

**Case Study 1: Keeping personality intact**

I first came across SPECAL by chance. A friend came to talk to me about the work SPECAL did on preserving the well-being of those with dementia of different kinds. It had been made clear by our GP that Alzheimer's was incurable and was also progressive. Preserving well-being was therefore the only fruitful avenue of help within my power and I arranged to go and see Penny Garner, the founder of SPECAL.

I was immediately interested. From the outset my major concern was what can I do to help my Mary live a happy life? We had recently been to our quarterly meeting with the designated consultant psychiatrist (we hardly ever saw the same consultant twice) to measure Mary's deterioration by asking her questions! No time was set aside for a discussion on how I could best help. I felt abandoned. Where could I go to learn something of the techniques used to improve Mary's sense of well-being to counteract the gradual bewilderment and isolation of those with dementia? My GP was of the opinion that there was nothing much I could do beyond slowing down Mary's diminishing memory with Aricept.

I therefore jumped at the chance to talk to Penny Garner who with her whole team exuded confidence understandably convinced that the techniques developed by SPECAL would work with anyone and would have a lasting effect. The visit proved to be a Godsend.

I continued to visit SPECAL about once a month and later I took Mary weekly to their Friday Group for lunch and treatment. Gradually over time SPECAL convinced me that by applying their techniques myself in her daily life at home I would improve her sense of well-being there too. Together we worked on Mary's long term memory to help provide a firmer context in which to live.

I struggled at the outset with the critical importance of acutely observing the effect of my responses to the many situations which arose: a refusal to wash, a refusal to eat a particular dish, an absence of emotional contact between us, a refusal to do anything in the house in spite of an underlying wish nevertheless to fulfill her role as a homemaker at which she had excelled. I began to realise the

importance of constantly bolstering her confidence. The very frequent use of ‘we’, never ‘you’, ensuring that she was not asked direct questions of any kind, and so on. Some of the treatment seemed to me to concentrate on a range of lessons on how to live happily with someone – Alzheimer’s or no Alzheimer’s. Gradually, the client – as I called Mary, when training with SPECAL – becomes the architect of their own well-being.

Because the short-term memory becomes restricted to feelings and not facts, measuring feelings becomes a target in SPECAL’s work. Careful observation of the effect of everyday instances upon manner and mood are vital. Look into an Alzheimer’s sufferer’s face – listen and observe are the by-words, for their responses are the fuel of the treatment. The carer becomes interested in minute detail, because they are made to feel that they can do something which makes a difference. Home treatment becomes rewarding and by doing what trial and error point to, helps build a library of responses which have a lasting benefit. The economic sense of proceeding along this path is compelling, too.

### **Post script**

My wife died last November of breast cancer. Her equilibrium had been destroyed by our being flooded out in the 2007 floods in the previous July and because I had damaged my knees in the flood. The tipping point was passed. I reluctantly surrendered Mary to a nursing home in August. Because of SPECAL’s early work and the concentrated attention they had also given to the transitional arrangement of the transfer to the nursing home, Mary was not at all unhappy in the three months which led up to the cancer doing its worst in the last few weeks.

Throughout the six years I looked after Mary she was stable and her personality survived the two diseases, both cancer and dementia.