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# Continuity in the Absence of Declarative Memory in Patients with Moderate Dementia of the Alzheimer's Type

Scott Frederick Kaper

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Continuity in the Absence of Declarative Memory in Patients  
with Moderate Dementia of the Alzheimer's Type

A Dissertation

Presented to the Faculty

of the

McAnulty College of Graduate School of Liberal Arts

Duquesne University

in partial fulfillment of

the requirements for the degree of

Doctor of Philosophy

by

Scott Frederick Kaper

April 1, 2005

Director: Roger Brooke, Ph.D., ABPP

Readers: Constance Fischer, Ph.D., ABPP  
Paul Nussbaum, Ph.D.

## Dedication

To Audrey:  
The Love of my Life.

Continuity in the Absence of Declarative Memory in Patients  
with Moderate Dementia of the Alzheimer's Type

By

Scott Kaper

Dissertation Abstract

**Objective:** The standard paradigm of research into dementia of the Alzheimer's type (DAT) has yielded little in the way of effective patient treatment. Recent neuroscientific advances into the understanding of implicit memory have opened up new possibilities of patient care. The ontology developed within the existential-phenomenological (EP) tradition provided the best foundation for further research in this direction, toward restoring moderately impaired DAT patients to Erikson's last normative stage of development, gerotranscendence. Drawing from the EP tradition, the idea of continuity was developed for this research. Continuity is composed of four domains: postural modality, discourse, and the patient's focal relationships to the environment and others within it. It was hypothesized that there would be a partial restoration of functioning through these four domains when the patient engaged with a cherished object. **Method:** Five subjects were recruited from a pool of previously diagnosed patients with moderate DAT living in a nursing home. Some neuropsychological testing was conducted to provide a baseline of cognitive functioning. Each participant was interviewed at least twice about some cherished object in his or her room, yielding at least three episodes of continuity, which were then analyzed within and across participants. **Results:** It was found that an alignment between the object and the patient's postural modality, as well as other domain alignments, supported various insights,

including those that encouraged gerotranscendence. The power of the object to effect this alignment depended on its confluence with the rest of the immediate environment. Each subject was shown to have a spatial signature, an alignment of domains that best facilitated gerotranscendence. A therapeutic object was designed for each participant based on this signature, and a working vocabulary for a therapy based on continuity was developed that melded the standard paradigm with the EP tradition. **Conclusion:** It was concluded that gerotranscendence was possible for moderately impaired DAT patients, and that the idea of continuity could be used to elaborate a therapy to achieve that end, primarily by means of therapeutic objects.

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If I were to narrow down my acknowledgements to this work, I would begin with my director, Roger Brooke. A tireless supporter, he was especially helpful during those times when the end seemed far away and my attention started to flag. Collaboration with him picked up my spirit and sharpened my thinking. Constance Fischer has always been one of my favorite people at Duquesne. I have always profited from her critical scrutiny of my work and that was no less true here. Paul Nussbaum was my supervisor when I decided I wanted to pursue this topic for my dissertation. More than anyone, he taught me to always play up as the only way to mature as a clinician.

This project would never have gotten off the ground if it were not for Sarah Frank and the support of Kane hospital. Sarah made a potentially difficult process easy. She was also good company. Mary Lamb, the woman behind the camera in this research, helped me think through what we had seen once the camera was turned off. Thanks also go to Dr. Jeffrey Kunkle, who helped me with the neuropsychological testing

My parents have been great supporters of my intellectual interests. For an only child, I am relatively well adapted and I owe to them most of my healthy development.

More than anyone, I want to thank the patients and their families who agreed to participate in this research. Faced with the excruciating losses of Alzheimer's and their many other struggles, these people gave of their time to help me. I hope the patients took something from the experience. I will remember my time with them fondly.

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## INTRODUCTION

The numbers are staggering. Dementia of the Alzheimer's Type (DAT), which comprises up to seventy percent of all dementias, now afflicts approximately five million Americans (Shankle, 2004). As the population ages, this number is set to grow dramatically. By 2050, it is estimated that upwards of 20 percent of the population will be 65 or over (LaRue & Swanda, 1997). Five percent of those aged 65 now have DAT, and the chance of contracting the disease doubles every five years after that (Gillick, 1998). Currently, half of all families have a member afflicted with DAT, at an average cost to them of 200,000 to 400,000 dollars over the typical eight- to ten-year course of the illness, at an average annual cost to the United States of 100 billion (DeKosky & Orgogozo, 2001).

Though there have been significant advances in our understanding of the genetic underpinnings of the disease, we have yet to reach anything resembling a cure. There are ways to slow its progression or ameliorate the symptoms, principally pharmacotherapy, but success rates have been modest (Zimmer & Grossberg, 1997). Still, a clearer picture of DAT has emerged over the past decade, especially its early stages, which has helped to bring other therapeutic possibilities into focus (Kuhn, 1999). Such research is particularly important in that it may lead to ways to tailor the immediate environment to the needs of the person with DAT, which would keep her safely at home longer, and thereby forestall institutionalization, the single greatest cost in caring for patients (Chen, 1996). The move to an institution of any kind also marks a dramatic change in status, one that truly establishes the person as a patient (Tobin, 1999). The danger of a precipitous drop in functioning following such a move is well known (Zarit & Zarit, 1998; Mace and Rabins,

1981). Indeed, we know much more about how the immediate environment can subtract from the abilities of the patient than how it can add to the sum total of her world. For the most part, DAT is understood as Shenk described it: “death by a thousand subtractions” (2001, p. 224).

Many of these losses, the symptoms of DAT, are well known. But they bear repeating, as it is important to put these basic facts into their proper context. DAT is a progressive, degenerative brain disorder. That is, the losses accumulate slowly and inexorably. Perhaps the most well known symptom is a rapid forgetting of the recent past, or anterograde amnesia. Higher cognitive processes are lost as well: in language, executive functions (the capacity to formulate and execute plans), attention, and visuospatial and constructive abilities (APA, 1994). As the disease progresses, the patient’s interpersonal world shrinks. Recognition of friends and family fades, or is erased altogether. Maintaining any relationship becomes difficult as the fabric of intimacy – conversation and mutual memories, for instance – slowly unravels.

Yet there is a large and growing body of knowledge of what does persist beyond these considerable losses, much of it scattered throughout the great number of caregiver and patient narratives (Levine, 2004; DeBaggio, 2002; Cooney, 2001; Knowles, 2000; Hodgson, 1995). Caregivers report flashes of the old self, abilities they had thought lost suddenly reemerging (Park, 2001). They also report the persistence of a bodily knowledge, a kind of memory that, while it cannot be put into words, feeds any number of basic functional activities. While they can no longer explicitly recall episodes from the recent past, the DAT sufferer retains many of these implicit memories. Knowles’ narrative is especially good in this respect, as she lays out in precise detail how she

cultivated implicit memory in her husband. Though there has been an explosion in the number of such narratives in recent years, Knowle's is the only narrative known to this author that systematically identifies that which remains and how best to use it.

The bulk of research has been in the direction of better understanding the biological basis of DAT. This research has followed what Kitwood (1993) calls the "standard paradigm." Put simply, the aim of the standard paradigm is to find the cause and cure, and to bring psychopharmacology to bear on the symptoms. Tanzi and Parson's *Decoding Darkness* (2001) provides an excellent history of the research activity within this paradigm. Those practicing within it have received the bulk of the funding, as well as most of the headlines. This dominance dates from the late 70s and early 80s, when Robert Katzman erased the distinction between Alzheimer's and senile dementia. Up to that time, senility was thought to be a natural concomitant of aging. Only early-onset cases – those who contracted the disease before age 65 – were categorized as Alzheimer's victims. Katzman's re-categorization, which put all those who had been in the category of senile dementia into that of DAT, radically changed the numbers. In that one conceptual stroke, Alzheimer's became a national health crisis, and gave the National Institute of Aging, which was then struggling for recognition, its marquee disease. The result was a marked upswing in research, which has since taken us a long way in unearthing the neurochemical and genetic basis of the disease. But as Kitwood (1993) points out, this research has yielded little in the way of therapeutic interventions. It leaves victims and families with little to do but wait around for a cure.

Kitwood's critique of the standard paradigm is partly meant to sharpen the distinction between it and a collection of approaches flourishing around it (Harris &

Starin, 1999; Farran et al, 1991). These other approaches have focused largely on how to create a caring environment for the sufferer, both to ameliorate the symptoms and to use well that which remains (Koenig-Coste, 2003). One of the most important challenges to the standard paradigm has come through the work of Naomi Feil (2002, 1982). She has spent some forty years developing Validation therapy, an approach to dementia care that leads patients back to the normative developmental task of old age, the cultivation of integrity (Erikson, 1950). Kitwood's work is clearly in line with this tradition and one of its basic assumptions: that to help the demented, we must enter their frame of reference. Only then can we create what he calls "rementing" environments, that is, those that help the patient recover some lost functioning (Kitwood, 1993).

The last decade has seen a flurry of research in neuroscience itself that has led many to question some of the assumptions of the standard paradigm. This research is now being popularized, most notably by Damasio, Ledoux, and Goldberg. Though none of these theorists deals with DAT in any depth, they are united by an interest in neural plasticity, that is, how the brain accomodates experience and reconfigures itself around neural damage (Damasio, 1999; Ledoux, 2002; Goldberg, 2001). Snowdon's (1997, 2001) research yielded many telling examples of this plasticity, including some striking exceptions to the logic of the standard paradigm. One study participant, for example, was found on autopsy to have extensive neurological damage of the kind associated with DAT without having shown any of its deficits before she died. These researchers are also united in their efforts to bring to light what Ledoux calls "the implicit aspects of the self," (Ledoux, 2002, p. 322), that is, the part of the self subtended by implicit memory. These

aspects of the self are particularly important to those with DAT, as it can be argued that these would be instrumental to the functioning of any rementing environment.

The first aim of my research is to develop a philosophical foundation for the idea of a rementing environment that is in line with recent neuroscientific advances, and to do so under the rubric of continuity. The idea of continuity is meant to describe the various ways in which one is ‘carried along’ in time. It was conceived for the purposes of this research as a way to clarify and refine thinking about temporality in DAT. One might approach this idea through a common intuition about DAT patients: that they exist in a kind of perpetual present. The past, especially the recent past, is forgotten, and the future, without solid foundation, collapses back into the present. Thought of in this way, only a very choppy kind of continuity remains for the DAT patient. Nothing appears to carry her along through such basic temporal configurations as past-present-future. But this intuition does not lead us far. When shown a picture of a loved one, for instance, DAT patients often draw up rich detail, engage their loved ones more directly, and hold forth in conversation as at no other time. If you break down many such examples of continuity, it naturally falls into four domains: the way the body is held, or postural modality; the patient’s speech, or discourse; and the patient’s focal relationship to things and other people in the immediate environment. These domains define continuity; the patient is carried along in time by way of them. This way of understanding the structure of temporality in DAT draws heavily from the philosophical traditions of existentialism and phenomenology (EP). These domains are not the sum total of the person, of course; they were chosen because of how they sharpen thinking about temporality. Continuity is

meant to lead us directly to how the patient maintains implicit ties to his environment, and how to draw out from those the most promising therapeutic interventions.

Throughout the next chapter, the literature review, I will refer at different times to two patients I met while doing part of my practicum work at a local hospital. The first is a man whom I shall call “Ed,” a retired History professor with moderate DAT. He was referred to me because of depression. I do not know whether what we did together could be called therapy, or whether it helped him much. I, on the other hand, learned much from him about DAT and what might constitute therapy for those like him. The other patient, “Elaine,” was a woman I visited now and again on a locked DAT unit. Her appearances are fewer but equally memorable. These people were the inspiration for this research. Since I developed my thinking on DAT in my experiences with them, I will illustrate my points with those seminal experiences.

These vignettes are also intended to illustrate the scientific facts that I will marshal in defense of my claims. To borrow from Luria (1972), the eminent Russian neuropsychologist, this first section belongs primarily to the realm of Classic Science, the formal exposition of scientific facts to advance, consolidate and quantify theory. But the rest of this work is closer to what he calls Romantic Science, which seeks to bring out the motive force of the patient’s life on its own terms. Luria’s book-long case histories were written in this spirit, as is much of Sacks’ work (1970). Romantic Science, argued Luria, had its own rigor, and dealt with much about which Classic Science must necessarily remain silent. The subject matter of this research calls for the methods of romantic science; in that spirit, I will use a variant of the case study method called the case account. This first section provides a glimpse of this method inasmuch as it includes case

vignettes that highlight the workings of continuity. The case account widens the focus to include each of the domains of continuity in much more detail, which allows comparison across participants. Ultimately the method is designed to capture and refine the idea of continuity, as it does not yet have a foundation of research under it. As pointed out above, research has largely been pursued within the standard paradigm. As the research that I will propose here is not so much a break with that paradigm as an attempt to fill it in, I will begin with its chief concern, establishing the biological context of DAT, and then look to develop further the idea of implicit memory in that light.



## Chapter 1

### THE LITERATURE REVIEW

#### Biological Correlates of DAT and Implicit Memory

One good way to approach the neuroanatomical facts about DAT is through the distinction between declarative and procedural memory. Declarative memory allows conscious or intentional recall, whether of personal experiences or cultural facts. The most striking and debilitating of the declarative memory deficits in DAT is a rapid forgetting of the recent past; memories for events in the more remote past are typically spared until the latter stages of the illness. Memory for general knowledge and cultural facts, semantic memory, is also spared early on. But pathways from semantic to short-term memory are compromised, which is one reason the patient has trouble forming new memories. These declarative memory deficits are an outgrowth of the neurodegenerative changes – primarily senile plaques and neurofibrillary tangles – in the hippocampal system, especially the entorhinal cortex, as well as in the association cortices of the frontal, temporal, and parietal lobes (Salmon and Bodie, 1997). Procedural memory, in contrast, designates a kind of bodily knowledge. The operations involved in how to dress, for instance, are part of procedural memory, stored in motor programs that do not need language to be remembered (Butters, Soety & Becker, 1997). Procedural memories last deep into the disease, even to the final stages, though the memories enacted may be as simple as thumb-sucking.

*In Memory, Amnesia and the Hippocampal System*, Cohen and Ichenbaum (1993) draw together years of research to show how the hippocampus is the locus of declarative memory. It functions as a convergence zone, drawing in information from association

cortices to form flexible, plastic representations of events. Procedural memory, in contrast, forms dedicated ties to the environment, inflexible memories that cannot be applied easily outside the context in which they were initially formed. There is general agreement about what constitutes declarative memory. The extent of procedural memory, is much less clear. For Cohen and Ichenbaum, the important distinction is between memory systems that allow flexible connections to the rest of the brain and those that do not. What they would seem to underestimate is the depth and flexibility of one's bodily engagement with the world, even in perhaps the most famous case of memory loss, HM, upon which they form many of their more important conclusions (Hilts, 1995). Even dressing allows a number of variations outside the initial context in which it was learned. In that sense, the body is not without a kind of generative capacity in dealing with the environment.

The idea of implicit memory admits of this conceptual expansion. Its companion term is explicit memory, which can be taken as synonymous with declarative memory. Schacter coined these terms with his mentor, Edward Tulving. He defines implicit memory as "past experiences unconsciously influencing perceptions, thoughts, or actions" (Schacter, 1996, p. 9). He began to develop the distinction between implicit and explicit memory by way of his work with perceptual priming, that is, how exposure to a stimulus establishes different kinds of abiding connections to it. Primed to that stimulus, one is drawn to it, and tends to find it 'popping up' in new situations. In one of the experiments that helped establish this phenomenon, Schacter showed how those who viewed a list of words tended to use those words later when asked to complete word-stems. Their recent exposure to these words, even when they could not recall having seen

them, dictated their seemingly random choice. Schacter concluded that such priming depends on perception, that is, sight, and on what he came to call the perceptual representational system (PRS). The PRS operates out of both the occipital and temporal lobes; the latter is compromised in DAT, undermining implicit memory as it functioned in Schacter's experiment (Cytowic, 1996). But the PRS is only one part of the implicit memory system; Schacter's definition points to other ways in which we might develop and maintain implicit knowledge.

Schacter himself cites some research that leads in that direction. In one study, it was found that amnesiacs begin to respond more quickly to asterisks flashed on a screen if they obey a certain pattern (Nissen & Bullemer, 1987). Schacter also found inspiration in research conducted by Butters et al (1993) that showed how amnesiacs can also hold to and learn new patterns of motor movements, keeping to a rhythm while finger tapping, for instance, or carrying out the timing operations needed to play the piano. All these events of implicit memory rely in part on the cerebellum, motor cortex and basal ganglia, structures that operate outside the PRS, and that remain largely intact in DAT.

This way of understanding implicit memory took shape in my mind while talking to the man I introduced above as Ed. I typically met with him in the morning, a time when I would often find him carefully reading the newspaper. Absorbed in his reading, he did not have the look of a lost or confused man, even though he later remembered nothing of what he had read. When he added the paper to a carefully stacked pile in the corner of his room, it was with an air of satisfaction. I noticed that same contemplative focus in other things he did. Once while we were on a walk he stopped to pick up a stone. He regarded it in a way that suggested penetrating interest. When I questioned him about

his experience, I found that there apparently could be no deepening of his relationship to the stone on a higher cognitive level. In thinking about this experience later, I came to believe that the meaning he found in the stone was drawn from other depths, where implicit memories are stored.

The question that drove me forward into this research was how to draw out and build on those implicit memories. The research Schacter offered is in line with the idea that many implicit memories tend to be rather rigid, a thesis that takes up the greater part of Cohen and Eichenbaum's work. One can build on such connections, but only very slowly, piecemeal, with each piece touching the last and supported by all the pieces that came before it. While important, their synthesis is confined largely to the procedural memory section of implicit memory. The work of Ledoux (1996, 2002) takes up and expands the idea of implicit memory in important new ways. One of his primary interests is in charting the neuroanatomical paths of emotional states, especially fear. He points out, for instance, that the emergence of a fear reaction often bypasses consciousness entirely, moving in a direct line from the thalamus to the amygdala. There are other paths that reach to the cortex first, but those, he contends, do not mark our most vital connections to the environment, which are maintained at an implicit level. The extent of these implicit aspects of the self is not altogether clear in Ledoux's work, though it certainly includes the kinds of procedural memories described by Cohen and Eichenbaum. In that, his idea of the implicit self is much like Schacter's definition of implicit memory. Both are compelling but incomplete; both call for refinement through further research.

Though he uses other terms, Damasio (1999) offers a much more precise understanding of these implicit aspects of the self in *The Feeling of What Happens*. His

work as a neurologist has led him to posit three different levels of the self: proto, core, and autobiographical. The proto-self is made up of that “ensemble of brain devices which continuously and non-consciously maintain the body within the narrow range and relative stability required for survival” (1999, p. 22). The proto-self supports both an image of the outside world and body’s reaction to it, functions that are carried out in the reticular formation. But the proto self can keep up only staccato bursts of consciousness, just enough to maintain this awareness of the body and its status in the immediate environment. The core-self builds on this knowledge. It also admits certain forms of self-consciousness and greater movement across a temporal range, though it is still largely confined to the here and now. The autobiographical-self allows for all the versatility and strength of attention, memory and imagination. In contrast to proto and core aspects of the self, the autobiographical self is the self in its most explicit form. It is this form of the self that is most closely tied to explicit memory and that is most seriously compromised in DAT.

What remains until late into the disease, according to Damasio, are the proto and core selves. Though he argues that that leaves the patient largely confined to the here and now, other temporal configurations would appear to be open if we focus on how these selves help refine one’s attunement to the environment. This back and forth between person and environment is what Damasio calls the “storytelling attitude of the mind” (1999, p.189) It is more or less the equivalent, he adds, of what philosophers call intentionality, a point that will receive more attention in the section on existential-phenomenology. In contrast to many of his claims in *The Feeling of What Happens*,

Damasio does not spell out this storytelling attitude in much detail. As this idea is crucial to the implicit self, it is worth filling in this metaphor.

In moving back and forth between the registering of an image in the environment and adjusting the body to maintain stability within it, the person forms certain temporal configurations, the pace and rhythm of the story. It is perhaps easiest to see that rhythm as it shows itself in the autobiographical self. In trying to keep within the flow of a social conversation, for instance, the autobiographical self draws up different memories, projects into the future of the conversation in trying to find a place to insert them, etc. All these movements, according to Damasio, help the person adapt to the immediate environment. But this adjusting to and bringing in information from the environment always also goes on at the level of the proto and core selves, upon which the autobiographical self is built. This storytelling attitude itself needs neither the autobiographical self nor language. On this point, Damasio is very clear: the body is the weaver of these “wordless stories” (1999, p. 138).

Every story, every narrative, necessarily includes a setting, a place where the action is held. For Damasio, the self deepens its attunement to the immediate environment in trying to maintain homeostasis within it. Knowledge that serves the self well is made implicit, and held at the level of the bodily narrative. Just as all narratives include a setting, so to they include a kind of punctuation, different ways to start and stop the action. Gesture, bearing, bodily pace and rhythm, all move the story through space. In this sense, the body is “the author of space” (Madison, 1973, p. 24). One of the master works of this understanding of the body is Frank Wilson’s *The Hand* (1998). It develops the central place of the hand in generating and maintaining thought, language and culture.

Though Damasio does not use these terms, they carry the spirit of his analysis and will be taken up again in the section that brings in the thought of Merleau-Ponty.

This extension of Damasio's thinking calls attention to the frontal lobes, an area of the brain that receives little attention in his work, but is clearly implicated in the idea of a storyteller. Goldberg's *The Executive Brain* (2001) is helpful in this respect. He spends much of this work developing a clear idea of what the frontal lobes do, and the best metaphor to describe that action. He prefers the metaphor of the conductor, as the frontal lobes are best thought of as raising various parts of the brain into concerted activity. The conductor both sets the pieces of the concert in motion, and evaluates the music as it is being played, adjusting his actions accordingly. The conductor does not herself have to be efficient in any of the jobs she orders. But she does have to know what music all those she is conducting are capable of – all of which fits the neuroanatomical facts. If we follow this metaphor, it seems clear that the frontal lobes are primarily in charge of the explicit aspects of the self. Most important among these is what Goldberg calls actor-centered decision-making, that is, decision making in which there is no clear-cut solution, when one must deal directly with ambiguity and choose according to what is most adaptive for oneself.

Goldberg rejects the idea that the frontal lobes are largely spared in DAT early in the course of the disease. This damage shows up most clearly when patients are called on to engage in action-centered decision making. Indecision, hesitation, relying increasingly on others to guide one, these early markers of DAT are often misdiagnosed as depression, or listed under the category of apathy. Goldberg argues that this decline in the capacity for actor-centered decision remains steady from a mild to moderate level of dementia. In

other words, frontal lobe impairment becomes apparent early and, at least as it impairs actor-centered decision-making, does not begin to decline further until the severe stage of the disease.

This impairment brings with it a disturbance in temporality. As Goldberg puts it, “the frontal lobes are the organism’s mechanism of liberating itself from the past and projecting into the future” (2001, p. 24). There are echoes of Damasio’s thought in this last statement, as it points to how the DAT patient’s world can be shrunk to the here and now of the core self. What is missing in Goldberg’s work, inasmuch as it deals directly with DAT, is a thoroughgoing analysis of the patient’s indissoluble relationship to the environment. Actor-centered decisions cannot be conceived of apart from this relationship. If the frontal lobes are compromised even in the early stages of the disease, it would make sense to think of how the environment can compensate for that loss. Goldberg’s work, then, leads back to the importance of the implicit aspects of the self in developing therapeutic strategies for those with DAT early in the course of the disease; his work brings us back to Kitwood’s rementing environments.

The terms implicit self and implicit memory would seem to have become conflated in this section, much as they are in the literature. As pointed out above, neither Schacter nor Ledoux clearly defines the extent of the territory these ideas cover. Ledoux appears to have coined the term implicit self mainly to provide the research community with an idea to build on. It is important to draw back, then, and first make better sense of implicit memory. It already has a history, and it makes sense to bring it into some sort of order before confronting the complexities of the implicit self. Damasio’s work has been the most helpful in this respect. Until the final stages of DAT, the core-self remains



intact. The storytelling attitude of the mind, though compromised by the shrinking of the autobiographical self, therefore remains intact as well. It is an attitude that does not stand or fall with the availability of language. It describes the temporal configurations established by the individual in his intercourse with the environment. In short, it gives us an important shorthand to some of the more vital forms of continuity. But it also needs development and a firmer philosophical foundation. That will come when I look more closely at the existential-phenomenological foundation of DAT, largely through the work of Martin Heidegger and Merleau-Ponty. For now, it alerts us to how the DAT patient moves according to the wisdom of the body.

### The Wisdom of the Body

I have already introduced integrity, one side of the conflict – Integrity vs. Despair – that Erikson sees dominating the eighth and final stage of life. For Erikson, integrity means *integration*: to bring the various strands of one’s life together into a coherent narrative, and then stand behind it, defend it as worthy of being taken up by the next generation. Integrity allows a kind of final stand “in the face of the dissolution of death” (1982, P. 113). Those who take that stand achieve the virtue of wisdom: “an informed and detached concern with life itself in the face of death itself” (1982, p. 121). Wisdom is held in one’s life story and parceled out in additions to the larger culture.

One of Erikson’s guiding metaphors, that of “taking a stand,” points directly to a facet of his analysis of special relevance here: the “postural modalities,” literally, the ways of holding the body, at issue in each stage of development (Erikson et al, 1986) . In his notes toward a ninth stage of development, which was never fully realized in his work, Erikson also describes a kind of withdrawal, one that leads to the “deeply involved

disinvolvement characteristic of wisdom” (1982, p. 154). Including this later work, then, integrity means standing firm in one’s withdrawal. He uses the word “gerotranscendence” to describe this paradoxical position: a simultaneous pulling back from the world while crossing over to a deeper understanding of it. Perhaps because of the tension in this vision of the life’s last stage, Erikson did not elucidate the postural modalities that attend it.

The postural modalities that Erikson sees as marking the earlier stages of life are not so clearly touched by paradox, especially those where he was merely adapting the Freudian erotogenic zones, from Oral to Genital. In these earlier stages, the dominant postural modality is clearly chosen by one’s biological stage of development. In Freud’s anal stage, for instance, the child is just beginning to learn to control his sphincter muscle. Certain postural modalities are developed around this activity and these, in turn, draw in certain cultural meanings and lessons. Erikson’s descriptions after that became more metaphorical, and up to the final stage, are not adequately developed. There is no particular zone of the body, then, that naturally provides the gravity for gerotranscendence. Instead, there is a kind of assembling of postural modalities gathered over a lifetime. More important, there is a renewed plasticity to them at this stage. The paradox at the heart of gerotranscendence also suggests delight in the unknown, humility, playfulness; and these expressions of wisdom are both held in and developed through certain postural modalities.

To what extent are these postural modalities available to someone with DAT? Erikson says just this much on the subject: “transcendence in the face of enforced withdrawal is perhaps less likely, though certainly not impossible” (1982, p. 23). We might develop this possibility further by considering one of the more common symptoms

of DAT, which is also one of its ironies: that many who have it appear to be largely unaware of its effects, especially after the early stages of the disease. This lack of insight might be taken as a kind of withdrawal. Of the many instances of it I observed, one with Elaine, also introduced above, stands out. I first ran into her while she sat in the recreation room of a locked DAT unit. After talking with her for about ten minutes, I left, then returned some hours later. When I saw her again, I tested her memory of our earlier conversation. She had no memory of it but seemed not to care, blithely replying, “Oh well, it certainly is good to talk to you now!” She did acknowledge my question, but stood firm in her withdrawal from my condition that we build on the recent past. Lack of insight was more than just a vacancy in her understanding; it served to push us away from my questions about her recent past, and reorient our conversation to the present. Her postural modality made her intentions clear: with a shrug, she rejected my testing of her memory. It also held various possibilities of the near future, as she leaned toward me, all smiles, toward a more intimate conversation.

