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## Pastoral Preaching as a Response to Dementia in the Twenty-First Century

### *La prédication pastorale comme réponse à la démence au 21<sup>e</sup> siècle*

Aduragbemi Otitoju-Teidi<sup>1</sup>

#### Abstract

It is observed that dementia as an old age illness is becoming more challenging among adults in today's Church. The relatives of the adults suffering from this disease have been unable to cater as expected, likewise, the church of God due to lack of adequate understanding. If this situation is left unchecked, it will negatively affect the families, relatives, and even the church of God. This paper, "Pastoral Preaching as a Response to Dementia in the Twenty-First Century," examines dementia and how pastoral preaching responds to it. The methodology adopted is literary research. It is discovered that pastoral preaching can respond to dementia in three different ways: before the situation begins by sensitizing the adults, during the problem (experience) by offering pastoral care, and when the problem gets to the worst stage by making the right ethical decision. The paper concludes that in any church where preaching by care (pastoral preaching) takes place, parishioners will understand better that God is genuinely interested in every area of their lives. The church will experience numerical and spiritual growth, but all hands – pastor, family members, relatives, friends, and church members must be on deck to achieve this aim.

**Key words:** dementia, pastoral, preaching

#### Resumé

On observe que la démence, en tant que maladie du troisième âge, devient de plus en plus problématique chez les adultes de l'église d'aujourd'hui. Les parents des adultes souffrant de cette maladie n'ont pas été toujours en mesure de s'en occuper comme il se doit, de même que l'église de Dieu, en raison d'un manque de compréhension adéquate. Si cette situation n'est pas maîtrisée, elle aura des répercussions négatives sur les familles, les proches et même l'église de Dieu. L'article intitulé « La prédication pastorale comme réponse à la démence au XXI<sup>e</sup> siècle » examine la démence et la manière dont la prédication pastorale y répond. La méthodologie adoptée est celle de la recherche littéraire. Il en ressort que la prédication pastorale peut répondre à la démence de trois manières différentes : avant que la situation ne commence en sensibilisant les adultes, pendant le problème (l'expérience) en offrant des soins pastoraux, et lorsque le problème atteint le stade le plus grave en prenant la bonne décision éthique. L'article conclut que dans toute église où la prédication par le soin (prédication pastorale) a lieu, les paroissiens comprendront mieux que Dieu s'intéresse véritablement à tous les aspects de leur vie. L'église connaîtra une croissance numérique et spirituelle, mais toutes les parties prenantes – pasteur, membres de la famille, parents, amis et membres d'église - doivent se mettre ensemble pour atteindre cet objectif.

**Mots clés :** démence, pastoral, prédication

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## Introduction

Dementia as an old age mental challenge needs urgent pastoral attention for the elderly who suffer from it to cope better with life. Today, it is observed that there are people who suffer from mental challenges, and one of such challenges, especially concerning old age, is dementia. Indeed, many people would have been glad to remain active psychologically and in other ways, as they were in youthful age. But this expectation suddenly ends in some people when they reach old age. They then begin to wonder, “why?” There may be several causes of these challenges. One of such is dementia. Dementia has no regard for profession (doctor, teacher, pastor, and so on), title or whatever calibre someone is – rich or poor, affluent or not.

For this reason, it is good that every individual is aware and knows what to do if such comes up in his or her life, a friend’s or relative’s life. Besides, pastors need this understanding to provide the necessary pastoral care and educate their congregations on what to do when need arises. In this twenty-first century, a period where science is believed to be operating at its peak, the church cannot be silent in any area but can be instrumental in helping people in times of distress and various life challenges. Also, the century is characterized by the belief that the Bible does not have the authority apportioned to it.<sup>2</sup> This is a supplementary reason for the preacher to address real issues that will cause the people to see more of God’s hands through the Bible. This writer has observed what some people go through in their old age and takes it up to look at an issue that brings up such experience of distress in old age. To this effect, this paper overviews dementia for readers to better understand the illness. It then discusses the concept of pastoral preaching, indicates different ways pastoral preaching can respond to dementia in the twenty-first century, and concludes.

