



Sharing the mind of Christ: preliminary thoughts on dementia and the Cross

Peter Kevern

Abstract

The increasing prevalence of forms of dementia poses some profound challenges, not least to our Christology and soteriology. In particular, it exposes the degree to which faith, grace and salvation are all still linked to the concept of the self-conscious individual, and how this approach limits the range of possible theological responses to dementia. In this paper, the author argues that a theological response in depth requires us to consider the possibility of saying that Christ 'demented' on the Cross. Some implications of making such an assertion are explored, both for Christology in general and for the ways Christ may be spoken of as 'present to' those with dementia.

Keywords

Dementia, Alzheimer's, Christology, kenosis, Moltmann

Introduction

The phenomenon of dementia among is one of the most pervasive pastoral and theological challenges facing the western church at the beginning of the 21st century. According to the estimates of the Alzheimer's society, about 25% of the population of the UK can expect to suffer some significant degree of dementia during the course of their life;¹ and given the protracted, demanding care that must be offered to people with dementia, hardly anyone will be insulated from the practical and theological questions it raises. In this paper, I shall explore the thesis that in order to develop a full theological response, we must consider what it might mean to say that Christ 'demented' on the cross.

Dementia grows much more common with advancing age, and an increase in life expectancy largely accounts for the recent increase in

¹ See the report of the Alzheimer's Society, Dementia UK, available at http://www.alzheimers.org.uk/site/scripts/download_info.php?downloadID=1 (accessed March 2009).

its incidence in the western world. Inevitably, the presenting issues and the research most often revolve around dementia in old age, but I want to keep to a broader definition of the term, as referring to “an acquired and persistent impairment of intellectual faculties, affecting several cognitive domains, that is sufficiently severe to impair competence in daily living, occupation, or social interaction”.² From a *medical* point of view, the most common cause of dementia is progressive neurological impairment: parts of the brain of the patient begin to sicken or die off, and as particular functions become slower or cease altogether, so the patient loses mental capacity. Typical, identifiable symptoms are therefore impairment of memory; inability to understand what is happening around them; inability to perform certain simple tasks; and finally death. Since the loss of such capacity is usually irreversible, dementia is portrayed as a progressive disease from which there is no hope of anything more than the most partial and temporary improvement: it is generally a terminal, degenerative condition.

From the point of view of the *carers* and concerned observers of the person who is dementing, this account is incomplete in that it does not mention the social and theological experience of the disease. The personality of the individual may appear to change, sometimes dramatically; they may become more violent or sexually uninhibited. This ‘progressive neurological impairment’ appears as an unstoppable leaking away of personhood, of identity and finally humanity. What makes this particularly challenging for the committed observer is that the person seems to have lost whatever it is that makes them human, a sort of self-awareness or (to use an old term) ‘self-possession’. For this reason, Keck refers to dementia as ‘deconstruction incarnate’.³

From the point of view of *western society* as a whole, dementia appears as a challenge to our assumptions of what makes a human being human, and so worthy of public support and assistance. It is common to hear dementia referred to publicly as a sort of ‘living death’, and by extension those with dementia are understood to be the dead, or at least the dying. But as Tom Kitwood has ably argued, this may say at least as much about society as a whole as about people

² Thomas J. Grabowski and Antonio R. Damasio, ‘Definition, clinical features and neuroanatomical basis of dementia’ in Margaret M. Esiri, Virginia M. -Y. Lee and John Q. Trojanowski (Eds) *The Neuropathology of Dementia*, Second Edition (Cambridge: University Press 2004) p 2, available online at http://assets.cambridge.org/97805218/19152/excerpt/9780521819152_excerpt.pdf

³ “Hence, it becomes possible to say that Alzheimer’s disease represents deconstruction incarnate. The instability of meaning and free play of signifiers which deconstructionists enjoy talking about become manifest most clearly in an Alzheimer’s patient. Particularly in the latter stages, the slipperiness of a patient’s language becomes apparent.” David Keck, *Forgetting Whose We Are: Alzheimer’s disease and the Love of God* (Nashville: Abingdon Press 1996) p. 32.

