

*Chapter One ~ In Tom's Voice*

***The Surprise***

***Alzheimer's is full of surprises . . .*** These surprises come in astonishing varieties. But few, if any, are considered pleasant surprises or beneficial or helpful or hopeful by conventional standards. This includes the very first surprise ~ the diagnosis, or the inability to diagnose, or the misdiagnosis of Alzheimer's for the stricken individual and family.

This book, on the other hand, is about the "surprise" that we have experienced in our work with people in Alzheimer's and other dementias. This big surprise is the discovery of deep inner states of consciousness, including complex emotional, psychological, and spiritual growth processes, that exist within the disease. Our research suggests that people with Alzheimer's and other dementias are not, as conventional opinion would suggest, spiraling downward into "mindless pathology", but are human beings in deep inner states of consciousness, parallel realities, realities that may be important and meaningful experiences for them, their families, and their communities. Knowledge and awareness of this process and these experiences offers relief, hope, meaning, and spiritual healing to patients, family members, and caregivers alike ~ a potentially big pleasant surprise.

***Research organization***

Our first book, *An Alzheimer's Surprise Party*, studies the third stage, the advanced stage of Alzheimer's. It portrays the journey of Stanley Tomandl, father of co-author Stan (Stasche) Tomandl, through this

third stage in great detail, and depicts the use and benefits of sentient communication skills to gain access to, witness, and facilitate people's processes arising within the advanced Alzheimer's dementia state.

In this book we return to the beginning of the story and add depth to our research hypotheses with our portrayal of the early and intermediate stages of Stanley's journey. By "early stage" we mean the beginning of Stanley's memory loss and confusion. By "intermediate stage" we mean that he is still mobile and ambulatory, but requires full time supervision. And, by "advanced stage", which we cover in our first book, we mean that he is no longer ambulatory and requires full time care.

### ***The timeline of our work***

We begin this book with the Alzheimer's years at home. We depict Stanley's early stage, his wife Fran's loving care and sacrifices, and his son Stasche's unique interventions, including the application of sentient communication skills.

When Stanley's condition progresses to intermediate stage Alzheimer's he is moved to the Illinois Veteran's Home in Manteno. Here he begins a new phase consisting of nine months of depression, withdrawal and weight loss. Although Stasche and I (Tom) are not in contact with him at that time, reports from Fran and the staff provide this information.

Then in December 1991 Stasche and I make our first pilgrimage to Manteno to begin researching the application of Process Work to Alzheimer's in this new environment. Process Work, also known as Process Oriented Psychology, is a new awareness based school of psychology that applies multi-channel, multi-level communication facilitation, pioneered by psychologists, Drs. Arnold and Amy Mindell

and their associates. Stasche and I hope to have the courage to apply what we have learned. To our astonishment and delight, however, during this visit not only do we work up the courage to apply what we have learned, but we actually achieve a breakthrough in communication and relationship with Stanley. This is the beginning of major improvements in Stanley's life, culminating nine months later in significant gains.

### ***Pioneering work***

After eighteen months in Manteno including nine months of Process Work with Stanley, his condition has steadily improved as evidenced by:

- 1) Feeding himself when he is in the mood, which he no longer did at home,
- 2) Absence of paranoia even though he is in new surroundings, compared to chronic paranoia at home,
- 3) Regaining recognition of family members, including his son Stasche both in person, and from a photograph.
- 4) The absence of emotionally based seizures, which he previously experienced several times a month, for twenty years,
- 5) The ability to make new friends and establish new relationships especially with Thyra, his primary care giver, his physical therapist, me, and the staff, compared to a greater sense of isolation at home despite the best efforts of his family,
- 6) The awareness and ability to "*look in the luggage*" and find "*more stuff from there*" (Stanley's symbolic language for working on himself psychologically), and which is

- contraindicated in many contemporary views of Alzheimer's.
- 7) Increased ability to experience and express deep feelings, intimacy, and even ask for help, which he was less able to do at home,
  - 8) The ability to hold a train of thought for longer periods of time, compared to his previous very transient aptitude, and
  - 9) A contented smile on his face, more frequently than pre Alzheimer's dementia.