Erikson does not concern himself with the subtleties of the postural modalities. He resolves the tension in the paradox of standing firm in one’s withdrawal by allowing it to become a metaphor for collecting one’s life into a narrative. However provocative this metaphor, Erikson ultimately allows postural modalities to become mere emblems of psychological life. In so doing, he misses their generative power, how they can themselves open up narrative possibilities. On my second visit with Ed he greeted me expansively: open arms, eyes wide, smiling. “Well look who’s here!” His enthusiasm, as reflected in his words, had a kind of emphatic neutrality about it. But his posture overflowed his words; there was a recognition of me in it that his words did not have. If

we understand narrative primarily in terms of discourse, we remain blind to how the body helps add to and maintain one's life story; blind to how Ed, with that one expansive gesture, began to include me more directly in the story of his life.

Hillman's vision of gerotranscendence brings this kind of storytelling into tighter focus. He is in agreement with Erikson that wisdom is born of a confrontation with death and the reflections of the past it draws up. But he is much less tentative about enforced withdrawal. Short-term memory loss, he argues, actually promotes gerotranscendence. "Forgetting," he writes, is "a blessing" bestowed upon the elderly (Hillman, 1999, p. 36). It allows images from the past more room to claim the patient's attention, and in that way opens up important new narrative possibilities – as well as new postural modalities. But, and here we go beyond Hillman, such possibilities are largely constrained by the context in which they are actualized. The same piece of history will look and feel different when lying down as opposed to when describing it to a small group of friends. The body, physical environment, and other people all mediate memory. Hillman celebrates the quickening of image-gathering in old age, even in DAT. But he does not concern himself with how the environment and others also form part of the dementia.

Hillman's analysis also appears to minimize the extent to which the DAT patient is cognitively compromised. What for him is a play of images can easily become a grim carnival. He does not confront the fear and confusion that runs through the lives of so many people with DAT. Still, his analysis adds needed depth to Erikson's vision of gerotranscendence. He points to a kind of guidance that remains even as the patient seems lost, confused and fearful, in a sea of images from the past. With cognition adrift, he tells us, postural modalities form islands of continuity. They provide an organizing

principal outside of discursive narrative. Especially in old age, these postural modalities *embody* wisdom and, taken together, hold the potential of greater wisdom. DAT patients can draw on this continuity even when their words lose their depth, even when declarative memory recedes, flickers out.

The primary function of memory is to search for and to open up new horizons of meaning, not merely establish what has been. Schiebe captures this fact well when he describes memory as “an essentially meaning searching activity” (1989, p. 87). Both Erikson and Hillman point to how wisdom is held in the body; and how that wisdom can guide further exploration. The task now is to look at the ways in which wisdom finds expression, and how it does so always within a context. The remaining sections are devoted to this subject, starting with how things in the physical environment help one carry time.

#### Time and Orientation to Things in DAT

It is ironic that we know so little, and talk so rarely, about the DAT patient’s experience of time, especially as one of the most common intuitions about DAT patients is that they are stuck in the present or, put more positively, that they have a heightened sense of the here and now. After such bare intuitions, the DAT patient’s experience of time, as reflected in the literature, rapidly becomes impenetrable. There are exceptions. DeBaggio (2002) tries to build this issue into the very structure of his book, *Losing My Mind*, which charts his struggles with DAT. He intersperses facts about his condition, remote memories, and here-and-now reflections in an attempt to convey to the reader his experience. But it is very difficult to impart such an intricate experience. Debaggio’s work, though moving at times, suffers from the very limitations he is trying to present

formally. It is confused, hops around, seems to repeat without reason, and gets bogged down in nonsense.

Still, it is to Debaggio's credit that he does help the reader understand how, given that he cannot retain the recent past, he is stuck in the present, the remote past, and the intercourse between the two. As the illness progresses and even more remote memories fade away, he appears left with an ever more impoverished present. Or so it would seem. Debaggio's work is especially valuable in that it captures the vitality of his relationship to his garden. Before DAT, Debaggio enjoyed a long career as an herb grower, even wrote an encyclopedia on the subject. Reading about him in his garden, it is easy to see that the experience of time is only secondarily a mental event; it is more fundamentally a way of describing a relationship to the environment. But we need much more subtle tools than he provides in his work to get at these roots of temporality in DAT.

The tools provided by Erikson, Hillman, & Damasio can help us dig a little deeper. Clearly the narrative time of the autobiographical self is compromised, though the various rhythms, manners of punctuation, and humors of the proto and core selves remain intact. These aspects of the self can be described in terms of postural modalities, and how they connect to the immediate environment. It is now time to apply these ideas directly to temporality. Another of my visits with Elaine will provide a good starting point. On this day, I happened to see her with her family. We met just as they were all headed back to the Alzheimer's wing. She pointed me out to her family, slowed the group down and started a conversation. As we ended the talk, her face began to glow a little as she leaned forward and asked, "How about a kiss goodbye?" I stiffened, unsure of who I was to her, thinking of the rules about touch in therapy. But: why not! She's not my patient. I drew

up to her cheek wistfully, looking to lay a light, friendly kiss upon it. But she turned abruptly, found my mouth and gave me a full-lip kiss! As she quickly pulled away, she caught my eye, cocked her head, and let out a ‘gotcha’ laugh. I fretted about this event for a few days, justified my intentions to a few people, then forgot about it. I would expect that she remembered it for, at most, another few minutes. Still, we might wonder whether the next time she saw me she would know, implicitly, both how she got around my guard before, and how to mount an attack this time. If so, her kissing me would have opened up another possible future.

A number of narratives written by caregivers describe various forms of this kind of new learning, though primarily in terms of particular objects (Knowles, 2000; Cooney, 1999). Repetition, applied by many different caregivers, through varying media, is typically what led to the formation of the new memory. Zgola (2001) shows how an object set strategically in the patient’s environment can take on an aimed-at meaning. In one of her vignettes, a mother is reminded of her son’s death by the staff’s conspicuously placing in her room the black dress she wore to his funeral. The patient had formed an implicit tie to the object and her questions to the staff about her son fell off dramatically after its placement in her room.

How does this kind of new learning affect the patient’s relationship to time? The black dress allowed a shift out of being stuck in the past. That shift opened up another possible future, one in which was no longer driven to try to recapture a lost past. Pictures also allow movement through time, as other do other cherished objects in the home. Perhaps the most significant loss associated with institutionalization is that of a particular relation to time, the loss of the particular tempo and rhythm of one’s former residence.

Consider a home's layout and what might be lost in leaving it. The bathroom is a short stretch from the television. Once out of the bathroom and into the hall, the objects there pull you along back toward the television, whose sound you hear as you draw closer, nearer to a present that opens up as you enter the living room. The chairs are set just right to watch television; they too pull you forward, allow you to settle in and get comfortable. Time is embedded in this space. It guides one's attention, sets a certain pace and rhythm.

There has been considerable attention devoted to the role of environment, or context, in containing psychiatric symptoms, nurturing independence, even holding back further cognitive decline. The theoretical background to this approach is control theory, which aims at accounting for how the individual establishes and maintains a sense of control in relation to the environment. In her survey of the many versions of control theory, Wallhagen (1998) argues that what this approach has lacked is a clear understanding of the context in which the person comes to perceive herself as being in control. Only recently has control theory freed itself from the premise of the isolated individual as the basic unit of analysis. Drawing on cross-cultural research from Bali, Wallhagen argues that harmony with the environment, rather than control of it, should be the privileged value – as it is, in any case, foundational to the idea of health.

Just as a patient's being in harmony with the environment has been shown to lead to psychological health, so too her being out of tune with it has been linked to depression. Interventions aimed at re-establishing harmony are often in the form of pleasant activities, or other types of therapeutic recreation (Teri & Logsdon, 1991). Much of the literature out of therapeutic recreation, as in Buettner (1999; 1998), points to its efficacy in deepening the family's sense of satisfaction with visits, decreasing psychiatric



symptoms, or easing strains on professional caregivers. Objects that invite the patient's interest, and hold it through a well-circumscribed circuit of activity – a mechanical device with a few moving parts, for instance – tend to be the most therapeutic for those who are extremely demented. Some objects have proven particularly powerful at redirecting the problematic behaviors common in moderate to severe DAT -- wandering, for instance (Ballard et al, 1991). Mayer and Darby (1991) tested the effectiveness of a mirror to deter wandering. They found that it decreased significantly when a mirror was placed by the exit of a closed geropsychiatric ward. They concluded that perhaps the DAT patient stops because of her alarm at the approach of a “stranger” in the mirror.

The therapeutic potency of some objects would seem to depend, at least in part, on the personality of the demented patient. Patients with an essentially narcissistic character structure, for instance, might be stopped by seeing their image in a mirror, for that reflection has long held their interest. An alternate explanation of Mayer and Darby's findings would build on this idea and look to the expressive power of the mirror in the individual's intercourse with the environment. Either interpretation would help one see the interaction between the patient and his environment, how one is called into dialogue by some objects, while meeting others with silence.

In her research on therapeutic objects, Buettner (1999) does not break down the therapeutic potency of objects by severity of dementia. She simply lists some of the more popular objects (the tetherball was the most popular) and points out that some of the least popular were also those that held the resident's attention the longest. She concludes that therapeutically potent objects do calm patients, mainly by increasing the family's satisfaction with visits. It is reasonable to add that perhaps the tetherball's popularity also

lies in the immediacy of its response to actions directed toward it. If we think of interaction with the environment as a kind of conversation, the tetherball would seem to be a more active, blunt, and vigorous conversational partner than, say, a hot-water bottle – one of the least popular objects. The tetherball has the potential to restore function in the way that it calls the patient to action. It does not allow pauses that would admit forgetting; it challenges and cultivates motor memories; and it opens the patient directly to other people.

A therapeutic object might also be thought of as a temporal fulcrum, that is, as a way to open the patient to different temporal configurations. As a therapeutic object, a hot-water bottle does little to organize time. One pushes on it, and the water squishes to another part of the bottle. One puts it to a sore part of the body and then forgets about it. Nothing in these experiences would seem to do much to help organize a relation to time. A tetherball, in contrast, has considerable potential in this respect. You swing it; it swings back to you, ending one circuit of activity and suggesting another – the next swing. If you fail to catch it as it comes around again, it quickly seals any rift, then extends another invitation to play. In this way, the tetherball acts as a temporal fulcrum, potentially supporting, among others, a temporal configuration of past-present-future.

Of course, a tetherball is not something ordinarily brought to the patient's room, where the bulk of her time would typically be spent. In their book, *The Meaning of Things*, Csikszentmihalyi and Rochberg-Halton (1981) look at the history of precious objects of the kind that might in fact be in a patient's room. These researchers interviewed 315 men, women and children about the most cherished objects in their home. One of their conclusions was that these objects were symbols of the self in the

fullest possible sense, both emblematic of what the person was and holding possibilities for what the person could be. Many of those who mentioned the plates or other dinnerware in their home as particularly important, for instance, pointed to how the objects were handed down across many generations. The plates were a gathering place for memories of the past, demanded a certain kind of respectful treatment in the present, and pointed toward future special occasions as well as the future generations that will take over their ownership. The plates would, of course, support many other variations within this temporal configuration of past-present-future.

Csikszentmihalyi and Rochberg-Halton's research also shows how the object's capacity to serve as a temporal fulcrum opens up fresh possibilities of the self, whose realization depends in part on the object's immediate environment. Set upon the shelf in a position of honor, the plates cannot be brought down without a gesture appropriate to that status. In bringing them down in this way, possibilities of the self are realized – different ways of expressing honor and respect, for instance. These possibilities become actual postural modalities. It is in this way that precious objects expand the self. This research did not touch on DAT directly but, put together with the rest of the research in this section, strongly suggests that it is worth looking at how such objects both hold and open up new possibilities for the patient.

Yet the DAT patient might not claim these possibilities as the condition itself brings about certain psychiatric symptoms, particularly depression, which marks a withdrawal from the world and everything in it. The extent to which other people might help alleviate these symptoms, and thereby return the DAT patient to the path of normative development is the subject of the next section.

### Psychiatric Symptoms, Premorbid Personality and Relation to Others in DAT

The presence of DAT is often announced by psychiatric symptoms, particularly those of depression (Chung & Cummings, 2000). At least 75% of DAT patients experience at least one symptom of depression during the course of the illness; about 25% of those meet the criteria for major depression (Levy et al, 1996; Reifler, 1986). The presence of delusions is thought to require a relatively intact cortex, which makes this symptom most frequent in the early stages of the illness (Burns, 1992). Those who do hold delusions often become agitated in latter stages of illness (Levy et al, 1996). The psychological state and personality of the caregiver has been found to correlate with the presence of psychiatric symptoms, depressive symptoms in particular (Caron, 1999; Rossby et al, 1992; Shields, 1992). Caregivers who exhibit traits consistent with Costa and McRae's definition of Neuroticism (which is made up of some combination of anxiety, hostility, depression, self-consciousness, impulsivity and vulnerability), experience a greater burden in caregiving, one that increases as the age of the caregiver increases. DAT patients who are highly conscientious (those who are some combination of dutiful, orderly, self-disciplined, deliberate and achievement-striving), are especially sensitive to such caregivers (Welleford et al, 1994).

Though there is some research in line with Hillman's thinking about the loss of short-term memory as a kind of freedom from the present, much of the work on caregiving has opened more modest entries into the patient's frame of reference (Acton, 1999; Cox, 1985). Erikson's work has long been behind a push toward integrity-promoting care, which is defined in this literature as that which invites all the implicit virtues – hope, will, purpose, competence, fidelity, love, care and wisdom – to appear

during daily activities with DAT patients. Facilities that promote this kind of care have found that it improves well-being and reduces many psychiatric symptoms (BrÅne et al, 1988; Kihlgren et al, 1992; 1993; 1994). This research is in line with work from Cortrell & Schulz (1993) and Phinney (1998), who have all looked to account for both how the patient is shaped by the illness and how she reshapes herself in relation to it. Parse (1996) also treats the patient as an actor attempting to keep the plot of her life alive. Åkerlund et al's (1986) more anecdotal piece on the benefits of group therapy with DAT points to the efficacy of sustained discussions and limited life-review therapy for the mild to moderately demented.

Still other research has looked to deepen our understanding of how caregivers can help ameliorate the psychiatric symptoms in DAT. Bohling (1999) analyzed caregivers listening patterns for how they align themselves with their patient's, and vice-versa. He concluded that careful listening, carrying the patient's words into one's own discourse, and partially entering her frame of reference are effective ways of reducing the anxiety and agitation that can grow out of conversational misunderstandings. Mathews and Altman (1997) also describe a kind of caregiving – one guided by the system of least prompts – that was especially helpful in maintaining an integral relationship to the environment. A caregiver using this system would look to decrease the number of prompts necessary for the patient to complete tasks that, though beyond him cognitively, were still possible when guided by implicit memories. Other research conceived in this spirit has found physical activity to decrease depression and to hold back cognitive decline (Netz et al, 1994).

Research focused on the difference between monolingual and bilingual caregivers revealed that the severely demented privilege non-verbal expression in their morning-care interactions (Ekman et al, 1993). When these demented patients were offered communications that held a discrepancy between the verbal and non-verbal, they were observed to give the non-verbal “comment” on the verbal message defining power. These authors conclude that the non-verbal takes precedence because it is part of earlier, infantile, knowledge, which lies largely untouched by DAT. These implicit bodily understandings persist even into the last stage of the illness. They allow emotional expression that, if properly tuned into by the caregiver, helps patients keep up many of the conversations of daily life. Caregivers have found such non-verbal communication consistently understandable, though more fragmented as the illness progresses (Ekman et al, 1980; 1986).

There is conflicting evidence on how pre-morbid personality affects the development of psychiatric symptoms. The bulk of this research finds a strong positive correlation between pre-morbid personality and the presence of psychiatric symptoms, even in severe DAT (Meins, 2000; Holst et al, 1997; Bahro et al, 1995), though this conclusion needs careful qualification (Migliorelli et al, 1995). Chatterjee (1992), for instance, found a consistency in pre-morbid personality and “choice” of psychiatric symptoms. In this research, caregivers remembered hallucinated patients as being more aesthetic, those who were deluded as more hostile. Over and above this carryover from premorbid personality to psychiatric presentation, DAT brings with it a number of uniform changes – e.g., apathy. Still, even as the personality bears the impress of DAT,

the patient's struggle to come to terms with her condition can often be seen just as clearly – even if the results of that struggle are accompanied by psychiatric symptoms.

In his work overseeing of the Grant study, Vaillant has given us invaluable insight into how the personality changes over time (1977, 1993, 2002). One of his chief concerns is to show how the evolution of defense mechanisms opens up possibilities of adaptation. His understanding of defense is essentially in line with Freud's: a largely unconscious maneuver to stabilize the ego. Defenses are the key to how one adapts to life's challenges, which is the cornerstone of healthy development. Defenses evolve largely within intimate relationships, especially as those relationships are defined by humor and play. That insight adds something important to the vision of wisdom offered by Erikson and Hillman. For Vaillant, humor and play are integral to the interpersonal context of wisdom. Though Vaillant's analysis does not extend to DAT, humor and play would occupy a prominent place in the interpersonal and physical context of a remending environment.

Naomi Feil has long been one of the most influential practitioners of dementia care. More than any other, her method of treatment, Validation Therapy, develops the essential insights of Erikson, Hillman and Vaillant into a way of operating effectively within the frame of reference of DAT patients (Feil, 2002). From the perspective of the caregiver, the key to this approach is finding one's own center, that is, calming oneself enough to enter the patient's frame of reference. The rest of the method flows from that point. Her basic set of techniques run from using a low, clear tone of voice, to rephrasing the patient's important words, and mirroring her dominant emotion. Beyond these practical techniques of care management, Feil has developed a sophisticated typology of

disturbance for DAT and other dementias. Those who are what she calls “time confused” (Feil, 2002), for instance, tend to be agitated, wander often and ask a lot of questions of the nurses about how to get to some irrecoverable past time. In short, they are lost in time. One of Feil’s suggestions for this population is to enter into their story by walking with them at their pace. Feil is adamant that no matter how disturbed or confused, DAT patients can, in the presence of a validating person, find their way out of various forms of time confusion. She is especially skillful in showing how most all of us possess the natural resources to align ourselves with the DAT patient.

There is ample research leading to the conclusion that the symptoms of DAT are in part an expression of the patient’s relation to others. One cannot meaningfully define the condition outside of that relationship, and it is potentially healing inasmuch as it is guided by humor, play, and the caregiver’s understanding of how DAT affects the patient’s experience. As Feil asserts repeatedly, it is incumbent upon the caregiver to take the lead by standing with the patient, keeping to the pace and rhythm of her world. In other words, she has developed a method of care management that shows us how to enter into the storytelling attitude of the patient’s mind. But she has not done much to develop a philosophical foundation for her work outside of making parallels to Erikson and a few others. Still, her approach is consistent with many of the founding ideas of the existential-phenomenological (EP) tradition. We are now ready to look more deeply into this tradition and how it provides the philosophical foundation for continuity.

#### The Philosophical Foundation of Continuity: Existential-phenomenology

Aphasia, or deficits in the expression or comprehension of language, is an early symptom of DAT, often showing up as anomia, or difficulty in finding basic words



(Strub & Black, 2000). I have waited until now to discuss this symptom in depth because it will help illustrate some of the basic ideas of the EP tradition, especially as it finds expression in the work of Merleau-Ponty. I will use Merleau-Ponty's thought to illuminate how aphasia compromises the domains of continuity. I will also use his understanding of the body to draw together many of the ideas around the implicit self. His idea of the lived body, or our everyday bodily engagement with the world, will provide both another way to think of the implicit self and will help clarify its ontological status.

Much of this section will recall theories covered earlier, as they were chosen in part because of their affinity with this tradition. Feil's work, for instance, shows clear parallels with Minkowski's *Lived Time* (1970), especially their understanding of how the demented attempt to place themselves in time through various types of movements. Minkowski accounts for psychiatric phenomena such as confabulations and pacing as attempts by the demented person to open himself up to, and keep himself placed in, a certain period of time. One talks at a certain rhythm, at a certain pace, to maintain a particular temporal order. If one maintains that rhythm, keeps at that pace, one can enter into the patient's frame of reference, which is a basic assumption of Feil's method. Minkowski also looked to understand the other ways in which the patient maintains more intimate rhythms of time. Reviewing a particularly compelling case, he found that the patient's speech "abounds in expressions of a temporal order, such as formerly, since, always, in two or three days, right now, five minutes ago, many times, the day before yesterday, etc." (1970, p. 121). His observations point to the dual role of discourse as a domain of continuity. It carries the implicit actions of the other domains on an explicit

level. It also opens up possibilities of implicit engagement not yet actualized through the other domains. This status will be further clarified below, when we return to the subject of aphasia.

It is first necessary to lay out the ontological foundations of human being, and by extension, of dementia. For Heidegger, the other seminal figure in this tradition, these foundations are made up of the existentials, the basic structures of existence (Heidegger, 1926). Though they vary somewhat across cultures, they are, at least in his mind, universal. Our being, for instance, is defined by our relationship to others. Our interactions with others always exist in a physical context. To be in a society with others is at the same time to have a mutual means of expression. These basic categories of existence are those highlighted in this research as the domains of continuity: bodily relationship to the environment, or postural modality, discourse, and focal engagement with the immediate environment and those within it. I will illustrate this philosophical position with the practical problems one encounters in a nursing home, especially the struggles for intimacy in the usually antiseptic rooms.

Heidegger describes two primary modes of engagement with the world. The first defines our everyday, unreflective activities. In dressing, for instance, we do not consider the operations involved, we simply do it. These activities are potentially conscious, part of the implicit aspects of the self. When there is a breach in our experience, when we are stuck or anxious, the implicit self stands in wait. The explicit self then emerges directly. One becomes directly conscious of the breach, and looks for some way to get going again. But the task of these more explicit aspects of the self is for the most part to bring

us back into our everyday commerce with the world, that is, to make the activity implicit once again.

Consider how these modes of engagement play out in everyday environments. A city street, bus seats, drinking fountains, all are constructed to be readily at hand, available for anyone's use. One's bedroom, in contrast, is a more flexible environment, fit for most any one but at the same time ready to bear the marks of a particular person's history. There is a fundamental tension in the design of most hospital rooms (certainly those in which this research was carried out) in that they aim at being both accessible to any one of a number of anonymous personnel and preserving of the patient's private world and many of its small intimacies. Dressing, for instance, is an intimate activity typically reserved for the bedroom. The hospital room is streamlined to keep such activities of daily living simple, safe and, ultimately, available to whomever is staying in the room at that time. My own bedroom, in contrast, is replete with the marks of my history. I dress in concert with everything else in that environment. I typically dress here not there, with the next piece of clothing readily at hand, the smells of my closet hanging heavily, comfortably around me. My room at the moment of dressing is fit to me; hospital rooms typically resist such intimacies.

The hospital room is made for a body, any body. When I say that my room fits me, in contrast, I am at the same time saying that it has become tailored to my body. If the room is to allow intimacies at the moment of undressing, it must do so around my particular body. For Heidegger, such an allowance from the environment would literally mean an expansion of being, as person and world are indissoluble. The next question would seem to come naturally. Is the body an existential, a fundamental part of the

structure of experience? It would seem so but Heidegger did not take up this question in depth.

In the EP tradition, the role of the body in the formation of being is one of Merleau-Ponty's central themes. For Merleau-Ponty, the body is the means by which I establish and maintain "a system of all my holds" upon the world (Merleau-Ponty, 1964, p. 18). How does this version of the body look in terms of our running illustration? When we say that one's bedroom admits of certain intimacies when dressing, we have to add that it is the body that orchestrates this event. It draws from a history buried into its very muscles. It maintains its present holds, implicitly, when the act goes smoothly; and it leads us to explicit deliberation, even at times to agitation, when something is put in the way of the act's completion. The room must also be flexible enough – include a kind of transitional or play space – in which various forms of intimacy can emerge. The extent to which the body can find expression in this environment is an index of its intentionality. Merleau-Ponty provides concrete terms for what Damasio alluded to, the storytelling attitude of the mind. The author of this story is the body. What Damasio refers to as intentionality is for Merleau-Ponty always an operative intentionality, made up of the body's operations in the immediate environment. In committing to particular operations, one is at the same time elaborating one's life story.

The typical hospital room is designed to streamline the body's operations to only those necessary to carry out the basic activities of daily living. It is designed, then, to resist individual bodily commitments, those postural modalities, that one has established over a lifetime. Without that space, the patient's world quickly becomes smaller, lonelier. Of course, most hospital rooms allow for a kind of privacy around such events as

dressing. But even that privacy does not necessarily coincide with the patient's practice of privacy. One way that patients and their families cope with this situation is by bringing in precious objects from home. The result is typically as one would expect: a curious mixture of intimacy and anonymity. Neither usually dominates, though it is rare that the room takes on a truly homey feel. Still, it is worthwhile to search for greater precision here and focus on what cherished objects do bring. As both Heidegger and the work of Csikszentmihalyi and Rochberg-Halton showed above, there is a kind of surplus self in cherished objects. Unlocking that potential means first establishing a certain hold upon it. The question, then, is how one establishes such a hold in a hospital room.

While conducting this research, I found at least one picture in every participant's room; three had bulletin boards covered with them. These pictures were typically of loved ones, of course. What does it mean to say that one has a hold upon such an object? In order to view the picture properly, you have to bring the picture in close to your body. If you are showing it to someone, they are drawn in close to you as well, as it is nearly impossible to show the picture to another person from a distance. That other person is drawn well inside the limits of your usual personal space. Even when another is not present and you are viewing the picture alone, there is a closeness, a more intimate space created in the viewing of the picture. That is one kind of hold upon the picture, one way of viewing it, one way of investing it with meaning. We do not have to stray from this concrete level to get a sense of what Merleau-Ponty means. One makes a bodily commitment to that hold on the world through viewing a picture in that way.

Another kind of hold could be established through discourse, through telling about the picture. I have waited to develop this topic, and its extension into aphasia,

because it is best understood for the purposes of this research as it relates to the EP tradition of thought, especially Merleau-Ponty's understanding of language, speech and expression. In order to maintain focus within these vast subjects, I will use one of the most frequent symptoms of aphasia, anomia, or difficulty in finding words, to both illustrate his position and point to how it applies to this work. Still, it is important, at least in a simplified form, to widen the scope of the discussion to include some of the philosophical positions Merleau-Ponty is arguing against. Hopefully doing so will further tighten the focus of this section.

One of the ideas about language that the EP tradition has long fought against is that it is simply a way into a pre-given reality (Heidegger, 1926; Merleau-Ponty, 1964). In this view language is a kind of storehouse of terms for what is already out there in the world. Put in terms of anomia, that would mean that the object to be named, that which the patient is struggling to express, has a pre-established ontological status that is then somehow captured through language. For Merleau-Ponty, the object's ontological status is established and maintained in our relationship to it. To speak the name of the object, then, is integral to that status. We cannot meaningfully talk about these ontological relationships, then, without reflecting on our means of expression.

One of the most important dialectics of expression is between speech and thought. Merleau-Ponty sees thought opening up a kind of divide between self and world. To return to our example, to think of a fork is to call to mind, among other things, its function. The object might be said to "call out" to the person in this way, with the most obvious of many possible meanings. This unrealized possibility opens up a space, what Merleau-Ponty calls a lacuna, between person and object. It suggests, among other things,

the body posture corresponding to the realization of that possibility. To assume that posture is one way to stake a claim upon that opening; to speak the word “fork” is another way. That claim inspires further thought, devoted perhaps only to that one possibility, using the fork. Speech is in this the realization of thought; without it, the lacuna remains.

In order to bring this phenomenon to concrete terms, imagine the patient struggling for the word fork and growing increasingly frustrated with herself for not being able to retrieve it. If we now put a fork and some other utensils in front of her, which in technical neuropsychological terms, would then be a test of confrontation naming, it is not beyond the patient cognitively to simply point to the fork, to indicate that that was what she meant and go on. Even if her pointing were to be acknowledged, though, something vital would be lost. A concession has been made; the potential for relationship with that object has been constricted. If thought is fully realized in speech, thought stops at the object that cannot be named. There are, of course, various detours around this break in thought. The patient can describe the function of the object – as, for example, in the excruciating detail of the circumlocution: the fork as “that thing that you pick food up with and eat with when you put it in your mouth” – but the vital connection remains broken. In fact, the fork of this description is at bottom unknown to the patient. When has the patient up to that point ever known a fork by that description? The fork of this circumlocution has become heavy with that single meaning, its function, rarefied in his speech.