with dementia: it may indicate that society has become unable to hear, recognise and respond to those who do not fit a rigid set of rules for communication or a narrow specification of rationality.⁴ As Post has pointed out, if we are to value those with dementia we must “enlarge our sense of human worth to counter an exclusionary emphasis on rationality, efficient use of time and energy, ability to control distracting impulses, thrift, economic success, self-reliance, ‘language advantage’, and the like.” We need a Judaeo-Christian set of values which

are able to include even those with cognitive disabilities under the protective umbrella of beneficence. Equal regard based on cognitive, emotional, relational and symbolic-expressive aspects of persons with dementia (including advanced dementia) lead me to reject the notion ‘I think therefore I am’ and replace it with the less arrogant notion ‘I feel and relate, and therefore, I am.’⁵

Re-membering the forgetful: theological responses

From the point of view of *committed Christians*, there are particular questions and challenges that come from our rooting in the anthropology of the prechristian Greeks. In western religious thought, we have inherited a tradition of identifying this experience of self-awareness as the empirical manifestation of the immortal soul: we fear that what is lost when somebody loses awareness of themselves and their actions is not only their well-being, but also that part of them that is receptive to God. Without this ‘soul’, what is there to receive grace, to exercise faith, or to respond to God? We may conclude that this person has been ‘lost’ in more ways than one, and it may even appear that their salvation is in question.

We are left with the question, When confronted by issues like dementia can we discover vision, hope and words of transformation and transfiguration, or do we stand silent, unable to comprehend the scale and scope of the problem and the pain, and with nothing positive to offer?⁶

This capacity of dementia to strike at the heart of our theological anthropology both demands a response and renders one difficult. If

⁴ See especially Tom Kitwood, *Dementia Reconsidered: the person comes first* (Buckingham: Open University Press 1997).

⁵ Stephen G Post, “*Respectare*: moral respect for the lives of the deeply forgetful” pp. 223–234, in Julian C. Hughes, Stephen J. Louw, Steven R. Sabat (Eds), *Dementia: mind, meaning and the person* (Oxford: University Press 2006). Quote from p. 233.

⁶ Malcolm Goldsmith, ‘Dementia: A Challenge to Christian Theology and Pastoral Care’ in Albert Jewell (Ed), *Spirituality and Ageing* (London: Jessica Kingsley 1999) p. 127.

we are to speak the good news to those who are dementing, let alone speak to our society's delusions and false gods, then we must come up with a theology: vague gestures of pastoral care will not do. It is strange to note, then, how few theological responses have been attempted. The most complete survey of the options is by Goldsmith in his 1999 essay, 'Dementia: a challenge to Christian Theology and Pastoral Care'.⁷ In it, he canvasses four possible theological starting-points:

1. A 'Traditional/historical model', in which memory is central as placing us in a shared tradition. This, he argues, is clearly inadequate for those whose memory is deteriorating
2. An 'Open to God' model, of us being moved by the Spirit towards God. He argues that this is irrelevant to the experience of those dementing, whose world is narrowing and losing focus.
3. A 'Growth' model, of continuous development to spiritual maturity. This does not allow for the decline and diminishment of dementia
4. A 'Remembered by God' model, which he takes to be the most promising: "we are 'remembered' by God long before and long after we make any recognizable response to God."⁸

This preference for a model which appeals to God's sovereign power as overcoming the limitations of dementia is elaborated in the little developed theology surrounding the subject; notably in a collection of Calvinist responses from the USA⁹ and of John Keck, who attempts a more or less Barthian approach. In both cases, the power of God is used to compensate or substitute for the individual's self-awareness: we may assert that even if somebody is incapable of maintaining their own sense of inner integration, the responsibility returns to God: nothing has been lost.

While this appeal to God's sovereignty is undoubtedly comforting and pastorally useful, it is theologically unsatisfying in several ways. In the first place, such responses share a tendency to denial (the person forgets, but God always remembers) and a profound pessimism (dementia understood only as loss and the beginning of death).¹⁰ Apart from the eschatological and somewhat vague hope that God will somehow make everything all right in the end, this leaves us

⁷ In Albert Jewell (Ed), *Spirituality and Ageing* (London: Jessica Kingsley 1999) pp. 125–35.

⁸ *Ibid.*, pp. 129–131.

⁹ Donald McKim (Ed), *God Never Forgets: Faith, Hope and Alzheimer's Disease* (Louisville, Westminster John Knox, 1997).