This is exciting news. Stasche makes me aware that this contradicts most contemporary Alzheimer's dementia experience, which is downhill over this length of time. He tells me Stanley and I are doing pioneering work.

### ***Spiritual growth process***

This promising description of progress is an exciting discovery on psychological and spiritual levels. Stanley experiences growing into more parts of himself. From within Alzheimer's dementia, Stanley is:

- Working on unfinished business,
- Meeting new aspects and partially lived aspects of his personality,
- Harvesting a lifetime of experience,
- Creating sacred space for marginalized experiences,
- Exploring the beauty and meaning of life,
- Making spiritual connections.

These processes within the dementia experience do not follow one after the other. They are nonlinear. They are descriptions of processes that may occur in any order and may appear separately or overlap or converge. Again, all are aspects of a deep complex growth

process occurring within what otherwise may appear to the conventional observer as an unrelenting deterioration into "mindless pathology".

To help impart these results we hope to involve you, the reader, a little more experientially in the depth of this process by priming you with a synopsis or framework of ideas to watch for as the work unfolds. By presenting these ideas before you read each chapter, rather than afterward as a chapter summary, you may feel more involved and better able to sort out the issues, characters both real and imaginary, and the patterns in the various mysterious aspects that present themselves. Of course, we also run the risk of frustrating you by getting ahead of ourselves and the story. We simply ask your indulgence.

### ***The inner experience of the Alzheimer's dementia state***

Here is a more detailed summary of the aspects of the processes we discovered within Stanley's Alzheimer's dementia:

#### ***Working on unfinished business***

Unfinished business refers to those issues that can repeat (cycle) not only from moment to moment or year to year, but also from generation to generation, such as: celebration, happiness, abuse, neglect, unexpressed love, anger, fear, revenge, grief, guilt, shame, remorse, religion and spirituality. Stanley's unfinished business that we discovered him working on in his Alzheimer's dementia state included guilt over the death of his father; unresolved anger at his mother; unopened church "luggage"; and guilt, shame, remorse, self-recrimination; and depression about abandoning his family through Alzheimer's.

***Meeting new aspects and partially lived aspects of himself***

Stanley meets new inner parts of himself which we nicknamed Mr. Softie, Mr. Tricky, Mr. Intimate, The Reverend, The Wise Elder and, the parts he projects outside of himself; The Big Guy, The Tough Guy.

***Harvesting a lifetime of experience***

Harvesting a lifetime of experience means gathering, revisiting, analyzing, or simply savoring past experiences. Stanley exhibited this stage outwardly with all his physical chewing which we discovered involved "chewing" over memories.

***Creating sacred space for marginalized experiences***

Creating sacred space is creating a safe secure physical and emotional place where you experience or allow yourself to feel accepted, loved and in touch with a sense of something larger than yourself. It is a space without demands, where you can relax or re-energize or experiment with thoughts and emotions or pray or meditate. Stanley gained increasing powers to hold his own sacred space for increasing amounts of time, minimizing the distractions, disturbances, and demands that he would respond to: and increasing power to go farther into sacred space by taking advantage of our support.

***Exploring the beauty and meaning of life***

Includes the ability to step outside yourself, as an observer, and look at all the formative parts and essential beliefs in the pattern of your existence, including savoring things in the moment. Stanley would thoroughly enjoy a "nice day" and meditatively savor his food in the moment, like a Buddhist Monk. He was also able to explore lesser known parts of his personality and the "beauty of eternity."

***Making spiritual connections***

Making spiritual connections can be as "ordinary" as study, prayer, and meditation or as "far out" as immersion in a deep state of altered consciousness. Stanley explored all of these, apparently needing more and more remote states to complete his life and connect to "the other side". Our first book, *An Alzheimer's Surprise Party*, deals primarily with Stanley's experience in the very altered states of advanced dementia.