If we assume that the environment actually forms part of human being, then it is clear how aphasia can actually shrink the self. To use Damasio’s terms, aphasia radically

undermines the region of being surveyed by the autobiographical self. It throws the patient back to the proto and core selves, back to the bodily narrative. The task, then, is to return to those bodily operations, find a way to scrutinize them more closely as a potential means of closing the gap in being opened up by the symptoms of DAT. The aim of this literature review was to do just that: flesh out that which remains to the DAT patient by way of the idea of continuity. With that done, it is time to bring together the main points of this literature review and look forward to the method and procedure of this research.

#### Summary of the Literature Review and Implications for Proposed Research

The literature review has shown how the DAT patient maintains continuity despite the difficulties in short-term memory. The history of thought standing behind this claim stretches back at least as far as Erikson's idea of gerotranscendence. He held out hope for the DAT patient in her enforced withdrawal, and suggested, mainly through earlier work, that a life narrative might be gathered in postural modalities. Hillman's vision of gerotranscendence reached further. He argued that the body marks time; it is a gathering place for one's history and the central point in the play of images that accompany the final stage of development. Where Erikson allows the postural modalities to become metaphors for psychological life, Hillman argued that they are generative, that one can add to the story of one's life at that level.

Recent advances in neuroscience served to sharpen our thinking about Erikson and Hillman's work. Though they are clearly of what Kitwood called the standard paradigm, such authors as Ledoux, Goldberg and especially Damasio have developed a sophisticated understanding of the biological correlates of the body's wisdom. Ledoux



argues that there is an implicit self, one which has not been fully charted, but whose basic structure is clear. Damasio's analysis is the most far reaching in this respect. He argues that there is a core self that persists late into DAT, and with it the "storytelling attitude of the mind." He adds by way of an aside that this storytelling attitude of the mind is more or less equivalent to what the philosophers call intentionality, the irreducible relationship between consciousness and world. Within this commerce between body, mind, and world a kind of story emerges, the story of how one maintains implicit connections to the environment. For Damasio, it is primarily the mind that carries this storytelling attitude. For Merleau-Ponty, intentionality is not dictated by the mind; it is always an operative intentionality, defined by its spatial operations. In contrast to Damasio's thesis, there is no single source of this authorship. The body bears the marks of things, things bear the signature of the body. To say that the core self remains in DAT, then, is as much as to say that the body still puts its signature upon space.

Heidegger's work was especially helpful in fleshing out the larger context of this authorship. The basic structures of existence, or existentials, were the foundation for the four domains of continuity: body, discourse, relationship to others and to the environment. To be sure, the accent could fall on one of the other domains, or the domains could be expanded – to include mood, for instance, another of Heidegger's existentials. The four domains have been the focus because they have allowed for greater scrutiny of temporality in DAT. The other forms of treatment for DAT, particularly those inspired by Erikson's work, do not allow for this focus and do not appear to develop the importance of postural modalities. The work of Ledoux, Goldberg, and Damasio marks

an important move forward in this respect, especially if thought of in concert with EP tradition.

More than any other session with Ed, the one in which I played pool with him brought these ideas home. I had already made a brief, faltering attempt at Life Review therapy with him, and I felt we needed to find another path. Asking the staff about his interests, I discovered that his family had donated a pool table. Ed had played on a semi-professional level for a number of years. Unsure of which direction to take therapy, pool seemed, if nothing else, a welcome respite, one that might even prove therapeutic. Though he would almost always forget whose balls were whose, and though he had to be reminded of the rules of the game from time to time, Ed proved quite capable of holding court at the table. He lined up shots, engaged in the banter of the game, and, on more than one occasion, beat his therapist! Whereas he looked lost, at best bemused during our walks through the hospital, while playing he appeared more composed. He first moved around table to locate the best shot, then sized it up, chalked his cue and slowly brought his attention to executing this shot. These were relatively long sequences, plans that he could not have executed but for the pieces of the game. The movements that the game allowed sharpened his speech, his grasp of basic words. In contrast to the stops and starts of so many of his activities – reading the paper, for instance – here he was carried along, moment to moment, to the end of the game.

Such moments carried me along in deepening the basic ideas of this research. In the tradition of Romantic Science, the stories of Ed and Elaine have helped to sharpen the focus on the continuity while at the same time opening up the context of its expression. Taken together, their stories provide a kind of introduction to the method to be discussed

shortly. Hopefully, their stories will also provide a kind of shorthand for the key concepts to be developed under the rubric of continuity. The one idea that has clamored most loudly for our attention in the literature is that of the implicit memory, and its extension into the implicit self. It is important that the limitations of these terms be kept in mind. They have served primarily as a gathering place for past research that would provide a foundation for continuity. They have also opened up a territory of future research that not even those who coined the terms have fully mapped. This research moves headlong into that territory with the map sketched out above.

### Overview of Proposed Research

For the purposes of this research, continuity is defined by the patient's postural modalities, discourse, and focal relationship to the immediate environment and those within it. Continuity is not simply present or absent but instead forms a kind of continuum, along which the domains are either aligned or disjoined. One of the assumptions is that these domains move toward alignment when the DAT patient is in the presence of a highly meaningful object – e.g., a picture of a loved one. The literature on therapeutic recreation pointed in this direction, that certain objects, those that invite the patient along a tightly circumscribed circuit of activity, evoke a more powerful therapeutic response. One of the hypotheses of this research is that effective therapy can be built upon such objects, as the aligning of the domains of continuity necessarily leads toward psychological health. Though this hypothesis may be born out even in severe DAT, it is clearly easier to see in DAT of mild to moderate severity.

The method for this research aimed at capturing the patient's fluctuations along this continuum by bringing together a number of such instances and assembling them into

what Edwards calls a “case account” (Edwards, 1999). A case account has less general detail, and a sharper focus, than a case study, but more detail, and greater rigor, than a case vignette. As applied to this research, it would yield a “text” of a number of such episodes, which would then be amenable to analysis (Ricoeur, 1981). The case account is both descriptive and plastic, allowing for the revision of the concept of continuity, which does not yet have a research base under it. It would also allow for a better account of the researcher’s actions than in either of the other two methods. Greater scrutiny of that which led up to the behaviors of interest in the subjects will enhance the “confirmability” of the results by researchers who could in the future employ the same procedure (Kazdin, 1998, p. 121). The descriptive focus of the case account also furthers the “transferability” of the results to others in the same population, despite the small number of subjects (Kazdin, 1999, 154). Its plasticity allows for the emergence of many different ways for future research to build on idea of continuity.

One road from past research that that this proposal has built upon is life review therapy, a modality tailored to healthy adults, (Lantz & Gomia, 1998; Coleman, 1997; Lantz, 1988). In this model of therapy, the therapist acts as “host” to the patient, helping him to draw out particularly important events in his life, until the patient begins to act as his own host and brings together the events of his life into a rich and coherent story. This model was built on Erikson’s understanding of integrity and recollection. A modified version of that model will be used to draw out episodes of continuity.

Drawing from this research, the following would serve as a model of an episode of continuity. I ask the patient to introduce me to some photographs on his bulletin board. The patient acknowledges the question, beginning the episode. The patient then moves

toward the bulletin board, selects a picture, says a little bit about it, holds it absently for awhile, then shakily pins it back, ending the episode. A videotape of the episode, supplemented as necessary by case notes, allowed me to transcribe the text according to the domains of continuity described above. After transcribing the text, I then described how the patient moved in and out of the episode. I would no doubt be surprised as well by certain events, say, the expression of insight into his illness while looking at the picture – “I hardly remember him anymore.” It was encouraged but not a strict rule of this research that the same object be used over a number of interviews, as it put me in a better position to look at the waxing and waning of continuity across episodes. If, for instance, by the third interview, the patient began to motion his head toward me while looking at the picture, that move might serve as a kind of invitation to me to participate in this event. In such a case, an alignment of the domains of continuity would have occurred. These processes will be described in more detail in the following chapters.

## Chapter 2

### METHOD & PROCEDURE

#### Recruitment and Obtaining the Subjects' Background

Five subjects were recruited from a pool of twelve patients pre-diagnosed as having moderate DAT by a Ph.D. clinician with 5+ years experience in psychometric testing with the elderly. All subjects were residents in a Pittsburgh nursing home. Because all of the candidates had undergone multiple rounds of neuropsychological assessment in confirming the diagnosis of moderate DAT, the testing for this research was geared toward obtaining a record of cognitive functioning to enrich the data analysis and discussion. The extent of testing was determined by the participant's current health status and willingness to participate on that day.

This is perhaps a good place to highlight one of the principles foundational to this research, that of minimum intervention (Brooke, 2002; Zarit & Zarit, 1998). In following this principle, I maintained a sharp focus in conducting the brief chart reviews and interviews with family members. I gathered this information with two purposes in mind: first, to rule out co-existing disorders that would interfere with or in any way contraindicate holding the interviews (a decision made in collaboration with the head of the clinical social work staff and those staff persons who worked most closely with the participant); and, second, to get a clear idea of the precious objects that the participant had brought to her room. Just as in the testing, no participant was excluded merely because he or she did not complete some part of the standard protocol if I had gathered sufficient information up to that point. In Lika's case, for instance, I could not interview

her daughter, the only remaining family member, so I amended the protocol because I already had adequate information to proceed.

### Neuropsychological Testing

The short battery consisted of Mattis' (1988) dementia rating scale (DRS), Folstein's et al (1975) Mini-Mental Status Examination (MMSE), and the Clock Drawing Test (Freedman et al, 1994). I determined dementia severity according to the Washington University Clinical Dementia Rating Scale, or CDR (Morris, 1993; Hughs et al, 1982). This scale includes performances across six domains (Memory, Orientation, Judgment, Community Affairs, Home-Hobbies and Personal Care). The CDR has shown high inter-rater reliability, up to 85%, especially as it is used to assess DAT severity (Morris et al, 1997). Each domain is rated independently for one of five levels of impairment: 0 = None, 0.5 = Questionable, 1 = Mild, 2 = Moderate, and 3 = Severe.

The MMSE was administered in order to get a rough estimate of cognitive functioning. It yields a score of 1 to 30, with 24 being presumptive evidence of dementia, though even a score in the high 20s does not necessarily exclude dementia, as this test is very sensitive to education level and a number of other variables (Lezak, 1995). Again, the MMSE was not used diagnostically in this research; performance on the various domains was broken down and figured into the analysis and discussion below. All participants completed a MMSE.

Because the MMSE does not capture executive functioning or degree of spatial orientation (Lezak, 1995), the Draw a Clock test (Clock Drawing) was included. It can be administered in either command (the assessor asks the patient to draw a clock face and set the hands to a particular time – “10 after 11” for the purposes of this research) or copy

condition (in which the assessor gives the subject some part of the clock and asks the subject to complete it), or both. Using Freedman's (1994) system, the test yields a score of 1 to 15. In his study, DAT patients scored a mean of 8 (SD = 3.8), a performance that effectively differentiated them from those with other dementias. Freedman also found that the command condition is especially effective at tapping executive dysfunction, which will be particularly important in the analysis below. In order to further that analysis, a full clock, hands set, was given to the subject in the copy condition. Freedman does not comment on this way of handling the copy condition. I added this version because a complete clock would seem most closely to resemble a cherished object, and in that way would give a good baseline indication of the extent to which the subject could maintain the integrity of a familiar form. Freedman's 15-point scoring system was still used for both conditions. As it turned out, only three subjects agreed to complete this test. One had trouble because of sensory deficits, and one refused the task on multiple occasions.

The DRS consists of 36 tasks, comprising five subscales, which survey attention, initiation and perseveration, constructional abilities, conceptualization and memory, and fall within a scoring range from 0 to 144 (Mattis, 1973). Again, this test was not used to measure dementia severity, though, as with the MMSE and Clock Drawing, scores radically at odds with that found by the diagnosing psychologist would have warranted further review. As it turned out, no further review was necessary, and the results were worked into the case accounts, analysis and discussion below. Three participants completed the DRS. Of the other two, one refused outright and the other declined because of pain.



## Procedure

The procedure for the research was as follows:

- 1) I recruited five candidates from a nursing home in Pittsburgh. These candidates had all been diagnosed as having moderate DAT, with no evidence of delirium or a co-occurring psychiatric illness that would interfere with the series of videotaped interviews. Using their pseudonyms, a table of their relevant characteristics and test scores follows:

Table I Characteristics of Subjects

Subjects	Age	MMSE	Mattis	Clock Drawing	Years of Education	Years in Nursing Home
Frank	91	18/30	90	Command: 5/15; Copy: 8/15	14	1
Bella	94	14/30	80	Command: 7/15; Copy: 11/15	12	1
Edna	96	12/30	78	Command: 1/15; Copy: 4/15	12	1
Luna	92	10/30	---	--	12	2
Lika	99	15/30	--	Command: 1/15; Copy: 2/15	12	5

- 2) I read the relevant clinical records and interviewed family members and staff who worked closely with the patient in order to get a background of particularly important objects in the patients' rooms. The focus of this phase of the research was to draw out the history of these objects, not pursue the patient's psychological or psychosocial history. Chart reviews and family / staff interviews were conducted only to identify important objects and to rule out any current psychological disturbance that would interfere with the interviews. I chose to restrict the content of the interviews in this way so as to keep to the principle of minimum intervention and to avoid being guided by the subject's psychosocial history in conducting the analysis. This choice was one check to the validity of

this research, as it would push the analysis always back to further review of the videotapes and the episodes themselves, not back to the history of the participant.

3) With a clinical social-work intern operating the camera, I videotaped up to four interviews with each of the five participants, out of which I identified a total of at least three episodes of continuity for each participant. Though three is a largely arbitrary number, it was assumed that any fewer than three would not have provided sufficient material for comparison across episodes. Any additional episodes were put into the appendix. Each episode was judged to have begun when the participant responded to the standard opening question: “Show me something important to you in your room.” The episode ended when the subject’s attention turned away from the object, or group of objects, she had been “playing host to.” Though I did not insist on seeing any particular object, the interviews were sometimes extended to include the same objects used in previous episodes. Using the same object across episodes was thought to aid the analysis in that it would allow the subject’s variable treatment of that object to emerge across episodes.

The presence of the camera was thought to be a possible confounding variable as it was an object that was necessarily present across all episodes. On those occasions when it was noticed, I made every effort to downplay its significance and waited until the participant’s attention had strayed elsewhere before re-starting the episode. We also found the most unobtrusive place we could to place the camera, and the social worker holding it was instructed to try not to draw any attention to herself. There was only one participant for whom the

camera became an object of concern, but it was not thought to affect the content of the episode itself, though it might have perhaps affected how she brought the episode to a close. This last question is given careful scrutiny in the Discussion section.

- 4) I supplemented the videotapes with some case notes written after each session, in which I attempted to capture what had been left out of the recording, including my own reactions (which were often not taped, as the focus was always on the patient).
- 5) I then administered the battery of tests. Only scores that did not obviously accord with the diagnosis of DAT would have excluded the participants. The testing was done primarily to further the analysis, especially as it touched on executive dysfunction. I made notes on their behavior during the testing, and set out a provisional analysis of their performance, after each session. These notes were incorporated into the case accounts.
- 6) I then viewed the episodes and completed a descriptive analysis, which formed the foundation of the case account for each participant. The following questions guided this analysis:
  - How did the patient punctuate the episode, particularly its beginning and end?
  - Did certain domains seem to compensate for losses in others – e.g., gestures compensating for language deficits?
  - What constituted an alignment or disjunction in the domains of continuity across episodes when the same objects were used?

Case accounts included my own reactions when appropriate, mostly to add further weight to particularly important moments, as, for example, when we were both surprised at something that she said or relationship she had found among the

objects. Each case account is meant to be read as a short narrative; hence, the three guiding questions are not addressed in the same order for every participant. Instead, I provided subheadings (under the words “punctuation,” “compensation,” and “domain alignment”) within the case account itself to alert the reader to the guiding question(s) that are focal at that time.

- 7) These case accounts focused on how each patient began and ended the episodes, and on how she worked within her pattern of deficits across episodes. The rest of the case account was devoted to the question of how continuity was established and maintained. Results for each individual were then pooled and compared in a composite analysis.

This composite analysis is meant to draw together the chief conclusions from the Results section and set up the next section, the Discussion, in which I outline a therapy based on continuity, with a focus on how therapeutic objects might be created and tailored to the needs of each participant. Bella and Frank are used as pilot cases in that discussion.

## Chapter 3

### CASE ACCOUNTS

#### Bella

##### Bella and her Room

Bella is a 94 year-old Caucasian woman who has been in the nursing home for a little over a year. She shares her room with a woman who appears to be in end-stage dementia. Periodically this roommate, without any apparent connection to anything going on at the time, emits a very loud, maybe ten-second wail. She sometimes sucks her thumb, often with great zest. Additionally, about every minute or so, she slicks back her hair with her hand. In sharp contrast to her roommate's antiseptic side of the room, where there is little apart from medical equipment, Bella's side has the semblance of a home. In one corner, near the foot of her bed, she has a rocking chair, a television and a small table. Near that is a bulletin board with twenty or thirty pictures on it. There are a great number of stuffed animals around the room. Most are on display on a shelf above her bed; the others changed positions around the room during the course of the interviews. Of those that changed position, the bigger ones, a dog and a cat, typically sat together on the only other chair, which is near the curtain that could be pulled to divide the room in half. The rest of the animals on that level are largely within arm's reach. The bed itself is couch-like; I sat there comfortably a number of times during our interviews.

Bella had a friendly, somewhat flirtatious presence through most of the testing and interviews. She was agreeable to my suggestions, laughed often and kept at a task to its completion even when she was having trouble with it. In contrast to the other participants, she was always awake and alert when I arrived at her room. Not once did I

have to reschedule an interview because of her mental state or because she refused to participate. She was also remarkably understanding of her roommate's behavior. She did once express frustration at the wailing and made reference to her "miserable" behavior. For the most part, she ignored it, or gave it a positive spin, as when she described it as "singing."

### Testing

Bella's scores (appendix J) were as follows: MMSE, 14/30; Clock Drawing, Command: 7/15; Copy: 11/15; & DRS: 80. She scored a 2 on the CDR, indicating moderate dementia. In contrast to the other participants, Bella was poorly oriented to both time and place, missing all ten orientation questions on the MMSE. She could recall none of the words in the three-word recall, and was 5/25 on the Memory section of DRS. For all these deficiencies, her demeanor during the test appeared relaxed, even playful, the most dramatic example of which was her performance on the Clock Drawing.

There were clear frontal lobe deficits in her performance on both conditions of the Clock Drawing. In an earlier version of the command condition, she scored a 1/15. It was thrown out and the test given some two weeks later, my thinking being that something perhaps interfered with her performance. Her clock in that first testing began to look like a face, which she then elaborated into "a drunk," the 11 becoming his eyes. Her second clock in the command condition showed the same frontal pull toward the elaboration of the visible details of the clock. She first set both hands to 11, with the tip of the hands actually touching the number. Then the 11 became "a plane." She reported being finished at that point, and laughed about the hands becoming a plane. When I encouraged her to

go as far as she could with the drawing, the plane, starting with its wings, became the number 11, pointing to the number 11.

### Episodes

During the first three episodes, as my assistant and I struggled with our standard introduction to the task, we found that Bella became riveted to the camera. No other participant gave it more than a passing mention; two failed to notice it at all. But, beginning in the first interview, Bella would not budge from the idea of “the picture” we were going to take with the camera, despite our trying to cajole her into an episode of continuity. When I pointed to the bulletin board and asked her for a picture that meant something to her she initially responded that they were all important to her. Then, when asked which was most important, she pointed to the camera, and said, “This one!” The first two interviews began in exactly the same way: her waiting for the picture to be taken. Interestingly, at the beginning of and throughout the third interview she became aware of the camera without it capturing her attention in any significant way. She simply noted it and went on to something else.

Once she seemed to understand the question, the first episode began with her pointing to a balloon that had been tied to the chair across from her bed. This balloon was very close to some stuffed animals, and she then made a remark about them. From there she pointed out a number of other animals in the room, naming their colors in turn, as if that alone might hold interest for us. She moved in this way, often pointing to the animal in question, until she had circled the room. Of the dog on the shelf above her bed she added that he was “getting ready to jump down.” He was in fact leaning over the shelf,

seemingly ready to do just that. We both laughed at her joke. Soon after that, she broke off her description when she again noticed the camera, ending the episode.

The second episode began after a lengthy period of my prompting Bella with the standard question. She did not at first seem to understand the question, then once I thought she had, she responded with a non sequitur. I had all but given up when she expressed some concern about an approaching storm, to which I replied that the weekend would bring sun. Adding to this point, and with sweeping gestures, I said “you must get a lot of light in here.” Immediately following that statement, Bella started the episode. Pointing to the dog on the chair she said, “Look who’s sitting there.” Then, focusing her attention on the balloon the dog was holding, she said, “I forgot. What’s on that pillow?” Leaning in to get a better look, she read aloud the word on the balloon: “Love.” Soon after that she commented, “Every now and then, people say it’s going to talk.” At that moment, her roommate wailed in her usual way. In one of the few times I heard her respond to her wailing, Bella asked us, “Whose talk is that?” As that ended the episode, we told her it was her roommate. Looking somewhat disgusted, she concluded that it was “miserable.”

At the outset of the third episode, Bella was sitting in the chair near the curtain. It began with her motioning toward the other chair in the room, immediately to her right. “Look who’s taking all that off his chair,” she said with a light giggle. Then she added, “sits there day and night.” She commented that it was “too big for a plaything,” after which she picked it up and drew it up toward me, emphasizing the floppy ears on the dog. “Floppy,” I observed. When she first put the dog back down, it was sitting atop the white kitten. She quickly picked up the dog, as if the cat were in pain, and arranged the cat so it



was curled about the dog's feet. At that sight she laughed and motioned to me to look at how well they fit together. The episode ended with her turning to her left and looking outside.

### Descriptive Analysis

#### Compensation: Maintaining the Integrity of the Form

Bella spent very little time with any one object during the interviews. Instead, she skipped from object to object in a kind of superficial treatment of them. She spoke little of any one object's history and made mostly cursory gestures toward them (though there were important exceptions in her handling of them). Certain qualities, as color, or it being "nice," seemed to drive her interest. Still, she often developed a kind of momentum in this skipping from object to object. Moving across colors, for instance, she would circle the room, bringing in the stuffed animals on her television set, then those on the chair, and finally, those on the shelf above her bed. This momentum was most evident in the first two episodes, especially the first, in which she first pointed to the balloon, then to the dog, then to the stuffed animals on the shelf above her bed.

Despite staying with objects for only a short length of time, she was clear and direct in her description of them. The details she did isolate were true to the form; at no time did the objects, as it were, blur together and lose their integrity, as the hands did on her Clock Drawing. In her performance on the Clock Drawing she was tentative, continually asking questions, expressing doubt. After having completed part of the clock, she said that it looked "like a drunk," and then added a few flourishes to round out that drawing. The clock clearly lost its integrity in her efforts to reproduce it. Yet she did follow the contours of the design in the tangent. That she was guided by at least part of

the form, and saw the task toward its completion, might profitably be thought of as a move toward greater continuity. It brought her back into a conversation with me, back into *a* task, as well as to its completion. This capacity to maintain continuity is even more clearly expressed in her showing us her stuffed animals. She negotiated the pauses rather easily, without tangents, rarely losing her way. Most important, the objects maintained their integrity. In contrast to the Clock Drawing, the episode of continuity points to how her thinking can become more abstract the deeper she goes into the task of introducing the stuffed animals to us.

#### Punctuation & Compensation: Imputing Consciousness to Precious Objects

Looking at how Bella started and stopped her episodes will help clarify how she achieved this level of abstraction. Though technically outside the protocol, her use of the camera is important, and can be taken as an extension of her performance on the Clock Drawing. During her initial focus on the camera she maintained a clear, if rigid, understanding of its function; after her attention was pulled elsewhere, and certainly by the close of the episode, she lost that understanding. The episodes of continuity, then, did nothing to support her understanding of the functional meaning of this object. If anything, they appeared to work in the opposite direction, at least as far as she understood the function of the camera at that moment. She ended two episodes (the first and the one in appendix E) either by asking what the camera was supposed to do or misidentifying its function. Her suddenly becoming aware of the camera abruptly ended these episodes, almost as if a spell had been broken. Any momentum she had established stopped.

Partly because of the pull of the camera, the episodes began slowly, with my repeatedly prompting her with the standard question. Often she did not initially

understand the question or balked once she did. There was a curious exception to that in the second episode. Here it was not her fixation on the camera that was in the way. She had ceased mentioning it and we had chatted for a little while longer. We then had a kind of false start with another object in the room, her sweaters, after which the conversation again trailed off this way and that. When I brought in the idea of the sun coming in, she went right to a comment about the stuffed dog. It was a comment that suggested much more intimacy than that with which she typically began. Whereas in episode one she began by talking about the stuffed animals as being nice, or pointing out their color, here she began with a playful, “Look who’s sitting there.” So too in episode three, she was already in close proximity to the stuffed animals and began in almost exactly the same way. The beginning of both episodes was marked by a sudden intimacy, which was supported by her imputing qualities of consciousness to the stuffed animals.

Episode one began very differently but led to a similar connection to the stuffed animals. She began by pointing out colors, and how nice certain of the animals were, slowly building to the dog on the shelf. That was the first animal in that episode to which she imputed consciousness: the dog was “ready to jump down.” She expressed a kind of delight with the dog’s intentions, in a way similar to her reaction when she found the dog “sitting there” in the chair beside her. When the animals acquired some qualities of consciousness, the spatial makeup of the room changed. Her declaration that he was “just sitting there” put his position on the chair in question. It became one of many possible places for him. Her tone also suggested that he was currently in a position that you would want to dislodge him from, if only in the name of play. So too, when the dog on the shelf was pointed out, he was ready to jump down, an act that would have certainly upset the

spatial balance of the room. Tables might be overturned, glasses upset, equipment crashed to the ground!

Her imputing consciousness to the dog opened up these possibilities, and defined the punctuation of much of the episode. After she had granted them putative status as conscious, the rhythm of the episode was defined by what they might do. The episodes ended on that note, with one of the animals about to do something or our laughing about that possibility. That tension could have been extended, it seemed, though that would have been outside the protocol. On the other hand, that tension could have been contained by her looking at the camera. In the one instance when she became conscious of the camera, the stuffed animals shifted dramatically to the background. The room became still, no longer in danger of being upset by the movement of the stuffed animals. In that way, the camera worked well to mark a clear ending to the episode.

#### Domain Alignment: Humor & Intimate Space

Bella's imputing of consciousness to the stuffed animals on the shelf might be described as a kind of insight, as it opened up different temporal arrangements. Up to the time of her joke, Bella had pointed out only those stuffed animals at about our eye level (we were both sitting at the time). When she pointed out the dog above, she brought in a whole new dimension of space. In short, she established another 'above' in the room, one short of the ceiling. She did this by imputing consciousness to the dog, capitalizing on his original position on the shelf to open up this new dimension of space. We were drawn together by the presence of this animal on the shelf above us, which was ready perhaps to spring down upon us. Her identifying it there put us in a more intimate space together, a place we solidified through our laughing and joking about what might happen.

A similar kind of intimate space opened up when Bella pointed to the stuffed animal next to her, a dog that stood about two feet high. She kidded it about how it sat on the chair “day and night.” The joke is that the dog should get up off its rocker and do something. The joke called certain images to my mind that seemed to be very near the meaning of her statement; and through them, the room was again transformed. The big dog might just pull himself up off his haunches and get some exercise, chase a cat, maybe even bark at a nurse a little to earn his keep. That possibility, buttressed again by the joke, functioned to bring us together into a more intimate space. Bella deepened this more intimate space with what she did next, pulling the dog up close to her, commenting that it was “too big to be a plaything.” He was in fact too big for a plaything, a judgment that she was coming to, at least in part, by handling him in the way that she did. That insight into its size was carried into her next moves. It became clear that she could not put the dog back exactly where he had been because the cat had fallen into that part of the seat. So she adjusted the dog and cat together, found a better position for them both. She laughed as if she had discovered something important in this arrangement. Indeed, the animals were now in a friendlier, more intimate, position in relation to each other. She had moved them toward greater intimacy, a move in tune with the newfound intimacy of the space. As before, the laughter brought us still closer together. All domains were aligned at this insight. More important, the insight was built into the immediate environment. At the end of the episode the animals remained sitting in the chair together.

