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Abstract

Adopting a theological and social science lens, this study examined the role of sport in the care, and treatment of individuals with dementia, through an examination of the sport-dementia organisation, Sporting Memories Network (SMN). A conceptual, theoretical and methodological backdrop to the study is provided, through analysis of a number of themes: the definition, prevalence, and varied treatment pathways of dementia; sport-based dementia research, and interventions; an overview of SMN, and; theological reflections on dementia. A qualitative approach was adopted in which an expert/elite one-to-one interview was conducted with the Revd. Professor John Swinton, and the resultant transcript analysed using thematic content analysis. Emergent themes suggested that sport-dementia interventions, such as SMN, are one effective approach to care for and treat individuals with dementia. The paper concludes by suggesting that future research should explore how Christian sport organisations (and the broader church) might partner with SMN and similar organisations to address the dementia crisis.

Key words Dementia, The Sporting Memories Network, theology, sports

Dementia has become a global health issue and is one of the major causes of disability in later life. Research examining dementia from across the academic disciplines, and from practical initiatives that include those utilising sports and exercise (e.g., Sporting Memories Network, UK[1]), have exponentially increased in the last decade (G8 Dementia Summit, 2013; Prince et al., 2015; WHO, 2015; Wu et al. 2015). It is estimated that globally 46.8 million people have dementia, a figure that is projected to increase to 131.5 million by 2050. Writing in the *British Medical Journal*, Mashta (2007), states that the number of people in the UK (the geographical context of the present discussion), with dementia will more than double by 2050. These projections given are worrying given the significant personal and economic cost of disease. The present financial cost of dementia to the UK government is £26 billion per year (Prince et al., 2014) and The UK Office of National Statistics (2015) recently reported that dementia is now the leading cause of death in England and Wales, having overtaken coronary heart disease. Given these facts and characteristics, it is perhaps not surprising that a recent survey indicated that dementia is by far the most feared disease in older age

[1]Sporting Memories website: http://www.sportingmemoriesnetwork.com/

(Alzheimer's Research UK, 2011).[2] Prior to exploring the potential of sport (understood theologically), to help in the care and treatment of people with dementia, it is important to provide some background information on the disease itself and on existing treatment pathways. The World Health Organisation's International Classification of Diseases (ICD-10) defines dementia as:

> … a syndrome due to disease of the brain, usually of a chronic or progressive nature, in which there is a disturbance of multiple higher cortical functions, including memory, thinking, orientation, comprehension, calculation, learning capability, language, and judgement. Consciousness is not impaired. Impairments of cognitive function are commonly accompanied, occasionally preceded by deterioration in emotional control, social behaviour, or motivation. The Syndrome occurs in Alzheimer's disease, in cerebrovascular disease, and in other conditions primarily or secondary affecting the brain (WHO, 1992)

Until recently, the principle treatment pathway for dementia has been pharmacological interventions that assist in slowing the decline (which is extremely variable in speed) in neurologic, emotional, behavioural, and social competencies. Driven by the influential work of Kitwood (1997), who has strongly advocated for a person-centred approach to caring for those with dementia, there has been significant growth in non-pharmacological interventions during the last two decades, which seek to unite people with dementia (and their carers and family members). This goal is achieved primarily through engagement in enjoyable, creative and mutually stimulating activities that have been shown to have emotional, physical and spiritual benefits (Gitlin, Kales & Lyketsos, 2012; Olazama et al. 2010). These activities are diverse and are implemented in both informal community and institutional settings. Meaningful activities deployed for those with dementia include: exercise classes, drama and theatre groups, music through various mediums, and a host of leisure activities, which include participation in sports—both playing and discussing/reminiscing in groups. As Nyman and Szymcznska (2016) state in their systematic review of meaningful activities for improving the well-being of people with dementia:

> A critical aspect of supporting people with dementia is facilitating their participation in meaningful activities … with approximately two-thirds of people with dementia living in the community, early and appropriate support to access community services is essential to enable people with dementia and their carers to contrive to live

[2]Alzheimer's Research UK, 'Alzheimer's Research UK Launches as Public Dementia Fears Spiral' (2011), see: http://www.alzheimersresearchuk.org/alzheimers-research-uk-launch/

independent lives. This is in addition to the wider benefits for all older people to keep socially engaged, intellectually stimulated, and physically active to promote wellbeing and reduce the risk of developing dementia.

