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**Capstick A (2007) Ex Memoria: In Eva's case – some memories fade...others keep returning. *Signpost: Journal of Dementia and Mental Health Care for Older People*, 11 (3): 15-19**

**EX MEMORIA: In Eva's case: Some memories fade – others keep returning**

Ex Memoria is a short film – just 15 minutes long – which focuses on the experience of Eva, a woman with dementia living in a nursing home. The film – which is the result of a collaboration between Bradford Dementia Group (BDG), writer/director Josh Appignanesi, and producer Mia Bays – attempts to show how life might be experienced from Eva's point of view, in her 'version of reality'. In this article I will outline the background to the making of Ex Memoria, explain how the film is being used on the Dementia Studies courses provided by BDG, and – without giving away too much of the story for people who haven't yet seen the film – summarise some of the responses to it.

Jim Ellis – in his review of Ex Memoria (this issue) - raises a very interesting point about the difference between training and education in dementia care. He is right to suggest that they are not the same thing – and no doubt his own work in higher education will have shaped his views on this subject. For a number of years now, film has been used widely in the training of care staff, but often this has been restricted to the kind of instructional video which seeks to impart knowledge or promote a particular form of practice intervention – a characteristic of what we might call the 'training culture'. In Ex Memoria there has, instead, been a deliberate attempt to create a film that will challenge people to 'think differently', both through its content and through the film-making techniques that have been used. The approach to education adopted here is not a directive or even particularly informative one - rather it is intended to promote reflection, and critical thinking. The aim is to puzzle and intrigue viewers sufficiently that they will continue to think about the film after seeing it, and ideally watch it again in order to check their immediate impressions. In other words, a significant part of the film's educational potential lies in helping to develop the skills of observation and interpretation that are central to all good dementia care.

Much of the film's impact will come, then, from what people are prepared to see in it, to notice about the fine detail of what is being represented. As Mason (2002: 7) puts it, 'Every practitioner, in whatever domain they work, wants to be awake to possibilities, to be sensitive to the situation and to respond appropriately. What is considered appropriate depends on what is valued, which in turn affects what is noticed. *Thus every act of caring and supporting*

*depends on noticing'* (emphasis added). In real life care practice it is all too easy to overlook much of what is happening, particularly at the micro-level of an individual person's experience, but a film such as *Ex Memoria* has the potential to bring things into sharp relief, and to provide a sense of illumination that is often lacking in the day-to-day world.

### **Background to the Ex Memoria project**

In 2003 we were approached by a film writer and director, Josh Appignanesi, who wanted to make a short film based on his experiences of visiting his grandmother, Hena Borenstein, when she had dementia. Hena, who had recently died in a care home, was a Jewish refugee from war-time Poland who had lived on her wits in order to avoid the Warsaw ghetto. At some point during the war Hena lost touch with her brother and his fate was never discovered. In later life her brother's loss and still hoped-for return became a key theme in her experience of dementia. The original concept behind *Ex Memoria* was not, then, an educational film at all but a personal memoir - part fiction, part biography - a testament to a unique person, whose lived experience had been both traumatic and full of incident. For those interested in learning more about the real story behind *Ex Memoria*, Hena Borenstein's daughter has written a book *Losing the dead* (Appignanesi, 2000) which fills in some of the gaps between the first scene of the film set in Poland 1940, and the nursing home scenes which take place 60 years later.

In order to get funding to make the film Josh and producer, Mia Bays, were putting forward a proposal to Wellcome Trust's SCIART funding stream. SCIART projects are intended to use arts media to increase public awareness of medical and scientific issues and BDG was invited to become involved as academic partners in the project - a role we were more than happy to take on. Two representatives of the local branch of the Alzheimer's Society also joined the workgroup that was formed to develop the existing script. The discussions that followed were fascinating, and led all of us, in various ways, to challenge some of our existing assumptions. Some members of the group questioned, for example, whether Eva's use of lipstick would be typical in a woman with dementia, countered by Josh's insistence that his grandmother carried on putting on her lipstick every day almost up until her death. A powerful reminder that, as Kitwood (1997) so emphatically pointed out, the uniqueness of the person transcends any 'stage' model of dementia. There were some amusing changes to the script too; an early

