

Chapter Six

What Does Long Term Memory Sound Like in an Echo Chamber?

“Day after day, I would see him: an old man in shabby cloths, who used stand at a busy junction near our house in north London. He held in his hand a piece of cutlery (usually a fork, I think), which he waved high in the air as the cars and buses roared by, sometimes with enormous energy and sometimes quite calmly.

He didn't seem unhappy but he was certainly a solitary figure, unaware of the people who passed him by. He was in his own world. I assumed.-rightly-that he had dementia. Then he disappeared. The obituaries that followed revealed that he had been a psychanalyst and brilliant musicologist, whose research had added significantly to our knowledge of how Beethoven and Mozart composed their music. Only then did it occur to me that perhaps with his fork or spoon, he had been conducting the traffic to the music in his head.”

Words fail us; dementia
And the arts
Nicci Gerrard

“Validation is based on the notion that there is a reason behind all behaviors”

Naomi Feil

If we know that with Alzheimer's, short term memory is diminished, and we come to live increasingly in our long term memories, we have suggested that much of our care model should focus on joyful long term memories. But how should we care for individuals with traumatic or hurtful long term memories? When a woman tells me there is a man under her bed, or that her father, who has been dead for forty years, just called to take her out to dinner, or she calls me a “fucking asshole” whenever I walk into the room, I assume that she is not hallucinating. She is rather reliving unresolved long term memories that have been resurrected as her defense and suppression mechanisms, act increasingly like an aging sieve.

In 2050, when we will have approximately 16,000,000 Americans with dementia, or according to the Alzheimer's Association, 50% of us over 65, we will look back on our crisis, and remember the great pioneer that initially shed light and insight into the challenge, we will remember the name Naomi Feil. Naomi's great ambition and contribution is to provide healing and resolution for those suffering through their dementia induced nightmares, unresolved long term memories, and unaddressed emotional mental health failures. Naomi continues to aspire to soften the anger, restore the empathy, and allay destructive behaviors in our loved ones. And she did

this while most of the rest of the long term care industry was willing to burden their patients with physical restraints and tranquilizers. God bless Naomi Feil.

Born Jewish in Hamburg, Germany, her family fled Nazi tyranny and relocated ultimately to Cleveland, Ohio. Her father was the administrator of the Montefiore Home for the Aged, and her mother was the head of the Social Service Department. Naomi literally grew up in a nursing home, and in the eye of a demographic and mental health hurricane. This led her to record her observations in her 1982 book, the Validation Breakthrough, which continues to shape the dialogue and models of care for those with dementia, but it is not read enough today. It seems, Naomi asks too much.

The Montefiore Home consisted of 170 beds, and in 1963 only 23 were disoriented and exhibited anti-social behavior. She records, "These were the blamers, martyrs, the moaners, the wanders, the yellers, the pacers, the pounders whom nobody wanted. These were the very old people I worked with in the Special Service Wing, separated from the oriented residents who resented their "crazy" behaviors. Staff, too, wanted nothing to do with these very old people who could not or would not, control their feelings and conform." By 1980, the number of "crazy's" tripled to 69. People were not only living longer, they seem to be "outliv{ing} their bodies."

Why this increase? Why this rush to madness?
Because they were simply living longer? Or because their

defense mechanisms weaken against bad long memories or unresolved emotional experiences as they lived longer? Was it simply old age, or weakened resolution to maintain repression?

Feil's great insight is that all irrational behaviors with people with dementia, as in all of us, are a result of past experiences. **This is the Fourth Principal of the Peregrine Way.** Typically, these will come in the form of traumatic memories that have been suppressed, or unresolved life experiences that return to haunt and track our steps as we age. In this regard she follows the lead of development psychologists, but especially Erik Erikson, that offer that certain life tasks need to be completed at different stages in life that include trust, rebellion, intimacy, and acceptance of our short comings.

