being Human in God’s World: An Old Testament Theology of Humanity*, Grand Rapids: Eerdmans (2015), chap.6.

59 Rosner *op. cit.*, (49), pp.173-174. This allows us, I think, to appreciate the value of Harris’s suggestion that something may not just remain but be *gained* in the experience of dementia, without denying the real suffering that it creates for sufferers and those they know (see, Harris, H.A. ‘Can I be judged if I don’t remember my sins? Questioning what is significant about life after death’, *Studies in Christian Ethics* (2016) 29 3, 315-322: esp. 320-322), for these experiences are, somehow, part of a coherent narrative of ourselves, even if it’s one that we can no longer narrate. This allows for the recognition of loss and possible gain, and for God’s faithful reclaiming the totality of the self in the resurrection.

60 For an interesting recent account of this and its significance for theological method, see Vanhooser, K.J. *The Drama of Doctrine: A Canonical-Linguistic Approach to Christian Theology*, Louisville: Westminster John Knox (2005); *Remythologizing Theology: Divine Action, Passion, and Authorship*, Cambridge studies in Christian doctrine, Cambridge: Cambridge University Press (2010). I’m not convinced that his particular articulation of it works, especially his notion that God is the ultimate author of our individual stories (I think it makes better sense, to use his theo-dramatic metaphor, to see God as setting the stage and providing us a script from which we creatively improvise, to use Wells’s helpful notion, for which see Wells, S. *Improvisation: The Drama of Christian Ethics*, Grand Rapids: Brazos (2004).)

61 While it is important to recognise that the rhetorical force of Jesus’s parable is directed to the right reception of such needy persons, such gospel agency is only part of the picture he paints. For, whoever the ‘least of these’ are, it is they who are mediators of the presence of Jesus and occasions for gospel-shaped service. And so, whether a universalist or particularist reading of ‘the least of these’ is adopted, a Christian person finding themselves in such a position of weakness in which they can only receive not give care, in which they are patients not agents of gospel love, may find that very lack of agential power to be a way in which they are identified with Jesus, thus making a key component of their narrative identity as grounded in Jesus and the gospel.

that is an expression of the character of God and the gospel and which anticipates a resurrection in a kingdom of love. This, in turn, gives us a context in which narrative identity can survive death's termination of our stories in space and time, and even its slow dissolution by dementia, for there is a sovereign personal God who is limited neither by the corruptibility that bedevils us, nor the brief span of our existence. Furthermore, we have a possible mechanism by which this takes place: God's faithful remembering of us.

As I mentioned earlier, there are significant conceptual flaws in Swinton's particular construal of divine memory in relation to timeless narrative and divine eternity and in his notion that God's 'remembering' someone has inherent power to create and sustain them. But God's memory is still fundamental to the sustaining of our otherwise dissolving selves. For God to remember is to act on the basis of certain aspects of God's knowledge, often as an act of grace (but not always, see Ps. 109:13-16). This grace may be extended to a living petitioner in response to their prayers, as, for example, when God remembers Hannah (1 Sam. 1:20, echoing the story of Rachel in Gen. 30:22), or to a person in the past, or on the basis of the (covenantal) promises made to them, as when in the Exodus God remembers the covenant with Abraham, Isaac and Jacob (Exod. 2:24)⁶². God's action in the Exodus can be understood both as an act of mercy to Israel in the present, and of faithful active memory to Abraham in the past. God's memory, then, is not just a storehouse in which our narrative identity can be maintained in the face of its dissolution in dementia and eventual death, it is the source of our future hope. God will remember God's promises in the gospel, and act; God will remember *us*, though we are now in the past. God is faithful to that past self, and the promises made to us, and acts on the basis of that faithful knowledge to reconstitute us as bearers of our narrative identity, a narrative and an identity that centres on that gospel.

Let me be clear. The dissolution of memory in dementia is still a horrible fate. It is one that I would not face with equanimity but with horror. Further, such an understanding does not, in my view, suggest that these are the purposes for which God 'gives someone dementia'; rather these are the ends towards which God in God's grace is able to work them. But these questions of theodicy and meaning are beyond what we can address here.⁶³

Conclusions: sustaining and raising a 'dissolving' self

So, despite appearances, the abstract world of philosophical theology has something to contribute to the very real problems facing people with dementia. It

62 Note how that is spoken of as remembering *Abraham* in Ps. 105:42.

63 I address some of these questions in general terms in Sloane, A. 'The Pathos of God in the gospel presentation' in Schmutzer, A.J. & Peterman, G.W. (eds.) *Divine Suffering: Theology, History, and Church Mission*, Eugene, OR: Wipf & Stock (2018) (forthcoming)).

provides us with an account of identity which grounds our self and sense of self in the narrative coherence of a life. Further, it allows us to see this identity as surviving even the dissolution of the sense of self and the memories that bear the stories that identify us in the severe cognitive dysfunction of advanced dementia, as it is grounded in and guarded by the God in whose hands we entrust ourselves and our future. That in turn provides a hope for a future for people with dementia as resurrected selves with coherent narrative identities. But equally, the dismal realities of dementia have something to teach philosophical theology. For it requires our theology to come up with an account of identity that is not prey to the acids of dementia, as well as accounts of what it is to be a person – the broader ontological question – that do not depend on a fully functioning neo-cortex. And that account of identity needs to be able to allow for the gospel to provide a sure and certain hope of the resurrection of *these* persons to people with dementia and those who love and care for them. What is more, it helps us to see that, whatever we might think, dementia does not dissolve the self. Were Alice in Christ, despite her experience of losing herself in dementia, she would be, in fact, still Alice. Furthermore, while much is lost in dementia – for many, almost everything they hold dear – it is not lost for ever. The God who made us has promised to bring all things to their glorious goal, and we will be raised such that all that matters in our stories, both in patience and in agency, will be reclaimed by God and made our very own, refreshed by the grace of God. Ourselves once more – indeed, truly ourselves at last.

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