



# Alzheimer's: *Facing the Loss of a Lifetime*

by *Dr. Philip M. Bickel*

Alzheimer's disease (AD) is legendary for the disruption and heartache it inflicts on the person with the disorder and those who care for them.

This booklet is aimed at four categories of readers:

- Care-receivers: the patients in the earlier stages of Alzheimer's. Although still able to function, they sense their mental faculties diminishing and may be losing hope.
- Caregivers: those who provide for the needs of a care-receiver. Usually a spouse or adult child serves as the primary caregiver. Other people living in the home become secondary caregivers. They are often stressed out and wondering how they will survive.
- Others who care: relatives, neighbors, and friends. Although they may be distanced from the situation, they often wish they could do more to help.
- People affected by Parkinson's, stroke, AIDS, and head injury. (While these dementing disorders will not be directly addressed, some of the counsel provided here is pertinent to them.)

Whoever you are, these pages are written to help you cope with heartache and find hope where none appears to exist.

## **PART 1:** **The Early Stage**

On a sunny July morning, Marge and Richard sat at their kitchen table munching English muffins.

"We have so many sweet memories," Marge said, reaching out for her husband's hand.

Richard kissed her ring finger and reminisced, "Our first date, our whirlwind romance, our engagement and dreaming about the future."

"Our glorious wedding and honeymoon at the lodge," Marge continued.

"That old first house and starting the business together."

"Then the arrivals of Laura, Jeff and Kevin."

"PTA, fishing and little league," Richard added.

“Empty nest adjustments.”

“The fun of volunteering in the community.”

“And then our wonderful 40th anniversary celebration!”

“Yeah. When is that coming up? Next weekend?” asked Richard.

Marge’s brow furrowed with puzzlement. “Richard, it was two weeks ago.”

“It was?”

Until that conversation, Marge had been denying what she had seen in Richard recently. On their winter vacation to the Gulf Coast, she thought it strange he could never remember La Gaviota, the name of the resort they had stayed at. In April he said he was too tired to go fishing with his buddies. Fatigue had never stopped him before. In June, with pride they had attended the high school graduation of Malcolm, an inner-city youth Richard had tutored in math. But now he was refusing to accept a new student next fall. Why not, Marge had wondered. Like everybody, Richard sometimes misplaced his glasses. But last week she had discovered them in the freezer.

Could it be that her husband and best friend had a problem? While Richard was showering, she called their doctor and arranged a physical exam for him.

After a series of tests to rule out all other possibilities, Richard’s problem had a name—a dreaded name—Alzheimer’s.

## What Is Alzheimer’s?

Alzheimer’s disease is a progressive, degenerative disease that alters the brain, causing severe memory loss, impaired thinking and personality change.

We haven’t yet discovered the cause of AD. Nor do we have a cure. We do know that the brains of people affected by AD contain

- neurofibrillary tangles: twisted nerve cell fibers which block the flow of nutrients to the brain;
- neuritic plaques: patches of a sticky protein which inhibits the processes of memory and learning.

Genetic causes are being researched. Dozens of drugs are being studied, but most of them aim at alleviating the symptoms. We still may be a long way from solving this mystery.

Here are some basic statistics about those who suffer from AD and those who care for them:

- An estimated 4.5 million Americans have Alzheimer’s disease. By 2050, the number of individuals with the disease could range from 11.3 million to 16 million.
- In a Gallup Poll commissioned by the Alzheimer’s Association, 1 in 10 Americans said that they had a family member with Alzheimer’s and 1 in 3 knew someone with the disease.
- Increasing age is the greatest risk factor for Alzheimer’s. One in 10 individuals over 65 and nearly half of those over 85 are affected.
- The average lifetime cost of care for an individual with Alzheimer’s is \$174,000.

- Seventy percent of people with AD live at home, where almost 75 percent of their care is provided by family and friends.
- The average period of caregiving (from diagnosis of AD to death) is eight years.

Becoming a statistic is painful, isn't it?