## Concept of Dementia

The *Academic Dictionary of Psychology* defines dementia as “a deterioration of intellectual, judgmental and emotional processes characteristic of certain forms of sensibility and psychoses. A severe mental disorder involving impairment of mental functioning.”<sup>3</sup> This definition shows that dementia is caused by impaired brain (mental) functioning. It occurs when the brain’s normal functioning is disrupted, leading to decreased intellect, judgment, and emotion. The above definition agrees with Robbert Orr delineation of dementia as a “generic term for permanent loss of some functions of the upper brain.”<sup>4</sup> This suggests that what happens in the brain when dementia strikes is not something one can hope for a treatment. It is a permanent loss or damage. However, according to Orr, the upper brain’s functions include thinking, remembering, experiencing one’s environment, and so on. He calls these functions sentient functions.<sup>5</sup> Therefore, when dementia sets in, it results in low thinking capacity and memory impairment due to the part of the brain being affected.

There are different causes of dementia. One of the primary causes is low nutrient levels in the brain. The lowness of nutrients can result from ageing, injury, or illness of the brain. Judy McFarland explains in her book *Aging without Growing Old* that the brain’s cells ordinarily do not store its glucose. They depend on the flow of blood for constant energy or nutrients. Couple with the fact that brain’s cells do not regenerate themselves, the mechanism by which blood is pumped into the brain is affected whenever the brain is injured or affected by illness. Through the help of a “special apparatus” across a barrier (which prevents large

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<sup>2</sup>A. C. Craig, *Preaching in a Scientific Age* (Bloombury, London: SCM Press, 1954), 8.

<sup>3</sup>P. Ramalingam ed., *Academic Dictionary of Psychology* (New Delhi: Academic Publishers, 2006), 62-63.

<sup>4</sup>Robbert D. Orr, *Medical Ethics and the Faith Factor: A Handbook for Clergy and Health Care Professionals* (Grand Rapids, Michigan: William B. Eerdmans Publishing Company, 2009), 185.

<sup>5</sup>Ibid, 184.

molecules from flowing to the brain), this mechanism is broken or fails. In sync with McFarland, Orr posits that dementia can be caused by “multiple strokes, traumatic injury or brain damage from lack of oxygen.”<sup>6</sup> It should be noted, however that, sometimes, the mechanism can fail or be broken even without illness or injury. In either case, it affects the blood going into the brain and reduces the quality of its nutrients’ intake. As a result, low ability in thinking and memory sets in, which are some of the symptoms of dementia. It also affects the mood of the individuals concerned.<sup>7</sup>

A form of dementia that McFarland calls “senile dementia” results from the brain being affected by ageing, not injury or illness. Other terms that describe this condition are mental deterioration, memory impairment or cognitive decline.<sup>8</sup> Ramalingam defines senile dementia as one resulting from atrophy of the brain in advanced age. Atrophy means that there is a decline in the brain’s functionality due to old age.<sup>9</sup> McFarland explains that this situation can be caused by many drugs the elderly use and for the fact that some were taken without prescription. Progressively, this leads to a low effect on personal productivity, damages self-esteem, and brings distress to many ageing adults.<sup>10</sup> Given that ageing is stressful on its own, the stress makes heavy demands on the available nutrients. Once this demand is not met, the enzyme fails to produce chemicals that help the brain to function properly. Therefore, “the greater the stress, the greater the deficiency and the lower the brain function.”<sup>11</sup>

Paramount to this discussion of the causes of dementia is Robbert Orr’s assertion that the most common cause of dementia is Alzheimer’s disease.<sup>12</sup> Olayinka and Mbiyi corroborate Orr’s stance in their article in the *International Journal of Alzheimer’s Disease*. Their findings on the epidemiology of dementia among the elderly in Sub-Saharan Africa showed that “Alzheimer’s disease was the most prevalent type of dementia.”<sup>13</sup> Their conclusion resulted from reviewing 41 articles selected from January 1992 to December 2013.<sup>14</sup> Robbert Orr describes Alzheimer’s disease as:

a slow loss of cerebral function of unknown cause, which usually begins with forgetfulness and progresses to wandering, loss of social skills, and motor function, including incontinence, inability to feed oneself, inability to speak, inability to recognise others, and inability to swallow.<sup>15</sup>

Its end stage is a state of unawareness. Its course stretches over several years, covering about eight to eleven years. If it is prolonged, it increases stress, since as Colbert asserts, prolonged illness is a stress producer.<sup>16</sup> According to Adewuyi, people suffering from Alzheimer have problems with visual skills, experience difficulty in controlling their emotions, and easily change personalities and behaviours.<sup>17</sup> Other symptoms and signs of this disease include

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<sup>6</sup>Orr, 185.