***Summary of research hypotheses***

In our experience, Alzheimer's and other dementias may involve deep inner states of consciousness, including complex emotional, psychological, and spiritual growth processes. These processes live within what otherwise appears to the conventional observer as unrelenting deterioration into "mindless pathology". We would like to propose:

1. Even in the most advanced dementia states somebody is home, people are not altogether gone.
2. They are trying to communicate with themselves and the outside world to the best of their ability, often with hitherto uncommunicated messages.
3. Two way communication is possible even with people in the most advanced dementia states and coma.
4. Relationship is also possible even in the most advanced dementia states including coma.
5. There exist deep inner complex emotional, psychological, and spiritual growth processes in the background of people with Alzheimer's dementia.
6. Caregivers can help facilitate inner awareness processes and

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outer communication with people experiencing early to advanced stage Alzheimer's dementia for caregivers benefit and the benefit of patients, family, and society.

7. Detachment from personal history in people with Alzheimer's dementia is normal, but not necessarily permanent. Personal history may remain intact although access and motivation to access it are a function of patients' growth, interests, and course of the disease.
8. While personality and behavior can change dramatically as people in Alzheimer's dementia states evolve; inherent character traits, beliefs, and memories can remain intact regardless of Alzheimer's dementia, and offer portals for entering into communication and relationship.

### **Conclusion**

Our experience with Stanley and hundreds of other patients suffering during remote states of altered consciousness, confirms our hope that Process Work can help facilitate inner awareness of surprising emotional, psychological, and spiritual growth processes. This will benefit individuals in their physical and spiritual lives, and will help families and communities heal and grow. We encourage more research in this direction and also encourage healthy skepticism about all aspects of Alzheimer's dementia which will enhance the body of knowledge around this worldwide pandemic.

## *The Surprise*

### **Chapter One Exercise**

#### **Universal Life Path ~ A Deep Dementia Exercise**

Created by Ann Jacob and Stan Tomandl

**Please:** as with all exercises in this book, participate to your own comfort level, and adjust the steps to suit your needs.

Why wait to get dementia? Find out something about the information this state might hold for you and our culture right now!

The goals of this exercise are:

- Increase empathy for those in dementia states
- Explore your inner experience and life purpose
- Help prevent negative effects of dementia for yourself and our culture

1. LIFE PATH ~ Consider the life path you are on: your beliefs; your career; relationships; any pursuits you love. The purpose of your life. Make a few notes if you want.

2. IMAGINE you have dementia. Work from your observations of people you know or your own imagination of this state, and fantasize what your dementia would be like: see yourself, hear yourself, make sounds, feel into, get into the posture, and move as one who is in a dementia state. Do this for about three minutes. Now take a minute to come out, and notice what your "dementia experience" was like for you. Make notes to help deepen your experience. You may have had a good experience, or a not so good experience.

3. WHO ARE YOU? Now go back into your dementia state. While in there maintain enough awareness to ask yourself who has

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dementia, that is what part of you, which identity, what role? The one who wants a holiday, depressed, or angry one, wife, husband, mother, father, lover, hard worker, or other? ~ When you know, make a note.

4. TEMPORAL/NON TEMPORAL ~ Return to your dementia state and notice how you relate to time, that is, in what time frame your thoughts, memories, and feelings come up in; the past, or the future, or the present?

5. SPATIAL/NON SPATIAL ~ While still in there notice where your thoughts and feelings are located. For instance, where you are sitting now, your childhood home, some place in nature, etc. Where are your thoughts located? ~ Now come out of your dementia state again and make a note about these time and place locals.

6. UNIVERSALITY ~ Now take the identity or role of the one who has dementia and imagine putting them in the palm of one of your hands. Then take your other hand and raise it above your head. Now slowly move this upraised hand toward the hand holding the one who has dementia. As you move your hand, notice what "flirts" with you, flickers into your awareness no matter how strange it may seem at first. As your hand keeps moving, catch three images and write them down. Weave these three images into a story or movie. "Once upon a time . . ." Let the story create itself. Write for a few minutes.