## 10 Warning Signs of Alzheimer's:

Alzheimer's disease develops gradually. If you notice several of the symptoms listed below, the individual with the symptoms should get a thorough physical examination.

1. **Memory loss:** forgetting recently learned information is one of the most common early signs of dementia.
2. **Difficulty performing familiar tasks:** finding it hard to plan or complete everyday tasks, such as preparing a meal or making a telephone call.
3. **Problems with language:** forgetting simple words or substituting unusual words. For example, they may be unable to find the toothbrush and instead ask for "that thing for my mouth."
4. **Disorientation to time and place:** becoming lost in their own neighborhood, forgetting where they are and how they got there, and not knowing how to get back home.
5. **Poor or decreased judgment:** dressing inappropriately, wearing several layers on a warm day or too little clothing in the cold. They may show poor judgment, like giving away large sums of money to telemarketers.
6. **Problems with abstract thinking:** exhibiting unusual difficulty performing complex mental tasks, like forgetting what numbers are for and how they should be used.
7. **Misplacing things:** putting things in unusual places, like an iron in the freezer or a wristwatch in the sugar bowl.
8. **Changes in mood or behavior:** showing rapid mood swings—from calm to tears to anger—for no apparent reason.
9. **Changes in personality:** becoming extremely confused, suspicious, fearful or dependent on a family member.
10. **Loss of initiative:** growing very passive, sitting in front of the TV for hours, sleeping more than usual or not wanting to do usual activities.

In the early stage, people affected by Alzheimer's tend to cover up their problems. Family members may suspect something is wrong, but they fear discovering the truth. "It's just old age," they rationalize. While denial and fear are natural, the sooner you get help the better. Healthcare professionals can address your fears and provide clear guidance on treating the problem. Also, medications for AD can have a more beneficial effect when started early.

## PART 2: The Moderate Stage

At 11:30 p.m., Marge closed the checkbook. "Balanced it again!" she noted with tired triumph. Richard had always kept the household accounts, but after several checks bounced, Marge had to take over. All the tasks Richard had ably handled for decades had fallen to her care one by one, until now she was responsible for everything.

He had gone to bed an hour earlier, so she got up to look in on him. They had opted for separate rooms to allow them both to sleep. This of course contributed to their loss of intimacy. Kind kisses were all Richard could give or receive now.

With a smile, she watched him as he slept. She could almost imagine he was the same old Richard rather than the continually more confused Richard who required increasing attention.

Marge stepped into the living room and rested wearily on the sofa. From the coffee table she lifted a prize possession. To help Richard face the impending gloom of forgetfulness, they had made a scrapbook highlighting events and accomplishments of his life. Marge noted a thick layer of dust on the scrapbook. Perfect housekeeping had gone by the wayside, but that isn't what troubled Marge.

"Apparently," she said to herself, "he hasn't looked at this book in a couple months. He hardly knows anymore he's the man who did these things and lived these days. Some days I'm not sure he even remembers who *I* am."

A thought from a recently read article came to her mind: "Alzheimer's is a funeral that never ends."

"That describes it, all right," she sobbed. "I've been mourning for four years, and it's going to drag on and on, maybe for longer than I can bear." She wept despondently until the mantle clock chimed midnight.

She needed to compose herself. So she opened the scrapbook to her most treasured item, Richard's last love letter, written for their 42nd anniversary. Here and there a dried teardrop punctuated his painstaking scrawl.

*I don't want to burden you. But it can't be avoided. So maybe this letter from your beau will help lighten the weight whenever you read it.*

*After 42 years how can I describe you, Marge? Loving. Faithful. Diligent. Supportive. In future years I will grow more and more dim. But you will grow ever more loving, faithful, diligent and supportive. On this morning, I still know who you are. So right now I want to tell you for all the future days when I will be unable, "Thank you, my dear!"*

*At the latest Alzheimer's support group meeting, Charlie growled, "I always got furious at work when we lost an important computer file. Months of work lost! Now that's how I feel about me. In a couple more years, all the great stuff stored in my cranium will be erased! Obliterated! Irrecoverable! Gone forever!"*