Given that the adverse effects of loneliness are comparable to those of smoking 15 cigarettes a day (Holt-Lunstad, Smith & Cayton, 2010), and that people who experience regular isolation and loneliness are estimated to be twice as likely to develop Alzheimer's disease (Wilson et al, 2007), the importance of social and communal interaction for the elderly, and in particular those with dementia, should not be underestimated. In turn, Nyman and Szymcznska (2016) found religious/spiritual activities to be of significant importance to those with dementia, which points to the importance of the environment (social, relational and spiritual, and the individual and communal rituals conducted within it), as a source of meaning and well-being.

Plasticity in the physical neural architecture of the brain has been reported in multiple empirical studies, which have examined the relationship between various forms and modalities of exercise and dementia (Brown, Peiffer & Martins, 2013; Erickson, Weinstein & Lopez, 2012; Foster, Rosenblatt & Kuljis, 2011). In addition, there is a significant amount of literature that demonstrates an increase in physical and cognitive function for those with dementia, if they participate in regular aerobic exercise and resistance training (Aarsland et al. 2010; Blankovoort et al. 2010; Chodzko et al, 2009; Forbes et al. 2013; Groot et al. 2016; Hauer et al. 2012; Hessoberg et al. 2016; Hernandez et al. 2016; Ngandu et al. 2015). As Swinton (2012, pp. 75, 79) has summarized, "relationships have neurological as well as psychological and social significance … *we are our experiences* in a very concrete way … unlike other organs, the brain (like the nervous system) is plastic." This body of empirical data suggests that a degree of rementing takes place for individuals with dementia, when they participate in communal and social activities, including sports and exercise.

The significance of this evidence-base is illustrated in the response of many western countries to the global dementia crisis. Governments, organisations, cities and communities are sponsoring and creating dementia friendly environments—this has to a large degree become the popular phraseology of non-medical dementia care in the western world. When appropriate activities are offered that enhance well-being and slow the process of the disease—and which are characterized by love, compassion, and empathy through relationships—we are moving towards the normalization of dementia friendly environments (Sixsmith, Stilwell & Copeland, 1993). Given that many sports (and religions/religious practices) are implicitly relational, it is then legitimate to examine the potential role of sports

in dementia care (and treatment). Based on the need for disciplinary and geographical focus in this 'exploratory' investigation, and the expertise of the authors and interviewee, this study adopts a Christian theological approach (within a western context), which is complemented by insights from the social sciences. It is hoped that future research could examine the triadic relationship between sport-religion-dementia from alternative religious and cultural perspectives. The aims of the present study are: (a) to examine the role of sport from a theological perspective in the care and treatment of individuals with dementia, through an examination of the sport-dementia organisation, Sporting Memories Network (SMN), and (b) to contribute to the emerging body of research surrounding sport and theology (see Hoffman, 1999; Twietemeyer, 2015a,b, 2008), and sport, theology, and illness. Our first task is to provide an overview of sport-based research and practical initiatives that address dementia.

Sport-based Dementia Research and Interventions

The utilization of sports as a vehicle to enhance the health, well-being and treatment of persons with dementia and those with depression, or, who are socially marginalized and lonely, has led to an emerging body of research and the establishment of sport-dementia organisations and initiatives, such as the SMN—the focus of this study. In the last five years there has been an upsurge in sport-dementia projects in England and Scotland (Clark et al. 2016, 2015; Sport, Mental Health & Dementia Symposium, 2016; Schofield & Tolson, 2010; Watchman & Tolson, 2015) and Germany (Wolter & Reichert, 2016). Related initiatives, and evaluative studies have also increased (Eime et al. 2010; Ovenden, Dening & Beer, 2016), in particular within the context of football in the UK (Carone, Tischler & Dening, 2014; Chambers, 2012; Coll-Planas et al. 2017; Solari & Solomons, 2012; Tolson & Schofield, 2012). These studies have addressed two main areas: (a) the physical, mental and social benefits of participation in sports, and (b) the use of sport within the contexts of reminiscence therapies/activities.