¹⁰ So e.g. Keck, *op.cit.* p. 93: "An important criterion form many theologies is social justice. Unfortunately, . . . this disease is an equal opportunity destroyer . . . Ultimately, death and disease scandalously overcome us all."

with an essentially tragic narrative. Secondly, such an appeal necessarily places God 'outside' the process of change and deterioration, uninvolved in the messy business of living and dying in dementia; waiting at the door, as it were, for it all to be over and the victim to be released into death. As Hauerwas has pointed out, this is emphatically not the God of the Christians:

God's face is the face of the retarded; God's body is the body of the retarded; God's being is that of the retarded. For the God we Christians must worship is not a god of self-sufficient power, a god who in self-possession needs no one; rather ours is a God who needs a people, who needs a son. Absoluteness of being or power is not a work of the God we have come to know through the cross of Christ.¹¹

Thirdly, this model diverts us from the presenting issue, which is that we *experience* a person in the final stages of dementia as much less of a person, and perhaps hardly a person at all. The theological questions arise through an experiential rather than a dogmatic route: if we are to reflect theologically and constructively on that experience (which, I accept, Barth would see as a futile exercise) then this will not do: we will need to deal with what it means to be a human among humans, as well as before God.

Finally, this approach offers no resistance to what we may term the 'sub-christian' association of the consciousness with the immortal soul, with its implication that to be a human being is necessarily to be self-conscious, rational and competent. By acquiescing in the view that a person with dementia can only be spoken of as human for theological reasons, it might even reinforce the sense that humanity cannot be experienced in or expected of them: we have been released from responsibility for searching for it in our relationship with them.

A partial response may be discerned in a second emerging approach to the theology of dementia, offered by analogy with the doctrine of the Trinity. This takes as its resources, on the one hand, Tom Kitwood's plea for an understanding of the person with dementia as constituted in and by their relationships rather than their inner awareness; and on the other, the contemporary use of the Trinity as a theological device on which to reflect on the character of human relationality. Thus, in resistance to the modern liberal construction of the person as defined by their capacities, Swinton draws an analogy from the trinity, as 'constituted by relationships', to a view of human beings as constituted in the same way. This, he argues, takes

¹¹ Stanley Hauerwas, *Suffering Presence: Theological Reflections on Medicine, the Mentally Handicapped, and the Church*. (Edinburgh: T&T Clark, 1986) p. 178. The reference to 'the retarded' is colloquial in the US context for those who in the UK would be referred to as 'mentally handicapped'.

the emphasis off individual self-awareness and locates a person's humanity in the community of which they are part.¹²

Similarly, Rosalie Hudson proposes that

God is, as three persons, always and only *in relationship*, not for God's self-satisfaction or to confront us with an impenetrable geometric conundrum, but *for our sake*, to enable us to be in relationship with God and each other. The essence of the triune relationships is on their *interrelatedness* or their *co-dependency*; each needs the other to enable the full expression of God's love to be realized.¹³

The dangers of using this sort of recursive analogy, arguing from social concerns to a social model of the Trinity and back again, have been ably argued by Karen Kilby¹⁴ and need not be rehearsed here. In addition to these general concerns, the difficulty to my mind is that this approach places so much emphasis on 'relationality'. We are no longer led to say that a person ceases to be human when they cease to be aware; but we are now in danger of saying that a person ceases to be human when they are isolated from others. Whatever else is happening for a dementing person, they are becoming socially isolated; whatever we do, they will probably end their physical life unable to maintain any recognizable form of relationality. According to this model, an implication would therefore be that at this extreme end, God is absent. At the point where social interaction ceases, it seems that God's involvement also ceases.

However, the Christian affirmation is that this bleak vision of the world is fundamentally wrong in positing a place in human experience which is beyond God's participation, a locked door barring the way to grace; wrong in depicting a God who will not sacrifice the divine dignity in order to be present to his people. The unique message of the Crucified One is that there is no sort of human suffering where God is not to be found, and if we are to make sense of the isolation and suffering of dementia in a theological way, then our starting point must be the Cross.¹⁵

¹² Ibid, p. 31.