plan to have a butterfly ‘motif’ running through the film had to be scrapped when it was discovered that butterflies can’t be trained to land where you want them to. More seriously, a bathroom scene was added to show how insensitive handling of personal care might trigger off painful memories, or fears of sexual assault. Specific examples of personal detraction (Kitwood, 1997: 46-47) were added, and research interview data from conversations with people with dementia was used to make the speech of the characters with dementia plausible. In this way, we tried to optimise between Josh’s personal experience and filmmaking expertise, and the practice experience that we could draw on from the wider dementia care field.

As part of the project we also developed a booklet of supporting material to be included with the dvd package which can be used when facilitating discussions of the film. A series of 16 downloadable handouts on various aspects of person-centred care are also available from the project website [www.exmemoriafilm.co.uk](http://www.exmemoriafilm.co.uk).

### **Filmmaking technique**

Ex Memoria uses an immersive approach in which the camera remains largely on the face of the central character, Eva, while other people are seen from her perspective, from the waist down, looming in and out of view, and often talking over her head. The potential for the sights and sounds of a present day care home to induce memories of traumatic past life experience was also a key theme from the outset. The fragmented nature of Eva’s sensory experience and its cumulative effect in increasing her confusion and anxiety are uncomfortable to witness, but using filmmaking techniques in this way can encourage people to develop their awareness of what it must really be like to be a person with dementia in this kind of environment. The camera shots are long with few cuts, so that we are made to stay focused on what is happening to Eva as she moves through the different areas of the care setting. The other action that is going on often takes place behind Eva reversing the frequent real life tendency for the person with dementia to fade into the background while the concerns of caregivers are highlighted. The effect is heightened because, whilst there is little that is overtly neglectful or abusive about the care Eva receives, it is clear that her emotional needs are not being met, that life is going on without her.

Ex Memoria is, then, very different in its nature and intentions from the standard instructional training film with which care practitioners may be more familiar. It belongs to an independent, arthouse tradition in filmmaking, and includes some surreal moments. This raised interesting questions about how the film would be received by the practice field, and how it might contribute to practice development.

### **Advantages of using film in education and practice development**

Although *Ex Memoria* was not primarily intended to be an educational film, it has numerous advantages for developing the skills of observation and interpretation mentioned above. There is the simple fact that, unlike real life, a film can be re-run, and viewers' attention can be directed to specific scenes in order to draw attention to key points. There is also something about watching film which, in itself, seems to focus our attention on the visual and auditory aspects of experience which are so often overlooked in care practice.

The film tells a story which will be familiar to many viewers - that of a person with dementia whose experience is still dominated by memories of the past, and by the losses and rifts in family relationships brought about by the major social and historical events of the mid-20th century. By working out what has happened to Eva in the past, viewers become aware of how this influences her speech and actions in the present. As Clarke et al (2003) note, understanding life stories enables us to see the person as a whole, rather than just their present physical needs, and *Ex Memoria* has considerable potential for sparking discussion about this kind of psychobiographical work.

One of the specific ways that the film has been used with students on dementia studies courses at Bradford is in helping them to apply the psychological – and particularly psychoanalytic – theory that they learn about during the course to dementia care practice. In previous years, students – who are all practitioners in dementia care – had often had difficulty in isolating specific incidents from real life care practice that could be subjected to this kind of analysis, and their written work sometimes suffered as a result of this. Being able to provide a ready made example in the form of a film has been enormously helpful, and also means that tutors know exactly what each student has seen, and can refer back to specific scenes or incidents when giving feedback on their assignments.