The use of reminiscence therapy/activities is now a well-established non-pharmacological intervention for those with dementia. The Social Care Institute for Excellence (2016) states that reminiscence means sharing life experiences, memories and stories from the past. Typically, a person with dementia is more able to recall things from many years ago than recent times hence, reminiscence draws on this strength. The majority of our daily conversations and interactions rely on short-term memory. Reminiscence can give people with dementia a sense of competence, and confidence through using a skill they still have. Using a wide range of life experiences/memories from work, family, and leisure contexts, reminiscence interventions can have a range of benefits for those with dementia,

and their families which include: enhanced well-being, and a degree of rementing (Sixsmith, Stilwell & Copeland, 1993) for individuals living with dementia; potential respite for careers/family members, and; encouragement and heightened well-being for family members, and carers who may also participate in reminiscence sessions (or take a break while their family member participates).

A wide range of things may be used to stimulate memories during reminiscence therapy/activities, and it is important to note that the memories that surface during these sessions can be positive and/or negative/traumatic. Thus, the session facilitator must take care to monitor the experience of each individual. Objects, a photograph, a song, a poem, a piece of art, a reading from a book or newspaper, or archival video footage are some examples of things that have been used in such interventions/initiatives. The European Reminiscence Network (2016) that has demonstrated and advocated effective reminiscence practice across nations and cultures, have adopted such methods. Given that reminiscence therapies sometimes use memorabilia and historical artefacts, visits to museums can also be beneficial to connect those with dementia to long-term memories. There are clear links here to the study of sporting heritage, sporting halls of fame, and museums/archives that hold sporting artefacts or special collections of sporting memorabilia. This link to sporting heritage work has been acknowledged by Ramshaw (2016, p.2), who describes the SMN as a positive example within the field of sport heritage in promoting and developing "the use of sporting memories to improve the well-being of older people and to help tackle dementia, depression and social isolation." There have been a number of sport-based (in particular, football) reminiscence projects in the UK that have emerged within the reminiscence movement over the last decade, the most prominent within the UK being the SMN (e.g., Clark et al. 2017; Clark et al. 2016; Clark et al. 2015; Coll-Planas et al. 2017; Scholfield & Tolson, 2010; Solari & Solomons, 2012; Tolson & Schofield, 2012; Watchmen & Tolson, 2015). Given the significance of SMN within this context, it is to a brief overview of its history that we now turn.

The Sporting Memories Network

The Sporting Memories Network is a social enterprise registered in England and Wales (and which also operates in Scotland) that was co-founded in 2011 by Tony Jameson-Allen and Chris Wilkins, who are the current directors of the organisation. According to Clark et al. (2015, p. 203) the original vision of SMN was to:

> … promote and develop the use of SM to improve the well-being of older people and help to tackle negative impacts of depression, dementia and loneliness/isolation in this

group of often vulnerable people. SMN identified that our rich sporting history, and widely shared culture and experiences of sports and major sporting moments was not being used to help engage with older people in need of support.

The work of the SMN has been applied in community (e.g., libraries, leisure centres and care homes) and institutional (e.g., English and Scottish professional football clubs) settings and acknowledges the gendered nature of ageing. Foster and Walter (2013) have identified that men over 50 years of age are far more likely to experience isolation and loneliness than women. This has been significant in the development and strategy of the SMN. Males of this age/generation are often deeply wedded to the socio-history of British sporting culture, and therefore are more attracted to engaging in SMN sessions in their locales, than females of a comparative age. Since inception, SMN has worked with over 400 organisations and trained over 500 people to utilise its training resources.

A number of high-profile sporting celebrities have offered their patronage to, or endorsement of, the work undertaken by SMN and the organisation has received widespread exposure across national electronic and print media (e.g., Oldroyd, 2016), including an award for best national dementia friendly initiative presented by the Secretary of State for Health (for the conservative party), Jeremey Hunt (Sporting Memories Network, 2014). Founder members of SMN have also co-authored (with academic colleagues) empirical research on the work of the organisation (Clark et al. 2016, 2015) and, given the sporting heritage link, have appointed an academic sports historian to an advisory role[3]. A recent focus of research and praxis for SMN has been the intergenerational approach, with a view to changing people's attitudes towards age, illness, and the value of older people within their communities. For example, the organisation has designed, and utilised a suite of 'tool-kits' for schools, as part of the so-called legacy of the London 2012 Olympic and Paralympic Games (Clark et al. 2016).