<sup>7</sup>Judy Lindberg McFarland, *Aging without Growing Old* (Lake Mary, Florida: Siloam Press, 2003), 126.

<sup>8</sup>Ibid.

<sup>9</sup>Ramalingam, 245.

<sup>10</sup>McFarland, 126.

<sup>11</sup>Ibid., 127.

<sup>12</sup>Orr, 189.

<sup>13</sup>Olayinka and Mbiyi, “Epidemiology of Dementia among the Elderly in Sub-Saharan Africa,” in *International Journal of Alzheimer’s Disease*. August, 2014. vol. 24 <http://www.hindawi.com/journals/ija> Accessed on 30/09/2022.

<sup>14</sup>Jbjd., 2014.

<sup>15</sup>Orr, 189.

<sup>16</sup>Don Colbert, *Stress Less* (Lake Mary, Florida: Siloam a Strang Company, 2005), 7.

<sup>17</sup>Adewuyi, 137.

memory change, changes in mood, apathy, difficulty in completing tasks, often aggressiveness, most especially when not allowed to express their mind adequately, and so on.<sup>18</sup>

In case of a loss of bowel and bladder continence, patients are most of the times admitted into a nursing home.<sup>19</sup> However, in most cases, death usually occurs due to a pulmonary or urinary infection.<sup>20</sup> Adewuyi opines that there is no treatment to slow down the situation or cure it even though involvement with yoga and healthy eating may help to reduce the risk of developing the disease. It also allows the improvement of continuous functioning and overall well-being.<sup>21</sup> Since dementia caused by Alzheimer's disease is the most common in this part of the world, this writer limits his discussion to this cause, among others.

### Concept of Pastoral Preaching

Based on the definitions of scholars in the field, pastoral preaching covers two broad forms. One form involves believers growing into maturity in their Christian faith. That is, believers are doing what is being preached and taught. Mbewe who adheres to this school of thought defines pastoral preaching as "the means by which believers are helped into maturity in their Christian lives."<sup>22</sup> He explains that the role of pastoral preaching "is to help believers live the lives that God wants them to live."<sup>23</sup> This encompasses the need to be made a witness of Christ.<sup>24</sup> Pastoral preaching presumes that hearers have given their lives to the Lord Jesus, having repented of their sins. They bear the fruits of the Holy Spirit because the Holy Spirit indwells their lives and they are baptised into a local Church.<sup>25</sup> Mbewe delineation of pastoral preaching as noted above indicates that this form of ministry is primarily about grooming the believers and encouraging them to live the life of Jesus Christ, growing into His fullness.

Mbewe's understanding aligns with Nichols' position that preaching is pastoral "if there is a personal impact to what is said regardless of whether it is negative or positive, which is intended by the speaker or supplied by the hearers."<sup>26</sup> Nichols means that, when a message makes a personal and specific difference in the life of hearers, even though the hearers see the effect to be negative (that is, a painful decision contrary to their will) in their lives, (the speaker as well could intend it so), it is pastoral. Nichols refers to this as the pastoral dimension of pastoral preaching. Another dimension of pastoral preaching is one that addresses people's concerns. Nichols opines that "preaching is pastoral when it deliberately sets out to touch and involve people's concerns, either immediate or global."<sup>27</sup> Nichol depicts this approach as pastoral strategy. This strategy requires that the preacher should be more conscious of the relationship between proclaiming God's Word and the shepherding roles of the pastor. Nichols holds that, through pastoral strategy, the yearning, concerns, and issues bothering the parishioners' minds are attended to through pastoral preaching.<sup>28</sup>

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<sup>18</sup>Ibid., 138 – 143.

<sup>19</sup>Orr, 189.

<sup>20</sup>Orr, 189.

<sup>21</sup>Ayuba Agabi Adewuyi, "Effects of Dementia in the Life of a Pastor: An Ethical Approach," in *Moral Issues Confronting the Church Today* Theonomic Series, 1, (April 2022): 137.