The common element of both challenges, is the lack of resolution for either traumatic experiences, or unsuccessful achievement of life tasks. Both have been eclipsed through much of life by distraction, repression, and denial. But as I have said before, once short term memory become enervated, and self-control is weakened, these long term traumas return and demand attention and resolution.

To illustrate her perspective regarding the power of painful long term irresolution, Feil begins her book with a story about one of her childhood friends at the Montefiore Home for the Aged, Florence Trew. Feil was 8 and Florence was 68 when they met. They were great friends that loved going on walks, reading, and taking in movies. One day, Naomi tells us, she fell

roller skating and complained about her mother. Florence brought out her diary and shared her own traumatic childhood memory. It seems that when Florence was 3, her father made her a wooden rabbit that she called Creaky, and she kept it with her constantly. Her father died shortly later. When she was 8 her mother came to her classroom, and humiliated Florence in front of her class by criticizing her for dependence on Creaky, and threw the wooden rabbit in the garbage. When Naomi asked Florence how she felt, she responded that she had “died”.

After going to New York City for college and graduate school, Naomi returned to Montefiore and came upon an emaciated Florence in a Geri-chair, mechanically pounding her tray and repeating the word “cree, cree, cree...” She was stroking an invisible object

Naomi approached her and asked how she was. She responded “they threw him away, make them give him back....” “Who threw him away?” Naomi asked? Pointing at the nurse, she said, “She did”. Naomi responded, “she is the nurse, not your mother”. Florence sat limp and moaned softly, “Cree, Cree Cree... I’m dead”. Naomi said, you can’t be dead, you are talking to me. “Honey, you are hearing things”. Naomi said, “Do you want to die, Mrs Trew? “Yes, Creaky and I are rubbish. Red rubber rubbish. Rub. Rub. Rub a dub, dub. Throw us in the trash can.”

The Nurses came and tightened her wrist restraints and Florence was taken to bed as she said” Give me back Creaky, you bitch. All of the children in this classroom hate you”. She died that night.

This story tragically illustrates the power of long term memory, the horror of unresolved nightmares, and our willingness to resurrect those long ago horrors to our current “senile” day dreams.

The question and challenge that Naomi sought to address was, how do we offer a salve for these lingering dragons? How can we lesson their flames?

To confront this challenge, Naomi chose, as I said before, to follow the lead of Freud, and looked to his “talking therapy” for guidance, but with a dramatic difference. She believed that her clients would benefit by talking about their long term traumas to relieve emotional pressure, but because of their cognitive deficits, they could not address the “why” questions as one would in psychoanalysis, but only the “what” questions. She sought to validate the reality of the person afflicted by painful long term memories, by accepting their experience and encouraging them to talk about those traumas obliquely.

So let’s take the example mentioned above about the woman who claimed her father who had died forty years ago in a car accident trying to pick her up in a snow storm, saying he had just called to say he was going to take her out to dinner

that night. Most aids would not remind her of her father's tragic death, as that would only bring tears. Most aids would try to redirect her by saying something like "well he just called back to say he has to cancel and that she should stay in tonight and eat dinner here", using a therapeutic fib.

Naomi would answer the woman by asking about her father. "What restaurants were his favorite? What was he like? What did he like to talk about"? Without reliving the tragedy, the woman can talk about her father who she obviously misses, and maybe feels some guilt over his untimely death.

When a woman tells me that there is a man under her bed, Naomi would not want us to tell her she is hallucinating, or ask her if she was sexually abused in her youth, she would ask her "if there was ever a time when this man, didn't appear", or "did he come when your husband was alive"?

By asking the "what" questions, we are validating their reality and allow them to probe the memory safely and at a little distance. Naomi offers us a number of techniques including reminiscing, extreme examples, like "is it really the worst food you have ever eaten"?, and rephrasing the complaint.

Naomi also has little use for the therapeutic fib or lie. By lying she feels that on some levels the person knows they are being misled and trust is eroded. Additionally, the underlying

unresolved memory and behavior, is not being addressed. There is no healing. There is no validation.