¹³ See p. 85 of Rosalie Hudson, 'Disabled or Enabled: Ethical and Theological Issues for Dementia Care pp. 81–93 in Elizabeth MacKinlay (ed), *Ageing, Disability and Spirituality: Addressing the Challenge of Disability in Later Life* (London: Jessica Kingsley 2008).

¹⁴ In her important paper, Karen Kilby, 'Perichoresis and Projection: Problems with Social Doctrines of the Trinity', *New Blackfriars* 81 (2000), pp. 432–45.

¹⁵ See e.g. Eiesland's comments in relation to disability: "Here is the resurrected Christ making good on the incarnational proclamation that God would be with us, embodied as we are, incorporating the fullness of human contingency and ordinary life into God. In presenting his impaired hands and feet to his startled friends, the resurrected Jesus is revealed as the disabled God. Jesus, the resurrected Savior, calls for his frightened companions to recognize in the marks of impairment their own connection with God, their own salvation. In so doing, this disabled God is also the revealer of a new humanity."

The proposal I will be exploring in this essay is, therefore, that we consider the possibility that Christ ‘demented’ on the cross, in the sense of losing self-awareness and awareness of his own motivation; that as a result, in the midst of dementia, God is present; and that this means that grace and the redemption of the cosmos is at work in and through those who are dementing. In turn, this constitutes a challenge to the prevailing secular view of those who are dementing; but a detailed examination of this is beyond the scope of the present essay. I will therefore content myself with three tasks. First, I shall seek to locate these ideas in the tradition of classical Christology; I shall then attempt to locate dementia in the historical account of Jesus’ death. These thoughts will, I hope, lay the groundwork for the third part, in which I will explore how insights from the study and care of those with dementia may enrich and in turn be informed by some aspects of the theology of the Cross.

‘What is not assumed is not redeemed’:¹⁶ the Christological possibility of a dementing Christ

Part of the genius of classical Christology is its recognition that Jesus’ life is redemptive not just because of his divinity, but also because of his humanity. Redemption takes place only because Christ shares in full humanity, and conversely humanity is taken up into divinity. Consequently an understanding of redemption entails an understanding of what constitutes full humanity, and in particular an understanding of the contribution of human finitude and frailty. In order to assert the entanglement of theological meaning with the whole range of human suffering and loss, the Tradition has asserted Christ’s participation in every sort of human limitation. The history of Christology can be written as a succession of debates about what Christ assumed, and so what belongs to the authentic human condition:

1. Against docetism: the assertion that suffering is proper to the Incarnate One, and thus part of what it is to be human.
2. Against docetism: the assertion that suffering is proper to the Incarnate One, and thus part of what it is to be human.
3. Against the monothelites: the psychological assertion that Jesus’ human will can properly be subject to desire, temptation and free will.
4. In nineteenth-century kenotic theory, the cognitive assertion that Jesus may properly have been ignorant both of material facts and of his own divine identity, since ignorance is part of the human condition.

Nancy Eiesland, *The disabled God : toward a liberatory theology of disability* (Nashville: Abingdon 1994) p. 100.

¹⁶ Gregory of Nazianzus, reply to Apollinaris, *Ep.* 101, 32.

It is because of the extensive and detailed exploration of these points that we can now say without qualification that, ultimately, to be fully Christian entails being fully human; that our desires, our limitations and even our ignorance of the nature of God can all form part of the trajectory of human redemption and divinization; that God is present in and even because of our limitedness.

However, in the midst of the succession of recognitions of Jesus' humanity-in-finitude, his self-consciousness and intentionality have been kept intact; indeed, as other aspects of humanity have 'intruded' on our understanding of him, it has become more sharply emphasized. We have come to recognize that Christ on the cross is stripped of beauty, autonomy and power, but do not usually see him as stripped of self-awareness. The trajectory of Christology seems to reinforce the prejudice that self-awareness is the seat of the soul, and so the site of human redemption: when everything else is stripped from Christ, this one thing is left him.

This amounts to a lacuna in our understanding of incarnation and redemption. If Jesus abandons *all* sovereign power, takes on *all* human frailty (which is necessarily entailed in our rejection of docetism), then we must not preserve for him a refuge in the innermost depths of his soul, a place of calm self-awareness untouched by the drama of the cross. And conversely, if we are to find a place for the dementing in the economy of salvation, we must attempt to identify a sense in which Christ shares in their dementia, and in which it is itself brought to the Cross. The fact that this seems (to me, at least) a challenging and difficult thought in itself demonstrates how we have yet to shake off a sub-christian metaphysics in which 'true' humanity is held in an inviolable sphere distinct from contingent human bodies: our next task is to bring some pressure to bear on our own prejudice by turning attention to the Christ on the Cross.