#### Punctuation & Compensation: the Object as a Temporal Fulcrum

Now that we have looked into the conditions of these insights, particularly the domain alignment that supported them, we are ready to go into more depth about the way

in which she ended her episodes. In all three cases, the end comes suddenly, whether by her looking into and being surprised by the camera, or by simply shifting her attention to the outside. Indeed, though she seemed very engaged with what she was doing up to that point, the intruding stimulus brought a wholesale shift in her attention. She did not go back to what she was doing, or even mention it again – though she might have if we had stayed longer. The camera ‘captured’ her attention, seemed to be a completely new object to her even though she had been fixated on it not more than five minutes before. In short, the camera acquired no history in her interaction with it. Indeed, it was as if she had lost what was obvious to her before: that it was a camera that you use to take pictures.

The stuffed animals, in contrast, were together beginning to function as a temporal fulcrum. When she spoke of them, it was from multiple sources of her own history with them. She had her stock jokes: this one’s lazy, this one’s about to jump down, and so on. These objects, important to remember, were given to her not long before these interviews. In contrast to the camera, their use tends to supplement her frontal lobe deficits in planning, as they allowed information to flow back readily to her. When Bella kidded the stuffed animal about his laziness and his being too big, she picked it up and found evidence for her judgment. In that way, the object gave back information about the plan she had enacted to continue her joke. So too when she put the dog and the cat in a new and more intimate position, they together gave her back information about the plan she had just enacted. The camera clearly did not call back to her in this way. These stuffed animals were gathering a history by calling her to draw out their intrinsic spatiotemporal possibilities. In that sense, they compensated for the frontal lobe deficit so glaringly evident in her Clock Drawing.

## Edna

### Edna and her Room

Edna is a ninety-six year old Caucasian woman who has been at the nursing home for about a year. She is very hard of hearing, and has poor vision (which skewed some of the testing results). Because of these sensory deficits, it was very difficult to hold a conversation with her. I had to lean down right next to her and essentially yell in her ear. Partly for that reason, it usually took upwards of five minutes before she fully understood what I was asking. Once she understood me, she was usually agreeable to my request, though she was often suspicious of my motives in wanting to know more about her room.

Edna had no roommate during the period of our videotaping. She stayed on the side of the room nearest the window. At the foot of her bed along the opposing wall was her closet. Between her closet and the window there was a shelf that held the objects that she chose to show us: a motorized bunny and a plastic tree limb with two plastic birds on it. Each had buttons, disguised into the base, that you pushed to start a short performance. For the bunny, it was a dance routine to the music of “At the Hop.” For the birds, it was various combinations of birdcalls, and a short version of, “I’d like to teach the world to sing.”

### Testing

Edna’s scores (appendix J) were as follows: MMSE, 12/30; DRS: 78; and Clock Drawing, Command: 1/15, Copy: 4/15. She scored a 2 on the CDR, putting her in the category of moderate dementia. Her recent memory was clearly impaired. She was poorly oriented to time, but very well oriented to place. But these scores, particularly parts of the DRS and the Clock Drawing, need to be further contextualized in terms of her sensory

deficits. She had considerable trouble seeing and drawing the different shapes in the DRS, and her Clock Drawing in both conditions also suffered for that reason. Still, even if the scores are scaled accordingly, a powerful dementia clearly emerges, particularly around tasks that implicate the frontal lobes. In the MMSE, in the registration section, she could not reproduce three words. She would begin with a similar-sounding first word, then trail off into other, similar words, quickly moving further and further away from the words she was supposed to repeat. She was clearly frustrated, commenting that the task “can’t be done.”

She did have ways of compensating for some of her deficiencies, at least in terms of their interpersonal context. When asked to repeat “no ifs ands or buts” for the MMSE, she could not do it even when given a few extra chances. She appeared to realize that she was having trouble during the repetition section of the MMSE, as when I tested her again she coiled up her body and, with a pronounced effort, delivered her answer. At other times, she would give a wrong answer in a way that clearly punctuated the task. She also sometimes ended a task with great authority, as when she said, to my asking her to spell “world” backwards: “Oh, no, that would take a lot of thinking,” then added, “The world moves forward for me.”

### Episodes

More than any other participant, Edna had trouble understanding the task. Her first response was typically something about it being her room, then something about it being paid for or that she really liked everything in it. At about two minutes into the first interview she had affirmed all of these facts, concluding that “Everything in here is a treasure to me.” But then, at those words, she pointed toward the shelf and said,



“Especially that Hopin’ thing there,” indicating the rabbit. I went to pull it down and she directed me where to put it. “There’s something here you have to squeeze,” she said, her voice trailing off as she began pawing the rabbit for the button. She found it quickly, though, and pushed it once she did. She looked at me upon the rabbit’s first hop. We watched it hop twice, then she put her hand under the table in front of it, as it was nearing the table’s edge. I put my hand next to hers to keep it from falling but drew it back when she appeared to have insured the rabbit’s safety. As the rabbit’s performance ended, she pointed up toward the shelf again and said, “My nephew bought me those singin’ birds there...there they sing.” I brought it down, without her asking me specifically to do so, and she again fumbled around trying to start it up. But she did it herself. At the finish of the song, she leaned in very close to the birds and asked, “Are you done?” With that, the episode was at an end.

The second episode began much like the first, with considerable trouble trying to reach an understanding with Edna about what I wanted her to do. After quickly showing me a picture, pointing out each of her three daughters in turn, then herself, she said, “I like to surround myself with toys.” She smiled at me. “Up there,” she pointed, on the top shelf, “is that jumpin’ rabbit.” She asked me whether I wanted to bring it down, and then added, “the birds are singin’; bring them down, too.” I put the rabbit on the table. She claimed not to know how to start him, while simultaneously moving her hand forward to do just that. “You squeeze his hand,” she said, as she drew her hand closer to his paw to squeeze it and start the performance. As the rabbit advanced with each successive hop, she scrunched her hands up to the knuckles and made a barrier to keep it from falling off the table. After the rabbit had finished his routine, she said, “That’s it.” And the birds up

there, they sing,” she said, as she quickly picked up the rabbit in a way that assigned it a status of ‘ready to be moved.’

She waited quietly as I returned the bunny and picked up the singing birds. “My nephew bought this for me,” she said. As I drew it up close to her she said, “I don’t know what you do for them,” meaning, I gathered, that she did not know how to start it. She pressed various spots along the base then asked me whether or not there was a button. Once I pointed it out to her, she pushed it. Just as the song was finishing, she leaned in closer to me said, “I’m full of toys.” And then, once the birds had finished: “That’s it,” followed quickly by “At my age I still like to play with toys.” Finishing the episode, she said, “You should put him back so he don’t fall down.” Then she ended the episode: “Anything else you want to know?”

The third episode was considerably more difficult than the first two. It began the same way, with her repeatedly emphasizing that she liked her room. But it did not have a clean shift into her showing me an object. I could not seem to get my point across. “I don’t get you,” she said, then, as she grew increasingly frustrated, “Don’t be asking me questions I don’t know how to answer.” After struggling for perhaps five minutes, she seemed then to remember me. “I think you asked me that once before,” she said. And when I reminded her of the rabbit, she said, “I think I did show you that.” In any case, after asking her whether she could perhaps show me something else, she immediately pointed up at the birds “over there on the top shelf.” She followed me as I walked toward them, wheeling herself over to that side of the room. But once we were set up, she expressed her suspicion again. “What’s the idea of asking me all these questions about my room?” When I told her we were doing a study on favorite objects in the rooms here

(my stock answer), she repeated, “I like everything in my room, period. I don’t know how to answer you.” There was a pause, after which she flicked a finger toward the birds sitting directly in front of her. “Now have the birds sing,” she said, sounding exasperated. I pled ignorance about how to start them, and she fumbled around for a while, having much more trouble than in the other episodes in finding the button. Finally, after I pointed them out, I pushed one of the buttons for her. She leaned in close and listened to the chirping of the birds. She then leaned back and looked directly at me again, suspicion in her eyes. “I want to ask you something. Why are you asking me all these questions?” As I tried to explain, her priest came in. She calmly sent him away, explaining that she was busy. “Everything at once,” she said.

After waiting there with her for a while, she motioned to the birds and said, “Yeah, put it back.” As I was doing that she asked me whether I wanted to see that “jumpin’ rabbit.” I replied that I did and then put it down on the table. She again reached out toward it, confusion in her voice, and said, “You press something....” As she did so, she was reaching in exactly the right direction to push the button on the rabbit’s paw. After the rabbit finished, she said “That’s it.” There was a pause. “I like toys.” There was another pause. “That’s it,” she said again, pushing the rabbit toward me. As I prepared to leave she asked me whether it was stormy outside. When I replied that it was, she asked me to open the blinds, which I did.

### Descriptive Analysis

#### Punctuation: Structure & Spatial Division

Perhaps most striking about Edna’s interviews was the tight structure of her episodes. It was clear from the time orientation section of the MMSE that she had few

objective markers of time. Yet, each episode ran like clock work. It obviously helped that the objects she chose performed a set routine, complete with a clear beginning, middle, and end. During the toys' routines, Edna only once engaged me; usually she waited patiently through the song, leaning in a little bit at the start, pulling back and saying something to me at the end. The larger structure also varied little (with the notable exception of the last episode, appendix F) across the episodes. We would meet her near her door, exchange some pleasantries and then begin the difficult process of understanding each other well enough for her to actually play host to some object in the room. Again and again, sometimes for as long as five minutes, I would struggle to get across my meaning and she would return with an increasingly exasperated reply. Often I was not sure what to do but press on with the standard question in as many different forms as I could muster. Then the question would suddenly take.

In the first episode, we were already at her bedside when we started. In the next two, after she understood the question she led us into the part of the room where her bed was located. In these last two, our passing over to the other side of the room would follow almost immediately upon her answering the stock question, which was to be expected, as the objects she was preparing to show us were on a shelf across from the foot of her bed. We made no move to this side of the room until we had come to at least some understanding of why we were there. All of her hosting took place there. It was as if this space was at first suspended from use, reserved for a more intimate encounter. Once we had finished, we saw ourselves out.

Once in this space, I was invariably enlisted to help bring down the objects of interest. She probably could not have gotten the objects down by herself. I had never seen

her out of her wheelchair and the shelf was quite high. More important, because of the crowd of objects on the shelf, I had to reach over a number of other things to get to what I was attempting to pick up, then dip my hand in to draw it out. The fragility and delicate position of the objects, which Edna alluded to at least once, was accentuated by their position. It would take someone else, me in this case, to bring them down. Even then, she directed the moving of these objects, orchestrated the transitions around them, and cautioned me to be careful as I was putting them away.

The position of the objects, and the status they gained thereby, also affirmed my status as an outsider. Their position allowed them to be cast as “for company.” In any case, because of their position she could not have used them by herself. My status as an outsider was further accentuated by the difficulty of plucking them up amidst all the other objects. In order to do that, I had to carefully move around a number of other objects of hers. In that way, there was a kind of thickening of that part of the room with her objects. It became more wholly her space, and I moved within it as a guest, in a manner appropriate to that role.

Once we had set up – moved the table in front of her wheelchair, gotten down in position – there was an air of performance, of a show about to go on. Edna did not simply describe, or point out, these objects. She introduced them. For the birds she gave a little of their history, that her nephew had given them to her. With the rabbit it was her waiting, her way of doing nothing else until I had brought the object down, that helped change the atmosphere in the room. Her waiting in this way, and my clearing of a space for the toys, invested them with a special meaning. She had a history with them, a way to be around

them that she did not have, say, with the clock face in the Clock Drawing. These objects had begun to gather time just like Bella's stuffed animals.

One of the main ways that these objects worked to gather time was built into the structure of the toys' performances, which were at the heart of every episode. The performance demanded a stage, which I set up each time. It seemed understood that I would help fill out this space, taking my seat next to Edna as an audience member once I had finished preparing the stage. That moment just before the start of the performance was typically given some added tension by her fumbling around for the 'on' button, claiming every time not to know, but more often than not going right to the switch at the very same time. Though she did not mean to, with this fumbling around she could not have done better to move me out of the role of stagehand and into the role of audience member, or to momentarily keep me enlisted in both roles. Seeing the director in need of help, I had to become another kind of assistant, but only long enough for the button to be pushed, at which point I assumed the only role left, that of audience member.

As the performance began, Edna would typically lean in toward the toy – the better to see and hear it – and quickly become absorbed by the performance. For the most part, she stayed that way until it ended. She talked to me only once during all six of the toys' performances. Everything leading up to and following was also streamlined so that the toys could perform unencumbered. Overall, her episodes were much longer than any of the other participants' episodes and involved much more restructuring of her room. The punctuation did not deviate across episodes. First we were at the door, then we watched the performance, then we left.

### Compensation & Domain Alignment: Recovering a Bodily Memory

Perhaps the strongest structural element in her episodes was the clear beginning-middle-end to the toys' performances. Afterwards I always had the feeling that it was time to wind up, that there was nothing left to do to clear the stage. Edna often affirmed this closure with a curt "That's it," said in a way that made it clear that she would not extend invitations to do anything else. The first two episodes ended in precisely the same way, with her asking bluntly, "Is there anything else I can do for you?" In the third she was more directive, asking/instructing me to open the blinds. At no time did she ask me whether I wanted to hear either tune again.

Episode three was the one case in which she included the other object, the rabbit, only after we had finished listening to the birds. After I had put up the birds, she again raised her suspicions about my intentions. Yet, she was much more definitive this time about putting that subject to rest. She said, "I like everything in my room, period. I don't know how to answer you." Then, for the first time, she instructed me to make the birds sing. Perhaps wanting to protect my role as audience member, I decided to say that I did not understand how. She had much more trouble finding the button this time, as if her body had momentarily forgotten. When I pointed it out to her, she still had me push it, even as her finger was right next to it. During that performance, I did not feel as if we were together, more as if we were simply waiting for it to finish. That is why her invitation to listen to the rabbit –she offered it like I had seen it perform before – so surprised me. She reached over toward it, her voice trailing off: "You push something..." Then, as if her body had suddenly recovered its memory, she reached right for the button and started the routine.

Her behavior in that episode is a good example of how continuity works along a continuum. Whereas in the previous episodes the performance had been well orchestrated from beginning to end, here there was a breakdown. We did not move fluidly into and out of our roles and she appeared to take no pleasure in the performances. There was a lapse in her bodily memory, but in the alignment of domains she regained it: her words for the first time matched her bodily movements. What in the episode would allow for domain alignment? More than any other episode, Edna was in charge here. She instructed me, put to rest the issue of my intentions more definitively, and guided me in the staging of the performances as never before. Though it was difficult and confusing at times, this episode allowed for her to establish a sense of control. It would make sense that she would conserve that sense of control, maintain the domain alignment, extending the episode to include the birds as well. The task now is to look more closely at this kind of conservation.

After the rabbit's performance had ended, her priest came in and asked her whether she wanted to take communion. She turned him away. "Everything at once," she said. Then she ordered me to put the birds back. Much happened here in the space of about a minute. In contrast to the normal pace at the nursing home, it must certainly have felt like "everything at once." But that very comment was a kind of turning point, one that appeared to shore up her sense of control. Directing me to return the birds further affirmed that control. Only then did she ask me whether I want to see the "Hoppin' bunny." In short, her moves to restore order to the scene appeared to allow a return to the rabbit's performance. That in turn brought domain alignment. Her postural modality again answered the call of the object. She remembered the position of the button and



reached directly for it to turn it on. In addition, she returned to her stock ending: “That’s it...That’s it,” then finished with an observation about herself: that she likes toys.

Interestingly, she then recalled that a storm was approaching and asked/ordered me to open the blinds (closed up to that time) so that she could see it. It was the only time that I had helped her modify this part of her room.

This episode began with one of the more stirring insights in this research: Edna’s remembering that she had been answering similar questions with us more than a week before. Granted, there are good reasons to doubt that she did in fact remember us and our previous visit. We did not quiz her about it. But this was also the only time that a participant expressed even the idea of remembering a previous visit. She also proceeded as if she had in fact been questioned by us before, a way of behaving that in itself carries some insight. So as we moved into her section of the room, she was not only suspicious, but also, at least at first, trying to orchestrate the behavior of remembering. The interview might have ground down to a halt as she attempted to accommodate this insight. But the felicitous appearance of the priest, a powerful figure that she summarily dismissed (to my surprise – I thought I would be the one to go), started a chain of events that led us back into another performance. She re-established control, which set the stage for the next performance, which brought with it a more direct engagement of me, and the subsequent recovery of her bodily memory. Would that memory persist, would it become part of the history of these objects? As this was the final episode with these objects, this analysis is where that question ends.

## Frank

### Frank and his Room

Frank is a 91 year-old Caucasian male who has been at the nursing home for about a year. Frank occupied the side nearest the door. His Bible and the reading schedule for it were the only two objects that he showed me during the interviews. There was a sign-in book that his wife had given him and that I entered my name in when I initially interviewed them, but that is the only other permanent object of his that I was made aware of during this research. He had his Bible and this schedule lying on his bed at the start of every interview. He was also always sitting in his wheelchair when I arrived, in which he rocked back and forth for the bulk of each interview. His were some of the shorter interviews in this study. It did not take long for him to understand my questions, but his answers were relatively short and lean on detail. He expressed some interest in my assistant, as well as to the camera, pointing to it on a few occasions. He did not seem disturbed by the presence of either, especially after I downplayed the camera, assuring him that we were of course both in the picture.

I was initially worried about Frank's depressed mood interfering with this study. Inasmuch as his mood was stable enough for him to participate, though, I decided to include him. His room was an interesting contrast to the much more highly adorned rooms of the other participants. Between the second and third interviews, Frank fell in the bathroom and cut open his right arm, which made it more difficult for him to lift even his Bible. But by the fourth interview, such lifting and handling was no longer a problem. That third episode, then, was put in appendix G, and is not an integral part of the descriptive analysis below.

## Testing

Frank's overall scores (Appendix J) were as follows: MMSE, 18/30; Clock Drawing, Command: 5/15, Copy: 13/15; and DRS: 98. With a score of two, he was moderately demented according to the CDR. His testing showed the least cognitive impairment of all the participants, though still clearly within the category of moderate DAT.

An earlier version of the Clock Drawing, command condition, was initially put aside because he looked at his watch while completing it. Still, that performance deserves mention. In it, he looked back and forth from his own watch to the paper, holding his drawing up to the model. He repeatedly asked for the time he was supposed to set the clock to. It was his last request for a reminder that was most interesting. His clock was numbered correctly up to that point. But then, without spending any time looking at the clock he had just made, he added another "10," as well as another hand to point to it. He lost his way, then, adding elements to the clock. The constriction in the placement of the numbers around the clock face made this error easier to commit. His spacing was very good at least to "5"; but the seven then fell directly below "12," after which there was a further constriction from there until the "10," at which point it opens wider than at any other point in the circle of numbers. Putting another "2" on the face, for instance, would have been much more difficult as his spacing was appropriate there. On the other side of the clock face, his spacing already made way for the extra "10".

When I initially tested Frank, he refused to complete the MMSE after getting to the third (Attention and Calculation) section. Instead of finishing that version, I simply retested him about a month later. He became frustrated during this testing as well, though

he was not as upset as he was the first time. He was fairly well oriented to time and place. His most striking deficits were in recent memory, attention and calculation. His spontaneous sentence production closely followed the question on the test that came just before (which instructs you, in words on a page, to “Close Your Eyes”) Frank’s spontaneous production: “My eyes are open.” This last production, in combination with all his performances in Clock Drawing and difficulties with attention/calculation point to frontal lobe impairment, particularly in working memory and planning.

### Episodes

The three episodes described here turned out to be remarkably similar, and were all centered on the same two objects. In contrast to the other interviews, I often felt pulled to draw Frank out, to prolong the episode with leading statements – e.g., “That looks like a new Bible...” In that sense, it could be argued that I went beyond the merely curious observer to someone who was at times very nearly directing the episode myself. These episodes would clearly be shorter if I had stuck to the standard question alone.

Frank began the first episode by patting the Bible twice and saying that he read it everyday. “It’s very nice,” he said, “very important to me.” He then tried to hand it to me. After I waved my hand back and forth, declining his invitation, he took it back up near his chest and found the dedication from his wife. Up until that time, he had been rocking back and forth in his wheelchair. He stopped to read the dedication aloud, then started up again once he had read it. After he finished reading, he motioned to the closet and said that he “still had the old Bible,” but that he uses the new one. He ended this episode with, “What else can I show ya?” smiling as he posed the question.

In the second episode, he patted the Bible and schedule in much the same way as he had the first time. After patting each object, he looked back to me expectantly, as if to ask whether anything more was required of him. Though I was somewhat flustered, I quickly asked him again to show me how it was important to him. He then picked up the Bible, very gingerly because of a wound on his right arm, and read the dedication aloud. He ended it with a look to his watch, “Oh, jeez,” he said, “it’s a quarter after eleven.”

In the third episode, he used the same two objects but included a number of other papers as well, which he pointed to, while saying that he “used them too.” After answering the question, he looked back to me. I asked him again about the newness of the Bible, after which he read the dedication aloud while keeping the book on the bed. After that, he turned to me again with the same flat expectant look. He ended this episode by showing me his wound.

### Descriptive Analysis

#### Punctuation: Discrete Moments in Time, Spatial Isolation

Frank’s preamble to the first interview, his initial response to the standard question, bears repeating: “This is not my room.” Indeed, it did not feel like the room was his. He had made no modifications to it; nothing really marked it as his. At no time during the interviews did he move outside of a small area alongside his bed. His area of concern seemed to have shrunk to the space just around his bed, including the Bible and reading schedule on top of his bed. He did also claim his wheelchair as his own, which he said he was “always sitting in.”

As we started each interview, the Bible and the reading schedule were always basically in the same position, stretched about as far as the length of his rocking back and

forth in his wheelchair. In two of the episodes, he patted the Bible upon designating it as an important object, then did the same to the schedule. That was it. He did not show how the schedule coordinated his reading, much less go into the schedule for that day. He simply pointed out first the one, then the other, adding that the one dictated his reading for the other.

There was some depth in his description of the Bible. In each of the three episodes, he opened it and read aloud from the dedication (or tried to, as his injured arm prohibited him from doing so in episode two). It was only following his reading of the dedication in episode one that he included another part of the room, or anything from the past, in his discourse. His world widened at that point, then quickly contracted again as he abruptly ended the episode. At most other times, I felt obliged to continue the conversation, to open up other possibilities for discussion. He would usually switch the conversational obligations to me with a smile and a pitching of his upper body in my direction. At that point, I would typically rephrase the question or ask him a very similar question based on the limited answer he had just given me. Most of the time, the conversation would grind down to still smaller possibilities of engagement, typically in the form of common courtesies. His way of engaging me, then, was similar to how he treated the objects in his room. The conversation moved haltingly, in a way that allowed little intimacy. So too he pointed out his most important objects in a way that kept them separate, without a common gravity.

#### Domain Alignment: the Creation of an Intimate Space

Before considering these moments in more depth, it would help to draw back a bit and look at the position of these objects in his room. The Bible and the schedule did not

seem to have their own special place. Nothing on his bed accommodated them as, say, the portable table in his room would have. (Every room has at least one of these; in this room, it was typically near the entrance.) He did not put his books and papers there or on a more fitting place. He had them on perhaps the most intimate object in the room, his bed. Only once, in the first episode, did he draw the book up to his chest and read the dedication from that position. It was only at this moment that he created something like an intimate space in the room. From this space, his world expanded to include me, his past, a cherished object from the past, and his wife.

At the most basic level, the reading of the dedication has a natural beginning and end. The dedication is short, prominent on the page, and was perhaps the most personally relevant part of this new Bible. On top of that foundation, he created a more appropriate space for the book by bringing it to his chest, scrutinizing it. Here too the act assumed the formation of past-present-future. In order to read the dedication, you have to open the book, find the right place within it. While reading, this past is held in the book having been open. The anticipated future is the completion of the reading, then the closing of the book. There is, then, a kind of natural momentum in the act of reading the dedication that carries one along the continuum of past-present-future. Interestingly, he stopped rocking every time before reading the dedication. Though it is of course difficult to read and rock at the same time, that did not stop him from making many other moves toward the bed while rocking – reaching over and patting the Bible and schedule, for instance. The coincidence of his stopping and the momentary expansion of his world, then, is worth our attention. As he became a still point, the things around him acquired a common gravity. Within that gravity all the domains aligned, with the Bible serving as a temporal fulcrum.

### Compensation: Meeting through the Dedication

At these times, when the domains aligned, I did not feel constrained to keep the conversation going, to direct him. It might be argued that I rejected this more intimate space when I waved away his proffering of the Bible for me to read. But that he offered it to me at all suggested that it had acquired a stable history. He knew, for instance, that it was fitting that he share it with me. That also means that he had formed a relationship with the dedication strong enough to include an outsider, a guest. When I did not accept his offer, he stopped and read it to me anyway. That he did so despite my rejection points to the possibility of strengthening of our relationship through the object. I did not explain why I did not want to look at it myself, but I was hoping that he would read it – and he did just that. He even added the detail that he had his old Bible in the closet, the only reference to the past that he made during the interviews. The dedication allowed him to assert himself in a way that dictated the flow of the interview. Given the rarity of his assuming such a position in our interviews, and its potential importance to his mood, a therapy based on continuity would aim at cultivating such moments. As it was, he never again offered me the Bible to read.

In fact, he read the dedication to me only one other time, with very different results. In that third episode, he never took the Bible off the bed. He first pushed it toward me and when I simply commented that it “looked new,” he propped it up on the edge of the bed and read me the dedication. After that, he looked back at me with the same flat expression. The episode might be said to have ended right there, as I then asked him to show me some other things in his room that were important to him. He pointed one by one to some things on his bed, much as he typically did with the Bible and the schedule.



The objects he pointed to remained separate, both temporally and conceptually, and Frank made no attempt to connect them.

In terms of structure, there are some stark differences between these last two episodes. Perhaps the most striking was his use of the book as a mediating object in our relationship. In this last interview, there was no offer of any kind for me to touch the Bible, much less read the dedication from it. When he did read it to me, it was almost as a duty, something I had instructed him to do. His reading did not lead to a stronger connection between us. When he was done, he looked back at me flatly, and I felt that familiar need to extend a conversation that had already ended. Once revived, it proceeded in discrete bits of time: objects named one after the other with no apparent connection between them. In the first episode, in contrast, the other objects in the room began to constellate around the Bible, which led toward a more intimate encounter with me. As the objects around him thereby gained a common gravity, he stopped rocking back and forth in his wheelchair and became their center. As the center of that gravity, he made the room more his own, created an intimate space within it.

### Lika

#### Lika and her Room

Lika is ninety-nine year old African-American woman who has been at the nursing home for about five years. She has long shared a room with her daughter, who was awake only rarely during the time I spent in their room, but was alert during that time. Her daughter did not make herself available for an interview. Lika spends the bulk of her time in her room. She describes herself as being in pain “all the time,” partly from an injury to her arm she had suffered some years earlier. I had to stop the testing

frequently as she went through paroxysms of pain. She refused one interview, and we had to periodically halt the others for that reason. She frequently offered that her mood was “good” and that everybody at the nursing home was helpful. She had one complaint, the food, once adding that she would like “a good pork chop.” Also because of her pain, Lika refused to participate in a number of interviews. I interviewed her twice, during which time we got the requisite number of episodes of continuity.

Lika’s bed was on the side nearest the door. There was little in the room that was hers other than a bulletin board overflowing with pictures. She did not identify any one picture or thing as most important or meaningful, but without prompting outside the standard question routinely went to a particular picture on the board: one of her son and his wife.

### Testing

Lika was initially reluctant to participating in testing, refusing to complete our first run at the MMSE. A few weeks later she completed the test without any resistance, though she expressed distress at her performance. Throughout the testing, she repeatedly praised me for “being so patient” with her. Lika’s scores (Appendix J) were as follows: MMSE score was a 15/30; Clock Drawing, Command: 1/15, Copy: 2/15. I attempted the DRS twice but both times she refused, saying that she was in too much pain. With a score of 2, she rated as moderately demented according to the CDR.