7. LIFE PATH AGAIN ~ How is this story connected to or meaningful for your life journey, your life path? How is it different? Would it change your path? If so, does it shed any meaning on your daily life and relationships? If so, does it shed any meaning on your relationship to the larger world? How would the world see you differently if you lived this story more fully?

### **Chapter Two ~ In Fran's Voice**

## **The Alzheimer's Years at Home**

### **Synopsis by Tom**

Fran Tomandl, wife of Alzheimer's patient Stanley Tomandl and mother of co-author Stan (Stasche) Tomandl, in her own words tells the story of her care giving years at home during Stanley's early and intermediate stages of Alzheimer's.

1. Stanley's personality changes appear to Fran to be extreme and rapid beginning early in 1987, i.e. his memory loss, confusion, growing fears, anxiety, paranoia, feelings of guilt, chattiness, boisterousness, unpredictability, and wanderlust.
2. There is a common frustration about the diagnosis and misdiagnosis around Alzheimer's dementia. There is no entirely precise method of diagnosis.
3. Our Western medical system has a bias toward heroic "wonder" drugs. At best this is temporary "cure" and leaves the underlying process of the disease unaddressed and ignores the complex emotional, psychological, and spiritual growth process in the background.
4. Sad but true our "modern" homes and neighborhoods are not appropriate or safe places for a person in Stanley's condition.
5. Even the Illinois Veteran's Home in Manteno, Illinois was not set up at this time to handle ambulatory Alzheimer's patients.

Manteno recognized this need and was one of the first to open an ambulatory Alzheimer's unit two years later.

6. The circumstances around Stanley's accident in which his legs were broken will always remain a mystery. However, the accident symbolized an "in your face" pattern for communicating with Stanley later in his remote states. Fran called it a "lovingly tough and insistent" style.
7. Fran's own heroic 24/7 care giving extended beyond her inner resources into physical and emotional burnout. This is so typical of caregivers and entirely understandable.

### ***Lost and afraid ~ by Fran***

In early 1987 Stanley noticed his memory wasn't good. He couldn't find things. It seemed I spent half of my life looking for his "lost" things. It got to the point I had to lay out his clothes, so he could find them. He checked and rechecked to see if the doors were locked. When he drove the car, he had to be told when the traffic lights changed color.

I noticed that he had fears. He had a fire alarm system installed. He got so he hoped it would rain so he wouldn't have to go fishing; he had fears about the boat, "Time to sell it." He got afraid to light a fire in the fireplace. That ended our dinners in front of the fireplace with a glass of wine and a card game afterwards. We began that tradition after the kids left home. It helped us get "reacquainted" in our new independent status. The end of this important ritual came as a real heartbreak for me. It signaled a major change away from intimacy in our relationship.

We tasted many good years after Stanley recovered from his cerebral hemorrhage operation in 1975. But starting in 1987, I knew the happy times were slipping away. It was hard for me to face this.

Stanley was bothered too. He felt frustrated and would get angry. He seemed to lose his patience. He couldn't remember ordinary things and old friends. He felt pained and ashamed that he had insulted people by forgetting them. One of the many things I loved him for was his even temperament and patience; even that started to go. I had to ride in the car with him as copilot, otherwise he lost his way. I didn't like to take him to the store anymore. He talked to everyone. He had always been gregarious and friendly, but now he became a nuisance. He would get lost, and then raise his voice to find me.

### ***Couldn't work anymore***

When he couldn't work anymore, it bothered him because I carried the financial end of our business. He would say, "Poor Francis," and feel so guilty. Even though we were well enough off, he felt devastated. He had been a steady and good provider for so many years.

He loved to ride his bike but started to get lost. So, we rode the tandem bicycle. I had to tell him where to steer. He didn't seem to mind.

