

Dementia and Social Isolation

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Dementia, formally known as neurocognitive disorder,¹ is not a single disease or condition. Rather, it is a term that describes ‘a group of symptoms affecting memory, thinking and social abilities’ where ‘the symptoms interfere with daily lives’.² There are over a hundred such conditions that can lead to changes in the brain that manifest as symptoms of dementia.³ While there is presently no cure for dementia, there is medication available that can help to manage symptoms and slow down disease progression.

Scale

Globally, dementia is a trillion-dollar health condition, with the worldwide cost of dementia estimated to be USD1.3 trillion dollars in 2024.⁴ It is also a common phenomenon. ‘A new case of dementia arises some where in the world every 3 seconds.’⁵ In Singapore, where I am based, one in 11 people aged 60 and above have dementia.⁶ Dementia is therefore a phenomenon that Christians and churches cannot afford to ignore—many of us will have to live with it in the future.

Growth Trends

Moreover, worldwide rates of dementia are expected to rise significantly over the next few decades. The main driver will be global aging. As the Lausanne Movement’s State of the Great

Commission Report observes, ‘global aging is occurring rapidly and will undeniably be a shaping force in our future world.’⁷ Aging is strongly correlated with dementia: dementia incidence roughly doubles every 5 years from ages 65 to 90 years.⁸ Given this, global aging will indubitably propel the steady growth of persons with dementia, with the total numbers of persons living with dementia worldwide predicted to more than double from over 55 million in 2025 to 139 million by 2050.⁹

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Social Isolation

Research has shown that persons with dementia often become more socially isolated and lonelier due to the social consequences of their condition.¹⁰ This is especially so when an individual’s condition worsens. We can imagine that, when a person moves into a nursing home, greater social distance is created between them and their family and friends. Tragically, if social interactions are not carefully nurtured in nursing

homes, such homes can become 'warehouses of loneliness'.¹¹

'An increasing number of studies indicate that a correlation between loneliness and dementia may exist' and 'accumulating evidence indicates that enduring loneliness may serve as a risk factor for cognitive decline'.¹² Thus, a vicious cycle is created where dementia produces loneliness, which in turn worsens the progression of one's dementia.

Why Dementia Results in Social Isolation

There are at least four reasons why a person's dementia can result in social isolation:

Practical challenges

Dementia can result in increased frailty, reduced mobility, and the loss of independence, which can then limit opportunities to leave the home to interact with others. Among Christians, this is often experienced in the scenario where a person living with dementia stops coming for regular church meetings.

Social challenges

Increasing difficulties with memory, language, and understanding social cues can cause confusion, embarrassment, or anxiety in social settings for persons with dementia. As their confidence declines, they may withdraw to avoid making mistakes or feeling judged.

Moreover, changes in their mood, personality and behaviour may strain relationships. Friends and family then avoid interactions with them because they feel unsure or ill-equipped to relate to them.

Cultural challenges

Dementia can create cultural problems. For instance, in Confucian societies, shame often functions

as a social corrective. Having a sense of shame leads one to seek behaviour that promotes harmony with others.¹³ However, when the mental and personality changes arising from dementia disrupt social expectations, harmony is lost, producing strong feelings of shame, which then lead to social withdrawal.

As an example, imagine how a retired Chinese pastor, who has faithfully led his congregation for decades, might feel if he suddenly cannot remember the names of his church members. The shame he would feel would be extreme. The only solution apparent to him might be social withdrawal.

Theological challenges

Dementia has been called a 'theological disease':¹⁴ problematic theological assumptions can end up disabling people with dementia. For example, it is often assumed that people with dementia cannot be disciplined due to their neurological challenges. Thus, churches view them narrowly only as objects of care and charity, rather than as people to be disciplined. Such assumptions can have the effect of marginalising them, especially in churches where disciple-making is regarded as the core task of the church.

Caregiver isolation

In addition, caregivers of persons with dementia can also become socially isolated. Long hours of caregiving and emotional exhaustion leave little time or energy for friendships and community life. Many caregivers feel unable to leave their care recipient alone and feel guilty for taking breaks from caregiving. Thus, their social circles shrink as friends feel awkward interacting with them and stop inviting

them out. Over time, their identity becomes centered on their caregiving role. This, when combined with a sense that non-caregivers do not understand them, deepens their loneliness.

Remembering Persons with Dementia and Caregivers

The church has been called by her Saviour to be an inclusive body that welcomes those who are on the margins.¹⁵ Therefore, the body of Christ should view the twin phenomena of dementia and social isolation as missional opportunities. By addressing the challenging issue of social isolation produced by dementia, the church enhances the credibility of her witness, demonstrating that the power of the gospel can minister into one of the most taxing of human circumstances.