*His words really depressed me. Then I remembered that a good computer technician can recover lost files. We have a Technician like that. I will forget who I am, but God never will.*

*The greatest benefit—maybe the only one—of my having Alzheimer's is that it forced us to come to terms with the Lord. No matter how our minds and bodies may fail, He remembers. And He promises that someday He will restore us to our true selves.*

*Marge, because God made that promise, I promise you this: on the day we are restored, I will see you and know you again.*

Marge wept again, adding her own tears to the letter. If Alzheimer's is a funeral that never ends, then Richard's letter was a comfort that never departs.

## Diminishing Abilities

In the moderate stage of Alzheimer's, the affected person continues to function, but may need supervision for certain activities of daily living. Ability to perform complex tasks decreases until they cannot

- plan social functions;
- handle finances;
- understand comments spoken by others;

- grasp the humor of a simple joke;
- make decisions of any kind.

As the memory and thinking abilities of care-receivers fade, they need increasingly more help but are less able to request it. They become increasingly self-absorbed and oblivious to the sacrificial actions performed for them. In this setting, caregiving becomes literally a thankless job.

## Grasping for Meaning

The Alzheimer’s Association notes that people with AD

- face an uncertain future;
- must adjust to new schedules and changing roles and responsibilities;
- worry about overwhelming family caregivers;
- strive to maintain an active and independent lifestyle;
- may look the same, but act differently.

Before it is too late, they need to reflect on their life and record it in some manner; a scrapbook, a video or a brief autobiography could do this nicely. Someone who appreciates history could assist with this effort.

While they are still lucid, they will wrestle with anxiety about the journey before them. There will be concern about how they have spent their lives, and questions about death. Having a faith system to rely on will help both care-receiver and caregivers live with hope.

Do you have a faith system? Do you need to dust yours off or search for one?

### **PART 3:** **The Advanced Stage**

Kevin—Marge and Richard’s son—came over and cooked dinner. As the three of them ate, Marge helped Richard negotiate the food and drink to his mouth. Following the meal, Kevin did the dishes and Marge slowly led Richard through the steps of brushing his teeth, going to the toilet and putting on pajamas. Once Richard got frustrated and started to shout, but Marge deftly distracted him so that he cooled down.

She led him out to the living room and put on some music, which seemed to soothe him as he sat silently.

When Kevin finished in the kitchen, he entered, patted Richard on the shoulder and offered him a smile, which was not returned. Then Kevin took a seat in a chair facing his mother.

“I’m so proud of you, Mom,” he said.

“Why in the world?”

“For the way you love and care for Dad.”

“It’s only my duty, Son.”

“But you don’t do it like a duty. For six years now you have watched over his every move. Every object in this house has become a potential danger for him, and you have protected him from them all.”

“Except for the time he poked himself with my sewing shears. And then there was the time I lost my patience and shoved him harder than I meant to. And what about the nagging desire that it would end soon?”

“Mom, please stop. I wasn’t saying you were perfect. You aren’t, and you don’t have to be. But despite the difficulties, you’ve been there for Dad all along, even though his old self disappeared long ago. You don’t have to do that.”

“I don’t have to, but I want to.”

“That’s why I’m proud of you,” Kevin repeated.

“But I’m also worried about you.”

“You don’t have to fret about me.”

“I think I do. You look worn out. Not just today, but all the time. That’s why Celia and I have made up our minds to help.”

“You already help.”

“We’re going to do more. We’ve decided I will work only half-time, so I can pitch in more here.”

“You don’t have to do that.”

“I don’t have to, but I want to.”

“But — ”

“Please allow me to be as firm with you as you are with Dad. When do you get any leisure time? Rarely. Do you ever get a good night’s rest? I don’t think so. How about regular exercise and healthy meals? You’re so overwhelmed you hardly get to take care of yourself.”

“I just don’t know.”