He liked to do errands but could no longer remember what he was going to do. He did a good job mowing the lawn, until one day he didn't stop at our lawn; he cut the neighbors then headed for their tomato plants. I had to turn off the engine and tell him he was out of gas. Stanley enjoyed picking up leaves. He prided himself on the way the lawn and driveway looked. Eventually, he seemed to pick up the neighbor's leaves better. Then he tried to empty leaves inside the neighbor's house. I had to watch him at all times. A few times he got away and someone would bring him home.

**Broken legs**

Stanley visited the bike shop across the street often. He remembered he did contract work for the owner and evidently liked to discuss it. In the early summer of 1989, he took his bike there, and was told it would be ready Saturday. I told him not to go there until 9:00 a.m., when they opened. I didn't realize he went earlier anyway. Either a woman hit him with her car, which she denies, or he fell over the curb. There were no other witnesses. The accident remains a mystery.

Both his lower legs were broken, one of them in two places. The ambulance took him to Glenbrook Hospital. Dr. Metric wrapped it. While at Glenbrook, an orderly parked Stanley in a wheelchair in the waiting room. Stanley entertained a large captive audience by singing Bohemian songs. The orderly told me Stanley gave a concert. He was transferred to Highland Park Hospital. There the doctor put a screw into Stanley's ankle; because he knew Stanley wouldn't keep off of it, and then put it in a cast. Stanley used a walker. He got so used to it, later I had a hard time taking it away from him. He was afraid to walk without the walker.

Stanley loved to play the tuba. He played for guests and for anyone he could on the phone. He had to oil it often and would take it apart, sometimes losing a spring. I spent a lot of time looking for those springs and putting it together. He wanted to play the tuba the way he used to. Old friends George Klumb and Chuck Otis tried to reteach him, but he couldn't master the notes.

**No diagnosis**

Stanley knew he needed help. We went to a neurologist. He referred us to a doctor. She tested him for mental ability, but didn't come up

with a diagnosis. It was terribly frustrating not having a diagnosis, not knowing where to turn next for help.

Stanley underwent an MRI test. It showed scar tissue damage from his cerebral hemorrhage that probably affected his brain somewhat.

Despite the lack of a confirmed diagnosis, the psychologist never the less referred Stanley to a doctor who promised help for Alzheimer's disease using a "wonder drug". We made the trip to Chicago to see her about every month for a year. On our trips downtown on the train, Stanley entertained people with his wit whenever he could. The doctor gave us bottles of medicine and our family physician's nurse gave Stanley shots of this wonder drug twice a week. Stanley liked getting them. We both had hopes he was getting better. Dr. Close, our family physician and dear old friend, said Stanley wasn't getting any better. We quit going to the specialist, no more shots. Stanley missed them. He liked the attention Caroline, the nurse, gave him.

When we had company for dinner, or if we went out to eat, he spent most of the time talking and wouldn't eat. He often got upset with waiters. No way could I reason with him. Stanley got so he didn't want to shave, because the razor hurt. I bought a Norelco razor that's supposed to be gentle, but it didn't help. I could shave him for awhile, then he wouldn't let me do it. He no longer knew how. His old friend Bob Arends came over a couple of times a week and shaved him. Bob was lovingly tough and insistent with him. He would stay with Stanley so I could go out, other times so would George Klumb. I treasure their friendship and help. I don't know what I would have done without them.

He didn't want to get undressed. He would go to bed sometimes with his hat, gloves and shoes on. I would sneak his shoes off. If he



woke up he got angry. I tried to keep him clean. Sometimes I would get his top clothes off and wash the top of him. I would pull his pants off before he got up, and finally get his clothes changed and clean.

He never used to be a fussy eater. Now he complained about his food. The only things he liked were sweets.

He would tell me I wasn't his wife. If I told him I was, he wouldn't believe me. I had to carry a key if I went outside, because he would lock me out. He was afraid of someone breaking in.