<sup>22</sup>Conrad Mbewe, *Pastoral Preaching: Building a People for God* (Carlisle, Cumbria: Langham Preaching Resources, 2017), 25.

<sup>23</sup>Ibid.

<sup>24</sup>Michael Pasquarello, *Christian Preaching* (Grand Rapids, Michigan: Baker Academic, 2006), 111.

<sup>25</sup>Mbewe, 23.

<sup>26</sup>J. Randall Nichols, *Preaching as Pastoral Communication* (San Francisco: Harper and Row, 1987),

<sup>27</sup> Nichols, 15.

<sup>28</sup>Ibid.

The second aspect of pastoral preaching lies in the word “shepherd” that Mbewe uses to sum it. He identifies it as “shepherding God’s flock through God’s Word.”<sup>29</sup> By this statement, he equates pastoral care to that of a shepherd that leads the sheep outside to graze, gets them good water to drink, and ensures their safety by keeping them from diseases, predators, and all forms of danger. According to him, the word translated “care” in Acts 20:28 comes from the Greek “poimaino” which means “shepherd” and connotes feeding and ruling.<sup>30</sup> Nichols shares in Mbewe’s stance when he describes pastoral preaching as “preaching [that] is based on individual or community scale focusing on issues like breakups, depression, conflict or disaster in the community.”<sup>31</sup> In this sense, pastoral preaching refers to care and counselling one-on-one.

Pastoral preaching as shepherding God’s flock includes visiting members and being with them to encourage them in challenging situations – on a sick bed, in sorrow, in pain, when cast down, and in different life battles. In such moments, the pastor assures the people of God’s divine care for them and their homes. That is the kind of care the shepherd gives his sheep. Oden has this in mind when he observes that “the assurance of divine care is a prevailing theme of pastoral care.”<sup>32</sup> He posits that the pastor’s task in pastoral preaching is about fully bringing the awareness of God’s love in Christ Jesus into the parishioners’ consciousness and daily behaviour.<sup>33</sup> Oden's emphasis is that through preaching, the people get to know the mind of Christ. This mind is to be reflected in their lives daily and through life challenges. During life challenges, the shepherd/pastor offers care for the people to feel and see God’s abiding presence with them. This attentionate attitude of the shepherd as discussed above merges preaching and care. The former seeks to achieve the assurance of God’s divine comfort to the parishioner, while the latter declares God’s caring.

Overall, Nichols defines pastoral preaching as the “homiletical occasion when, whether by its dimension, strategy or its subject, a sermon addresses or impacts the personally invested concerns of its hearers.”<sup>34</sup> In keeping with this, this writer defines pastoral preaching as holistic preaching that attends to the physical, spiritual, emotional and psychological needs of the parishioners both through the word of God on the pulpit and practical actions of care beyond the pulpit to build up God’s people so that they develop a robust biblical stand as they face different life challenges on their Christian journey.

### Pastoral Preaching as a Response to Dementia

Through pastoral preaching, gospel ministers can respond to dementia in three ways: First, before the situation begins, by sensitising the adults. Second, during the problem (experience) by offering pastoral care, and third, when the problem gets to the worst stage by making the right ethical decision.

Pastoral preaching can respond to dementia by sensitising adults in preparation for its likelihood. Oates calls this “preaching ... a form of pastoral care.”<sup>35</sup> Given that the type of dementia that this paper addresses happens mainly to people who are elderly, that is around 65

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<sup>29</sup>Mbewe, 27.

<sup>30</sup>Ibid.

<sup>31</sup>Nichols, 15.

<sup>32</sup>Thomas C. Oden, *Classical Pastoral Care: Ministry Through Word and Sacrament* (Grand Rapids Michigan: Baker Books, 1994), 49.

<sup>33</sup>Ibid., 49-50.

<sup>34</sup>Nichols, 15.