The resources that SMN utilize are diverse, including web-based materials that include the favourite sporting memories of some of its celebrity sporting patrons, for example, those of the former Formula One motor racing driver, David Coutlthard and ex-professional footballers, Robbie Savage and Nigel Martyn. Digitised and web-based archival footage of sports, including the 1966 World Cup (also see Solari & Solomens, 2012),

[3]Professor Martin Polley from De Montfort University, UK, who is the Director of the International Centre for Sports History and Culture.

memories games, sporting memorabilia, artefacts, and a weekly newspaper, *Sporting Pink*, provides resources for those involved or interested in the work of the SMN.

Theological Reflections on Dementia

The central thesis of John Swinton's award-winning book, *Dementia: Living in the Memories of God* (2012a, p.9), is "that standard dualistic neurobiological explanations of dementia are deeply inadequate for a full understanding of the nature and the experience of dementia." While repeatedly emphasising the need for, and validity of, the medical, psycho-social and person-centred models of dementia for the effective diagnosis, treatment and care of those experiencing the disease, Swinton asks two questions that form the starting point of his theological analysis: 'Who am I when I've forgotten who I am?,' and 'What does it mean to love God and be loved by God when I have forgotten who God is?'

While such questions are not new to theological examinations of dementia (e.g., Keck, 1996; Kevern, 2009; Weaver, 1986), Swinton is the first to explicitly address such complex (and, at times, disturbing) issues in a systematic and interdisciplinary manner. To this end, Swinton's arguments are prefaced with an in-depth analysis of theological and philosophical subjects, such as, creator-creature relations, dependency, contingency, humanness, personhood and embodiment. These are themes that have been examined within recent theological treatments of sport (e.g., Adogame, Watson & Parker, 2017; Ellis, 2014; Hochstetler, Hopsicker & Kretchmar, 2008; Parker & Watson, 2017; Shilling & Mellor, 2014; Watson & Bolt, 2017) and an embryonic literature on theology, illness (and the closely related concept of disability, i.e., dementia is profoundly disabling) and sport (Hargaden & Watson, 2017; Meyer & Watson, 2014; Watson & Parker, 2015). That said, to date, there has been no academic interrogation of the triadic relationship between sport-theology-dementia.

Given Swinton's publications on the theology of dementia (Swinton, 2016a,b, 2014, 2012a,b, 2007), and his recent reflections on the theology of illness and disability in the context of sport (Swinton, 2017, 2016b, 2012), it is clear that he recognises the foundational issue of embodiment, and personhood when studying such topics, something that is helpful when seeking to understand the interface between sport, theology and dementia:

> Although we can't be reduced to our bodily functions [as is often the case in elite sport], our bodies matter nonetheless. We experience the world in and through our bodies. Without them it is difficult to imagine what it might look like to know God, feel and experience love, and engage in personal relationships. It is clear, then, that bodies matter. It is through the body of Christ that human beings find reconciliation and redemption [Ephesians 1:7]. It is through the body the gospel is proclaimed … the

> sick are consoled, lovers love … It is through the body that dualisms are broken down and meaningful care is practiced (Swinton, 2014, p.177).

Likewise, it is through our bodies that we experience the beauty, and power of sport in a holistic and playful manner (Huizinga, 1950; Johnston, 1982; Kretchmar, 2011), and it is through our bodies that we remember these experiences that can be re-played over and over with friends into old age—even into the unpredictable and anxiety-ridden world of dementia. This may well also true for people experiencing dementia who have lost the ability to speak, because memory is not a purely cognitive (recall) function, but to some degree is embodied knowledge (Swinton, 2014). Hence, the potential of both participating in sport and reminiscing about memorable experiences of sport in allowing people to connect to their rich life-histories (i.e., the daily work of SMN). Building on Henri Bergeson's (1959) classic work on memory that contradicted the long-held view that memory is only defined by recall, and more contemporary scholarship that has examined the role of practice, and imagination within the Christian life (Hauerwas, 1985; Taylor, 2004), Swinton (2014, p.167) suggests that:

> We are deeply embedded in our memories not just because we can recall them, but because we *are* them … While most of our thinking about memory tends to focus on its intellectual, cognitive, and representational dimensions, in fact memory is full-bodied; carved into our bodies through the processes of formation and development that goes on implicitly and explicitly throughout our lives … It could certainly be argued that the things that I am suggesting enable people to remember Jesus when they have forgotten him could easily be applied to other non-religious practices, such as pop music or any kind of human presence. People may well be similarly moved by other modes of practice.