“The singleness of his pain and sadness” – the historical probability of a dementing Christ¹⁷

By the time the Passion narrative has reached the fairly settled form and structure found across the four Gospels, it has clearly been tidied and theologized to a considerable degree: even Christ's cry of abandonment in Mark (My God, my God . . .) turns out to be a quotation

¹⁷ From Thomas Aquinas, *Summa Theologica* III, 46, 6: “the magnitude of Christ's suffering can be estimated from the singleness of His pain and sadness. In other sufferers the interior sadness is mitigated, and even the exterior suffering, from some consideration of reason, by some derivation or redundancy from the higher powers into the lower; but it was not so with the suffering Christ, because “He permitted each one of His powers to exercise its proper function,” as Damascene says (De Fide Orth. Iii).” (English Dominican Province, second edition 1920).

from a Psalm, replete with messianic significance; details such as his drinking (or not) from a sponge held up are to be read for their theological import rather than simply as historical evidence. But the extent to which the text is theologized is itself evidence of an historical process: the clear evidence that Jesus suffered, and that this challenged the expectations of those who constructed the passion narrative. Jesus turned out to be more human than expected, not less: if the passion narrative has a direction, it is towards reducing the extent of his human disintegration rather than exaggerating it. Although this emphasizes the redemptive nature of the death itself, at the same time it hides from us what must have been a process of deterioration, over a number of hours, of a number of the characteristics that made up Jesus' recognizable humanity. We are thus deprived of a memory of Jesus as participating in our *process* of dying.

So did Jesus dement on the cross? Considered as a human being, it seems that he was at least delirious, despite the sanitization of the stories in the gospels. If he was truly human then it is very unlikely that his last minutes of life on the cross were lived in full self-awareness: the arrest, sleep deprivation, blindfolding, beating, humiliation and hanging for long hours in the sun would all have contributed to the profound disorientation. Under conditions of extreme fatigue, dehydration, physical injury and psychological stress, it seems highly unlikely that he would be in a position, as John suggests, to deliver instructions for the care of his mother and theological pronouncements from the cross. It seems much more likely that towards the end of his life he was only slightly able to function mentally, dimly aware of his surroundings, his mission and his self-identity. There is a fair chance that Jesus did not know what was happening to him. We might say that his self-awareness died just a little before his body stopped breathing, and for that period he was brought into solidarity with the demented, the comatose and the mentally disabled.

However, this approach is not without its difficulties. It is a central theme of classical Christology that Christ's death is a 'death he freely accepted' and our understanding of free acceptance is that it requires both a grasp of the consequences and the ability to make a choice: both attributes assumed to be absent from those who are dementing. If we posit a point in the process of redemption at which Christ's choice and free acceptance become impossible (and this seems to be implicit in the claim of Jesus' 'dementing'), then a gap opens up in the redemptive process: what provides the continuity between Jesus' life and death and so joins both in an integrated narrative of redemption, if not a continuity in his own self-consciousness?

The most obvious answer to our question is that, when Jesus dement, the Father maintains the integrity of the narrative; but it should be clear from the above why this solution will not do. We have already examined and discarded in the first section a theological answer

to dementia that places God as the external guarantor of the integrity of the dementing person, necessarily detached from the situation. Instead, I suggest that the clues to the continuity of Jesus' redemptive work lie in his humanity and the humanity of those around him; and that insights gleaned from the care of those with dementia into the ways in which their identity is maintained have something to teach us in this regard.

