

LISTENING TO THE LANGUAGE OF DEMENTIA: A Research and Care Project Pacific Institute 2005

This research project pretends to:

1. Exploring and viewing dementia in a new light and questioning our old definitions and perceptions of dementia. Illness Vs Process.
2. Looking at innovative and more comprehensive and holistic approaches for working with dementia patients
3. Understanding why it is important – in our current society – to approach mental health and the elderly in a more phenomenological way to be able to embrace the person with dementia as a whole instead of as a sick patient.

In this project, we will consider and evaluate the prevalent view that our physical and psychological symptoms represent *illnesses*. We will also look at some alternative perceptions.

When symptoms are understood as illnesses, we ask for professional help in the “removal” of these symptoms. Another attitude views symptoms as meaningful, as important expressions of the individual, perhaps even planetary psyche. As such, symptoms are forms of communication that we can try to understand rather than ignore (which often happens through our well-intentioned means of helping and “curing”).

Is there a way of *learning to listen* to the voice of a symptom? Could it be, for example, that the many forms of dementia, including Alzheimer’s, are attempts to speak in a language as of yet unfamiliar to us? Could it be that more than a dis-ease for the person so afflicted, a person’s symptom represents a message of sorts?

How would such a change in attitude and perspective influence the way we “treat” people with dementia and Alzheimer’s? We will address these types of questions during our project.

Dementia is a construct: a concept we fill with our own ideas, often pre-conceived by others. Those others might be medical people, psychologists, sociologists, or gerontologists. This list of professionals already shows who defines dementia for us: people in the helping professions.

This project will take a look at current definitions and views of dementia, what effects these perceptions have on how we treat and care for patients with dementia, and how we can perhaps change our ideas going forward. We will design a program of a best-practices model that we have initiated at Hayes Valley Care in San Francisco, California, through a contract with Pacific Institute, a non-profit counseling, education, and research center also based in San Francisco.

Hayes Valley Care, a residential care facility for the elderly contracts with Pacific Institute, to provide residents the services of mental health professionals and supervised interns trained in an existential-humanistic approach that allows them to see the resident as a human being beyond the symptoms.

The core concept of this model and program is the existence of the person, one beyond the symptom, then, it takes account of the present moment and the significance of the experience in the actual time where the memory loss and some cognitive impairment do not actually impair life.

Pacific Institute has already established a training and internship program where graduate students develop one-on-one relationships with our elders. This program allows caregivers to support very involved physical needs while licensed therapists and interns provide support for the emotional and psychological processes of aging. Pacific Institute has tested this unique wellness approach that has demonstrated outstanding results in various sites where the Public Health Department under Pacific Institute care has placed very challenged patients.

Now, Pacific Institute undertakes the task of stretching this conceptual model to understand the psycho process of the people with Dementia, and design a support and care program for persons with Dementias –including Alzheimer's, and an ad-hoc training program for clinicians, administrators, caregivers, and other professionals working with this population.