Such missional efforts towards people with dementia and their caregivers can be shaped around the idea of remembering them. By 'remembering', we mean two things:

Congregations must remember that they exist in society. We must not forget those with dementia and their caregivers simply because they are often out of sight due to their social isolation. Thus, churches should develop ministries to proactively seek out and evangelise to them. In particular, church-based seniors ministries are well-positioned to reach out to persons with dementia and their caregivers, given the similarities in their life contexts.

Congregations must re-member them.¹⁶ That is, we must reintegrate and reaffirm our fellow church members with dementia and their caregivers as fellow disciples in the body of Christ. Since people with dementia frequently find it challenging to participate in

typical church activities, efforts to reintegrate them will often require creative and novel approaches. Reminiscence therapy and music therapy, for example, have both been used profitably by Christian groups in Singapore to disciple persons with dementia. Such novel approaches should also be accompanied by theological self-reflection since misguided theological assumptions can disable people with dementia (as earlier mentioned).

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While in-person interaction is critical for such missional efforts, churches should not dismiss the use of technology to supplement their efforts. For instance, pastoral care for persons with dementia can be supported by digital reminiscence tools (eg apps that display old photos, videos, or music from a person's past).

More cutting-edge tools such as social robots (that can provide companionship) and AI counselling (that can provide just-in-time support for lonely individuals) might also be beneficial, if used cautiously under supervision.¹⁷ These can also be complemented by video calling, messaging, and other online group activity platforms.

Such platforms allow church members to mediate their presence virtually to people with dementia and their caregivers when physical visits are difficult, allowing the local church to be brought to them.

Endnotes

- ¹ American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed., text revision (American Psychiatric Publishing, 2022), 667–732.
- ² Mayo Clinic, *Dementia*, accessed 12 January 2026, <https://www.mayoclinic.org/diseases-conditions/dementia/symptoms-causes/syc-20352013>.
- ³ June Andrews, *Dementia: What You Need to Know*. (London, England: Profile Books, 2016), 9.
- ⁴ Alzheimer's Disease International, *Dementia Facts & Figures*, accessed 12 January 2026, <https://www.alzint.org/about/dementia-facts-figures/>.
- ⁵ Alzheimer's Disease International, *Dementia Facts & Figures*.
- ⁶ Institute of Mental Health, *IMH Study Shows Decrease in Prevalence of Dementia and Improvement in Treatment Gap among Older Adults in Singapore over the Past Decade*, accessed 12 January 2026, https://www.imh.com.sg/Newsroom/News-Releases/Documents/WISE%20%20Press%20Release_28Aug_IMHFINAL.pdf.
- ⁷ Lausanne Movement, *State of the Great Commission: A Report on the Current & Future State* (Lausanne Global Congress Seoul-Incheon, 2024), 151.
- ⁸ Maria M. Corrada et al., 'Dementia Incidence Continues to Increase with Age in the Oldest Old The 90+ Study', *Annals of Neurology*, 114–21.
- ⁹ Alzheimer's Disease International, "Dementia Facts & Figures".
- ¹⁰ Tom Kitwood, ed. Dawn Brooker, *Dementia Reconsidered, Revisited: The Person Still Comes First*. (London, England: Open University Press, 2019), 80.
- ¹¹ Kenneth L. Carder, *Ministry with the Forgotten: Dementia through a Spiritual Lens*. (Nashville, TN: Abingdon Press, 2019), 56.
- ¹² Julia Karska et al., 'Correlations between Dementia and Loneliness,' *International Journal of Molecular Sciences* 25.1 (2023): 9.
- ¹³ Wen-Pin Leow, *Shame, Dementia, and the Church* (Ethos Institute for Public Christianity, 2023), accessed 12 January 2026, <https://ethosinstitute.sg/shame-dementia-and-the-church/>.
- ¹⁴ David Keck, *Forgetting Whose We Are: Alzheimer's Disease and the Love of God* (Nashville, TN: Abingdon Press, 1996), 15.
- ¹⁵ Cf. Luke 4:18–19; 14:13–21; 1 Cor 12:22–26; Heb 13:2; Jam 1:27.
- ¹⁶ For concrete suggestions for how this can be done in the local church, please refer to my forthcoming book, *Remember Me: A Practical Guide for Dementia-Inclusive Churches* (KIN, 2026).
- ¹⁷ The research regarding such tools is currently limited. They should thus be considered a supplemental support at best and should only be used cautiously with clinical and pastoral oversight. By mentioning it here, my point is not to recommend them without reservation. Rather, my goal is to broaden the reader's understanding of how technology might play a supporting role to a local church seeking to be missional towards people with dementia and their caregivers.

Wen-Pin Leow, Ph.D. is the founder of KIN, a disability mission organisation that enables Asian churches to disciple people with disabilities (www.kin.org.sg). A pastor-theologian, he has written numerous books in the areas of biblical studies and practical theology. Find out more about him at www.leowwenpin.com.