In spite of her feeble protest, Kevin hoped his words had struck home. “Mom, I gotta go now.” He rose to get his coat and then added, “You think about it. I’ll call you tomorrow.”

After breakfast, Marge phoned Kevin. “I thought I’d save you a call. After your offer sank in, I felt such a relief. The burden isn’t gone from my shoulders—it never will be—but at least I’m not alone. Thank you.”

## Further Challenges

Disability becomes obvious in the advanced stage of AD. Affected persons become disoriented and cannot identify familiar people or events. They require a great deal of encouragement and attention to perform basic activities like dressing, bathing and toileting. The patience of caregivers is stretched because the disorientation causes persons with the disease to act insensitively to those who love them.

## Portrait of Caregivers

Studies by the Family Caregiver Alliance, *Spotlight on Caregiving Newsletter*, and the Alzheimer's Association provide a group portrait of caregivers:

- Seventy to eighty percent of primary caregivers are women.
- About half of caregivers care for a parent.
- About one-third of caregivers care for a spouse.
- About half of caregivers under age 65 also hold a job.
- Half of caregivers live with the care-receiver.
- Two-thirds of caregivers have provided care for over two years.
- Two-thirds of caregivers say that their care-receiver cannot bathe, dress or use the toilet without assistance.
- Seventy percent of caregivers are reluctant to leave their loved one alone, even for brief periods.

Caregivers are unsung heroes. No sooner do they learn to deal with one set of problems and then the care-receiver's further deterioration brings new and more severe problems. Caregiving takes an enormous toll on caregivers:

- Ninety percent call it "frustrating," "draining" and "painful."
- Two-thirds report symptoms of significant depression.
- Half say caregiving places considerable stress upon their families.
- Half state they lack time for themselves.
- Almost half say they do not get enough sleep.
- Almost half say their health has deteriorated since becoming a caregiver.
- Caregiving has forced half of caregivers to make financial sacrifices.
- One-third admit they are near burnout.

## You Are Not Alone

One-third of caregivers perform their tasks without assistance. This is too heavy a burden for anyone to bear. Seek help. If you are too worn out to do so, then ask a relative or friend to help you contact the following resources:

- the Alzheimer's Association
- Meals-on-Wheels programs
- senior transportation services
- adult day services
- home health agencies
- healthcare professionals
- healthcare facilities

- caregiver support groups
- religious agencies that serve the elderly

If you find it difficult to ask for help, simplify the process by photocopying the list below and simply hand it to friends and relatives.

## Ways You Can Help

- Keeping in touch matters. A note, a phone call or a visit all show you care.
- Little things add up to a lot. Drop off a meal. Plan little surprises of kindness.
- Breaks are precious. Stay with the care-receiver, so family members can have some relief from the stress.
- Specific assistance is best. Make a list of projects you can do (e.g. laundry, dusting, yard work, medical bills) and then offer to do one of them.
- Learn about Alzheimer's and how it impacts the family. Familiarize yourself with helpful care techniques.
- Change the pace and scenery. Plan an activity to get caregivers out of the house and enjoying life.
- Listening is caring. Ask family members how they are doing and encourage them to share.
- Observe others' health. Encourage caregivers to care for themselves.
- The entire household is in this together. Be attentive to the needs of everyone in the home.
- Stick with caregivers through thick and thin. You don't have to make heroic efforts. Just dedicate a little time each week or month.
- Pray. Talk to God about caregivers' needs because He will provide.

Ninety-six percent call caregiving a labor of love. As one husband said, "I don't have to care for Muriel, I get to!" (From: *Christianity Today*, Robertson McQuilken, "Living the Vows," Oct. 8, 1990; 39) Even so, the laborers of love can't help but get harried and haggard. If you are one of them, please take care of yourself.

## PART 4: The Latter Stage

Kevin met his mother at the intensive-care waiting room of the healthcare facility where Richard now resided.

"Kevin, I don't feel guilty any more," Marge offered.

"Guilty about what?"

"About bringing your father here."