As with every other participant but Bella, she was much better oriented to place than time. Lika even offered a number of extra details about where she was. There were a few other moments of note in her performance. In spelling ‘world’ backwards, she got the first two letters, paused and exclaimed “I haven’t got it!” then gave the next letter

correctly before repeating the letters she had given initially in a different order. The form of the answer held: she gave a total of five letters, and finished off her answer with an expectant look. Similarly, when she answered questions incorrectly during the registration section of the MMSE the form of a proper answer held. She paused before giving each object, even as she mispronounced some of them – and never did pronounce the second word “ball” correctly.

Whereas in these tasks the form held, in other parts of the testing the form of her answer gave way – most strikingly in the Clock Drawing. In the command condition, as she attempted to fill in her first circle, the numbers careened outside it. She tried a number of other circles without developing one even to that level of completion again. Over this group she wrote many variations of 10 and 11, none of which appeared connected to any one circle. With the notable exception of Luna’s, Lika’s was the least accomplished of the Clock Drawings among the subjects. It showed classic concrete thinking, from the perseveration of numbers coming out of her first clock to the numbers of the time setting simply written over the otherwise unadorned clocks.

### Episodes

The first time I asked her the opening question, Lika leaned back and regarded the wall that had all the pictures on it. She went on a conversational tangent at that point, after which I brought her back to the standard question. She replied, “I lay here and talk to the people there,” pointing to the board. She asked me whether I had understood, and when I made it clear that I had, she went on: “I get a very, very...it’s like they come back to me,” as she drew both palms in toward her heart. “My son and daughter,” she added

directly after that. But she then quickly ended the episode by saying “But Jesus comes first all the time,” drawing out the word “all” so that it lasted upwards of five seconds.

The second episode opened in a similar way. She said, “Well, I’ll tell you, almost everyone up there is related to me.” She then pointed each of them out:

“Mother...Father...Brother.” She then added that they have “all died” since she had been at the nursing home. Ending the episode, she said that she was “one hundred and four.”

When I asked the question that began the third episode, Lika’s daughter made a noise. Lika gestured in that direction, “My daughter over there. I have two girls and one son.” She then pointed to her son on the bulletin board. She offered some identifying detail about him and then sort of rubbed her hand over the room with her hand, adding that she “has no problem with anything.”

### Descriptive Analysis

#### Punctuation & Compensation: Intimacy & Placing Oneself in Time

These episodes were, much as they appear, quite short and lean of content. I was quite surprised by this fact when I was going over the videotapes, as it was my feeling while conducting these interviews that it was just the opposite. She had a way of engaging me that suggested a friendship between us, and I had often left her room with the feeling that we had really accomplished something important. When reviewing the tapes, I almost turned to the opposite opinion, that I had not conducted enough interviews with Lika.

I realized that some of the most intimate moments were just on the edge of the episode. Much in the same way that Bella became fixated on the camera, in the second interview, Lika told exactly the same story (included in appendix H) twice in the space of

about five minutes. Nearly every beat was the same, every pause, every punchline. I fought against her story by calling her back to my intentions with the standard question, as dictated by the protocol. But it could be argued that, just as the camera for Bella, this story could be used to open or close an episode, and in that way would contain the continuity within it.

In contrast to the intimacy of those moments, I was struck by the poverty of description in her presentation of the pictures. That was especially true in the second episode, when she simply identified the pictures, one by one, almost counting off the relatives on the board. I felt no closer to her, nor to anyone on the board during that time. Ironically, she expressed a deep intimacy with these pictures, saying somewhat cryptically at the beginning of episode one: “I lay here and talk to the people there.” I chose at that moment to simply agree that I knew what she meant instead of drawing out this point further.

There were other times when I did not follow up on something she said, in large part because the comments did not seem connected to the object she had been describing. Many of these lines were in some way connected to Jesus, or how good the people at the nursing home had been to her. When she spoke during these times, she typically leaned forward, stretched out a hand toward me. The episodes of continuity, in contrast, were delivered in an almost didactic tone. To be sure, she did answer the question. But it was as if her answer terminated itself, making way for the more emotional lines that followed but that did not seem directly connected to the object. At the close of each episode, she repeated one of her typical transition lines – “I have no problems with anything” – or another line equally emotionally charged. The ending of episode two is perhaps the most

poignant, as she pointed out that everybody she had just pointed out had died since she had been there.

These statements were a means of closing. They often rounded out and contained the meaning latent in the rest of the episode. In the first episode, for example, she said that those on the board were with her only in passing, but that God was with her “all the time.” We find a similar structure in episode two, but here there was a latency in the form of her discourse rather than in the content. Her way of identifying each person, one by one, marked them as separate, not touching in time, each at least a finger gesture apart. At the end of this episode she gave this separation dramatic form: “They’ve all died since I’ve been here.” Yet, she also identified a presence that persists beyond them, her own. She ended the episode with “I’m one hundred and four.” Just as God is a presence that is with her all the time, so she has been a presence that has extended beyond those who have all died. The abrupt closing of the episode opened up a way of placing herself in time, something that she clearly had difficulty doing in her testing. Even though the age she gave herself was not in fact correct, it carried the theme of her discourse, that of a presence that existed beyond her that she was also a part of in some vital way.

The theme of the final episode centered not on separation but connection, though on the structural level this episode was remarkably similar to the first two. After pointing to her son and daughter, and adding some identifying detail, she (from a distance) rubbed her hand over the board. The board came together at that point, those on it no longer separate but, through that gesture, part of a group. She ended this episode with a decidedly more upbeat statement, that she has “no problem with anything.” Again, the content of this episode was much different than that of the first two, but the structure was

remarkably similar. She first identified the children as separate, then “rubbed” them together into one group. Latent in her rubbing over the board is the idea of connection; and she takes that sense of connection into her closing statement: that she has no problem “with anything.” These last lines appeared more laden with affect than anything else she said prior to them. That increased intimacy was carried by her postural modality and tone of voice. She leaned forward, lengthened her syllables, polished sentences off with significant looks into my eyes. It was as if the affect of the entire episode waited for those moments to shine through fully. Once it did, I felt immediately closer to her, though that intimacy faded quickly.

#### Domain Alignment: Intimate Space & Pictures as a Temporal Fulcrum

Though it was not reproduced in the interview, Lika alluded to an intimate space she had cultivated in her room. As she put it, “I lay here [in her bed] and talk to the people there.” She then added that in so doing it is “like they come back to me.” When she described what she had reaped from these experiences, she cupped her hands and pulled them toward her chest, a gesture that nicely underlined the idea that these people came back to her when she talked to them. Her words to end this episode nicely capped off this idea. Jesus is not a presence that has to “come back” to her; he comes first all the time, that is, everything starts and ends with Him.

These pictures carried this meaning for her, though it did not appear in every episode. In episode two, the domains were misaligned, and became more so still in episode three. Perhaps the most striking difference between these episodes and the first is that she began the first talking about an intimate space, an intimate experience. The episode began at that depth. The other episodes began with more distant connections: the

bare fact of her being related to those in the pictures or to the here and now with her daughter. Not that these last two starting points could not have lead to greater depth. Rather, the first started at a point where we were already beginning to imagine ourselves into a more intimate space. In that space, domain alignment became immediately more likely. The structure was essentially the same across episodes. The difference was in how we began discussing the object, how it was allowed to release its history.

It is on this subject, how the object releases history, that Lika's interviews were particularly rich. To begin developing this idea, it is worth recalling how poorly oriented to time she was. In her second MMSE, she could not identify one objective marker of time. Her orientation to place, in contrast, was exceptional. She seemed to relish the questions, sometimes even adding appropriate additional detail. Like Bella, she was very gracious about making a place for me in her room. I had to bring a chair into her room, as the bed was not a proper place to sit. The room allowed a firm division between a place for talking and a place for sleeping. The bulletin board was displayed prominently on the wall across from the foot of her bed. She could wheel herself up to it, and look up at the people there as if it were a separate sitting room. Small as it was, the total effect of the room was one of parts that could easily came together as a whole, but were at the same time separable.

What does that arrangement tell us about how an object serves as a temporal fulcrum? Her description from the first episode is a good guide here, as it points directly to how the room worked as a whole. She said that she would lie in bed and look up at the people on the bulletin board, talk to them. That she looked up means that the room had also been divided vertically, that is, into an above and a below. She did not include



vertical space in her description. Still, that she posits this division of space at all points to her having established a time continuum of past-present-future. If the pictures are there (present), they must come over here (future) in order to be with her in bed (present), while still remaining back there (past). Her conversing with them tightens this temporal configuration. She speaks back to them, waits for them to respond to what she has said, and so on. The object supports a particular temporal configuration, and does so in concert with its immediate environment.

Now when I say that this object gathered history, I am not saying that she necessarily remembers specific conversations with those on the wall better than other events when the domains were misaligned, though we cannot rule out that possibility. To say that this object began to gather history for her is to say that certain domain alignments were regularly and easily accessible to her. Lika probably conversed with those on the wall while alone, for instance. Her room at that point would become more private. It could not be *that* room, the room of her communion with the pictures, if I were present – at least not yet. Objects become a kind of fulcrum for time, then, when the domains of continuity align – even when that alignment puts other domains in the background. It is important to keep in mind that Lika could only report to me her relation to the pictures. It was impossible to enact while I was there – in contrast, say, to Bella’s stuffed animals. Domain alignment occurs in this episode by way of a kind of recollection. There was at most a co-mingling of that more intimate space and the space of our conversation.

## Luna

### Luna and her Room

Luna is a 94 year-old Caucasian female who has been at the nursing home for about three years. She was nearly dropped from the study because her cancer became more aggressive and it was feared that she might not live long enough to participate. But she was included after checking again with her daughter and concluding that the episodes posed no real danger of deepening her depression, especially as they tended toward the consolidation of resources for end-of-life issues. Still, when I walked away from my interviews with her, I had the feeling that the analysis would prove difficult. She was not the only participant to express some passive suicidal ideation; both Bella and Frank did once as well. But she was clearly the greatest challenge to me in this regard, as I struggled to maintain my focus on initiating an episode without wholly neglecting her feelings.

Luna had the side of the room nearest the door. On her bed was a bright, colorful afghan that she had made long ago, and which was the object of two of the episodes. The other object was an embroidered picture that she had had framed and that was hung across from the foot of her bed. Both were part of the second interview, which could have probably been teased apart into two episodes but was kept as one for the sake of clarity. The episodes were relatively brief, especially the third, as it was completed while she was in bed and getting ready to go play cards. The first episode was almost not included in this study because she appeared to be in physical distress – having to urinate badly. But many of Lika's episodes were also short and conducted while she was in physical pain. More important than duration and the underlying medical concerns was their obvious

desire to participate. On those occasions when they refused to proceed with the activity, which happened more than once in my time with both Luna and Lika, their wishes were respected and the session was ended directly.

### Testing

Luna presented in a somewhat glib, almost giddy manner for most of the testing. She reported serious sensory deficits that interfered with the basics of the testing (Appendix J), particularly parts that she had to read. She refused the DRS and started something like a clock in the command condition before refusing to go any further (score: 0/15). Her MMSE score was 10/30. Her CDR indicated moderate dementia, though much closer to severe dementia than any of the other participants. Still, she had a sense of humor about her performance and more than once remarked to me that she was not doing so well.

### Episodes

The first interview began after about five minutes of Luna's describing some of the problems with continence she had been having and her lightly berating a nurse for not helping her with them. She had been trying to open an envelope with a card in it the whole time she had been talking. The episode began once she moved her attention toward it directly. She pulled open the card, looked at it, and then turned the card around so its cover faced me. She then read it to me. After that, she asked whether I wanted to look at it, handing it to me as she did. I asked her whether she wanted me to look at it "just on the outside," by which I meant to allow her to choose whether I read the contents inside. She replied, "No, just keep it in the room here." Then she added, somewhat testily, "Just

look at it, give it back and I'll put it away." Directly after that she asked to be taken to the bathroom.

Episode two was prefaced by Luna's expressing a number of negative feelings about herself. "I look in the mirror and say 'yuck,'" she said just before the episode began. After that comment, she looked at me and asked, "Well, what do you want to know?" After I delivered the standard question, she pointed to the afghan on the bed and said, "I made this; look what it's being used for now." I expressed a mixture of surprise and great interest, "You made that." She then pointed over my head to the framed needlepoint directly behind me. "See that picture behind you, I made that, too." I strained to see, and then moved my chair to a place beside her. She added: "It took me six months to make that, but I made it. There was a pause. "That's it. I made it for all the girls, and now I'm done, I'm finished."

Now here the episode might have ended. There was a lull, and the tone of her last comment suggested to me that she was not going to go into any more detail. So I added, "Well, I like it," trying to put as much emphasis as possible on the judgment in my statement. She did move from there to more detail, as she quickly replied, "It cost me more to frame it than to make it." She went on: "I had a small pattern and I drew it large, that was it. And I embroidered it." After another pause, "So now I have nothing to do. I made this about three years ago. She then ended the episode with a brisk, "So tell me what your life is, Mr. Young Man."

The third episode was conducted entirely while Luna was lying down in her bed. She was on her side turned toward me as I sat at her bedside. The afghan was curled up around her. "How old are you," she asked, almost immediately upon my sitting down.

When I told her, she said that I was “too old to still be going to school.” The preface of the episode went on like this for a few more exchanges. She offered some reflections: “People say I had a good life. It was good but it wasn’t exciting.” It was a great struggle coming to an understanding with her about what I wanted. I felt under the gun, as she had already said that she was “going to play cards in five minutes.” So in keeping with this time limit, I added a direct question about her woven afghan to my inquiry. “I made that,” was her response,” as she plucked it up in a two finger pincer-like grip and drew it toward me. “You made that,” I repeated with the somewhat exaggerated interest I had used in episode two. But then she quickly went back to questions about me: whether I had kids, when it would be the right time to have kids, etc. I cut this conversation short, steering her back directly to the afghan. “Tell me more about this,” I urged, pointing to the afghan. “You made it...” She responded directly: “I got all the scrap yarn together, sit down and crochet it; and the first thing you know, it’s big enough to cover yourself. And I took the yarn that nobody wants, and I’ll make it bigger. So that’s it.” She then reported wanting to go the bathroom and then play cards. It had in fact been about five minutes.

### Descriptive Analysis

#### Punctuation & Compensation: Withdrawal from the World of Objects

At first not much seemed to happen in these episodes. For the most part, Luna simply pointed out certain objects, allowed me to look at them, and then changed the subject, usually back to me. I found myself pressed to prolong each episode, not in a way that took me outside my role as an interested observer, but with much more emphasis and hope to draw her out than with any of the other participants except Frank. Yet, as the structure of these episodes began to emerge, I started to see how it helped her negotiate

powerful feelings. Luna was easily the most depressed of the participants. More than once she expressed a desire to be let go of this life – only to add quickly that she could never do anything like that. What these episodes show is how she was actively withdrawing from the world of objects. This can be seen most clearly in her punctuation and how she orients herself toward me. Because there are really no test results to speak of, the compensation at issue here lies in her effecting this withdrawal.

Those points where she appeared to be terminating the conversation are integral to the episode's punctuation. A good example is in episode two where, just after she gave a bit of history on the afghan, she said, "now I'm done, I'm finished." The episode seemed about to end. With that in mind, I offered that I really liked what she had just shown me. Her next sentence, though, was clearly of a piece with the one that directly preceded it, strongly suggesting that the idea was still with her; that it had a certain momentum even as it seemed to have stopped short. These points of termination, then, also had the effect of drawing me in, enlisting me to add to this momentum.

Her discourse was laced with these terminating phrases, even in those sections of relatively rich descriptive detail, as from the middle to the end of episode two. That detail was offered in a flat, matter-of-public-record manner. The terminating statements, in contrast, had some lift to them, suggesting a movement away from the objects she was describing. It was a tone that suggested the more dramatic transitional markers with which she opened and closed the episodes. In regard to episode two, it started with an abrupt, "What do you want to know," and ended with, "So, tell me what your life is like." Both served as strong transitional conversational markers that contained the episode. By the end the object she had been describing was suddenly and dramatically remote from

our conversation. In short, her discourse maintained her stance of active withdrawal from her cherished objects.

These terminating phrases served many other ancillary functions, but first and foremost they promoted her active withdrawal. The events she described around the history of her making of the afghan, for instance, were put firmly in and wholly in the past by way of these phrases. In episode two almost every sentence included her being involved in making something. But, because of the terminating phrases, these activities are assigned to the remote past. By the end of the episode, all of these activities of the past are contrasted to the present: “So, I have nothing to do.” She pulled herself back from these objects by way of these phrases. They helped her define the present as one of active withdrawal.

#### Domain Alignment: Drawing me In, Holding Things Back

It is not quite right, then, to say that there is a poverty of detail in her descriptions of these objects. It would be more appropriate to say that the details that she provided are assigned to a static, remote past. The people in her account exist in a similar kind of stasis. She mentioned “all the girls,” for whom she made the afghan but offered no more about them. I occupied a more ambiguous position. When she first made reference to me, it was to the framed “picture behind me,” which I had to turn around in order to see at all. She ended this session by asking me, in a somewhat provocative tone, “What’s your life like, Mr. Young Man.” Filled with suspicious intimacy as it was, her question inspired me to begin talking about myself in some detail. Her comment about the picture encouraged me to move into a position that was one of comradeship, to change my seat so that I was sitting next to her, instead of the face-to-face position we had been in up to

that point. Her use of others, then, as epitomized by her relationship to me, expressed some movement toward intimacy, though still perhaps in the service of her active withdrawal.

Her encouraging me to change my position to be in line with hers is a good indication that she was capitalizing on my presence. This way of using me was not yet evident in the first session. There she handed me the object, impatiently waited for me to look at it, and when she got it back, asked to use the restroom. Nowhere did I find an invitation to align myself with her. That episode stands in stark contrast to the spatial rearrangement in episode two. True, her invitation was indirect, as she pointed behind me to the picture. Still, she offered me knowledge of the picture unprompted, a move that is in itself a call to move toward her perspective. In order to fully appreciate what she was pointing out to me, there was nothing to do but change positions. That change created a more intimate space, opened up fresh possibilities.

If I had I stayed in my original position when she pointed the picture out to me, this same statement, “Well, *I* like it,” would have suggested a kind of challenge. Instead of challenging her statement, and thereby challenging her, my statement was literally directed toward the object itself, almost as if it could hear me. Within this space, Luna had the longest period of continuity with an object at any point in our interviews. She moved through lulls in the conversation to add further information, all directly on the topic, and even included a joke: “It cost me more money to frame it than make it,” which came directly after she admitted, with me, that it was in fact “nice.” That expression of irony is one of the few insights in her interviews. Some of the prefaces included jocular moments, as when she told me that I was too old to still be going to school, but nothing,



with the possible exception of her description of the afghan in the last episode, reached that level of abstraction.

What comes after this statement holds some further indications of abstract reasoning, as well as a number of references to her place in time. She says about the handmade afghan that she “drew it larger from a smaller pattern,” an expression that successfully holds the idea of representation. Just after that, she says that she has “nothing to do,” adding, as if part of the same thought, that she made the bright, multi-colored covering “three years ago.” This statement successfully conveys the idea of large tracts of time in which she had been uninvolved, an experience of time she had not mentioned up to that point. As a statement of her active withdrawal, it is an order of abstraction above her terminating phrases. Her next move was to anticipate and define the immediate future: “So, tell me what your life is, Mr. Young Man.” With that command she closed the episode, containing within its body another of her experiences of time.

Again, domain alignment was in the service of her withdrawal from these objects. I am drawn in toward that end. When I accepted her invitation to explore my life briefly, it was as a means of departure from hers. When I admired craftwork with her, it was as a collaborator in summing up its significance. I am a nearly anonymous presence – Mr. Young Man – both company and its absence.

The domain alignment in episode three carried these same themes in other ways. I am talking to her as she is all wrapped up in the afghan. When I asked her about it directly, she picked it up with two fingers, in a pincer-like grip that suggested that her possession of it was at an end. It ended with “...and I took that yarn that nobody wants, and I’ll make it bigger.” Another experience of time lies embedded in this description,

that of a continuous taking in of the unwanted thread until there was enough to complete the job. Interestingly, she maintained a very good sense of objective time during this episode. She said she wanted to play cards in five minutes and, after about that time of talking with me, she said that she had to first go to the bathroom, then go play cards. The description of the afghan brought a sharpened sense of objective time and recall, capacities that were otherwise rarely in evidence.

It is worth recalling the postural modalities here, as this episode tends to bear out one of the assertions made above: that the same piece of history will be imagined in a different way depending on your postural modality. This was the only episode in which she was lying down. She was comfortably intertwined with her afghan, drowsing, when I entered her room. Though it took more emphatic and more direct prompting, she told the story of this object in a radically different way than in the previous two episodes. This memory was brought out as the domains of body, discourse and orientation to the immediate environment aligned; and it was richer and more compelling for that reason. The momentum of active withdrawal was still clearly in evidence, particularly in her way of handling of the afghan. But her use of the afghan also supported her finding another expression of her relationship to time, one that rivaled anything in her other episodes.

### Composite Analysis

#### Punctuation

Punctuation is difficult to capture in its nuances. As pointed out above, the three guiding questions tend to blend into one another. Capturing the nuances of punctuation, then, will mean including the other two questions to some extent. As pointed out above, this analysis is meant to capture at least the more dramatic forms of punctuation in each

participant's starting and stopping of their episodes. There was tremendous variability in this respect. One of the more obvious variables was the extent to which the participant understood the stock question: "Show me something important in your room." Edna, for instance, had trouble hearing us and, even after she did, had trouble with the full meaning of the question. Paradoxically, this protracted period spent primarily at her door tended to bring into relief the other side of the room, into which we moved once she had understood the question. It was as if the place around the door became a kind of foyer, where she would receive us; then, once she understood the purpose of our calling, she would take us to the 'inside' of her room. In that sense, these difficulties actually worked toward domain alignment through the creation of that more intimate space.

It was difficult to see such a benefit in the way the others started the episode. Typically, I went through a similar process of trying to convey the meaning of my being there. Once they understood, there was no spatial rearrangement as there was in Edna's episodes. They simply pointed to or picked up the object they were to show me and went more or less directly into a description. Bella was the one exception. She became fixated on the camera almost to the point of having to reschedule the episode, but that did little to positively alter the structure of the interview.

That camera worked most effectively to close the episode. Her episodes typically ended abruptly, once by her looking to the camera, once by her becoming focally aware of the wailing of her roommate. Her endings were rare in that they marked a significant jump in subject matter. The others, even Luna, transitioned by way of some comment that at least acknowledged what had just been going on. For Lika, these changes in subject were all important in that, though they were at the edges of the episode, they brought

together important themes within it. In that sense, the episode could be said to have opened up a topic that she encapsulated with her closing. None of the other episodes ended in that way. Once the episode was over, there was a jump toward another subject with at most a passing acknowledgement of the previous topic.

The punctuation that they used to open and close episodes revealed much about how each participant might contain an episode of continuity, and how that can be built upon in future episodes. As will be discussed in much more depth below, the division of space in Edna's room or Bella's fixation on the camera might profitably be used in a therapy based on continuity. But even less dramatic examples, as Frank's pushing the conversational obligation back to me once he had answered my question, though less dramatic, holds vital information about future treatment. Because those forms of punctuation were vital to the participant's compensating for deficits, and to domain alignment, their analysis will come in the next two sections.

### Compensation through Spatial Signatures

For each participant, at least one arrangement of the domains of continuity emerged that was both emblematic of their episodes generally and at the cutting edge of their possible development. It is that arrangement that most clearly held the possibilities of growth beyond their deficits. I will call this arrangement the spatial signature, as that phrase fits this data as it has extended the idea of intentionality in the work of Damasio and that of Merleau-Ponty. As these signatures will be developed in much more depth in the discussion, this analysis will merely name them for each participant.

Luna's terminating phrases, her way of punctuating the flow of the episode, were emblematic of her episodes generally. These phrases brought me into a kind of

comraderie with her, and found bodily expression in, among other modalities, the pincer-like gesture that she used to show me her afghan. They also pointed to a potential area of growth, which appeared to be an active withdrawal from the objects. Bella's signature is a good contrast to Luna's, as hers worked in the opposite direction, bringing the stuffed animals in her room closer to her. Bella's wand-like pointing to individual stuffed animals, by which she bestowed a kind of life upon them, was her signature. Once these animals were brought to life, they had their own intentions, which helped compensate for the problems Bella had in becoming fixated on objects, or getting stuck as she did on the camera.

Frank's room came to life most dramatically when he took the Bible up to his chest and read the dedication from it. Though he read it in every other episode, at no other time did it have the power to bring together the things in his room, impart to them a common gravity. As was made clear in the preamble of his first episode, Frank was still adjusting to being in the nursing home, still struggling against where he was. The Bible, as he brought it to his chest, held the potential of his moving toward resolution of that issue. His reading of the dedication, as accomplished in that episode, was his signature.

Lika's Clock Drawing gives a good indication of how concrete her thinking had become. Yet in the presence of her pictures, she was capable of handling important abstract concepts, especially by way of her twin gestures: the designating finger and the rubbing gesture by which she brought those on the wall into a common group. Together these gestures formed her signature. They helped her to move along a continuum of separation-inclusion in this group, as well as to establish the higher principle of Jesus' presence that brought together her and all others.

All of these signatures open up the possibility of domain alignment. In some sense the signature is only a kind of shorthand for a pregnant combination of the domains. The signatures described so far are relatively easy to see, I hope, but that may not always be the case. Edna's signature is perhaps best seen within the larger discussion of domain alignment across her episodes. Perhaps it was her reliance on the objects in her room that makes this method the easiest way to discern her signature. They clearly compensated for her deficiencies in planning, in repetition, in working memory. Her signature shows up most clearly in her relation to them and will be treated directly in the next section.

### Domain Alignment

Edna's episodes were dominated by the performance of her toys. These performances in themselves encouraged domain alignment. No other object had such a clear temporal organization of beginning-middle-end. But it was only when the Bunny threatened to jump off the table that she invested in a temporal organization in a way that could be described as insightful. At those two moments, she prepared for that eventuality by forming a barrier in front of him with her hands or cupping her hands under the table. In so doing, she brought the dimension of depth into the performances. Modest though the insight was, it held open the possibility of applying other dimensions to these performances, or further cultivating those already in evidence, as the placement of the objects high above her on a shelf. Her signature might was written through this moments.

The power of the dimension of depth is also clearly visible in Bella's episodes. When she ascribed a kind of life to the dog on the shelf, the room below was transformed. The temporal organization shifted momentarily to include the pregnant pause before what might happen. The resulting tension drew the domains more tightly

together. After having pointed to the dog above, thereby drawing in the dimension of depth, she included me in her joke about it. Inasmuch as that dog was kept on that shelf, that tension was *built into* the immediate environment. She also created an enduring tension when she put the dog and the cat on the chair together. The domains tightened in a similar way. The dimension of depth remained, as the possibility of their getting into a spat and spilling off the chair was implicit in their arrangement. Finally, her humor at the sight of them was an order of abstraction above the dog jumping down; her laughter carried an appreciation for the appropriateness of their position together.

For Luna, ‘above’ and ‘below’ defined her way of taking in the pictures on the bulletin board. In her first episode, she depicted her communion with those in the pictures on the wall in spatial terms, as the overcoming of the distance between them. At the end of the episode, she finished by saying that there was a presence above and around all these relationships, that of Jesus. “He is with us,” she said, “all the time,” drawing out the word all in a way that captured the meaning of an enduring presence. At that moment, her way of speaking drew me closer to her as well as carrying the meaning of covering, of a presence drawn out over everything that had been said previously. In that way, the form of the episode underlined the content, which showed a degree of abstraction nowhere in evidence in her testing. It was a point that marked the clearest domain alignment in her episodes.

For the most part, Frank’s sessions did not include other dimensions of space. The one exception was the domain alignment within his reading the dedication to his Bible. At that moment, some important divisions of space emerged. There was the intimacy of the dedication from his wife, which he stopped and drew close to his chest in order to

read. There was also the place ‘over there’ of his former Bible. I became the audience to his reading, further underlining the importance and intimacy of that moment. This arrangement of space and orientation to me supported the before-during-after temporal arrangement of his reading. Such moments, though they may not hold much in themselves, point toward a path of future development.