Sport is just such a mode of practice that organizations like the SMN have embraced to support, and enhance the life of those living in the shadow of dementia. It is our aim here to extend this area of practice, intervention, and research to include theological reflection. Suffice it to say, Swinton's highly original, and provocative work on the theology of dementia and disability more generally (e.g., Brock & Swinton, 2012; Swinton, 2011), challenges the ideological foundations of contemporary and historical theology (and, the secular social scientific study of sport), by addressing the person with dementia as an individuated, cognitively able, reasoning, and independent decision-making person. In exploring the two questions that form the starting point of his theology, Swinton concludes:

> … 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 self, and self-fulfilment mean that will have to be dissolved and recreate.

Before we explore further the potential significance of Swinton's theology for understanding organisations such as the SMN, we turn to issues surrounding methodology.

Methodology

Rationale

Parker and Watson (2014) have recently identified the dearth of empirical research underpinning the relationship between sport, and religion, and more specifically, sport, religion and illness (and disability). From a health-based perspective, Carmody, Traynor and Marchetti (2015) have similarly identified a number of barriers to conducting qualitative studies of dementia, and have called for more holistic research (including multi-method research) that is underpinned by an interpretivist epistemology. Given the characteristics of the relationship between sport, theology and dementia, we adopt a constructionist ontology and interpretivist epistemology utilising the expert/elite interview to harvest data on this, as yet, under-researched topic. As Kezar (2003) has noted, the expert/elite interview has been somewhat neglected in empirical qualitative research across the disciplines. Indeed, when adopting this method of data collection in a recent study examining the relationship between mixed-martial arts and Christianity, Waller (2017) notes its absence within sport, and leisure studies. With these things in mind, we selected a participant who has widely recognised expertise both in the field of illness and theology and, more specifically, in the area of dementia and theology.

According to Merton, Fiske and Kendall (1990), expert/elite interviews are typically characterised by a number of key attributes: (a) the interviewee is acknowledged as an expert/elite in the area under investigation (b) the interview guide is designed in relation to the research question and the expertise/experience of the interviewee, and (c) the data collected from the interview is the interviewer's perception of the phenomena. All of these criteria were fulfilled within the context of the present study.

Procedure

Primary data were collected through a one-to-one elite/expert interview conducted by the first-named author with the Reverend Professor John Swinton (see Appendix A for a

biography), which was facilitated by a semi-structured interview guide. The interview lasted 53 minutes, resulting in 12 pages of single-spaced text. Data was analysed following Miles and Hubeman's (1994) framework: data reduction, data display, and conclusion drawing. The data analysis elicited a number of key topics or themes which broadly comprise the following: (a) common-sense assumptions surrounding dementia (b) theological conceptions of dementia, and (c) sport and reminiscence therapies. Member checking was conducted to enhance the study's credibility by the expert interviewee reading both the verbatim transcript of the interview and the final manuscript. In addition, the founding Co-Director of The Sporting Memories Network, Tony Allen-Jameson, and an academic collaborator with SMN, Dr Michael Clark (London School of Economics, UK), reviewed the manuscript and provided critical feedback. The first-named author also attended, and participated in, a SMN group at York City Football Club, UK, in order to become familiar with the praxis of the organisation. These various methods of gaining trustworthiness, and credibility enhanced the accuracy, criticality, and interpretation of the results, and discussion, and conclusions of this study.

Results and Discussion

Given the significance of Swinton's (2012a) work in relation to existing debates surrounding theology and dementia, how, we might ask, can this work be applied in any meaningful way to a more specific analysis of dementia and sport? To address this question, we began by asking Swinton to elaborate on the premise of his award-winning book:

> It's probably easier to say what the book responds to. It responds to a general presumption that people with dementia are somehow lost souls, that when you have dementia you lose yourself and that you're no longer the person that you used to be … When you look at the statistics, dementia is more feared than any other condition. People would rather have cancer than dementia and one of the reasons for that is because they feel that if they have dementia you start to disappear, your sense of who you are and I was never very comfortable with that idea … So the premise of the book is to try to work out what makes you who you are when you've forgotten who you are. … It begins to deconstruct dementia and reconstruct it in a different way.