Filling the gap: the soteriological integrity of a dementing Christ

One of the by-products of the increasing interest in dementia and the appropriate care of those who are dementing has been a return to considerations of philosophical anthropology. If we reject the prejudice that only the self-consciously rational can claim to be human, then the basic questions need to be asked again: What makes a human being human? And what makes them identifiably themselves, rather than some other human? The three principal candidates to take the place of a self-conscious soul are neatly summed up by Harry Lesser:

...our identity has to be the identity of an impermanent and changing being, relating in all kinds of ways to other beings, especially other persons and remaining the same through these changes because of the special links to its own past and future. So I suggest that both philosophical and psychological personal identity have to include 'boundedness' (... birth, development, decline and death), connections to both the past and the future, and being involved in all kinds of relationships with other people¹⁸

If these can be deployed to answer the question, "What maintains the identity of Christ in his dementia?" they will also contribute to an answer to its corollary: "What sort of Christ is present to those with dementia?" In what follows, I will tack between these two facets of the same cluster of theological meanings.

1. *The identity of Christ is not negated by his dementing, but reasserted.* Since dementia is a possibility intrinsic to the condition of being human, when we develop dementia we become more visibly human, rather than less so, in the sense that another of the possibilities intrinsic in the human condition is made visible in us. Lesser argues that this is true for human beings in general,¹⁹ but it becomes doubly true for Christ. This is because the pivotal assertion we need to

¹⁸ A. Harry Lesser, 'Dementia and Personal Identity' in Hughes et al (eds) *Dementia* pp. 55–62. Quotation from p. 59.

¹⁹ "This is because it is part of our identity, like it or not, that we will surely die and probably decline . . . that we are liable to decline is an essential fact of what we are – just as is the fact that we have developed in all sorts of ways since birth." (Lesser, p. 59).

make about Christ if Christ is to redeem us is that he is subject to all the weaknesses and contingencies inherent in being human. Although there may be room for discussion about what Jesus properly assumes and why,²⁰ once we have granted dementia as a possible consequence of Christ's sufferings before and on the cross we can recognise it as part of what is meant by the statement that he 'took flesh'. Paradoxically, it is when Christ 'loses his identity', first in the act of incarnation and second on the cross, that we know him for who he truly is, as the perfect expression of the self-emptying God. Perhaps some of this is caught in the exclamation of the centurion in Mark, that "Truly this was [the] Son of God!"

How might this be important for including those with dementia in the economy of salvation? I would suggest that we think of this by an extension of Moltmann's paradox, as explored in *The Crucified God*. Moltmann, it will be recalled, stressed the importance of recognizing that, on the Cross, Christ suffered the same sense of utter abandonment by God that is characteristic of the fallen human condition. He argues that, because Christ has shared this experience, even at the point of greatest distance from God we encounter God.

... in the first instance the preaching of the cross does not ask the hearer whether he will allow himself to be crucified with Christ; it proclaims to him Christ abandoned by God and crucified for him who is godless. It is the revelation of God in abandonment by God, the acceptance of the godless by Christ himself taking on his abandonment, which brings him into fellowship with the crucified Christ and makes it possible for him to follow Christ. Not until Christ has taken on our cross as his own is it meaningful to take up our cross in order to follow him.²¹

Analogously, if we want to say that, even at the point of greatest forgetfulness of God and of self, we encounter God, then it is important to say that God is present: not as over-against our forgetfulness, but in and through it. If Christ also dement, then on the one hand we can be confident that grace infuses human existence even in the midst of dementia: that cognitive impairment, even to the extremes of dementia, remains part of the process by which the soul comes to share in divinity, even in the absence of any signs visible to the observer. Conversely, we may say that the one who is dementing is

²⁰ Thus, we are treating dementia as a possibility integral to the process of human intellect, exposed in the aging process but also (to anticipate) for all of us in situations of extreme mental or physiological stress and disorientation. In terms of Aquinas' discussion in III/14/1-4 and III/46/5, we are treating it not along the lines of epilepsy (defect of the original formative principle or, as we might say now, a genetic predisposition) but along the lines of fatigue or hunger – the consequence of contingent circumstances upon the victim. This then lines it up with e.g. the temporary dementia brought on by torture, sleeplessness, pain, dehydration on the cross.

²¹ Jurgen Moltmann, *The Crucified God* (London: SCM 1974) pp. 58-9.

continuing to take up their cross and follow Christ, to live in fellowship with Christ, regardless of whether or not they are aware of it. Thus, the assertion that Christ also demented on the cross opens the way for an understanding of dementia as potentially grace-filled; as potentially an agent for union with God rather than estrangement from God.