"You wrung your hands over that decision for months," Kevin recalled. "But as we assessed the situation, it was the best option. The disorientation and inability to fend for himself had multiplied beyond our capabilities."

"The efforts of all three of us were required to even pretend we could still care for him."



They both sighed, recalling their exhaustion before they had placed him here two years ago.

Then Marge continued, “They have cared well for Richard here. It was such a relief to come each day and simply be his companion rather than the fulfiller of a thousand needs. It was the right choice. I don’t feel guilty any more.”

“I’m glad to hear it.”

Marge slowly removed a tissue from her purse and wiped her moist eyes. “Kevin, the doctor has just told me your father’s death is imminent. Probably sometime tonight. So only one task will remain—to grieve his loss.”

Speechless, he reached out to hold her hand. People passed in the hallway, oblivious to their heartache.

“I’ve been thinking,” Marge mused. “When someone dies with no warning, their families are rocked with sorrow. A surprise death like that must be like falling off a cliff. With Alzheimer’s, death is like being slowly lowered by a rope over the same cliff. For nine long years we’ve mourned the loss of Richard’s memory, the loss of his social self and now his actual death. Although we’ve been amply forewarned, when we reach the bottom of the cliff I’m afraid it will hurt just as much as a surprise death.”

“But we don’t have to endure it alone,” Mark said. “Have you talked with anyone at church yet?”

“Not yet. I wanted to tell you first. Would you call them for me?”

“Sure.” He stepped out of the room and made the call.

## **Mission Completed**

The hallmark of the latter stage of Alzheimer’s is severe cognitive decline. The impaired person grows apathetic, disoriented and unable to find their way around the house. All sense of confidence and dignity is lost. Depression, delusions or delirium are common. Communication grows impossible. When they do speak, it tends to be simple syllables, words and phrases parroted over and over. The person with Alzheimer’s may also become incontinent as well as stuporous or comatose.

To deal with this difficult stage, caregivers need to carefully and realistically evaluate the resources and support services they have available. Usually some form of professional care is necessary. If you need a long-term facility, select one where the person’s dignity and quality of life will be respected. To help you determine this, go to a facility unannounced. Then watch and listen to how the staff interacts with the clients under their care.

This stage of Alzheimer’s may last from a few months to several years. As the end approaches, the care-receiver becomes increasingly dysfunctional and immobile, even to the point of forgetting how to eat. Often the official cause of death is not Alzheimer’s but some other disorder.

Then comes the final task: mourning the death of the care-receiver. Missing their loved one yet freed of their duties, grieving caregivers experience a strange mixture of sorrow and relief, loss and liberation. As much as ever before, they will need the consolation of friends, a stable faith system and perhaps even professional counseling.

## **PART 5: The Rewards**

Jerry and Susan lived down the street from Marge. Until six months ago, they had known each other only in passing. Then Marge heard through the neighborhood grapevine that Susan had Alzheimer’s. Wondering if she could be any help, Marge dropped by and found Jerry eager to talk.

He said Susan had done a marvelous job of hiding her symptoms, and he admitted that he had been in denial for years. So now he found himself the caregiver for a wife well into the moderate stage of Alzheimer's.

Before long, Marge became Jerry's unofficial mentor. One day he phoned her, "I've got a question. In the books and pamphlets about caregiving, sometimes it says, 'Being a caregiver is rewarding.' But they never list what the rewards are. Maybe the talk about rewards is just a nice sentiment, but nothing more."

"So what is your question?"

"I know it sounds selfish, but what are the rewards for us caregivers?"

"That's a good question—but a tough one. Give me some time to think about it."

The next morning Marge dropped by Jerry's. As he added cream to her coffee, she pulled out a sheet of paper. "I've been thinking about your question, and here is a list I came up with."

"Good."

"Reward number one: laughter."

"Laughter? All I want to do is cry."

"Please hear me out. Caregiving includes many surprises. Objects hidden in the strangest places. Absurd answers to simple questions. Rather than bemoan Susan's fading memory, learn to laugh—not at her, of course, but at the absurd things that happen."