For Swinton, the mainstay of this reconstruction is the replacement of common-sense (medicalised) assumptions surrounding neurological decline, with an altogether more holistic set of ideas that includes psychological, social and spiritual experience. He went on:

> So what I try to do is to construct a different narrative about dementia. So I use psychology, aspects of neurology and ultimately theology to reconstruct what dementia is; moving it away from a story of tragedy and purely being defined by neurological decline, to one of hopefulness, within which, our identity, our sense of self of who we are is not something that we work out for ourselves ... We all are who we are because God remembers us in particular ways and the essence of being a human being is not to construct your own story but to accept the story that's been given to you from beyond yourself and to live with that and that story is given to you from beyond … It's not determined by neurology, it's determined by something beyond yourself. So the book really works through a revised understanding of person's identity and ultimately a theological perspective of what it means to be a human being.

Of course, much of what Swinton articulates here is contrary to the work of conventional practical theology which has long since focused upon a self defined by rationality and reason. In western industrialised societies, culture too adopts this starting point positing self-sufficiency, and personal achievement above and beyond what Swinton describes as "our contingent relationship with God the creator" a place of reliance where we accept that "we cannot do things on our own." For him it is "weakness and broken-ness and contingency" that define us as human beings, and where, theologically speaking, our understandings of dementia should be rooted.

What then of reminiscence therapies within the context of this re-conceptualised view of dementia? Like others before him, Swinton sees reminiscence as a double-edged sword with potential for eliciting positive and negative experiences:

> Well I have positive thoughts and I have negative thoughts … Sometimes with certain forms of dementia the problem is not that the memory disappears, it's the connection between your ability to recall the memory and to access the memory … But the point is that when that memory is accessed you also have access to all of the experiences and feelings and emotions and people that relate to that memory and that's profoundly important … Now the two negatives in relation to reminiscence … The first negative would be that one of the things is it's not taken seriously. When you're engaging in the process of reminiscence there are bad memories … and sometimes people can articulate that they have bad memories … The second problem is that there's a temptation to think about people with dementia in the past tense, that this is what they used to be and this is how they used to be and if only we could get them back to

> where they used to be then we'll somehow improved their lives and of course there's some truth in that. But what people don't tend to think of it is how do you get to the future? What's the hope for the future for this person? So you can bring the past into the present and you can bring a sense of wellbeing but what about the future? So if you're overly concentrating on reminiscence then future possibilities becomes less and less of an emphasis.

In terms of the ways in which reminiscence might be framed, Swinton articulated an acceptance of the benefits of popular cultural stimuli such music and the arts. But what of sport? Given that western industrialised notions of sport carry strong notions of individual rationality, achievement and performance, to what extent do such practices have the potential to facilitate psychologically positive and theologically sound experiences?

> [Sport] would sit in a not dissimilar place to music and creativity insofar as if you have a passion for something then that will hard wire you in a sense to retain something of that passion if you were given the opportunity to find it and to regain it. I suppose the issue around sport might relate to the issue of intentionality. And so say, for example, [that] you're a Christian and you are engaged in worship and … you have these memories that come back to you and you pray and you put your body in the shape of prayers. The key thing there would be that in terms of your body language … it's your intentionality … not just kind of well learned behaviours … Now when somebody reminisces about sport there's an intentionality there, so it's about people and it's about times and it's about wonderful moments that they've had in that situation. So the question would be: how helpful a sport's reminiscence would be in that intentional dynamic.

Whilst potentially enjoyable and beneficial in terms of recall and embodied intentionality, the additional point for Swinton is that, theologically speaking, such practices are "limited" by their purely temporal nature; they are "memories without hope;" "memories for memories sake." Equally important for Swinton are the potentially negative connotations of sporting reminiscence:

> [D]epending on how you frame sport you could have a former reminiscence that simply reminded people of what they can't do. So, at one level, you remember I used to support Manchester United or I used to support Liverpool and Celtic and that's great. But also there's an element of grief in there that I used to be a footballer and now I can't play football.

That said, Swinton is positive about the contribution that organisations such as SMN can make in terms of the way in which they might influence cultural norms, and act as a site of transformational change:

> [T]he culture itself is what needs to be changed … [Y]ou can change certain ideas, you can change one or two people, but unless we have a fundamental change in the way that we look at one another culturally nothing is going to change. What I think that a secular organisation like that [SMN] does … is it initiates and sustains that process of cultural change. So, it takes a powerful cultural icon, sport, in all its different forms and makes a positive juxtaposition with one of the most stigmatised conditions in our society [dementia] and offers a space for people to come together and to look at hopeful possibilities for the future. So I think it functions not unlike a catalyst in a sense that it may not do lots and lots of things, but simply by existing and doing what it does it brings about transformation because it just opens up a connection and a space for positive thinking.