### ***The nursing home at last***

The pressure was on me from everyone. "Fran, you can't handle Stanley. You have become a twenty four hour a day, seven day a week caretaker. You no longer seem like yourself." The emotional and physical support of my family and friends kept me going. I had a week's respite. The Kellogg Foundation and our daughter Jeanne's family paid for Stanley to visit a local nursing home for seven days. He liked it; spent most of his time at the nurse's desk. I knew when I picked Stanley up I didn't want him in that kind of nursing home. Expensive, very good care but, but not appropriate to the earlier and more active stages of Alzheimer's dementia. All those older people sitting in the halls with their heads hanging down, wasn't for me or what I wanted for Stanley.

Bob Arends got me an application for the Illinois Veterans Home at Manteno. I had to send in his medical records, army discharge papers, and source of income. I called state senator Porter's office. I knew Joyce Cook, a woman who worked for him. She sent me papers to fill out. I think it helped to take that concrete step. Our son Dan visited us in the fall of 1990; he said, "Mother, let's look at the veteran's rest home." We were both impressed. They put Stanley on a waiting list.

Three months later we received a call. Stanley was to be at Manteno at 9:00 a.m. February 13, 1991. Jeanne and Ralph, our daughter and son-in-law would drive us out there. How was I going to get Stanley up and dressed by seven o'clock? I pulled his bottom clothes off while in bed at 5:30 a.m. He got angry because I pulled the covers off too. He said, "If I had a gun, I'd shoot you." I couldn't do anything. I was frustrated. I didn't know how to take care of him. I was emotionally and psychologically ready for him to go. Jeanne finally came. Between the two of us we got him ready.

It was a cold day. The door on my car didn't fit right letting a draft in. Ralph noticed a light on the dashboard was red. "You're short of antifreeze, the heater isn't working right." Someone had left the cap off the radiator. No radiator caps at the freeway gas stations. We finally got one in Peotone at an auto parts store. Stanley kept wanting to get out of the car. Finally we arrived at Manteno. More papers to fill out. Ralph and Jeanne had a hard time keeping track of Stanley. He wandered all over the place.

He was placed in a room for two. His roommate couldn't talk. I had to tell the doctor about Stanley's seizures, and other details of his medical history. Stanley had been subject to periodic seizures since his cerebral hemorrhage sixteen years ago. His seizures took the form of an "emotional breakdown" with crying and hollering and shaking. He required anti-seizure medicine.

I arrived home to an empty house. I cried, but also felt relieved. I won't have to get a sitter when I go to church. Bob Arends won't have to come here to shave Stanley. I won't have the constant worry of him running away, or feel hurt by his not knowing me. I won't have to get scared when he gets frustrated and angry. Life was easier.

I called everyday for about a week to Manteno. Stanley was fine.

He sang Bohemian songs to everyone. He wandered all over, got into trouble with the kitchen help. They restrained him when they couldn't watch him. He figured out how to get out of his chair every time. It took two people to dress him and, of course, to bathe him.

### ***Stanley adjusts to the home***

Stanley didn't seem to care whether I came or went. During visits he would push his wheelchair to the commissary to get ice cream. He would get tired and not want to walk back to his room. We tried to talk him into getting in the wheelchair. Once, we tried a little force. I fell on top of him on my back. The doctor had to be called; we weren't hurt. Finally, I gave up walking with him at all, tried to push the wheelchair with him in it. He was still stubborn. No way was he going to put his feet on the footrests. You can't push a wheel chair with the person digging rubber soled shoes into the floor like brakes. We usually had to pull him.

He didn't know me before he went to Manteno. He might have recognized me briefly once each time I visited him. I would talk to him and try to get a glimpse of my sweetie. I was pleased when his answers made some sense. He responded when I kissed him.

On our 50th wedding anniversary I was pleased when Thyra, the nurse's aid who could handle Stanley the best, came in to dress him on her day off. With another aid, Sandy's help they put a suit and tie on him. He always liked to dress sharp. We had all three kids, Jeanne, Stasche and Dan there and Ralph. We ate ice cream and cake. It sure wasn't like the 50th I had imagined a few years ago!

Stanley received good care. He was content; he didn't care when I left to go home. He usually found something to keep his hands busy.