2. *Human identity and self-awareness is manifested diachronically.*²² There has been a tendency in some classical soteriology to focus almost exclusively on the moment of Christ's death as the decisive act, and so to underplay the contribution of his life, deeds and words. Clearly, if we postulate that Christ (a) entered into death voluntarily and (b) was dementing and had lost self-awareness at the point of death, this approach is particularly problematic: under such circumstances, we may wish to think of Christ's redemptive act differently. One way, for Christ as for all those who are dementing, is to think of a 'person' not so much as the embodiment of an eternal essence in time (and thus present or absent in *this* time), as the story of a life lived in history. In other words, the 'person' is constituted and communicated not as some faculty of self-awareness, but as a narrative in which choices made in the past have consequences in the future.

This understanding of life as narrative works intuitively with the narrative form of both much of the Old Testament and of the Gospels themselves. The present is not an isolated moment, identified only by our conscious and self-conscious involvement with it: the consequences of choices made continue to work out in their life story and the stories of those influenced by them, regardless of their conscious, continued involvement. The history of salvation rolls forward regardless.

From this perspective, to place great soteriological weight on Jesus 'freely accepting' to the very end is to make both too much and too little of the concept of choice. On the one hand, it leans towards the assumption that Jesus had to freely accept *this particular* death, in *this particular* way, whereas what he chooses in the Gethsemane accounts is to obey his Father's will rather than his own, regardless of the consequences. It is this basic life-orientation that provides the groundwork for our salvation, not the details of his consciousness at the end. On the other hand, it tends to the assumption that for Jesus' free acceptance to be redemptive, it has to be constantly reiterated at least from the moment in Gethsemane to the end of his life; a reiteration that is surely excessive. Such an attitude makes nothing,

²² "For identity by definition is not momentary: questions of identity are not about whether a thing is at any moment identical with itself, which it obviously is, but whether it is identical with something earlier." (Lesser, p. 59).

for example, of his baptism; his decision to turn his face toward Jerusalem; his torment in Gethsemane. The important thing is that Jesus did not shrink from or renege on his decision when he had the opportunity: it is irrelevant when he effectively ceased to have the opportunity.

In other words, Jesus' humanity is salvific, not on the basis of decisions he made consciously in the last moments of his life, but because of the dispositions and decisions he made throughout the whole of it: his 'identity' is rendered not by some form of self-awareness at a particular moment, but by the narrative of a whole life; and by its consequences on the cross, but also in the life lived beyond it. Thus, by shifting stress from the moment of death as one of full subjective self-awareness to the significance of a life lived in the past for the future, we can talk more explicitly of redemption as focussing on but by its very nature overspilling the work of the Cross.

This also provides us with a more detailed understanding of the workings of grace in the midst of dementia. When it is understood as part of a life lived responsive to grace, which in turn sheds its grace on those in the future, this preserves in us some hope for not just the salvation but sanctification and effective work of those with dementia.²³ To take an extreme example, even if a dementing Christian loses self-awareness to the point of losing any memory of having had a faith, the fact that they are a diachronic, causal extension of the person who, when they were self-aware did have a faith is enough to provide confidence in their status before God.

3. *Human identity and awareness is held corporately.* If human identity and autonomy has a narrative shape, that does not imply that the narrative of the individual is solely the concern of that individual. On the contrary, the story which comprises one's 'identity' in time and space is the product of a collaborative effort, a negotiation between self and others.²⁴ Thus, the identity and work of Jesus becomes

²³ Michael Schmaus, 'Mariology' in Karl Rahner (Ed) *Encyclopedia of Theology: the concise sacramentum mundi* (London: Continuum 1975), pp. 893–901, p. 900. Speaking of the title 'coredemptrix' when applied to Mary, Schmaus argues that "If . . . the mediatorship of Mary is affirmed, this is in order to bring out a fundamental thought from the Bible, the solidarity of all men (*sic*). Men do not receive salvation as individuals or monads in isolation from each other, but as social beings. Each one who receives the gift of salvation becomes himself a source of salvation. The good of one is fertile in good things for the other." In this sense, all can be considered 'co-redeemers'; and although this status is clearly subordinate to Christ's, it is equally clearly connected to it.