When I first heard Naomi speak I was astounded. In contrast to the other therapies of twenty years ago when I started, where the options were corporeal and limited, I saw hope and wisdom. The person I was with attending her lecture, thought her path demanded too much. The medical community thought it was too much. She was asking “paraprofessionals” to do too much. Were they asking too many questions about painful pasts without proper training?

But Naomi does not let the aids lead the conversation and draw conclusions, they are rather facilitating a conversation that offers relief inherently through its expression and their willingness to foster that conversation in an effort to relieve pressure.

This is also what Freud faced from the “scientific” community in his life time. It was observed at the time that there was too much speculation, and not enough cause and effect science. But the results of his “talking therapy” were palpable, healing occurred, and the results were always better than the alternatives available then and now.

It seems that the mind and memory is not always a predicable machine that science would like to fit into its Rube Goldberg’s models. It come in waves, cycles, tears, and

exclamations. But it does not come in little boxes that need to be unpacked and organized.

This is the mystery of the mind, of memory, and of our selves. Freud and Naomi believes that healing can be fostered through a release of the irrational forces within ourselves. Dr. Alzheimer's and others are less certain. But as I said before, when it comes to the mind, perhaps there is a middle passage, a balance between biological cause and effect, and the artful release of memories attached to the soul.

As I said earlier, I am the author of many failures as I have tried to offer relief to my residents, and I am afraid I sound too glib as I discuss validation or spirituality, for that matter. After all, dementia care is hard work, and not for the faint of heart. Two futile efforts on my part come to mind as I write today. My first great failure involved Sara. She was a lover of letters and Eugene O'Neil in particular. A very handsome and smart woman. But Sara was angry and yelled all the time. She yelled constantly and without apparent purpose. The yelling was interminable.

One day, after listening to her for hours, I invited her into my office and said "why are you so pissed off"? "Is it because you husband left you here" "Is it because you are losing control of your body and emotions"? "Is it because you are afraid,"? She said "yes, she was fucking pissed off, at her husband, and her life". She just continued to rant at her pain, her decline, her abandonment, and my well-intentioned but

misguide care. She slowed, and began to whimper, and then became docile. But later that night, she awoke to tell the world that she was fucking furious at the world and would not stop. Should I have tried to talk to her again? I am sorry to say, I never did, I simply moved on to another community.

Tommy was a very handsome and athletic man about 55 when he came under my care. He was a geologist and avid golfer, father of two. When his wife sat with me to admit him, she said I only want to do this once, as we both sat crying. I utterly failed her.

Tommy had early on-set dementia, and at the time, I was just opening a building in Baltimore. And as the building was largely empty, it was just him and I watching old movies like "Casablanca". Even though we was deep into his disease, he always teased me for crying. Curious, he was aware of my silly tears, but not who our president was. He was still connected emotionally.

Problems for Tommy began when another resident moved in that hated men. Strangely, though her son was a pries that she worshipped, she hated men generally. God knows why. Whenever Tommy entered the room, she would shout what "a fucking asshole" he was. He was naturally offended, and began to push back in a haze of flustered confusion. When I returned from a weekend home, Tommy was gone, as he became "violent". This is hard for me to write, as I knew Tommy to be very kind and loving. The last I heard, he was in a fetal position in a psychiatric hospital. He had lost

his advocate. I failed him. I think of Tommy every day. When he died, I called, his wife, but she didn't return the call. I had betrayed her trust.

But unfortunately, according to Naomi Feil, Validation, does not seem to be an effective therapy for those suffering from early onset dementia. Perhaps it is simply too rapid a disease process, and the damage to the brain, in regards to the damage to both short and long term memories too great to mitigate.

Validation seems to be effective when a door has been opened. But it has to be opened at least a crack. Sometimes that door, at least for me, remained closed, and no healing was offered or received. Sometimes, as even the Bible tells us, no miracles are possible.