I treasure our memories. I wish I would have recognized way sooner we had a problem. I thought he was just getting crotchety.

## ***Chapter Two Exercise***

### ***Using Personal Reactions and Nature as Advisors***

Created by Ann Jacob and Stan Tomandl

Compassion fatigue happens when our thoughts, feelings, intuitions, and spiritual presence do not contribute fully, in service to clients and loved ones. Over time, as caregivers, we may feel uneasy from leaving too much of ourselves out of our work. We usually interact with clients in caregiver roles: professional; volunteer; family member. Roles can support, comfort, and restrict caring. ~ As a hospice volunteer my heart often broke from sadness or froze in fear as I entered a dying person's room, but I had responsibilities and too often ignored my reactions. ~ But personal experiences form part of the field of care. Trusting and using our personal reactions will deepen care, connection, communication, and relationship.

The exercise below is designed to help you cook raw personal reactions into palatable palliative soup. Enjoy! *Please work to your own comfort level and change steps to suit your own direction as needed.*

1. Pace your breath for a few breaths. ~ Place one hand on the back of your other hand, resting both comfortably in your lap. As you breath in, gently squeeze your top hand, and then as you exhale relax your top hand. Repeat this process for a few breaths. (This is a very useful technique for connecting with someone in a deep inner state. You would place your hand on the back of one of their hands, after telling them what you are going to do.)
2. Let a person in a difficult near death, situation, present or past, come to mind. This situation might include the family scene. ~ Pick one ~

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3. Briefly recall the details of your most difficult meeting with that person: look at them in your mind's eye; listen to them with your inner ear, to the sounds or silence; feel what it might be to be them, their body sensations, their emotions. And now sit like they might sit, and make a small movement with one of your hands as they would, even a 'stationary movement' the way they would hold their hand. Now breathe as they breathe for a few breaths, at the same rate and into the same place in their body, as best as you can remember: lower stomach, diaphragm or upper chest. 'Become' this other person. Become even the mind of this person.

4. Now, while 'being' them let a place in nature come to mind, a place that matches the energy and essence of that person. ~ Let a place in nature come to you.

5. Become this place in nature: look through its eyes; hear with its ears; feel as it feels; move and breathe as it moves and breathes. Take a minute or two to really enter into all aspects of your nature place.

6. As this place, give advice to yourself on how to handle your situation from steps #2 & #3. "Dear place in nature, please share your wisdom and advise me on this situation, including how to use my doubts and hesitations.

7. Make notes or sketches to help anchor your place in nature and its advice.

8. As your nature scene, offer advice for similar situations and future situations.

9. Perhaps your place can help you in some situations in your daily life ~ at home, in relationships, or out in the world.

10. Thank your person and your place for coming to you and helping.

## **Chapter Three ~ In Stasche's Voice**

### ***Broken Legs***

In this chapter Stasche applies his awareness skills to his father's situation shortly after his father was hit by a car and broke his legs, as revealed in the last chapter. And we begin to add analysis and theory to our narrative. Because we are introducing many concepts for the first time, our synopsis is long, with some obscure references that will clear upon reading the main body of the chapter. We thank you in advance for your indulgence.

#### ***Synopsis by Tom***

1. Symbolic thinking or symbolic language means looking beyond the literal meaning of everyday words and images. To understand symbolic language we have to be detectives, discovering the clues and implications, then interpreting them within the context of personal, family, community, linguistic, and archetypal history. We try our interpretation and then follow the patient's feedback. When Stanley says that pushing down on his walker *makes me lighter*, Stasche supports the symbolic meaning of lighter as in "easier times", not the literal meaning in this case of lighter body weight. Stanley's feedback continues "light" in tone and he trips the light fantastic demonstrating his agility with the walker, without supporting his weight on the walker.