In contrast to the other four participants, the spatial arrangement at the point of clearest domain alignment for Luna was orchestrated by her while she was lying down. More important, she was actually using the afghan she was describing to me. With the afghan wrapped around her she held to the five-minute time limit she had set for our conversation at its beginning, even as we had been in and out of a number of topics in the interim. Beyond the rich metaphors in her description – taking the yarn nobody wants and putting it together until it covers you – there is also an aligning of the content of the story with her postural modality at that time. That is, the evidence for the truth of the story was right there before us, in her being covered by the afghan. Her story drew me in closer to her, toward greater scrutiny of this intimate space. There would be much to build on from this moment, the prospects for which I will develop in the coming discussion.

Before moving into that discussion, there is a commonality among these moments of domain alignment that deserves mention. They are typically preceded by an event that calls the established order into question. In the case of Frank, I rejected his offer to read the dedication, which created a tension that he resolved by reading it himself. In Edna’s third episode, a great deal of confusion and suspicion were followed by her recovering a bodily memory that she had lost earlier in the interview. Bella’s stuffed animals, once she had enlivened them with her signature gesture, created a kind of imagined threat to the



stability of the physical environment. She resolved that tension in one case by giving the dog and the cat a comfortable position together, creating an enduring tension in the room. Lika and Luna's episodes do not show this tension as clearly. For Lika, when she added at the end of the episode that He was present all the time, she was clearly responding to some kind of possible breach in what she assumed to be the correct understanding of the order of her life. In Luna's episodes, I pressed her more than I had in any previous episode, and she was working under a time limit. Though perhaps more difficult to see in these last two episodes, they also clearly point to the conclusion that domain alignment was clearly in evidence when participants were called on to assert some kind of control over the immediate situation.

This composite analysis was meant to bring together those conclusions across episodes in a way that would best serve the discussion to come. Moments not discussed here will figure into that analysis, but they will serve mainly to supplement and extend, not break fresh ground. Perhaps the most important point to emerge in this analysis is that the creation of an intimate space, combined with the possibilities of the object itself, dictated the flow of continuity. These more intimate spaces sometimes emerged as other dimensions of space, particularly depth, were brought into the interview. This combination of factors will receive considerable attention below. Also to figure prominently is how the participants' spatial signatures defined moments of domain alignment and how such alignments might be cultivated further. That issue is central to the vision of therapy based on continuity, which is the culmination of the coming section.

## Chapter 4

### DISCUSSION

#### Introduction

The descriptive analysis followed the movements of continuity for each participant within and across the interviews; the composite analysis did the same across participants. What remains is to bring these results back into the fold of the literature review, discuss the implications of the research, and point to its future applications. The overall aim of this section is to outline a vision of a therapy based on continuity. To that end, I will develop a working vocabulary for the phenomena that emerged out of the descriptive analysis, creating a language for such a therapy that melds the standard paradigm with the EP tradition of thought. I will then apply this language directly to the participants, designing a therapeutic object for each that could be used as a centerpiece for a rementing environment. The discussion will conclude with a look at how gerotranscendence emerged in these episodes, and its importance to this vision of therapy.

Inasmuch as this research was born of the tension between the standard paradigm and those approaches flourishing outside it, it is worth revisiting the importance of implicit memory. More so than any other idea in the standard paradigm, implicit memory allows the greatest commerce between it and the approaches to patient care inspired by Erikson and Feil. The torchbearers of the standard paradigm – Schachter, Damasio, Ledoux – are both fascinated by the implications of implicit memory and strangely enigmatic about its true extent. But any light shed on implicit memory rapidly falls to

darkness when the individual is taken as the unit of analysis. The EP tradition opened up a way to think of implicit memory as a kind of system that includes the immediate environment.

For the most part, we saw these domains operate at an implicit level. But their operations were also reflected in explicit memory, primarily through discourse. This research showed how discourse can function as the explicit carrier of the “the wordless stories” weaved by the other domains. Luna’s final episode is a good example of how discourse draws out the themes from these implicit operations. As will become clear when we discuss that episode, the dialectic between the explicit and implicit memory is not our chief concern. Rather, our focus will be on deepening our understanding of implicit memory by scrutinizing the operations of the domains of continuity. A therapy based on continuity would be carried out at the level of these operations, with special attention devoted to the postural modalities. Our aim is to establish how postural modalities are generative, how they add to the implicit narrative held at the level of the proto and core selves.

Of course, the postural modalities are generative only inasmuch as they are in constant commerce with the immediate environment. If we were to extend Damasio’s metaphor directly to this research, the precious objects are the muse for the storytelling attitude of the mind. Put another way, brought to us by the work of Csikszentmihalyi & Rochberg-Halton (1981), the postural modalities draw out unrecognized possibilities of being through these objects. It is in that sense that the fit between postural modality and the immediate environment is potentially generative. Following the storytelling capacity of all the domains allows us to capture this relationship without sacrificing the precision

or poetic license of the standard paradigm.

### The Call of the Object and its Spatial Expression

The call of an object describes all the possibilities that it holds and the extent to which it invites one to actualize them. This idea has already been introduced through Buettner's (1999) work on therapeutic objects. She found that those objects that were most effective also had the greatest capacity to hold the attention of their users through a well-defined circuit of interaction, the tether ball being the most popular example. It provided a clear, easily accessible invitation to play, and it is not difficult to assume the postural modality appropriate to it. It has a clear beginning, the striking of the ball, and a clear end, the cinching of the ball around the stick, as well as many other possible end points short of that. You could, for instance, score one point for every time a player misses the ball when it comes to him. It is also very difficult to get lost in the game. It practically resets itself, as the ball is always moving toward one player or another, and therefore always invites one player to begin the game anew. Its call is eminently well-suited to be heard by those with DAT.

If one had to judge the most successful therapeutic object among those chosen by the participants, one of the frontrunners would surely be Edna's mechanized toy rabbit. No other object seemed to hold a patient's attention as securely as this bunny did Edna's. It had many of the same qualities as the tetherball. Its introduction and conclusion were still clearer: the performance began when its motor set to work, and ended when the motor stopped. But, in sharp contrast to the tetherball, there were no other possible end-points. Its routine was set, leaving one no choice except in deciding when to initiate it. In that sense, the tetherball encouraged the formation of new postural modalities in a way

that the rabbit did not (though Edna did dance along with her rabbit in a few of the episodes). For the rabbit, one is largely confined to being a passive observer, or perhaps, as I was, a kind of stagehand. The tetherball allows a number of different variations upon an easily accessible, core postural modality.

These objects also differed in their spatial expression. That is, each functioned best within a certain arrangement of space. Certain arrangements also worked toward insight, as when Edna held out her hands to catch the rabbit in the event that it hopped off the table. At that moment, Edna opened up another dimension of the room in relation to her bunny, that of depth. Her cupping her hands provided another possible end-point for the rabbit, that of falling of the table. The tetherball also opens up the dimension of depth, but it does not so dramatically change the immediate space. So long as it is tethered, the ball flies within a fixed horizontal space. It can rise up and down, but this depth does not mean much for the game, nor does it mean much for the continuity invited by the game. To be sure, the tetherball helps maintain a past-present-future relationship. One can see the present becoming the future, as it were, and leaving the past behind. But the rising or falling of the ball adds nothing as dramatic as Edna's arranging her hands to protect the rabbit. The bunny's hopping near the edge of the table had created a kind of tension in the immediate environment; it was resolved by Edna's cupping her hands under the edge of the table.

Perhaps the sharpest contrast to the tetherball or rabbit in terms of the call and its spatial expression is the hot-water bottle (that is, the oval, usually red, hot-water bottles that are typically used as a heating pad), the least favorite therapeutic object in Buettner's study. A hot-water bottle does not hold that many possibilities of interaction – especially

given that the concrete thinking of DAT patients. It invites you to assess its squishiness, it invites you to hold it against your skin, even to use it as a pillow, but that is about all. Perhaps more important – again, especially for those whose thinking is very concrete – its invitations are not that strong. Nothing in the look of the hot-water bottle calls you to touch it; nothing except your previous knowledge of it makes you want to put it against your skin; and it takes a small feat of abstraction to use it as a pillow. In this sense, a hot-water bottle has a rather limited call for the demented, and it does little to open up other dimensions of space. With a limited call and a restricted spatial expression, this therapeutic object has little capacity to encourage insight.

The tetherball, in contrast, tends to create a tension between its call and the space of its expression. A ball flying at your face makes a very strong invitation to do something – anything – to get out of the way. A kind of tension is created at the intersection of the object's call and its spatial expression. One tries out new things under such circumstances. Edna's rabbit provides a good example of how this tension worked to encourage insight. The toy's invitation was somewhat limited. It mainly stood in place on the highest shelf in Edna's room. When it was brought down, its possibilities, at least within the episodes of this research, had already been narrowed to its performance. Once its song and dance sequence was started, anything you might do to it – touch it, for instance – would only impede the performance. Edna never once touched it during the execution of its dance. Once it was done with its performance, which never varied, there was no further compelling reason to start the sequence again. It was designed, then, not to move too far and not to be touched, especially during the execution of its dance. Those

qualities heightened the alarm when it did move in the direction of an edge. That call, brought to expression on the space of the table, brought about Edna's insight.

To be sure, this was a somewhat truncated insight. Edna could do little more than prepare for the eventuality of the rabbit's jumping off the table. It is also important, then, to consider the extent to which the context can maintain a generative tension. Bella's cat and dog arrangement is a good example of that generative tension. Remember that her insight was to have the cat snuggled up under the dog on the chair near her bed. She took great delight in the position she had found for them and it did seem to be the best that could be had in that room. Bella created an abiding tension in putting a cat and a dog that close together. Dogs and cats are long-time enemies making such a position somewhat intriguing whenever one looks at it. They were also positioned such that the fit between them was remarkable. Her insight provided a kind of scaffolding for her thinking, that is, ready-made means of moving toward more abstract thinking. Granted, it is not a great feat of abstraction to appreciate the irony of these two long-time foes overcoming their enmity to sit so close. Most important is not the height of abstraction she achieved, but that, if the arrangement were maintained, it would beckon her back toward that and still greater heights.

A kind of implicit new learning becomes possible through that arrangement. The cat and dog arrangement is something that might hold Bella's interest beyond her initial enjoyment of it. She, of course, would have no explicit memory of having put them in that position. But she very obviously has the capacity to appreciate that arrangement, and in that sense she could come back to and build on the original value she found there. As it was, she did not mention the arrangement again, despite its being right there before her

and my enjoining her to tell me more about something in her room. A therapy built on continuity might anchor that insight for her, making sure that the cat and dog were in that position at the beginning of every session, arranging the surrounding space accordingly. We will look at that subject in more depth below. As it was, that arrangement did not seem to invite a return of her attention. It is true that the cat and dog just sat there, at some distance from her, in a part of the room somewhat set off from where she usually sat. The call of the object, then, was truncated by the immediate environment. Bella's room, as it was set up, tended to cut off her insight into the nice snugly fit between the cat and the dog. Bella's insight is a good example of why insights need to be securely anchored in the immediate environment if they are to continue to generate tension.

Some possible variations in the objects' call and in their spatial expression deserve consideration. These stuffed animals might be made vocal— nothing special, just barks and meows. That would add a kind of inner depth to the object that might have led Bella along to the next moment, during which she might ask me to push the button or pull the string that would make them talk. Such a possibility is a good illustration of how the call of an object can be developed to overcome the limitations of the immediate environment; and suggests easy ways, as in inviting the easily accessible posture of pulling the string, to align the domains of continuity.

Now that we have a better idea of how these participants used objects in terms of how they called to them, it is worthwhile extending that analysis to include a closer look at how the environment affords this expression. We have established that no object is without a certain call, that all things tend toward certain spatial expressions, invite certain postural modalities more or less strongly. It is also clear that you cannot meaningfully



separate the object from its environment. An object's call finds expression within a physical context. We are now in a position to look at how the insights that the participants achieved came by way of transforming the spatial expression of the object in question. The kind of therapeutic recreation suggested by this research depended less on the object's call than on that power as it was harnessed by the immediate environment.

### Intimate Space and Continuity

Frank's bible and reading schedule is a good place to begin. His schedule was the one object chosen by participants that included a formal marking of past-present-future. But that marking of time did not hold through the other domains of continuity. The way he pointed out each, with a tapping finger, suggested the sort of temporal relationship he maintained through them: a series of discrete moments. This book, no matter how meaningful it was to Frank, would seem to have a very restricted invitation as a therapeutic object. But a book does invite one to spend quiet time alone. Picking up a book, settling down with it into a favorite chair, these activities are one way to create an intimate space. Though its call was limited and it has only a few possibilities of aligning the domains of continuity, Frank's Bible provided a hint of how to open up a more intimate space within the hospital room.

Edna's and Bella's stuffed animals suggest this kind of intimacy more directly. They invite touching, hugging, cuddling. As with any object, it was their placement in the room that allowed for the creation of intimate space. That was especially true of Edna's rabbit. She would have had a hard time getting it down herself, even though she was tall enough. It was situated delicately around a number of other pieces, including the birds, all of which were very fragile. Though I did not ask her daughter, who pointed mainly to

Edna's clothes as her most cherished objects, this object would seem to require another person to get it down and ready it for action. I was especially careful in getting it down and putting it up, acts which became a significant part of the opening and closing of her episodes. Because I was handling another person's property, I was extra careful with it. These acts helped establish an intimate space. Bella, in contrast, did not involve me in the same way at the start and finish of her episodes – though she did at moments of insight, moments that might not have been so fleeting had they been held by a more intimate space.

Edna's episodes were orchestrated within a very tight structure, which served to foster the creation of a more intimate space. We typically met near the door; and since she had no roommate, this space was vacant. It became a kind of foyer. It was there that we would hold our initial discussion, during which she would most often return to the theme of ownership: that everything in the room was hers and that the room itself had been fully paid for by her daughter. "I like everything in my room," she would often add with a sweeping gesture. Once we had come to agreement about her ownership, and after she began to understand the standard question, we moved to the other side of the room, where her bed, the rabbit and birds were. Once in that space, the 'inside' of her room, she always invited us to bring down the same objects: the rabbit and the birds. It was as if these objects changed significance at moment. Once we had been admitted into her room, they became objects to be brought out for visitors. The meaning of these objects was transformed as we moved into this more intimate space inside her room.

These kinds of transformations have been discussed in some depth above. We established that these objects were for all intents and purposes inaccessible to her, not for

use when she was by herself. By being initially inaccessible to her, requiring a visitor to fetch them, and having a purpose not immediately obvious to the eye, these objects were given a kind of gravity. When they were brought down, the room closed around them. All present were drawn into a more intimate space. But there were important limits to this space, limits that appeared to allow for Edna's protection. As a visitor I was both someone she was obliged to entertain and someone she could summarily dismiss. As careful as Edna was about her space, we can safely conclude that without that protection, she might not have risked allowing me into the inner part of her room. Her very choice of objects provided a limit to the space. Her toys' routines were short, with a clear beginning and ending. She never even hinted that we should start them up again. The foyer of the room was both insulation, and a place we could go to after the episode was done. These were protections to the intimate space, allowing her power over its boundaries.

Consider what might have prevented such a structure and boundaries from forming around Bella's objects. Many of Bella's stuffed animals were also placed on a shelf near her bed, a shelf that would have probably been dangerous for her to reach. She too once called on me to bring one of them down. Still, it lacked the gravity of either of Edna's objects. Bella did not begin the episode by identifying the dog. Instead, it was part of her often superficial identifying of the stuffed animals. It was simply the next one in a line of identification that she had formed primarily on the basis of their colors. It happened to be on the shelf, and she happened then to find a kind of insight through it, but the insight ended there. It did not have enough environmental support to sustain the intimacy its identification brought.

To sharpen the picture of the kind of support involved here, consider how the call of the object, as expressed in its context, maintained a temporal continuum. There was a natural structure for Edna's bunny: space is made for the object, the visitor pulls it down, it performs, and the interaction is soon at an end. Edna's tone after the completion of these episodes was invariably more formal, as if already establishing distance from what we had just finished. The environment, plus the call of the object, naturally supported a past-present-future organization. Bella's object did that as well, briefly, but then the onus of maintaining that domain alignment fell back on the immediate context, which could not sustain it.

Though there were some surface similarities, Bella's room was quite different from Edna's. Each had the side of the room next to the window, and each had established something like a separate room in this area. In fact, Bella had a much more tightly organized space; it was much more clearly separate from the room as a whole. Perhaps the most dramatic difference was that Edna had the whole room to herself; when she swept her hand over the room and said that she owned everything here, she included the space where a roommate would be. Within that extra space, she established a foyer, an important point of separation in the maintenance of the social rituals around her objects. In sharp contrast to that situation, there was no transitional space in Bella's room, nothing that would support the kind of social rituals that Edna maintained. I invariably settled on the bed when talking to her; the other chair was usually occupied by one of a number of stuffed animals. In this already congested atmosphere, there was also a periodic forced intimacy in reaction to her roommate's wailing, or her sucking her thumb. Her room simply did not afford the kinds of protections of intimate space that Edna's room did.

There are, of course, important individual differences in determining what kind of continuity each could maintain within her respective environment. Bella was very accommodating, never once refusing to participate in an activity or task that I suggested. Edna was just the opposite, someone who seemed much more comfortable dictating the course of events. But these personality traits are of concern here only inasmuch as they provide clues to how a room might be structured to encourage domain alignment. As a somewhat dictatorial personality, with daunting sensory deficits, going through her checks to get into the interview naturally contributed to a division of space. Only after her quizzing us in what was to become the foyer, could we enter her room. That division of space would not have been nearly as dramatic if we had walked right over to her bed. Bella was always sitting when we walked in, never once getting up to meet us. Her roommate, because of her mental state, was inaccessible (I stopped acknowledging her even before we started the interviews). That area never acquired a status clear enough for it to become a more flexible or playful space, and for that reason it could not be put in the service of deepening the intimacy around Bella's side of the room. In a therapy based on continuity, it would not be difficult to imagine a number of ways to capitalize on either personality. Bella's easygoing manner, for instance, would make it relatively easy to recast her roommate's wailing as a kind of performance (Bella once described it as singing), and then cultivate some of the same divisions of space that were part of the performances in Edna's episodes. These ideas will be explored in much more depth when I lay out my vision of a therapy based on continuity.

At this point, the discussion has yielded two foundational ideas, the object's call and its spatial expression. The section that follows builds directly on this foundation,

ultimately toward how therapeutic objects might be tailored to DAT patients. The object's call and its spatial expression point to how the patient can be carried along toward insight given a particular object within an appropriate environment. The role of the frontal lobe dysfunction in DAT becomes especially important in this respect. How does the sum of object plus environment compensate for frontal lobe deficits?

### Frontal Lobe Deficit & Environmental Support

Goldberg's research is our point of departure. He concludes that there is a much greater frontal lobe deficit in DAT than has typically been supposed, particularly early on in the disease. Goldberg shows that early in the course of DAT, these deficits show up behaviorally as indecision in ambiguous situations, when the immediate environment provides little guidance and the decisional actor is called upon to formulate and execute her own plan. What he does not do is look at this deficit later on in the disease process, nor does he contextualize it in terms of the immediate, physical environment. As the frontal lobes support such functions as the planning and orchestrating of events, it is important to understand their role in the kinds of events described in the previous section. For the sake of clarity and because the other participants will get much more attention in coming sections, I will continue to focus on Bella and Edna's episodes.

In terms of the model of continuity with which I entered this research, Edna's episode was clearly the longest, and had the most clearly defined start and finish. More than any other participant, she was clearly absorbed by her object, staring at it intently until the completion of the rabbit's dance number. Bella's episodes, in contrast, were typically quite short, often taking no longer than enough time to point out the object to me. She did not become stuck on any one object; instead, she most often skipped from

object to object along a particular theme: a color, for example, or from one stuffed animal to the next. The best example of her skipping was in episode two, in which she moved from the balloon to the stuffed animals, one by one until she reached the dog hanging over the shelf above her bed. She then added her joke about it trying to leap down. As was pointed out above, here she found insight not unlike that of Edna's inclusion of depth in the rabbit's performance. Suddenly, there was a 'below' to the stuffed animals 'above,' which simultaneously cinched together past, present and future. She conceptualized the dog as having drawn up to edge of the shelf, looking down, preparing to jump.

There is an interesting point of contrast to Bella's skipping from one object to another in her performance on the Clock Drawing. In both her command and copy conditions, the clock face ultimately became something else. After working on her first version for a while she said it looked like "a drunk" and added a tongue to it. She attempted no more modifications, as if it was at that point complete, or beyond repair. For the second, her reproduction moved in a similar way toward more concrete thinking. The hands became an airplane 'flying' toward the appointed time, then became the sought after number itself: "The airplane is 11," she concluded. Contrast this performance with her skipping from object to object. While doing that, every object maintained its integrity, never once becoming something else. Her thinking while skipping did have the quality of the concrete, as well as a lack of executive guidance. She at times seemed pulled from one stuffed animal to the next, giving each no more than an indentifying finger. But in contrast to the Clock Drawing, where the concrete thinking turns in on itself and becomes more deeply confused the more she attempts to salvage it, her skipping seemed to lead her in the opposite direction, toward greater abstraction. In short, the stuffed animals

appeared to support abstract thought, and in that way compensate for her frontal lobe deficit.

I have already pointed out some of the limitations in Bella's room in terms of its truncating the call of the objects; now there is reason to consider it as a rementing environment and look at how it might have helped contain her executive deficit. The animals were distributed throughout the room, typically in the same place, though some moved locations across interviews. What remained constant was the stratification of the animals. Some stuffed animals were at the highest level in the room, others on her television, others on her bed. Bella gathered momentum from this distribution of objects, especially in the first episode. She had more to say, and was more insightful, the further down the chain she went. It is not too far from these observations to the conclusion that but for this particular configuration of objects in her room, Bella would never have arrived at the insight she did, or would have shown the limitations indicated by her Clock Drawing. With this kind of environmental support, she found greater abstraction and, as in episode two, a better feel for what fit in her environment. This latter observation is important, as it suggests how initial insights might build on one another. As I observed above, her putting the cat and dog together was a good fit, but it also built in the possibility of leading her to more abstract levels of thought, as she had hit upon the irony of a cat and dog, natural enemies, curled up together. In that case, the environmental support was largely accidental. Still, it could be used to anchor a rementing environment, a possibility to be explored below.

As a prelude to that discussion, consider the camera as a kind of environmental support. It was much more effective than my prompts in starting what might be called an



episode of continuity, that is, her waiting to have her picture taken. It showed that same capacity to end an episode. In Bella's two insights mentioned so far, each episode ended abruptly, with her again seeing the camera and asking why it was there (or some other remark that suggested that she both did not remember having recently become fixated on it, and could not understand its function immediately upon looking at it). Once she saw the camera it was as if a spell had been broken, sealing within it what she had just been talking about. We might describe this as another kind of anchor, one that would help hold the boundaries of a more intimate space.

We have looked closely at some of the kinds of environmental support in Edna's episodes. The one episode listed in the appendix suggested how differently Edna behaved outside of her room. We were near the nurse's station in the middle of the unit. She kept up a discussion of many themes around the caged finches located there: their names, their origin, whether or not I had had any experience with them. When the conversation lulled, she would go right back to cooing at them, calling their names. This episode wholly lacked the momentum of the previous two. When she did end it, it was with a question about the weather. For Edna, the immediate environment in this episode did not support the kind of intimate space that was clearly in evidence in the other three episodes. The nursing station is frequented by any number of people, some of whom strayed through our interaction, or, as the nurse did, made a comment to Edna. Stripped of this support, she was left to finish on her own. The beginning was easy, as she had already sat down with the birds in order to look at them and therefore already had an object of interest. But there was nothing there in the situation that allowed her to complete the episode with the

kind of integrity she had before. Instead of the tight transitions pointed out above, she jumped to an unrelated topic.

Yet after that episode with the finches I was impressed by how long we had spent talking about the birds, how fluidly she moved from joke to requests for information to factual comments. What allowed this object to compensate for her deficits? The birdcage was in a corner that allowed a certain distance from everything else around it. When I sat down, there was no space for anyone else to become part of our group. Her being extremely hard of hearing only helped close this circle! It was as if we were alone there together. In contrast to her rabbit and birds, these finches kept up a steady movement. There was no beginning or end to their performance. When there were lulls in the conversation, she went back to cooing at them, courting their movements. Their quick movements captured her attention and provided many surprises, that is, they maintained a strong environmental tension. When she returned to them after a conversational interlude – surprise! – they were in a different part of the cage, and she was called to reorient her position accordingly. These were strong invitations for her attention, strong invitations to cultivate the many possible relationships to the birds themselves. They dictated the course of action and movement of her attention, in that way compensated for her frontal lobe deficit.

Something like an equation has emerged: environmental support plus the object's call and its spatial expression = capacity to compensate for the deficits in DAT patients. Specifically in terms of frontal lobe deficits, the first two terms in this equation describe the extent to which the environment and the patient's focal relationship to it – that is, the object or thing that has the patient's attention – will lead the patient along moment to

moment, invite and support a kind of planning, and help her negotiate ambiguous transitions. Now that these foundational ideas have become clear, they are ready for more direct application to therapeutic ends.

### A Kind of Therapeutic Recreation

The literature review was not meant to critique the practice of therapeutic recreation, only to highlight the important features of therapeutic objects. Though there are perhaps some good alternatives to the term therapeutic recreation for what will be explored in this section, the root meaning of recreation as “re-creation,” a generative activity, fits rather well. The term also draws up the idea of recreation as being *playful*, which is central to my vision of therapy for the geriatric population. This section follows that vision forward, toward ways of crafting the environment that not only ameliorate psychiatric symptoms but also open up the possibility of other forms of remembering.

One of the conclusions of the preceding two sections was that the object’s call is of a piece with the context of its expression. That finding pointed to the conclusion that particular combinations of person-object-context afford various possibilities of implicit remembering. Postural modalities are generative in that sense; properly fit to the context, they can help the patient reclaim lost abilities, unlock memories within the person-object-context. In developing this line of thought, the first task will be to find terms around therapeutic recreation that will bring out its root meaning as playful re-creation. After establishing a working vocabulary appropriate to this task, I will tailor a course of therapeutic recreation to each of the participants in this study. Much of the work in this section will be in the way of assessment. Each participant’s chosen objects will be assessed for their potential therapeutic value in that environment, and some suggestions

for therapeutic interventions will be discussed. This assessment will serve as a prelude to the next section, where these ideas will be developed in still more depth, and model therapeutic objects will be drawn in sharper detail. The aim will be to come up with interventions that build on strengths latent in the participant and his immediate environment, and to do so in a way that requires as little change to that context as possible. What follows, then, is a kind of interlude that brings together the key terms and ideas of this section.

It almost goes without saying that any truly therapeutic object must be alive to the patient. That is, it must call to her in a way that suggests that it has a life separate from hers. The context, of course, must accommodate this expression. A tether ball would be of little use in a room that is too small to play in, or one full of fragile objects. The therapeutic object must fit within its context in such a way that its call finds easy expression, and can be easily built on. The goodness of that fit will often be seen in the object's capacity to refigure the room's space. Edna's bunny, for instance, refigured the space into a stage and a place for the audience. If there were no table, say, and only the floor was available for the bunny's performance, then the bunny could be said to have a call ill-suited to Edna's room. Such an arrangement would not yield a productive division of space. As it was, the bunny found its stage on the movable table. On that table, the possibility of the bunny falling set up a productive tension between object and context, a tension that made domain alignment more likely.

Edna's cupping of her hands has been one example of how contextual tension is resolved in a postural modality. Hers was perhaps easiest to see, though was by no means the most dramatic or potentially generative. The postural modalities that accompanied

Luna's "That's it," her signature phrase, held a great deal more complexity. Hers is a good example of how very similar postures tend to congregate around a particular discursive stance. Luna said those words with an air of finality, which she captured in her pincer-like grip. Postural modalities form a kind of narrative themselves, which means, as we have seen, that some postures act as means of punctuation. Luna's signature gesture might be thought of as a period, one in various shades of bold type. We can easily imagine contexts in which that postural modality would have no place. In an environment in which that punctuation could not find its bearings, Luna would most likely become agitated, stuck on that particular way of starting and stopping the flow of her experience. Therapy based on continuity would look for ways of restoring domain alignment. An important part of that effort would be the designation of a lead therapeutic object for her, one that calls to her clearly and strongly, and which has a spatial expression that fits well with the immediate environment.