"Like when Susan met my boss at a party and mistook him for her high school basketball coach. At the time I was upset, but it was sort of funny," Jerry chuckled.

"Did he fire you?"

"No, he was very understanding."

"Then laugh about it," Marge concluded. "Ready for number two?"

"Shoot."

"You get to treasure the past. This happens two ways. First, when Susan in her clear moments reminisces with you about the good times, savor the details. It may be the last chance to share that memory together."

"I see what you mean."

"The second way occurred to me when Richard would be off reliving some distant event. At first, I tried to wrench him back to the present. But then I learned to join him in the past."

"What do you mean?"

"I would simply chat with him as though I were there with him. He usually accepted me as a fellow participant in the event he was recalling. It was kind of surreal, but at least I got to share in his memories."

Jerry offered her a slice of banana bread. "You're really giving me a lot to think about, Marge. What's next?"

"Reward number three: appreciation of little things. As Susan becomes able to comprehend only one thing at a time, help her focus on the simple pleasures of life. A sunset, a flower—"

"A back rub?"

“Why not?”

“Good, Susan loves back rubs. I rarely found time to give her one before. Now I do, and we both enjoy it.”

“Reward number four: mental stimulation. With constant new challenges and problems, caregiving is anything but boring.”

“Isn’t that the truth,” Jerry agreed. “I used to pride myself on my creativity and flexibility at work. It was nothing compared to caring for Susan.”

“Reward number five: learning how deep love is.”

“Explain that one.”

“Our contemporary culture tells us that love lasts only as long as love is personally fulfilling and sensually gratifying. But when I reviewed the list of things that the person I love should provide for me, I realized it was simply a list of all the things that Richard could no longer contribute to our relationship. And still my love for him hadn’t died.”

Jerry pulled out a handkerchief. “You’re getting to me.”

“I’m sorry.”

“Please, don’t apologize.” He dried his eyes. “Are there more?”

“Yes. Reward number six: patience. Alzheimer’s constantly highlights our own inadequacies. We don’t have the internal resources to endure the constant stress, frustration and sorrow. So we have to learn to depend on God one day at a time. And He always comes through.”

Jerry remained silent. Since he had no church background, God was a pretty unknown concept to him.

“Last of all, reward number seven: facing mortality.”

“That’s a reward?”

She lifted her coffee mug and asked, “Jerry, did you know that everyone who drinks coffee dies?”

Jerry’s face registered “Huh?” for a moment. Then he laughed, “I get it. And everyone who eats banana bread dies. That’s funny, Marge.”

“Behind the joke is a reality: someday my obituary will appear in the paper.”

“And you won’t be there to read it.”

“Nope. Alzheimer’s forced us to face questions like where is Richard going? Where am I going? Will we ever meet again? On the other side of death will I find the judgment of God or His mercy?”

“You’ve got nothing to worry about there, Marge. If there is a God, for sure He’s gonna reward you for the years of unselfish care you gave Richard.”

“I once thought that way, but I don’t any more.”

“Why not?”

“When Richard was diagnosed, our questions led us to a church where the Bible is taught. It was so foreign at first. We hadn’t been in a church for years, and we’d never read the Bible before.”

“I’m not into that, either.”

“I know you aren’t.” She paused and looked him in the eye. “Jerry, we’ve become good friends and I don’t want to offend you or be pushy, but I’d love to tell you what Richard and I learned. May I?”

“Go ahead. What happened?”

“First, we learned that God is a caregiver, sincere but often misunderstood.”

“Now you’ve piqued my curiosity.”

“As caregivers we do what’s best for our loved ones, protecting them from a thousand dangers, but due to their limitations they don’t understand. They get agitated and angry. We get shoved and yelled at.”

“I’ve been there.”

“So has God. All He wants is to give us His love and care, but we squawk about Him infringing on our lives and making us feel guilty. As I studied the Bible and cared for Richard, I understood God’s concern for us. He sees our bad deeds and warns about eternal punishment, only because He wants us to avoid the punishment.”