Eva's story provides an example of a phenomenon that will be recognised as a common occurrence in dementia. As short term memory deteriorates more rapidly than long term memory, relationships and events from earlier life can often take on more salience for the person than what is happening in the present. This is precisely what happens in Eva's case. She doesn't appear to recognise members of her immediate family, but is still troubled about her missing brother's whereabouts. There are clear signs in the film that traumatic events from earlier in her life are re-surfacing, including the possibility that she has had to collude with Nazi officials in order to secure her freedom. In psychoanalytic terms, this can be described as a 'return of the repressed', and the film's tag line 'some memories fade – others

keep returning' is intended to capture this sense that memory is a much more perplexing and multi-dimensional faculty than standard paradigm accounts of dementia might tend to suggest. There is an irony here, too, in that the 'social amnesia' (Jacoby, 1997) that afflicts much of society's response to older people can be seen as a form of collective denial of the historical events that shaped the 20th century, a 'willed forgetting' of what people of Eva's generation have endured. The staff know little about her background and are thus unable to recognise how the sights and sounds of the care setting (a German voice, someone crying out in the background, moving and handling aids that may resemble instruments of torture) contribute to her growing anxiety.

The film offers viewers the opportunity to discuss incidents of improvable practice in a 'no fault' environment, which can be less threatening than using real life examples. Whilst it focuses intentionally on issues that care staff will find difficult and may shy away from – cultural diversity, sexuality, and traumatic life events – it enables these aspects of Eva's experience to be discussed in a supportive environment, and in relation to someone for whose care they are not personally responsible. This is in line with recent recommendations by Balfour (2006) who emphasises the importance of providing caregivers with a safe space where they can express the feelings arising from their work, in such a way that their own emotions do not negatively affect the quality of care they are able to provide. Finally, the film is sufficiently brief to maintain viewers' interest and to make its viewing and discussion feasible in the context of a standard team meeting.

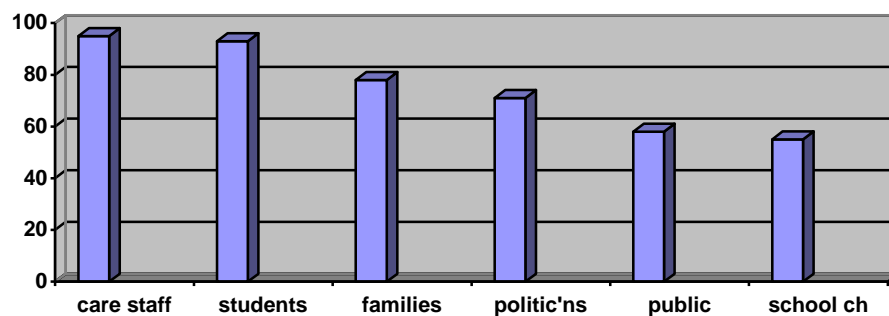
### **Distribution and evaluation**

The funding from Wellcome Trust included the production of 2000 free copies of *Ex Memoria* on dvd, packaged to include including the supporting booklet, for distribution to care organisations, practitioners, educators, and other interest groups. Since we were keen to discover how people would respond to the film, the first 400 copies were accompanied by an evaluation form combining a range of questions which generated both quantitative and qualitative evaluative data.

Jim Ellis's review makes reference to the questionnaire accompanying the film, so it is nice to be able to include here some of the early findings taken from a sample of 100 returned forms that have so far been analysed. The sample of 100 respondents is representative of the wide variety of interest groups involved in the care of people with dementia, and includes family carers, nurses, care assistants, occupational therapists, social workers, managers, educators and community support workers, and therapists.

The first five statements were rated using a five point attitude scale and overall the responses indicate 90% agreement that the film is interesting and thought-provoking; that it helps to stimulate discussion; that it is long enough to allow viewers to identify with Eva's experience, and that the portrayal of the central character and the nursing home are convincing.

An additional question asked respondents to whom they would recommend showing the film. Findings for this question are represented in Figure 1 (below).



**Fig 1. Recommended audiences**

Reasons for recommending showing included:

- Promoting reflection ('Makes care staff think, 'Do we do this? How can we change it?')
- Increasing empathy ('to help understand what it is like to have dementia')
- Increasing awareness (eg understanding how people with dementia become 'segregated, marginalised, isolated, even within an environment which claims to be caring')

The questionnaire also provided space for respondents to include more personal and subjective responses to the film. These fell into three main categories

*1) Comments on the film 'as a film' (eg artistry and technique)*

It was interesting to see how many respondents made reference to the creative use of filmmaking technique, eg camerawork, lighting, sound and imagery. This had clearly captured viewers' interest and imaginative engagement with the film, and it appeared that this

in itself had influenced what they noticed, even though – in some cases – they remained puzzled by the significance.