<sup>35</sup>Wayne Oates, “Preaching and Pastoral Care as Relational Events,” in *Handbook of Contemporary Preaching*, Michael Duduit ed. (Nashville, Tennessee: B&H Publishing, 1992), 447.

years according to Adeyanju,<sup>36</sup> pastors whose congregation involves those who are elderly can deliberately preach on approaching the last years of life. By so doing, they can handle a particular issue that may be challenging to elderly people in their congregation and prepare them accordingly. Such preaching also helps to clarify that not everybody who reaches old age may suffer from dementia. Besides, not all cases result in death or worse conditions if they are handled on time. In this light, pastoral preaching provides relief, comfort and helps the congregants not to approach old age with fear.

Pastoral preaching can be used when dementia has already begun. In this case, it is intended to offer pastoral care. This care may occur in the following ways: giving palliative, mobilising members and relatives to care, and providing support and giving a pastoral visit. According to experts, giving palliative care is one of the things that can be done to manage dementia. Palliative care means “offering services to patients of incurable chronic conditions who may live for some time and to patients who are terminally ill, but still receiving curative treatments.”<sup>37</sup> This kind of care is provided to encourage and care for patients so that, even in their condition, they can keep a sense of hope. The foundation of this care lies in connecting with the patient.<sup>38</sup> Empathy, entering into the patient’s shoes<sup>39</sup> is therefore needed in this regard.

The shepherd pastor<sup>40</sup> can also offer the needed care by mobilising the relatives of the concerned person or/and church members who are close to the patient for the ministry of presence. In this wise, Read opines that a pastor needs to cultivate a responsive spirit to people’s needs,<sup>41</sup> because through the church members’ company, care and support can be offered to patients. Besides, being relatives or friends, they are in a better position to administer the palliatives discussed above to the patients. Relatives or friends should be well oriented regarding what patients are experiencing. The orientation will save them from unnecessary arguments and embarrassments that the attitudes of the patient may provoke. They may also arrange for a paid person who can care if no relative or friend is around the patient. The pastor may as well involve the church’s health committee who better understand the ethical dilemma related to the condition and can enlighten the people caring for dementia patients. Medical professionals can edify caregivers on such care basics as re-arranging the room to allow better movement; lighting up the room for better visibility, letting cross ventilation around the house, and cleaning the bathroom sinks to avoid accident.<sup>42</sup> They may further advise caretakers to ensure that the patient eats food rich in vitamin D and supplements with B6 and B12.<sup>43</sup> The relatives and friends who provide this care must be kept informed about the abnormality in the behaviours of the patient, most especially at critical stage. This will help them to avoid the patients’ tendency of causing confusion due to his/her memory loss.

In his effort to offer pastoral care through pastoral preaching, a pastor can intentionally visit the patient. The act is called a pastoral call and constitutes an essential part of pastoral

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<sup>36</sup>Janet Omotola Adeyanju, “Toward Emerging Pastoral Care for the Aged in the 21<sup>st</sup> Century” in *Perspectives to Ministering Care* Esther Odunlami, Adedotun Adeola, Felix Ajedokun and Olaide Ajegbe eds. (Lagos: Powerlinks Press and Publishers, 2021), 129.

<sup>37</sup>Orr, 13.

<sup>38</sup>John Davy and Susan Ellis, *Counselling Skills in Palliative Care* (Maidenhead, Berkshire: Open University Press, 2010), 18.

<sup>39</sup>Carrie Doehring, *The Practice of Pastoral Care* (Louisville, Kentucky: Westminster John Knox Press, 2006), 18.

<sup>40</sup>Charles F. Kemp, *The Preaching Pastor* (St. Louis Missouri: The Bethany Press, 1966), 13.

<sup>41</sup>David A. C. Read, *Preaching about the Needs of Real People* (Philadelphia: The Westminster Press, 1988), 9.

<sup>42</sup>Adewuyi, 143 – 145.

<sup>43</sup>Ibid., 148.



preaching. Pastoral care is the same as the care Ihewulezi calls bedside listening,<sup>44</sup> although this happens at home, not in the hospital. The pastoral call is necessary as it reminds pastors that they are not just preachers but also pastors. In this century, “pastoral care has taken the one-on-one empathic listening.”<sup>45</sup> Taylor describes it as the listening process of heeding and making provision in interpretations.<sup>46</sup> Through the call, pastors get to know what the patient fears and they can encourage him or her accordingly. Through their encouragement, they feed patients with God’s word of hope – the hope of God’s presence, love, and intervention. Pastors, if necessary, can also gradually prepare patients to be eternally ready to be with God as they watch the illness progress to its terminal stage.