Conclusion

It has been our intention within this paper to consider the relationship between sport, dementia and theology, and in particular, we have cited the Sporting Memories Network as a place where this relationship might manifest itself within the context of modern-day sports settings. In so doing, we have examined the interface between sport, theology, and dementia, and the potential of sport to help in the care and treatment of people with dementia by way of a particular kind of reminiscence therapy. We acknowledge that this study is exploratory by nature, and recognise that there are many additional ways in which this interface might be explored. First, scholars and empirical researchers may wish to examine how SMN might become an effective way to bridge what has been called modern age apartheid (Woolcock, 2017), by carrying out intergenerational work (Clark et al. 2016); thereby reducing further the medicalized/scientized view of disease, and person-hood in the secular West. Second, professional sports clubs might further support the work of SMN by incorporating these kinds of community-based activities into their corporate social responsibility mandates thereby facilitating social and cultural benefits for participants. Third, there is potential for existing sports ministry, and sports chaplaincy organisations (and the broader church) to partner with SMN to reach out to communities and to proactively promote and facilitate provision of sport-based services with a message of grace and compassion.

At a wider level, there is also a need to examine (theologically, sociologically, and philosophically) the now well-documented medical evidence base linking sport concussions

and dementia (Albin, 2016; Omalu, 2014), and how sports technology, such as Wii sports, may be utilised to aid those with dementia (Legouverneur et al., 2011). With regard to methodological approaches, we propose the use of various qualitative (e.g., ethnographies) or mixed method/action research (Parker & Watson, 2014) to explore the voices of those who live with dementia and who hold religious beliefs; and sport (SMN) is just one environment through which this may be achieved. Such investigations will inevitably help scholars to think more critically about the relationship between sport, theology, and dementia. In turn, such work has the potential to (re)locate spirituality and religion more firmly as topics of discussion within and across sport studies as a whole. We believe that this paper has presented an original contribution to the theology of sport-dementia practice and a new way to look at dementia care through the work of SMN. Needless to say, it is hoped that our findings will stimulate others to think further about provision in this area and the underlying philosophy/theology behind it.

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Appendix A: Participant Biography

The Reverend Professor John Swinton is Professor in Practical Theology, and Pastoral Care and Chair in Divinity and Religious Studies at the University of Aberdeen, UK. He is an ordained minister of the Church of Scotland who for more than a decade worked as a registered nurse specialising in psychiatry, learning disabilities that included caring for those with dementia. He also worked for a number of years as a hospital and community Chaplain. He also serves as an honorary Professor, and researcher at Aberdeen's Centre for Advanced Studies in Nursing. In 2004, he founded the University of Aberdeen's Centre for Spirituality, Health, and Disability, and in 2014 he founded the University's Centre for Ministry studies.

His work, which has a dual focus on the relationship between spirituality and health and the theology of illness and disability, has been funded by the British Academy, the Arts and Humanities Research Council, the John Templeton Foundation, the Scottish Government, the Mental Health Foundation, and the Foundation for People with Learning Disabilities (FPLD). Professor Swinton has published widely within the areas of practical theology, the theology of illness and disability qualitative research, and pastoral care. He has delivered a number of keynote lectures (and published journal articles) on sport, theology and disability/illness, most recently, at the *Inaugural Global Congress on Sports and Christianity*, York St John University, UK, August, 24-28, 2016.

He is the author of a number of monographs including, *Becoming Friends of Time: Disability, Timefullness, and Gentle Discipleship* (Baylor Academic Press 2016), *Dementia: Living in the Memories of God* (Eerdmans 2014), *Raging With Compassion: Theological Responses to the Problem of Evil* (Eerdmans 2006) and *Spirituality in Mental Health Care: Rediscovering a "Forgotten" Dimension* (Jessica Kingsley Publishers 2001). His book on the

theology of dementia won the Archbishop of Canterbury's Ramsey Prize for excellence in theological writing, and John has been invited to deliver keynote lectures around the world on this theme, for example, at Harvard University. His most recent book *Becoming Friends of Time* was given an award of merit in the *Christianity Today* book awards in 2017, and was said to be one of the "books most likely to shape evangelical life, thought, and culture."