The key terms introduced and expanded on here – call, spatial expression, spatial signature, confluence, and lead therapeutic object – will form the most important vocabulary of the next section. Now that this working vocabulary for therapeutic recreation has been established, it is worth revisiting the idea of temporal configurations. The past-present-future configuration has served as the model up to this point. But it is a general structure, used primarily to illustrate how the domains come together; the configurations described below often branch off from it. We have not touched on the progression in temporal configurations over the course of treatment. That is, a treatment plan for therapeutic recreation might prescribe successive temporal configurations depending on where the patient is now and where she aims to be, ideas to be treated in

some detail below. It is important to keep in mind that a change in configuration marks a change in continuity. The therapeutic interventions have as their aim a shift in temporal configuration. Where Luna seems stuck in the present, for instance, the focus is on shrinking the present and opening up a larger future. To the extent that they are successful, the model therapeutic objects to be discussed in the next section will effect just this kind of change.

Bella would seem to have a significant number of possible candidates for her lead therapeutic object. She did not appear to favor any one stuffed animal, though she did mention the big dog sitting in the chair a number of times. He was also the one who offered the clearest invitation. When she pointed him out, he was already up to something. That he took on a life apart from her is clear from her statements. He “just sat there,” or was somehow actively “taking up room.” Indeed, he had considerable potential for movement within the given space. One other competitor, the dog on the top shelf, would be difficult to use effectively in the room down below. He would be dwarfed by the other animals present. His posture of being “about ready to jump” would not be nearly as effective if he were on the chair or, worse, on the television. In either of those places, his posture would at best create only a mild tension within the environment. The big dog, in turn, would have no business being in the little dog’s position, or anywhere up high. The big dog was well placed to command the immediate area. He had great freedom of movement within that space and it would be obviously inappropriate to move him anywhere else. The best choice, then, for lead therapeutic object would be the big dog.

During the interviews, the big dog rarely moved from his chair; and he often had company there, usually one of the cats. Judging by her insights with this animal, as well as with the little dog, we might want to consider involving those two creatures in the therapeutic recreation. Both offer the possibility of a distinction in size that, important in itself, also suggests the above and below distinction. There is also a tension among the themes of the objects. Dogs and cats are quite often enemies, and therefore might be expected to break into a skirmish at any minute. That tension adds naturally to each creature's being alive to Bella, and also pushes a confluence of interpersonal themes. The smaller dog could be made to collude with the bigger dog to drive away the cat, for instance. That interpersonal theme would be much more difficult to draw up if you were to exclude either dog. There is good reason, then, to bring in a number of the other stuffed animals in lesser roles. The best part of the room to use these objects would be that which stretches from the chair to the bed, and from there to her rocking chair. That space would exclude the area around the television, and the animals on top of it. They would not have much freedom of movement coming from that position. In the middle of the room, they could go in a number of different directions; and there are, because of the bed and the shelf, many more ways to exploit the above and below distinction.

Bella's spatial signature was her skipping from one object to another, based on color or some other quality, using a wand-like finger pointing. In episode one, this skipping across animals led her to a position where the little dog suddenly came to life: hanging over the shelf, ready to jump down. Building on this strength, we might initially put the objects at a fair distance from one another, that is, within skipping distance. Ultimately, we would want to encourage the expression of other spatial arrangements:

putting all of them close together, putting one at some distance from the others, etc. In this way, the therapy would cultivate potential insights around spatial relations and interpersonal themes.

Bella's episodes showed clearly how she used the objects in the room to compensate for her deficits in planning and execution. She started with a simple theme, a color or quality, and moved along that theme until the stuffed animals began to call to her. She thereby brought the creatures to life, and was for that reason less responsible for guiding their actions. Bella granted an object life – usually with a playful, wand-like bounce of her finger – and it responded by taking on a life of its own. Bringing in an animal similar to Edna's bunny would be an appropriate therapeutic intervention. It would work to focus Bella's attention on a single object, and encourage her to assume other life-giving postures. To do so, to find ways of condensing her skipping and dubbing-of-life postures, would at the same time mean her finding a new bodily commitment to the environment: one finger to the button on the animal in order to bring it to life, for instance. If she retained that commitment to the environment over time, we can say that she has retained new learning.

A performing object would also further emphasize her side of the room as hers alone, apart from the wailing of her roommate. Though she made reference to her roommate only once during the episodes, Bella did interpret that wailing in many different ways before and after the camera was on, as well as during the testing. She once called this wailing "singing." Another time she turned abruptly when she heard her and, glimpsing her feet past the curtain, mistook them for those of her late husband. She then ascribed the sounds of her roommate to her late husband, whom she said "had been



drinking.” If she had a performing bunny, there is reason to hope that those wails would become part of an audience reaction, that Bella would come to understand them as expressions of delight, as clamoring for another performance – at worst, perhaps, something like a booing.

Edna’s rabbit and birds maintained a clear invitation. They occupied a special place on the shelf, were brought down only for visitors, and only when those visitors were in the intimate recesses of her room. They performed a certain routine, similarly perfect each time, after which they were retired to their special place upon the shelf. Edna often treated them as if they were alive, leaning over after they had finished their routine to ask whether they were “done yet.” Yet, there was limited tension between these objects and the environment. They could not perform their routines on the bed nearly as well, and to put them on another flat surface, say the floor, would dilute their spatial expression. These objects need a stage, and the moving table was the only proper stage in the room (though the window sill should also be considered). That stage offered little tension with the immediate environment beyond what we have already seen: the possibility of the rabbit’s hopping off the table and onto the floor (as they are stationary, the birds do not admit even that possibility). Once on that stage, the area around it became a place for the audience, with all the attending rules and regulations of such a space. It would be very difficult to cultivate the spatial relations of above and below beyond the potential for the object’s accidental fall – a possibility to be avoided.

There is also very little flexibility in how either object called to her. The routine cannot be changed, short of adjusting the programming within the objects themselves. As an audience member, you have few options during the performance. You can not very

well touch the performers, especially these performers, as that would probably upset their program – and afford little enjoyment. Clarity and consistency of pattern, not flexibility, are the main virtues of these objects. They always perform in the same way, with a clear beginning, middle and end. One is easily carried along within this pattern. Both objects strongly support the temporal configuration of before-during-after within the confines of the performance. Still, that performance requires significant restrictions on the immediate environment.

Edna's way of orienting herself to these objects showed both the strengths and weaknesses of the objects' therapeutic invitation. There was an extremely tight sequencing of the beginning, middle and end of each episode. Edna allowed few variations. At the end of the performance, she asked whether I wanted anything more from her, in a way that suggested that I should not, after which we said our goodbyes. There seemed to be nothing more in the script – except, perhaps, another run of the same performance, and she did not once offer that. She varied little, then, in her orientation to the performances. They ran their course pretty much the same way every time. Nothing in the room, or in the orientation of the visitor, would promise much variation, either. Still, the bunny's performance both opened up an intimate space and defined its gravity. As the owner of that object, Edna found an important sense of control through it.

But if the larger context were included – say, from her room to the nurses' station – the living birds might be the better choice for the lead therapeutic object. At the nurses' station, which includes the birdcage with two active finches in it. Edna spent a long time with these birds in the one appended episode. She negotiated all transitions, included diverse material from many different sources in the conversation, and even told a joke or

two. The strengths she showed during that episode point to a confluence from the birds in her room to those at the nurse's station. If Edna had a room to herself, we might consider putting a birdcage in with her. Even if that were an option (she was to get a roommate by the end of the research, and having a birdcage in her room would require considerable upkeep from the point of view of the nurses), it is first necessary to consider whether a therapeutic intervention could be designed without changing the immediate context.

Her episode at the nurse's station had a similar temporal configuration of those recorded in her room, but she carried it through without the set structure of the bird's performance. She found ways to maintain the caged birds as her focus even when they no longer directly guided her. That she joked and discussed a number of diverse themes around the birds suggests that their presence would support more abstract thinking. Recreational therapy might be designed around her being brought to the birdcage daily, to converse in the presence of the lively birds. If she joked more often, or dealt with more abstract themes in her jokes, the therapist could claim progress in therapy. The finches, in their fluttering and shifting demands on her attention, would call on her to establish her own structure around the episode, compensating in that way for her frontal lobe deficit.

The deficit in repetition would be more difficult to surmount, principally because of her profound hearing impairment. Though it might at first seem to be a stretch, consider the possibility of translating the bird calls into another sensory modality, namely touch, and working on her repetition deficit from there. There is some support for this idea in the literature. Davis, a preacher, translated scripture into touch so that he would remember it later in his illness (Davis, 1989). Once she had heard them clearly, the birdcalls could be tapped onto her hand. This learning would not, of course, improve her

verbal repetition. But it would grant her a means of entry into all the rhythms and temporal variations of the birdcalls. These could be the basis for new postural modalities, new ways of drawing out possibilities of relating to the birds. Just as in Bella's therapy, to the extent that these could be carried over and built on from one session to the next, the therapist could claim to be working with forms of recent memory.

At first blush, Frank's world of objects seems to be the most impoverished. The Bible and his schedule proffered a very limited therapeutic invitation. Episode after episode, they occupied the same space along the edge of the bed, a place where they had little tension with the immediate environment. That context worked to silence their expression. Indeed, there was no proper place in his room for these books, at least no place that he used during the episodes. The closest thing to a desk was the movable table that typically sat along the edge of the wall across from him. Still, the books were the only available objects in the room. They were always at hand, in the same place, whenever I saw him in his room, while filming an episode or when just passing by. There is no other choice for lead therapeutic object.

Bringing the moving table over to form a small office space is one possible therapeutic intervention, one that would establish a much smoother confluence of objects around his Bible. Using the bed as a desk drains away the bed's meaning as a resting place (a very fragile meaning in the first place, as these hospital rooms tend to dilute such intimate spaces). Bringing the table over would re-establish the bed as separate from his study. It would, at a stroke, create two rooms: a study and a bedroom. The table would also, of course, be a much better place to read than the bed. Everything that he would need to study would be in front of him; he would not have to twist over sideways either to

read or to retrieve the materials he had gathered for that pursuit. Because the table is movable, Frank could use it as a door, pushing it back to get out. Exiting his study would also mean his pushing aside his work for the moment – which would invite his return, as it would then be sitting there on his ‘desk’ awaiting the renewal of his attention. These sorts of changes would be needed to bring these objects to life. As it was, the Bible appeared to be alive only fitfully. The contents, having to be read over and over, were only marginally alive as well. The schedule had some life inasmuch as it guided his actions, told him what to do. Put on the desk, though, these objects become part of a project not yet done, but that calls to him, strongly invites his return. It would be worth considering a more elaborate setup, say a real desk put into a corner, but that would probably be too expensive and not practical for the majority of nursing home residents.

Frank’s objects do not have much flexibility but what they do have would permit much constructive elaboration. Neither Bella’s nor Edna’s objects invited the creation of a separate room in the way Frank’s did. Once in that position, the objects would have considerable gravity within his room, separating the room into the entrance and the study described above. The first thing you see walking in would be Frank sitting there over his work. One naturally stops in the face of such an activity, asks if he would not mind being disturbed, etc. That gravity is much lighter with the books on his bed, where they do not contribute to the emergence of a separate room.

How would this arrangement help compensate for his deficits? Frank’s spatial signature, his reading of the dedication, would find greater environmental support in a room with more clearly defined boundaries. In contrast to Bella, who would seem to benefit from more open space, Frank needs a restriction of space that also encouraged a

connecting of moments in time. The temporal configuration that dominated his episodes was that of a series of discrete moments. His most striking deficit was in his short-term memory. Some abstract reasoning remained intact, especially in his humor. In looking to me expectantly during the episodes, he was in a sense asking me to carry him from one moment to the next. A smoother confluence of objects in his immediate environment, as with the intervention of drawing the table in, would serve a similar purpose.

Lika spoke in no uncertain terms about her pictures as being alive to her. She reported an intimate form of communication with them, perhaps one of the few she had left with those in the pictures, as they had all died since she had been in the hospital (or so she reported to me). These pictures never moved from her wall. On the wall across from her bed, they did not gather much tension in relation to the immediate environment. Nor did they seem to allow much elaboration or division of space. Lika might have formed something like a sitting room if she viewed the pictures while directly below them. But such a room would have had only very porous boundaries, nothing like the possibilities of enclosure in Franks' proposed study. They did allow her to lie down while viewing them, which, as described above, fostered an intimate space. Beyond those intimacies, the pictures showed little flexibility.

There is no clear beginning-middle-end that comes with viewing these pictures, certainly not in the way of Edna's objects. Establishing a clear beginning and end point in her episodes was sometimes difficult. But this very ambiguity may be helpful. In episode three, for instance, she identified those in the pictures individually, pointing to them, then made a kind of rubbing motion over the whole of the room and said that she had "no problem with anything." Lika's spatial signature is written between these two gestures:

pointing and sweeping. That signature might be drawn out by bringing down certain pictures, allowing her to look at them from a more intimate distance, encouraging her to show others. That move alone might encourage domain alignment. Having a picture close at hand might also work to tether her two signature gestures to that object. She would have at least one hand on the picture, holding it, and the other would be free to designate particular items within it. Having her hold the picture would thereby encourage her to condense these gestures into a new postural modality, which could underwrite a new spatial signature.

One of the questions that Lika's episode conjured up is the importance of touch in therapeutic recreation. Lika was the only participant not to handle her object at all. The other participants tended to handle their objects in a superficial or functional way, though they could be playful with them as well. But by no means did they exploit all the possible variations in more intimate forms of touching, especially a more subtle use of the hands. One of the conclusions of Wilson's (1999) seminal work is that the grammar of the postural modalities flows primarily through the hands. One of the benefits of Lika's handling her pictures would be to allow an exploration of them that might lead to a condensing of gestures. Further in this same direction lies the idea for a model therapeutic object. This object, which I will call a Picture Globe, is a round form of those picture boxes that were once very popular. Those boxes had pictures on each side, a total of six. The globe would have a number of pictures under a plastic surface. The advantage of the spherical shape for Lika is that it has no clear end point. Each picture runs into the next, yet at the same time stands out in relief, because it is on top, relative to all that surrounds it. That would seem to bring out her signature gestures better than, say, the

picture box. The picture box would promote the first part of the move, the designating of individuals, but do little to promote the second, the bringing together of all present. I will develop this idea further in the section on gerotranscendence. For now it is enough to point out that the Picture Globe also invites a cupping of the hands, a gesture that suggests containment, which is in turn intimately related to hope as it is developed in Erikson's developmental schema. It also condenses and connects the spatial arrangement inherent in that virtue, that of above and below. In the Picture Globe, each side is intimately connected to every other; each picture would be contained by the whole but potentially available as separate. The Picture Globe is merely an extension of the idea of bringing down one of the pictures. Such measures become necessary only if simpler ones fail.

Luna's afghan was perhaps most alive for her during her final episode, when she had it wrapped around her. In the other episode in which it was featured, it had the meaning of something that had been made, a theme around which she wove a small collection of facts and not much more. In her final episode, the afghan held the greatest wealth of themes. She described it as big enough to cover herself; and it was in fact at that moment covering her, at least partly. It added to the intimacy of her bed inasmuch as it was a covering, which added to the bed's being divided from the rest of the room. The afghan is the obvious choice for the lead therapeutic object. Nothing else in her room had a stronger gravity.

The afghan also allowed Luna to develop certain spatial relationships, the most important being over and under. In episode three, she was intertwined with the covering, with the majority of her body under it. The handmade afghan showed its potential



flexibility here as a therapeutic object. She might drape it over her legs while sitting in her wheelchair, or while sitting up in bed, etc. Above and below, which has been the most prominent spatial distinction in the other episodes, would seem to tell us little about the tension that over and under would bring to the room, as similar as they might seem. Above and below do not immediately suggest an intimate space in the same way as over and under do. Being ‘under the covers’ means being in a private place, one that brooks no intrusions. It has considerable gravity around the bed in thus designating repose. Of course, that privacy does not immediately admit another person. The flexibility of her afghan would be especially important in this respect. If it were put over her legs while she was sitting, that would serve to emphasize her upper body, and expressive capacity of her hands. That might be a way toward other means of gestural punctuation, other ways of telling her story through these new postural modalities.

That point brings us to Luna’s spatial signature: her finishing phrases, especially “That’s it.” She put these phrases to many different uses. She used this particular finishing phrase in relation to the afghan throughout episode two, most often to put a period at the end of a number of factual statements about it. She also used it to end her longest and most comprehensive telling of its history in episode three. “That’s it,” she said, then moved directly to the next subject: going to the bathroom before leaving to play cards. These finishing phrases might profitably be taken into her therapeutic recreation. She might be enjoined to point to particular parts of the afghan that were difficult for her to complete, or, to designate those “unwanted pieces” that she had collected to crochet the afghan in the first place. In short, she might be encouraged to put

any number of new ‘finishing touches’ on the story of her afghan and, by extension, on the story of her life.

That strategy would both support her spatial signature as well as compensate for her deficits. Luna’s deficits upon testing were considerable. She had little to no sense of objective time markers and, in contrast to the other participants, was very poorly oriented to place. Yet, in the last episode, she defined a specific time period for the interview and held to it. She also carried themes in that episode that signaled some capacity of abstract thought. That is, she described the afghan as both what it was, as it appeared before us, and as the product of a number of other activities. It was the product of her gathering together all kinds of unwanted yarns; of her sitting down to begin the project as a whole; and of her being surprised that, “first thing you know, it’s big enough to cover yourself.” By the end of her description, then, it had taken on a number of other functions and histories outside of what was immediately observable. The virtue of the afghan for therapeutic recreation is that it is an even expanse that admits many different kinds of punctuation other than the pincer-like hold she put on it while showing it to me initially in that episode. The afghan, then, would work to support a capacity for abstraction on the level of different postural modalities. These new expressions though they may carry over from session to session and in that way constitute new learning, would doubtless not be available to consciousness; they would begin and end with touch.

There are many other ways to draw out the strengths in her signature gestures. Thought of as ways of ‘stitching together’ experience to make it more manageable, other possibilities of its capacity to ‘cover her’ emerge. Other therapeutic objects might be modeled to help her to draw out and build on the expressive capacity of her hands.

Another popular consumer item, the Magic Eight Ball, comes to mind here. Once very popular, the Magic Eight Ball is a black plastic ball about the size of a softball. It has a small, round window on it, against which a number of messages can be seen. Typically, one would ask it a question, and then wait a second for a message to emerge under the window as the answer. The typical gesture one uses to bring words to the surface might be a nice addition to Luna's postural repertoire. It is first a shaking, a stirring up of the contents inside, then a firm cupping or holding still of the ball as the message piece in the center, which looks very much like a triangle of fabric, first settles, then presses itself against the window. Such an object would allow memories to first be stirred up, then to be made still and to provide a clear message. The stirring-up gesture, which is a more marginal gesture for her, and perhaps more unsettling, would be brought into contact with the finishing gesture, which provides immediate calm and quick resolution. Added to them both would be a surprise: the message through the window. If she had trouble seeing, others could be pulled into the space to read the message for her, furthering domain alignment. Within that alignment, the unknown, something beyond her control emerges, which she can then stitch together into what she already knows.

It is clear that this discussion is already at the point of suggesting particular therapeutic objects. These objects – the Picture Globe and the Magic Eight Ball – follow the logic of the assessment of each subject's continuity. That assessment was broken down into the subject's spatial signature, the object's call and its spatial expression, and the confluence of objects in the room. Wherever possible, a lead therapeutic object was designated from among those they chose. The Picture Globe and Eight Ball were discussed because they seemed to expand so well on Lika and Luna's spatial signatures.

These two objects were also discussed here by way of introduction, to draw a clear picture of how assessment would lead to a therapeutic strategy. Still, there is much more to say about that subject, especially as it touches on postural modalities.

### Constructing Therapeutic Objects: Confluence & Postural Modalities

Few other thinkers in the EP tradition are as attuned to the nuances of things as Van den Berg. He offered many rich stories, meditations, and illustrations of how objects gather time, tell us who we are, give us back ourselves (Van den Berg, 1961, 1970). In one of his essays devoted to memory, specifically to where memories are stored, he repeated a section of Jean Cocteau's diary. In it, Cocteau is visiting the town of his youth, spending the day courting his earliest memories. After walking for some time, Cocteau found himself along the route he used to take to school. He decided to follow it and, after a time, he found himself at a certain fence. He walked slowly along its edge, looking to conjure up precious memories. Little emerged, certainly nothing in the way of that profoundly happy time. Partly as an experiment, Cocteau then assumed the posture and height of that time, dragging his hand along the fence as he used to. As if a needle had at that moment been laid down on to a record, memories of his childhood suddenly poured out. Van den Berg asks us to consider the idea that memory lies in the relationship between Cocteau and that fence. When Cocteau first passed by the fence, some memories were drawn up. But nothing with any vitality – despite Cocteau's consciously attempting to draw them out. It was only when he assumed the posture, and dragged his hand along the fence, that they emerged, in sudden abundance. The objects had to be assembled just so, and Cocteau had to be in a certain position, for them to emerge as they did. That story, of course, recalls much from the previous section. It will also be inspiration for what is to

come next. After drawing out its implications, I will look more closely at how to construct therapeutic objects.

I have used the term confluence before but now it is time to bring it to a finer point. To that end, first recall the proposed intervention in Frank's room: bringing the table around to form a kind of study. That room would have greater confluence than the one he had put together using the bed as a makeshift table. Books belong on a desk, a desk in a study, etc. A bed does not belong in your study, at least not if it is to be used as a desk. A bed in one's study would not promote confluence there. When things in space go together in this way, when they are in confluence, there is a kind of quickening of possibilities. Organized games provide still better examples. Everything on and around Ed's pool table went with the game, was in confluence with it. To bring this point home, imagine if we confined the game's chalk, and all chalk-related activities, to a different place, outside the room the pool table was in. All the pieces of the game would still be accessible. It would take no more than, say, fifteen seconds to go to that other room, chalk up your pool cue and return. But the disruption to the game would be considerable, especially for those who chalk up after each shot. The confluence or flow among the game's pieces would be disrupted, as would the unfolding of postural modalities over the course of the game. Those differences, that breach in the confluence among the pieces of the game, would dramatically change its pace and rhythm.

The aim of this section is to get a much clearer idea of such differences. We will look at a few episodes and draw out some of the more important points about confluence, then apply them to particular therapeutic objects. As described above, confluence is intimately connected to temporal configuration. The past-present-future configuration has

been our model, useful precisely because it is simple, general, and was on display in a fairly straightforward way in Edna's episodes. Here the idea is to look at how contextual confluence supports changes in temporal configurations. Lika will serve as the participant of interest for the first part of this section, primarily because the Picture Globe, which was considered briefly as a therapeutic object for her, will serve as the initial model therapeutic object.

It is first important to get more precise about the temporal configurations that emerged in her episodes. In episode one, Lika's discourse was strictly within the present tense. We can assume a past, as well as a future, but both were cast into the shadows by her declarations in the present tense. She ended this episode with that by now familiar assertion, "But Jesus comes first all the time." The other two episodes shared this structure. This temporal configuration might be described as implicit past- slow present - implicit future. All her assertions described activities that would not end immediately; but she told us nothing explicit of the past, nor of the future.

In the therapeutic recreation designed for Lika, two gestures were of interest: her pointing at particular relatives on the wall, and her rubbing her hand at a distance over the room as a whole. Having her bring a picture in close to look at it would not only have the effect of supporting a more intimate space, it would tether the one gesture to the other. A picture box would encourage the first gesture but not the second. That is, she might point to each side, but these sides would stay separate. It would not encourage her combining the gestures into another postural modality. Put another way, the picture box would do little to move her out of the declarative present. The Picture Globe was thought to do just that. Any picture in the Picture Globe would be situated next to another picture. As she

turned the Picture Globe, the declarative present would open up to and make explicit the immediate future. Since the next picture on the globe holds the one directly preceding it, the implicit past would be pulled along and made explicit as well. The combination of pictures, which picture follows which, is important only in that it redounds to changes in the temporal configuration and postural modalities. It is worth emphasizing again that the hope with the therapeutic object is not to provide a crutch for declarative memory, or to rehabilitate declarative memory. The absence of declarative memory is the starting point of this analysis. Carried over in the Picture Globe from session to session would be a particular temporal configuration, and a particular postural modality to support it.

Inasmuch as the therapy was successful, each time Lika returned to the Picture Globe, a particular time configuration would be ready at hand, that of “the declarative present opening up onto the immediate future and pulling out the recent past.” The object would be close to her, encouraging the creation of a more intimate space. Pictures on the globe are also apparent to anyone who might be around, pulling them in – drawing them in to a near future of still greater intimacy. As Lika turned the object, she would give the picture she had just been looking at over to the person closest to her, while at the same time staying connected to the present in the form of the picture directly in front of her. If there were another person to her left, that person would receive the pictures of the recent past. In this way, others would be included in the continuum of this temporal configuration. On either side of her, these others together could bring out and continue to make explicit the past and future. The Picture Globe invites these others into alignment with Lika.

The model therapeutic object for Bella is suggested by Edna's animals. A stuffed animal with a motorized performance would work well within the given contextual confluence, and would readily take up her signature postural modalities: sweeping around the room or pointing at a particular stuffed animal. Having a button to push would encourage a more precise gesture, one that would lead her to the same end: the enlivening of the object. Indeed, the performance would pick up precisely where she left off in most of the episodes: that of the stuffed animal having been up to something that is now carrying over into the present. The temporal configuration that dominates her episodes is one of the past creeping up into a present already in motion, which then moves into a quickly foreshortened future.

How might the proposed therapeutic object, a motorized stuffed animal, encourage a shift in temporal configurations? The one that emerged most dramatically in Edna's episodes was the before-during-after configuration, which was intimately tied to the performance of the bunnies and birds. Given her deficits in planning and execution, as well as her delight in bringing these animals to life, Bella would seem to take readily to this highly structured configuration. Initiating the performance, say by pushing a button on the paw of the bunny, would seem to be a natural extension of one of her signature gestures, a wand-like wagging of her finger at one of her stuffed animals. It would extend and add precision to that gesture and thereby sharpen her spatial signature, the skipping from one object to another. That is, if the end-point of that skipping was bringing one of her stuffed animals to life, this object would encourage her to locate and follow a shorter circuit of activity to that same end: pressing the 'on' button in order to start the bunny's program.



Still, there is room to be skeptical of this object for Bella. Perhaps her most conspicuous frontal lobe deficit showed itself along a continuum of being stuck to having her attention pushed this way and that. The bunny, which rigidly enacted the before-during-after sequence, would almost seem to provide a crutch for this deficit. It might work very much like the camera: immediately riveting her attention, and not letting it go until the show was over. That kind of capturing of her attention does not invite her to use the object to focus her activity. Yet the end of the bunny's performance would seem to encourage her to find her own finishing phrases. It would be abrupt enough to throw Bella back on herself, put her in a position, especially if others were present, to provide another ending. In that sense, the object fits her well; it opens up the immediate future and calls for her to define it.

So how might one modify this object to both encourage other finishing phrases and forestall this one potential drawback? One possibility is to have different routines tied to different start buttons, as well as a 'discontinue' button for use if she started a program that she did not want to complete. Multiple start buttons would immediately open the possibility of choice, and encourage her to build on her responses. As she becomes better acquainted with the object, she could be prompted to play a particular routine, and break it off if it is not the right one. These additions would work to support initiation and termination of activity. They would do so in a way tailored to her signature postural modalities, and build on strengths that carry the latent potential to overcome her deficits – the guiding principles in the construction of any therapeutic object.