Pastoral preaching in form of care can be offered to counsel the relatives for the right decision at the worst stage of dementia. Dementia at a critical stage becomes an ethical issue that needs an urgent ethical decision, and this calls for pastoral attention. “Ethics is concerned with the right and the wrong way of life and informs an individual on the best practice required of them in life.”<sup>47</sup> Pastoral preaching calls for ethical decision because at death, relatives of patients find themselves in the dilemma of deciding either to give a life-prolonging treatment to someone who can no longer act or think for himself or to refrain from doing that, allowing him or her to die. Their dilemma is based on the consideration of what value the patient’s being alive will be to him and others around him. Would it not be better if treatment is stopped so that death naturally ensues? Such considerations may be necessary, given that, at a critical stage of dementia, patients, being unable to think or act by themselves, may find life meaningless to them. The people around them may also be bored, drained (financially and otherwise), and discouraged.

The pastor, in his or her counsel, would have asked before then what the patient’s desire is. Would he or she want the condition to develop to its critical stage? The pastor would have also asked him or her what their relatives should do. If these questions are not asked earlier, the patients’ relatives may find themselves in what Hollinger describes as the great complexity that bioethics is marked with.<sup>48</sup> But, if the questions are given an earlier response, relatives or friends of the patient will act in keeping to the patient’s desire in his or her final stage of dementia. Such counsel fulfils a principle of medical ethics.<sup>49</sup> According to Winslade, Mark and Albert, a surrogate which the medical principle suggests should be the next of kin, is usually asked for the next decision.<sup>50</sup> Thus, the pastor can call the next of kin’s attention to ask such questions from the patient.

### Conclusion

In an attempt to discuss pastoral preaching as a response to dementia, this paper elucidated the concepts of dementia and pastoral preaching. It explained what the concepts mean and what they involve. The paper further explored how pastoral preaching can be a response to dementia. In giving the needed response, several steps that could be taken were explained. In any church where this preaching (preaching by care) takes place, parishioners are likely to better

<sup>44</sup>N. Cajetan Ihewulezi, *Hospital Preaching as informed by Bedside Listening* (Lanham, Maryland: University Press of America, 2011), 1.

<sup>45</sup>William Willimon, “Pastoral Care and Preaching,” in *Concise Encyclopaedia of Preaching*, William H. Wilimon and Richard Lischer eds. (Louisville, Kentucky: John Knox Press, 1995): 362.

<sup>46</sup>Charles W. Taylor, *The Skilled Pastor* (Minneapolis: Fortress Press, 1991), 21.

<sup>47</sup>Adewuyi, 146.

<sup>48</sup>Dennis P. Hollinger “Doing Bioethics: Christian Ethics, Pastoral Care and Public Policy” in *Bioethics and the Future of Medicine: A Cristian Appraisal*, John F. Kinler, Nigel M. de S. Cameron, and David L. Scheidermayer eds., (Grand Rapids Michigan: William B. Eerdmans Publishing Company, 1995), 153.

<sup>49</sup>Orr, 6.

<sup>50</sup>Albert R. Jonsen, Mark Siegler and William J. Winslade, *Clinical Ethics: A Practical Approach to Ethical Decisions in Clinical Medicine* ( : McGraw-Hill Medical Division, 2005), 88-89.

understand that God is genuinely interested in every area of their lives. Besides, they will be empowered to face the challenging situation that comes with dementia without losing their hope and faith as Christians. This way, they will display their maturity in Christ even in the face of stern life's challenges. When pastors engage pastoral preaching, they help patients find a place of security<sup>51</sup> in God and they give expression to Jesus' encouraging words found in John 16:33 "...but be of good cheer, I have overcome the world." Emphasizing pastoral preaching also has the potential to enable church growth in some communities as its people come to know that their elderly relatives will not be left unattended. This may be a strong incentive to join the church.

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<sup>51</sup>Macleod J. Peter, "Teaching and Systematic Theology," in *The Preacher and Preaching: Reviving the Art*, Samuel T. Logan Jr. ed. (Philipsburg, New Jersey: Presbyterian and Reformed Publishing Company, 2011),

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