²⁴ This idea of the self as narrative is developed by Ricoeur (1992) and Taylor (1989). See the discussion in Jennifer Radden and Joan M Fordyce, 'Into the darkness: losibg identity with dementia' in Hughes, *Dementia* pp. 71–88, especially p. 74: "These identities are constituted, it is widely agreed, by a complex interaction between first-, second- and third-person perspectives . . . The very self-awareness required to possess an identity

the site for contested narratives both before and after his death: before, in his conversations with the Pharisees and his disciples, and after in the controversies of the Church. The central point is that what we are is held corporately, in what Radden and Fordyce call “Active, collective authorship of the self-narrative”.²⁵ In the case of somebody who is dementing, progressively more of the burden of narration may be taken by those around them – the second-person and third-person perspectives – and less by the subject; but this is not to degrade the narrative or the subject of it. In a social context, a person may persist as a person although they are individually unaware of the fact.

Translated into a theological context, these insights suggest a way to talk of how on the Cross the work of redemption apparently goes forward without Jesus’ conscious participation. Beyond the point that he is able to give conscious assent on his own, the ‘self-narrative’ is maintained by the choices and intentional actions of others. Picking up and extending the cluster of notions around ‘Mary coredeptrix’, the suggestion that all faithful Christians may contribute to the work of redemption takes on a particular significance when considering who ‘holds’ the identity and narrative of Jesus at the time of his dementing. If Christ’s character and deeds ‘overspill’ the cross by their continued influence (particularly on those who are later to form his Church), we may also say that the life of the Church is anticipated in the community of those who witnessed his dementing. We may say that the *anamnesis* at the heart of the Eucharist, the ‘re-membering’ which constitutes the central act of the Church, is already taking place at the Cross: Christ’s death already involves the community that will commemorate and celebrate it.

One immediate consequence of this line of thought is that there is no longer a clear line to be drawn between the work of Jesus on the Cross and the work of the embryonic church in remembering and witnessing to it: we may say that the work and identity of Christ ‘leaks’ into that of the early Church.²⁶ Thus the first disciples’ role in the economy of salvation is more than simply to hear and learn from Jesus during his earthly life: as implied by the way they are commissioned to preach and to perform, they are involved in the work of redemption from the point of their calling by Jesus.

Conversely, as the holders of the Jesus’ narrative identity and the community who ‘held’ his identity in a time of dementia, when the disciples re-narrate the story of Christ in the Eucharistic community

depends upon and grows out of the contribution, and particularly the recognition of other persons, as well as deriving from otherness as such . . .”

²⁵ See Jennifer Radden and Joan M Fordyce, ‘Into the darkness: losing identity with dementia’ in Hughes, *Dementia* pp. 71–88. Phrase from p. 73.

²⁶ See Elisabeth Moltmann-Wendel here on the community of Jesus in ‘Is there a Feminist Theology of the Cross?’ in Tesfai, Y (Ed), *The Scandal of a Crucified World* (New York: Orbis 1994) pp. 87–98.

there is much more to *anamnesis* than simple remembrance. The act of remembrance quite straightforwardly becomes a re-remembering of Christ; in fact, taken out of time it becomes a re-minding of Christ at the point of consummation of the redemptive story. In these ways, it makes sense to speak of a participation in the eternal sacrifice. It may even be possible to say that the work of the Church thus represents a completing of the work of redemption, but there are many pitfalls to be avoided here and such a development falls well outside the scope of this essay!

Thus, the imputation of dementia to the dying Christ on the Cross has some consequences for the way we understand the 'Good News' for the dementing; but it also has some consequences for our soteriology. This approach leads to a more expansive understanding of who and what Jesus was, how and why: painting a picture of a character integrated over time, infused with meaning both by himself and those around him. It makes much more of the role of the community around Jesus, and the continuing role of the Church; both as a way of supporting the continuing redemptive work of those who are dementing, and as securing for us and re-remembering that act of redemption. Along the way, bringing considerations from dementia to bear on some classical Christian themes has demonstrated a point: that the world of those who are dementing is not a grace-free zone, and that by treating it with full theological seriousness some unique insights can be gleaned that deepen and develop our theology in fundamental ways. Those who are dementing have many things to teach those of us for whom dementia may yet be to come.

Dr Peter Kevern
Queens Foundation, Somerset Rd, Edgbaston, Birmingham, B15 2QH
Email: pmk@queens.ac.uk