

Counselling in dementia: eliciting memories

Mike Fox explains how counsellors can play an important role in helping people with dementia to remember their past – and in so doing help them gain strength from the counselling process



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The therapeutic relationship that counsellors form with their clients is inevitably concerned with memories and the act of remembering. How are memories described? What is their significance to the person who remembers? What do they say or imply about that person? As a counsellor who has worked for many years with people with dementia, I have often asked myself, and been asked by others: how can I, and when should I, help a client to remember? What enables the retrieval of memories? What is useful, what is appropriate, what is ethical?

In this article I will consider the counsellor's role as someone who attempts to facilitate the processes that remembering can involve for people with dementia, so that they may gain most benefit from the counselling process.

Why remember?

Part of my sense of self depends on my being able to go backward and forward in time and weave a story about who I am, how I got that way, and where I am going, a story that is continuously nourishing and self-sustaining. Take that away from me and I am significantly less. (Spence 1982 cited in McLeod, 1997 p92)

Most of us have a natural desire to retain a connection with significant events in the past that help to define and enrich our sense of identity. In reflecting on their earlier or even recent lives, people who enter counselling often develop a different relationship with their memories and the former self they represent. Their perspective changes and with it their perception of the past and of the person they have become as a result of it.

Yet increasingly we are coming to understand how much subtlety and complexity is involved in both remembering and retelling our experience. Psychologists commonly speak of 'encoding' to describe what is involved in the formation and retention

of memory (for example Schacter 1996), and the very term implies a process in which memories become more private, more complex and more dependent on interpretation by self and others. Furthermore, we are increasingly aware of the extent to which subjectivity colours our perception of the past, and narrative approaches to psychotherapy emphasise that our relationship with memories, and processes involved in describing them to others, are inherently dynamic (McLeod 1997). I believe this is particularly true for people with dementia, whose ability to remember and whose approach to the theme of memory are inevitably influenced by the effects of their illness, and whose incentive to revisit past experience often grows more urgent as a result.

Bridging the gap and styles of remembering

The experience of dementia, unique in any case to each individual, must in many ways remain unknown to those outside it. However, the counsellor who seeks to gain understanding of the person before them, by the nature of the mystery the illness presents, will be led to try to imagine a path into the client's experience via information which may be partial, incomplete or perhaps contradictory. It could reasonably be argued that this could be said of any form of counselling or psychotherapy, however I believe that when working with memory loss and the other cognitive difficulties that can accompany a dementia there is a greater need to be proactive, to attempt to 'bridge the gap' both practically and metaphorically, between past and present, memory and meaning. Forming and sustaining a therapeutic relationship will often entail a greater willingness to reach out, as well as discretion as to when and how to do so.

Perhaps unsurprisingly, I have noticed that people in the early stages of dementia are likely to try to maintain their natural

'style of remembering', which might for instance be factual, impressionistic, linear, tangential, eclectic or a combination thereof. Developing a sense of what has previously been most natural can offer insight into how individual clients would most like to locate and describe autobiographical experience. It can also be helpful to notice changes in 'tones of remembering', for instance rueful, nostalgic, joyful or fearful, as an indication of what is being felt in the present moment about the past that is being described. People with dementia, like all of us, may review the same experience from different emotional perspectives at different times, which depending on context could indicate possibilities such as ambivalence, greater appreciation of complexity, or resolution born of new insight.

The subjective past and the present self

I have often felt when sitting with someone with dementia that the actual past is less important than how it is remembered. Whereas specific events, recalled with precision, can act as an anchor in a sea of forgetfulness, people with dementia, as suggested, may also describe past events to convey their immediate feelings and perspective. So when is the act of remembering more important than the factual veracity of the memory?

Since the initial and sometimes very literally applied vogue of reality orientation receded, those who work therapeutically in the field of dementia have grown less inclined to contradict or 'correct' the rememberer and more willing to enter into their subjective world, with greater awareness of the feeling states that accompany it. Counsellors, whose training usually highlights the dangers of collusion, may nevertheless recognise the value of affirming what is being felt and experienced within even the most 'inaccurate' narrative. In a description of

remembered events, fact might blend with metaphor, or even be superseded by it. This need not devalue the intrinsic worth of what the person with dementia is attempting to express. People with dementia frequently use metaphors and inference to describe the self they wish to preserve and continue to present to others. They may also use symbolism and analogy to maintain a sense of continuity between past and present, and as a way of interpreting current experience. Here are two examples:

Once when seeking a way of beginning a session with a client whose profound memory loss had created a somewhat distancing effect in our relationship, I started by reading him a much loved passage from one of his favourite authors. When I finished he smiled at me and remarked, to my considerable surprise, "Very paradoxical". Not only was this the most succinct summary of the extract imaginable, but I was tempted to believe it was also a resigned comment on the perplexity and confusion he was obviously feeling.