*The soft focus background contrasted with sharp focus on Eva's face and the way the camera was always on Eva's level was particularly effective.*

*The view from wheelchair height was excellent – uncomfortable, but rightly so.*

*The long image of the vacant lift after Eva had got out of wheelchair. Why did we look at that image for so long?*

2) *Comments on the film as vehicle for personal learning and reflection (ie reference to the viewer's own emotional response to the film)*

One of the key aims of the film was that it would enable viewers to think differently, and more empathically, about people with dementia. There are many indications that that these aims were met, even when viewers are commenting on what they may have failed to notice immediately

*Eva being pushed in the wheelchair along what seemed a never ending corridor added to my sense of anxiety that she would never be heard.*

*None of the actions shown are particularly 'bad', but indicate how small changes could make someone's life more bearable.*

*Discussion after the film talked about the glass lift. I hadn't really noticed it. Having a nursing background perhaps I have stopped noticing such details – made me think.*

3) *Film as an educational resource to be used with others (ie value of the film and support materials for educational/practice development purposes with specific groups of viewers)*

The majority of people were optimistic about the film's potential when used as part of a properly facilitated discussion.

*It will enable care staff and managers to discuss, at a depth that ordinary, didactic training clips don't, the implications of what they're seeing.*



*Excellent range of interactions shown with staff, residents, family and visitors – everyone could take something from it.*

*I found the discussion after the viewing to be very interesting and thought-provoking. I feel it would be essential for most situations where the film might be used.*

### **What do we mean by education?**

Although the response to Ex Memoria overall has been extremely enthusiastic, the most common criticism of the film has been that is ‘too negative’ to be used for staff development. A minority of respondents commented that the film could not be used to model good care practice, since Eva’s experiences are so unremittingly grim. This is an interesting observation, but it implies that we only learn by being told, or shown, what to do. As many of the other responses indicate, however, viewers clearly have learned from the film, by identifying aspects of care practice whose impact they might never have noticed before, precisely because we see how demoralising and eventually unbearable this becomes for Eva herself. It is nonetheless interesting to reflect on what a film demonstrating a more enlightened approach to Eva’s care might look like. This is clearly something that it would be constructive to follow up in discussion after showing the film.

Coming back to my original point in this article, then, perhaps films like Ex Memoria raise questions not only about the difference between training and education, but about the nature of dementia care education itself. In order to work creatively with people with dementia it is necessary to go through a process of being puzzled, making temporary, provisional interpretations of each person’s speech and actions, and then being prepared to challenge these interpretations if they turn out not to be helpful. Watching Ex Memoria takes us through a process very similar to this. In order to get the most out of it, we have to work quite hard and feel some feelings that we would rather not have, but an approach to education which regards each practitioner as an active meaning-maker in his or her own right has to take such risks. And Ex Memoria may bring us close to the experience of dementia in another way; it leaves us not quite knowing where we are or what has happened, slightly disorientated, and a little unsure of the evidence of our own eyes. In other words it gives us a little insight into not only Eva’s, but also our own dementia-like experience, and this may be an important educational outcome in its own right.

Finally, I would agree wholeheartedly with Jim Ellis in his concern that this is not a film to be shown lightly to family members considering long-term care for a relative, although it could, perhaps, be used constructively to draw attention to features of a care setting that should make them wary of placing a relative there. Not least among the tricky issues raised by the film is the anxiety, embarrassment and sense of inadequacy that family members of different generations can experience when visiting a relative in a care home, and how this is acted out (the bustling efficiency of Eva's daughter; the robotic indifference of her younger grandson). Sensitively handled discussion on this subject should enable care teams to engage with family members in a way that involves empathy towards their feelings as well as those of the person with dementia.

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