“How? Does God just forgive and forget?”

“No. God doesn’t have Alzheimer’s. He is aware of all our faults. But just as your love for Susan spurs you into action, God the Father’s love for us spurred Him to send His Son, Jesus Christ, to earth to rescue us. You see, God doesn’t forget our sins—He covers them.”

“Covers them with what?” Jerry asked.

“With the blood of Christ. Jesus Christ is a care-bearer. The eternal punishment we deserved was carried by Jesus. As He died on the cross, He was paying the price for all our sins. You know, Jerry, Alzheimer’s generates lots of guilt. Richard felt guilty about not doing more with his abbreviated life. I felt guilty for losing my patience with him and for feeling sorry for myself.”

“Me, too,” Jerry agreed, biting his lip.

“Well, as Richard and I learned the true meaning of Jesus’ death, we suddenly saw that all our failures and guilt were lifted from us by a loving, caregiving God. He doesn’t just forget our sins, but covers them with the blood of His own Son.”

“I never heard it explained this way before.”

“But I haven’t gotten to the best part. Jesus returned alive from the grave. That means that Alzheimer’s is not the end. For a person who admits their wrong and trusts in Jesus’ blood to cover their sin, death isn’t the end of life, it’s only the beginning.”

“This is too good to be true.”

“It is so good Richard and I believed it is true. The hope of living with God forever in heaven gave us the strength to live with Alzheimer’s. So, you see, God has thought of everything. He cleanses the past, ennoble the present and insures the future.” Marge pulled a paper out of her purse. “I’d like to show you my prized possession.”

Jerry took Richard's 42nd anniversary love letter. He read the beginning silently, but was compelled to speak the closing sentences aloud:

*I will forget who I am, but God never will. The greatest benefit—maybe the only one—of me having Alzheimer's is that it forced us to come to terms with God. No matter how our minds and bodies may fail, He remembers, and someday He will restore us to our true selves.*

*Marge, because the Lord made that promise, I promise you this: on the day we are restored, I will see you and know you again.*

"Whose tears marbled this paper?" asked Jerry.

"First Richard's, later mine. Tears of joyful hope."

"Susan and I need tears like that."

"Jerry, the Lord is your caregiver, care-bearer, and care-lifter. Simply rest in His promises and be His care-receiver."

## Resources

1. *The 36-Hour Day: Caring for Persons with Alzheimer's Disease, Related Dementing Illnesses, and Memory Loss in Later Life* by Nancy L. Mace, Paul R. McHugh, and Peter V. Rabins, Warner Books, 1992, 427 pages, ISBN: 0446361046
2. The Alzheimer's Association, with dozens of local chapters:
  - Address: 919 North Michigan Ave., Suite 1000, Chicago, IL 60611-1676
  - Phone: (800) 272-3900 or (312) 335-8700
  - Fax: (312) 335-1110
  - E-mail: [info@alz.org](mailto:info@alz.org)
  - Website: [www.alz.org](http://www.alz.org)
3. Family Caregiver Alliance, an information resource on long-term care:
  - Address: 425 Bush Street, Suite 500, San Francisco, CA 94108
  - Phone: (415) 434-3388
  - Fax: (415) 434-3508
  - E-mail: [info@caregiver.org](mailto:info@caregiver.org)
  - Website: [www.caregiver.org](http://www.caregiver.org)
4. *Spotlight on Caregiving*, a free electronic newsletter seeking wellness for caregivers:
  - Website: [www.caregiving.com](http://www.caregiving.com)
  - Also offers online-community support via member blogs, chat rooms and more
5. Local churches with ministries for care-receivers and caregivers
6. Pertinent Bible texts:
  - Psalm 103
  - Psalm 139
  - Matthew 6:25-34; 7:24-27; 11:25-30; 27:32-28:20
  - John 1:12-18 and 29; 6:25-69; 11:1-53; 20:1-30
  - 1 Corinthians 15:1-58
  - 1 Peter 1:3-25
  - 1 John 4:7-21

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