I learned from a relative that another client, visiting his daughter-in-law but no longer able to recognise who she was, asked: "Are you the manager?", thus accurately identifying the command and efficiency with which she ran the family home. Both instances illustrate a subjective appreciation of the essence of a situation, and an attempt to communicate it amid extreme confusion.

Reminding, prompting and summarising: should I lead or follow?

Susan Engel describes "negotiating how to structure connections between past and present" when "learning how to use... memories" (Engel 1999, p69), and I believe there is inherent value in any intervention that increases confidence in the ability to remember, or helps the client to feel able to try. This is particularly true where the effects of dementia are accompanied by self-consciousness, inhibition or embarrassment.

Sometimes, when entering counselling, people with dementia need help to maintain their focus, and where clear themes emerge I have found that it can be useful to summarise at the end of a session and to recap at the beginning of the next. This can be negotiated so that the client does not feel that a format is being imposed, or that they may not introduce further issues if they arise. We also know that anxiety can not only have a negative effect on cognition but can also reduce the ability to empathise (for example Wilson *et al* 2011). A calm, trusting atmosphere allows people with

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dementia a better opportunity to think clearly, to remember accurately and to relate in a way that is personally meaningful.

Specific decisions regarding how proactive a counsellor might be in making interventions to facilitate memory will depend upon the client's ability to identify and describe issues they wish to address and then to initiate and maintain dialogue in relation to their ongoing needs within therapy. Consideration must also be given to each individual's psychological ability to cope with the feelings that can accompany memories, particularly if there are known to be instances of trauma within a client's personal history.

It is important to recognise that people whose dementia causes difficulty in finding the words or phrases that express what they wish to say can typically experience both dismay and perplexity as a result. They are likely to feel inhibited in company and may become socially isolated in consequence. Clients have also described feeling acutely conscious of and frustrated by the disruption word finding difficulties can cause in their ability to sustain a line of thought, and consequently in describing their feelings and experience as clearly as had previously been possible. One client told me that she did not wish to 'be a burden' to friends of many years standing, because she felt unable to participate in conversation with her former ease, and I have found this sort of response, and the loneliness that can accompany it, to be widespread.

When word finding difficulties present in counselling, the choice of intervention can call for both tact and appropriate timing. I have found that clients who have evidently been very articulate may feel a particular sense of loss, and it can be cathartic for this to be acknowledged explicitly, when and if the client feels able to do so. In some instances it can be helpful to negotiate the possibility of suggesting 'lost' words, particularly when one becomes more familiar with the conversational style of the person involved. I have noticed that this sometimes appears to be experienced as a 'safety net' which lessens anxiety, and

hence may even have the effect of reducing any subsequent need to prompt.

In other instances clients may simply appreciate being given time and space to gather and express their thoughts. I feel that people with dementia can be particularly sensitive to the presence of the listener in the Rogerian sense (Rogers 1986); to the qualities of receptivity and witnessing they bring to the encounter, and I have learned never to underestimate the value of simple humanity in enabling freer expression.

Memory and the self revisited

Sometimes I have felt that the progression of a dementia has been accompanied by a shedding of the inessential, perhaps amplifying the tendency to discard and reprioritise that can be so characteristic of a reflective nature in later life. In other instances it is as though the need for sophistication falls away, allowing the re-emergence of an earlier innocence and simplicity. For example, in the final year of her life another client developed an awe of the image of crucifixion that no doubt echoed the perspective of the sensitive and imaginative Sunday school pupil she was remembered as having been. Here there was no need to encourage further elaboration, but simply to be a witness to her renewed sense of wonder and the peace that clearly accompanied it.

I hope that this brief article offers some illustration of why our perception of the phenomenon of memory in dementia should always be contextualised by an appreciation of the person who describes it. Many people have recognised a core of self that endures despite the progression of the illness. My counselling experience suggests that, to an extent that is sometimes surprising, people with dementia continue to attempt to revisit and re-evaluate experience and the sense of identity that derives from it, and that we can help them to do so if we are able to offer conditions that are attuned to their individual needs.

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