2. Personal identity and personal history tend to be hypnotic particularly within a family setting and make it more difficult to transition from personal demands and expectations to symbolic thinking when facilitating a family member with Alzheimer's. The ability to drop personal history and personal identity, and demands and expectations in the moment, and follow the Alzheimer's process with a family member is a hard earned skill requiring much awareness. Stasche points these "symbolic" moments out, particularly before he has fully engaged in Stanley's Alzheimer's process.
3. All of us change identities or roles throughout the day such as parent, employee, coach, etc. Even in Stanley's Alzheimer's state he demonstrates as much clarity of roles and identities as most of us do on our best day. At times he identifies Fran as "wife, "lady friend" and "power gal." However, what he lacks is the overview or "meta position" to observe and navigate the fluid relationship between these roles or identities.
4. At any particular moment we usually experience ourselves as two parts, for example, the one who craves the dessert and the one who shouldn't have or doesn't need the dessert. Stanley also at times identifies with his "old" identity and other times he looks at his old identity as "not me." However, he flips into one state or the other without awareness of the transition, and without any pattern for moving consciously between these identities. He also faces the dilemma of his new identity being so new or so far from his awareness, that it is unfamiliar or even unknown to him.
5. Stanley, having forgotten who Stasche is and having forgotten who he is, presents a new opportunity, the opportunity for father and son to get to know each other all over again. Stasche refers to this as the wisdom of dementia, a gift. They

- can get to know each other anew without prior conceptions, biases or past relationship issues. However, embracing this gift is not without pain for Stasche. Stanley's state has given Stasche no choice if he really wants to communicate and relate to his father. Sadly many family members miss out on these precious opportunities during the Alzheimer's years by not choosing to do so, or not knowing there is a choice due to the contemporary view of Alzheimer's, that "nobody is home."
6. Laughter of the short nervous kind indicates a moment of confusion and a portal to new thoughts and emotions. It is an abrupt release of energy known as a "hot spot." Any abrupt change in energy, whether high or low, indicates a hot spot behind which lays a golden nugget of new information and emotions. Stanley's abrupt change in voice tone and cadence when he says, *Cut it off!* indicates another such hot spot. If possible we try to return to that moment and unfold the mysterious new process. This idea and method applies equally to processing everyday normal states and Alzheimer's states. However, it is significantly more difficult to accomplish in the case of Alzheimer's, depending on the length of time between the hot spot and the awareness to go back. In any case, Alzheimer's or not, it pays to notice and work on a hot spot the moment it happens. This is easier said than done.
  7. Throughout the work Stasche uses the technique of repeating and extending Stanley's statements. This is a very important communication technique to use with Alzheimer's because the patient is not always aware of what or how they have communicated. This offers them a feedback loop and helps them get unstuck from a particular communication pattern and facilitates them into going farther with their

## *An Alzheimer's Surprise Party Prequel*

communication.

8. Stasche reports, in his experience, that the use of a more familiar or earlier language, in Stanley's case Bohemian, surfaces when individuals reach difficult personal or relationship moments. They seem able to bring up more difficult material in these languages and speak in a less inhibited manner.
9. Stanley's walker presents a double bind from a physical standpoint. He can still function without it for the most part, which aids and exercises his muscles and balance. But it puts him at risk of falling. Using the walker on the other hand reduces his risk of falling, but increases his dependence and muscle atrophy. Symbolically, he has discovered "walker power" in the sense that it defines space over which he has power, his own sphere of influence, in the ever decreasing world over which he has physical control of his own life.
10. "Going home" is a common theme in the elderly, Alzheimer's or not. Stanley poses the question himself, *How the hell to get home?* He has already detached from possessions and the house he has known as home, so Stasche pursues the symbolic state of mind called "home" which is unique for each of us.
11. Alzheimer's unleashes a wide range of strong emotions and poses a list of frustrating questions for family members, caregivers and the community at the top of which is, *WHY?*
12. The opening story of Stanley's pre-Alzheimer's state bears surprising resemblance to his post Alzheimer's state. The contemporary view is that the personality is lost post Alzheimer's. Here we see an example of Stanley's style of humor both pre and post Alzheimer's onset. He has