Edna's therapeutic program in the last section focused on more numerous trips back and forth to the birdcage at the nurse's station. These were to be accompanied by a

recreational therapist who would emphasize jokes and transitions while she watched the finches. The aim of this intervention was to encourage further domain alignment around the birds, as she had already shown a kind of abstract reasoning there, as well as a capacity for fluid conversation. But there was an additional suggestion, one inspired by Davis' memoir: translating these experiences into the more durable sensory modality of touch. In the interest of a confluence of objects and themes, a toy bird as a therapeutic object is worth considering. It could be designed to vibrate different songs, or in some other way translate the music directly into touch. A bird that vibrates in this way and that is also designed as a therapeutic object might appropriately be called a Hummingbird.

The Hummingbird would build on one of Edna's signature gestures: her leaning forward and asking a pointed question. One of these questions was "Are you done?" which she playfully asked of the object itself, then looked at me and laughed. That moment is important, as it marked her enlivening the object without using the button. Building on that direct, pointed gesture, the Hummingbird might be designed so that Edna would have to pet it for it to begin its song. The gesture of petting suggests intimacy, it assumes a life separate from hers that would enjoy such attention, and it is more precise than her leaning over, pointing with her body. Once it started to vibrate the song, it would invite continued holding, continued touch. She would likely hear the song through, listening all the more intently because of the possibility of its stopping. That kind of intense, focused attention is precisely what a good therapeutic object invites.

Again, work with the therapeutic object would be designed to bring about other possible temporal configurations. The dominant time configuration in Edna's episodes is probably familiar by now: three sharply distinguished periods. The past anticipated the

future, the performance. During the performance itself, both past and future became background. Once it was over, the past quickly receded as the future, my leaving, became imminent. The Hummingbird, in contrast, encourages some very different temporal configurations. These would be built in part on the intimacies the object would typically invite. First, she would be holding it, which, if others wanted to see, would encourage them to draw up closer to her, thereby furthering domain alignment. (As the bird would not be playing a song that anyone could hear, this kind of intimacy would probably be rare.) The greatest intimacy would be with Hummingbird itself, especially if the pet-to-start feature described above is included. As with her chosen objects in the episodes, we would expect her to explore the bird a little trying to get it to sing. Recall how well her body knew where those buttons were, even as she fumbled after the buttons. Her words at those moments were strangely at odds with her body. She would go straight for the buttons while expressing no knowledge of their whereabouts. Petting, which the texture of the bird invites anyway, would build on her bodily knowledge and encourage its joining up with her discourse, that is, an aligning of domains. We would expect her to coo and chirp herself, just as she did with the birds at the nurse's station, while petting the Hummingbird – all part of her bodily investment in drawing a song out of it. This entire circuit of activity holds to the modality of touch, further encouraging Edna to take up the invitation to 'listen to' the song in vibration.

The build up for this therapeutic object is much slower than with the performance of her chosen objects. It could be drawn out for a considerable period of time if she spent that much time getting to the act of petting. That would be time well spent, as it would encourage expression and receptivity in touch, the sensory modality to be strengthened.

The vibrated song itself would continue to strengthen that modality, encouraging her to hold on, to keep the object in hand until the song's completion. Once done, there would be a lull, a space to fill, a transition to be navigated. The shorthand for this temporal configuration would be a gathering present leading into the performance followed by an uncertain future. Not only would the uncertain future encourage her to build a structure around the object herself, it would encourage that addition in the modality of touch.

A number of therapeutic objects were offered in this section, primarily to give form to the vision of a therapy based on continuity. The model for each participant should be thought of as a natural outgrowth of the assessment. None of these objects would necessarily fit the needs of any other participant than the one they were designed for. But there may be reason to look in that direction as well, toward objects that, for instance, would be especially useful for DAT patients who wander or are agitated. Creating such objects would require a still sharper understanding of how psychological problems are formed at the intersection of the immediate context and the normative developmental life cycle.

### Gerotranscendence

In the original design of the study, I was unsure whether to include as subjects those with a co-occurring depression. I decided to include those who had some mild depression but not so much so that it would interfere with the interviews. Yet, there was still the question of how depression influenced continuity. When these depressive symptoms did appear, they were intertwined with end-of-life issues. All participants were over 90 years of age. Luna very nearly died halfway through the study, and had to undergo a course of radiation therapy before continuing. Lika suffered from chronic pain.

At some point during every episode, she reported that she hurt “all the time.” She also said on more than one occasion that she was “ready to go home,” that is, she explained, ready for the Lord to take her. Frank had no long-standing health problems but he was acutely aware of struggling, of having some deficits he could not overcome. He suffered a fall that resulted in a laceration on his arm. He voiced a desire to return home as well: to live with his wife.

Some depressive feelings were to be expected given these participants’ position in the life cycle and the problems they were facing. To exclude them on the basis of these feelings would have been to miss something vital in one of the foundational ideas of this research, integrity. For both Hillman and Erikson, integrity is born of a confrontation with death. One is not necessarily left happier from that struggle; at best, one becomes wiser. Up until now, the focus has been on how the participants engaged with their objects of choice, how they found a kind of integrity through them. The participants’ withdrawal from the world has received little attention so far outside of the descriptions of Luna’s active withdrawal. These two movements together form the basis of the idea of gerotranscendence, the centerpiece of this section. In preparation for the broader vision of therapy based on continuity in the next section, this discussion will consider withdrawal in some depth, concentrating on the three participants that showed it most clearly: Luna, Lika and Frank. First, a more general statement about gerotranscendence, depression and withdrawal is in order.

For Erikson, withdrawal comes in the face of death. One pulls away from things, from others, from the world at large. Late life is a time to take stock of one’s life, and that is possible only if one withdraws from everyday concerns. Stepping back from the

everyday and taking stock of one's life necessarily puts one in the way of depressive feelings. From this perspective, there is little reason to assign them the role of symptoms. They are more appropriately described as potential moments of gerotranscendence. But Erikson had a particular kind of healthy elder in mind when he developed this theory of late life. In the face of enforced withdrawal, as in DAT, he did no more than hold open the possibility of gerotranscendence. Yet we have watched as the participants have engaged in the second movement of gerotranscendence, the crossing over to engagement with the world. The task then is to see whether we can see other moments, especially those of withdrawal and the consolidation of psychological resources, in the episodes of Luna, Lika and Frank.

Luna's episodes together make a strong case that she was, at least by the last episode, moving toward gerotranscendence. The phrase that best captures her brand of withdrawal is the one that ran through every episode. "That's it" found its way into all corners of her discourse. It began and ended ideas, stood smack in the middle of sentences, and provided transitions between topics. Though its functions were many, it typically had the effect of pushing the conversation forward. It did that most effectively when it finished off the previous idea. Often before I could consciously react to what she had just said, she added, "That's it," or another of her finishing phrases. We rarely moved from there to a new subject; much more often it was to a similar thought she had on the same subject. The net effect of this and her other finishing phrases was to push me further away from the subject while simultaneously consolidating her thoughts and feelings about it. In episode two, she offered a number of details about the afghan, each bit of history then sealed away with a finishing phrase. The phrases worked against further

inquiry, thus pushing me away as well. When she said that she “made it for all the girls,” then quickly followed that with “I’m finished...I’m done,” for me to then have gone back to that piece of history would have gone against the grain of her narrative, especially its emotional tone. In this second episode, then, the move toward gerotranscendence is clear: her withdrawal is at the same time a move toward integration.

Luna’s final episode marks the most dramatic example of gerotranscendence. It is worth remembering how much more forceful I was in this episode. As she strayed off topic, I firmly stated my desire that she return to the object she had described a few minutes earlier. “Tell me more about this,” I said to her, pointing directly at her afghan. She replied: “I got up all the scrap yarn together, sit down and crochet it; and the first thing you know, it’s big enough to cover yourself and I took the yarn that nobody wants and I’ll make it bigger. So that’s it.” On a thematic level, this passage is replete with the idea of saving, collecting, picking out the unwanted and making it useful. What she saved is made bigger by her handling of it. At some point, that creation is big enough to cover her. This content is underlined by the episode’s structure. First, it was the longest of her narratives. She kept with one theme, without finishing phrases, from one end of the speech to the other. It was by far the richest of her narratives. In it, she offered a picture of the entire process of making the afghan: from charting the source of the material she used, to her surprise at it coming out so large, and finally at its being “big enough to cover yourself.” If it is true that her finishing phrases tended to push the conversation forward, it is no less true that they had the effect of sealing away what has just been said. After “That’s it,” she left the discussion behind, made good on her intention to go play cards.

Luna's speech in her final episode was also one of the few times I felt no pressure to draw her out further, or to make the difficult decision of how to approach her saying that she was ready to die. All Frank's interviews, in contrast, were difficult for me in terms of the pressure I felt to move things along, to get him to elaborate or speak more. One of his signature moves was to throw the conversation back on me, to quickly return the question I had just asked with a glib, rapid-fire response. He would then look at me squarely, a mischievous smile playing across his face. Given the extent of his short-term memory loss, especially as other cognitive functions around it remained relatively intact, it would be easy to make a case for these signature moves being ways to defend against the anxiety of loss. More than perhaps any other participant, Frank was at times painfully aware of their being something wrong with him. Indeed, it was almost as if he did not trust himself with further exploration of his Bible or schedule. He stuck with the most basic facts about them, designated each with a curt, downward-pointed finger, and never elaborated further without prompting. Whereas Luna's finishing phrases served to both push the conversation forward as well as contain themes, Frank had no such finishing phrases or gestures. By pointing he identified the answer to my question. His gesture had no other apparent purpose.

There is a part of Erikson's theory that I did not develop much above that is especially relevant here, as it provides a way to think about Frank's brand of withdrawal. For Erikson, every developmental transition is marked by one key conflict but in that conflict every other conflict from every other stage is in some way implicitly active as well (Erikson, 1950). The conflict of the second year of life, then, which Erikson described as Autonomy vs. Shame/Self-Doubt, is active in the conflict of the last stage of



life, Integrity vs. Despair. When you successfully navigate Autonomy vs. Shame/Self-Doubt, you have achieved the virtue of Will. Tensions around the expression of will were especially active in my interviews with Frank. There was a push-pull, “you can’t make me” theme in my interviews with him. It was clear that he understood what I was asking, and I felt at times that he could say more but simply refused to do so.

Of course, these are just my impressions and do not tell the whole story. But they do provide a hint, which, had he been in therapy with me, would have warranted further investigation. Erikson’s work can lead us further in this respect, as his rich descriptions of each stage also include the dominant spatial relations that tend to adhere within them. The conflict in question here is clearly carried out horizontally, in the back and forth, push and pull of will. Frank only once made a reference to anything not around our chest level (that exception was his pointing to the closet, where his old Bible was). Everything that he designated to be of interest was between us. There was no outside, no above, below or beyond in our interviews. These observations would tend to support my clinical impression of Will being the substage in evidence. If I were his therapist, I might then consider interventions that both meet him at that spatial modality while drawing in others. These ideas will be developed in the next section, when Frank becomes a pilot case for a therapy based on continuity.

Lika’s episode did not so clearly mark a withdrawal from the world in terms of the objects in her room. She described an intimate and ongoing commerce with the pictures on her wall. She talked to them regularly, and they responded. When describing her interaction with them, she drew me in to her description, indeed, challenged me to take her perspective, asking me point blank whether I understood what she meant by their

coming back to her through her talking with them. Nowhere did Lika use a rhetorical device similar to Luna's finishing phrases. To the contrary, at the end of her descriptions, I was left dwelling with the objects she had described. I felt closer to her, curious about the pictures. The interview ended with my feeling that there was much more to say.

What kind of withdrawal is this?

The spatial distinction between above and below is important here. There was a clearly defined above in Lika's room. When Lika first described her relationship to the pictures, she included a finger pointing upward, and a gesture back to her chest. Such gestures suggest the first normative phase of development, Basic Trust vs. Mistrust. If you successfully negotiate that conflict, you come away with the virtue of Hope. It, even more obviously than the virtue of Will, suggests a certain spatial arrangement. Hope is marked by a look upward, from the physically smallest version of the self, to the adult world above. Tuned to that spatial arrangement by her faith – “God comes first all the time” – Lika stayed largely within the virtue of Hope in her withdrawal from things.

In terms of the physical arrangement of her room, Lika was looking up during her most intimate moments with these pictures. As she very rarely rose from her wheelchair, these pictures were always above. She never handled them during the episodes, probably very rarely handled them at all. Though Lika cultivated an intimate space through this arrangement, the pictures maintained a fixed, distant presence. In that sense, the arrangement also encouraged a withdrawal from the objects. Both from her bed and from her wheelchair, her body had to be turned just right to see them. She did not give herself over to the much more elaborate set of postural modalities involved in taking the picture out and viewing it while holding it. Seen in that way, she would be invested in them in a

much different way. On the wall, all she had to do was change her position in order to achieve abrupt and total withdrawal from them.

If the placement of the pictures encouraged a withdrawal in this way, it also allows for a consolidation of resources. Remember the gesture that accompanied her description of talking to the pictures. “It’s like they come back to me,” she said, cupping her hands and drawing them toward her heart, then pointing to her son and daughter. Their coming back to her is the realization of her hope. Though they are all dead, she finds them there and they come back to her as she speaks to them. Here too the moment of consolidation is supported by the position of pictures. They remain above, unchanging, affirming the strength she draws from them in their continued presence.

The structure of Hope, the emphasis on the above and below, is difficult to see in Luna’s episodes. For her, the spatial arrangement is closer to that of Frank’s, closer to the virtue of Will. Being done with something, having made something, these are the prominent themes in her discourse. She pushed the discourse along, pulled me in and pushed me away with her finishing phrases. Each of these moves suggested a deliberate act of will. The object she discussed the most, the afghan, was also much more accessible than Lika’s pictures. At one point, Luna picked it up with two fingers, hung it there before me briefly, then let it drop. The gesture was a stark contrast to Lika’s cupping and drawing in toward herself. Luna’s gesture was one of pincer-like control. Her orientation toward me also had the push-and-pull theme. She did not invite me to come around and view the picture above her bed. Instead, I was made to bend to her will in order to properly see what she was pointing out to me. Once she had me turned around, she informed me in a number of different ways that she had made it, another expression of

will. The spatial arrangement that would fit this virtue best, as is clear in her words and orientation to me, is one in which the object is directly accessible and manipulable. Her most dramatic episode of continuity, in fact, came when she was intertwined with the afghan. Her sense of time became more acute; her story and punctuation of it, sharper; and its themes richer.

This last episode marks one of the few times in any of the participants' episodes when there was a complete convergence of domains. Perhaps my insistence that she tell me more helped move us in this direction. As I became more insistent in my questioning, she responded, directly and firmly. The blanket was wrapped around her, carrying both the theme of her discourse, that of covering her, and lying in confluence with the immediate environment of the bed. Perhaps the tightest alignment was between her postural modality, the pincer-like gesture, and her discourse. It was a postural modality appropriate to her finishing phrases. Her discourse throughout the episodes, and especially in this one, had served to gather up a bit of history and then let it fall directly back into the past. This postural modality refined that signature. She drew up a piece of the afghan to show me and held it there between her fingers, then quickly let it fall back down into the blanket and the history it held. This alignment of domains marked an enrichment of the themes of her discourse, the explicit expression of continuity. While that would amount to good evidence that she is moving in the direction of gerotranscendence, consolidating her life's work in narrative form, it is to the domains themselves that the therapist would look to continue this work.

Though they can be said to be working through different virtues – Luna through Will, Lika through Hope – both were in a position to move toward gerotranscendence.

Not so Frank. If there is an issue of clinical significance among these participants from an Eriksonian framework, it is that Frank is stuck in a kind of empty present. The objects around him grow no richer in his history; he profits nothing from them. There is much more to say about Frank on this score but that will be left for the next section. Frank is one who might very well be referred to therapy if he remains stuck. How would this therapy, any therapy, be conducted if it were guided by the vision of continuity outlined so far?

### A Vision of Therapy based on Continuity

In discussing the future of the concept of continuity, it is important to keep its therapeutic potential front and center. We have concentrated on therapeutic objects, how they call to the patient and how they find expression in a particular environment. In the section on therapeutic recreation I worked up each participant and offered interventions based on their spatial signatures. Still, it was not clear how to introduce a therapeutic object, how to find it a proper place in the immediate environment, or how to bring the object into confluence with the other objects in the larger environment. The much larger question of how to bring this kind of therapeutic recreation into a vision of therapy with DAT patients was not touched on at all. This section begins to answer these questions. It is a picture, laid down in broad strokes and general principles, of what a therapy based on continuity would look like.

To that end, I will flesh out an approach to treatment for two of our participants: Frank and Bella. Frank was, as has become clear, stuck. Though we did not consider Bella from the standpoint of gerotranscendence, she is also a good candidate for therapy. As this research was nearing completion, she began to wander more often about the ward.

During the final few interviews she was wearing an ankle bracelet, which was designed to sound an alarm if she went through an unauthorized exit. In discussing both the vision of therapy and these particular cases, I will use the term “the therapist,” to designate anyone guided by the approach that is being outlined here.

In developing the method for this research, I was guided by Life Review therapy, especially the idea of the patient’s playing host to her world. That idea has the same central place in this vision of therapy as it did in the method. A good host creates an atmosphere in which everything that is needed is present at hand and in abundance, while at the same time enforcing the boundaries of the event. The therapist assumes this role in the larger context of treatment, while encouraging the patient to host events on her own. If the therapist is to get much done, at least initially, he may have to assume the role of the demanding guest, clamoring to see this or that, looking for something to do. That is the spirit in which I conducted these interviews. My method was not terribly creative. If the patient did not understand my question or wandered off to some other unrelated subject, I typically just waited a little while and asked the same stock question again. However obnoxious or persistent I had to be, ultimately every participant to some extent assumed the role of host in every episode. No episode was thrown out for lack of the participant’s showing me anything (though some never got off the ground, especially with Lika, who was often in too much pain to participate). I was very often surprised at the sudden switch into the role of hostess. Edna, for instance, would claim again and again to have no idea what I wanted, then, at some point, open up her room and lead me straight to her rabbit and birds. In the last episode with Bella, I had all but given up on the idea of her starting. I let myself talk about the thing she seemed most interested in at the

time: the weather. Once I did that, she immediately began describing what her favorite stuffed animal was up to. I also got stuck with Bella when she became fixated on the camera, until I met her there and dealt with the fixation directly. Both Bella and Edna taught me an important lesson about being the visitor, the one hosted. Meet them where they are; everything else begins there.

That is easier said than done, of course. Having solid openings, beyond my paltry stock question, would seem to be especially important in therapy based on continuity. Not that they would be remembered, of course, even later in the session. Rather, they begin to define the context, to move the session toward a more intimate space. A different opening in Edna's interviews might have left us most often in the first section of the room, at a clear distance from the inner recesses around her bed. The content of the opening phrase is largely irrelevant, and will often be misunderstood anyway. What one would look for in an opening is its capacity to foster cooperation, and to carry a tone of simple and honest respect. Its efficacy would be measured by how quickly it leads to the creation of a more intimate space.

The other principle drawn from Life Review therapy that was important to the development of the method of this research and would figure into a therapy built on continuity is what Lantz calls "noticing" (Lantz, 1995). This term describes the therapist's acknowledging what the patient is struggling to point out, and offering opportunities for him to become aware of latent meanings in the things around them. The difference for DAT patients, of course, is that no amount of conscious noticing is going to support declarative memories, upon which Life Review therapy is built. In terms of therapy based on continuity, noticing in this sense means being behind the patient as he

takes up the therapeutic invitations of the object. It means being attuned to the therapeutic call of the object, and inviting the patient to take up possibilities of which she is not yet aware. It also means crafting the patient's environments such that they will allow these possibilities to be expressed, and finding anchors by which to hold these insights down.

Not just any object will do, of course, even if it is their favorite. A lamp, even if it has been important in the life of the patient, would probably not be an appropriate therapeutic object. Its use is defined almost exclusively by its function. Noticing involves momentarily leaping ahead of the patient to look for objects with a therapeutic call that have a strong confluence with the rest of the environment. More than that, this object must be given a place of privilege within the room or somewhere within the immediate vicinity of the patient. Perhaps the best example of this was Edna's bunny. One could not bring it down off the shelf without some larger purpose in mind. To just walk up and pick it off the shelf would be the height of rudeness, as Edna herself would no doubt tell you. If you are getting it down with her blessing, you have already in some way created a separate place for it, a therapeutic space. A good opening for the therapist, as well as possible transitional statements, would build on the privileges of this object. These open up the space of its fullest expression.

Much of the rest of the session, then, would be listening for and following the call of the object. One of the main tasks of the therapist would be to get out of the way and allow the patient to follow that call toward the alignment of domains of continuity. Consider Bella's episodes, especially her signature gesture. Originally for this research I had planned to define an episode around a single object. If I had been guided by this principle in the way I conducted the first interview, I would have enjoined her to stay



with that first stuffed animal. Pushing the limits slightly, I might have called her attention back to it after she had finished talking about the other animals. Much would have been missed if I had confined her attention to that one object. One of her signature postural modalities – skipping from one object to the next – would have been lost. Noticing, protecting and building on those postural modalities is central to this approach.

Instead of following, say, a subject or theme across sessions, the therapist would look to how these postural modalities evolve over the course of treatment. Do they become more precise, more complexly written? Do they begin to include the therapist differently, either in a more intimate or more distant way? Imagine having introduced the motorized bunny into Bella's room. We have already seen how we might mark improvement in her assuming a more refined postural modality to bring the object to life. If this is in fact an improvement, the principle of therapy that guides it might be very simply put: seek an economy of movement that marks a better fit within the domains of continuity. If the therapist was looking for an opening statement based on this principle, or a way to begin a session with her, he could do no better than to enjoin her to start up the bunny. Pushing the button for her, or otherwise showing her where it is, would be to get in the way of her facilitating the expression of that object. To help her seek an economy of movement in this situation would be to encourage her to find a better alignment in the domains of continuity, an arrangement that would bring her more quickly to new possibilities of the object.

Once the lead therapeutic objects have been chosen, the therapist should not hesitate to introduce them directly at the beginning of each session. In my final episode with Luna, for instance, after struggling around various topics, listening to her as she

followed lines of thought that were increasingly distant from my question, I became very direct. “Tell me more about this,” I said, interrupting her and pointing at the afghan she had wrapped around her. At the time, partly because I was anxious for her to continue her line of thought, I almost did not hear what came next. It was over quickly; and she immediately asked to be taken to the bathroom on her way to playing cards. Before reviewing the tape, I even thought that I might not have a usable episode. It was only when I went over it again on tape that I realized that it was in many ways the most evocative of all her episodes, and one that perhaps came closest to an expression of gerotranscendence. Were I to go on to therapy with her I would do so in this role of a very forward guest, even at the risk of being slightly demanding. “Show me more of this. I really like this, tell me more about it.” I would not stray far from this kind of curiosity. With her permission, I would not hesitate to pick her blanket up and appreciate its texture, commend her on her choice of yarn, comment on how nice it must be to sleep with that in this room, which is otherwise so cold, and so on.

Having a lead therapeutic object to focus on would serve partly to help the therapist to stay out of the way of the patient’s facilitating the object’s expression. Again, the therapist would have to manage the environment, watch out that it could facilitate the expression of the object. One dilemma immediately occurs to me and brings us to our first patient, Bella. How do we deal with possible distractions, as the wailing of her roommate? I never once saw her roommate asleep. She always appeared to be wide awake, often noisily sucking her thumb, wailing, sucking her thumb – this same pattern every time I was there. Bella was a very agreeable, mild woman. She appeared to ignore her roommate for the most part. Even I got used to her after a few interviews. Still, it was

jarring, and Bella more than once commented on how disagreeable it was. Should her therapy be done outside her room?

There is much to recommend it, especially as our presenting problem for her is wandering. Bella had good reason to be out of her room. Having to ignore someone all day is draining; allowing yourself to hear that wailing, even becoming numb to it, might be even worse. But it would be difficult to employ her model therapeutic object, the bunny described above, in a therapy held outside her room. How would you maintain an intimate space? How could you hold her attention with so much other action around? The list of possible complications is long. Therapy done wholly outside her room, inasmuch as that is possible, would be contraindicated.

Still, there is reason to include the larger context in the therapy in a way that is in line with her use of therapeutic object in her room. One aim in this direction might be to change the meaning of this wailing into a response to the bunny's performance. Even if the timing was off, the noise could be interpreted as going together with the performance. I might even consider encouraging Bella to go over to her roommate's bedside to show her the bunny. Maybe she could go still further, take this act on the road! It would give Bella a focus while out on the ward, encourage her to develop a number of postural modalities around the performance of her rabbit, and give her a break from her roommate. She would no doubt forget the rabbit if she took it out on her own, so the therapist, or a recreational therapist, would have to accompany her on these excursions.

We have already looked at some of the ways in which progress might be measured. Aside, of course, from a decrease in wandering, progress should be charted across the domains of continuity. One principle behind this progress has already been

mentioned: Seek an economy of movement. This principle points to its companion: Seek an economy of temporal expression. The presenting problem of wandering allows for an illustration of both principles. By definition, wandering has no particular direction. It may tend to lead outside, through the forbidden exits, but it could just as easily lead to the other side of her wing of the hospital. From the point of view of the first principle, the problem is directionless movement, or movement in the service of an unattainable goal. A wanderer typically has no destination, even when the patient claims to be in a hurry – e.g., to her “appointment” with her daughter that does not in fact exist. Either way, the wandering leads nowhere. The immediate environment is squandered as the patient pursues some vague, or unattainable, future.

The second principle came out of a convergence of thought among Minkowski, Sacks, and Feil. All in some way equate wandering with the patient’s attempt to locate herself in time (Minkowski, 1971; Sacks, 1973; Feil, 1998). Movement assumes the passage of time. Inasmuch as it gets you nowhere, though, wandering means being lost in time. The wanderer dwells endlessly in the present progressive, with no past or future. Any intervention that effects positive change does so at the level of the patient’s dominant temporal configuration. Mayer and Darby’s research (1991) is again relevant here. They showed that a mirror proved to be an effective deterrent to wandering. In that intervention, the mirror was placed by the door that patients were wandering toward and sometimes through. In terms of the temporal configuration, a mirror affirms an immediate future. The action in the mirror, inasmuch as patient sees it, is intimately tied to her movement. When she moves, the mirror answers back with a reflection of her movement. That the mirror affirms a future for the wanderers means that the temporal configuration

necessarily changes as well, from an endless present progressive to a present progressive leading to an approaching, sharply defined future.

Therapy for the wandering Bella, then, would be marked by her progress in the dominant temporal configuration. Mayer and Darby's (1991) research equated the problem of wandering with the chance of escape through the door. That is, they counted it as a success if the wanderer did not escape, that is, moved in any other direction away from the door. The problem, of course, is what happens afterward. Bella would still be left wandering, lost in time. A more long-term change in the temporal configuration is the aim, starting with a more durable shift out of the present progressive leading into at least some kind of future. What is called for is an object that ties her awareness to her forward movement, as the mirror would, but does so no matter where she is.

A toy from my childhood inspired the therapeutic object I will describe here. It was a small Arabian horse that used to stand proudly on my chest of drawers. Its coat was of soft, brightly colored fabric and speckled with tiny mirrors. That horse, or another animal, could be shrunk down to the size of a necklace. It could be built to make a sound (or to vibrate, for the heard-of-hearing Ednas in the bunch) whenever the person wearing it moves for a certain length of time. When Bella reached that threshold, it would begin to tie her movement to an immediate future no matter where she was. Given that she would forget that she had it on, its sound or vibration would be a strong invitation to pick it up and consider it. When she does, the tiny mirrors invite further contemplation of the object, as she will naturally be moved to fix her image in the mirror. The Mirror Doll seems an appropriate name for this therapeutic object.

The intervention with the Mirror Doll is thoroughly in line with the two guiding principles: to seek an economy of both movement and temporal expression. The sound or vibration of the Mirror Doll would orient her to her own movement, and thereby open up a future. When she does become aware of the object, it strongly invites her to first look at it, then at herself in one of the little mirrors. Each move tends toward greater profit from the immediate environment. In this way, the object encourages an economy of movement. The more direction her movements have, the more clearly defined will be their past and future. She would be pulled into the immediate future by the color and mirrors, then into contemplating her own reflection; then, finally, into letting the object fall into the immediate past, back onto her neck.

The Mirror Doll might effect an initial change in the temporal configuration, but there may be more to do. This first change may not be enough, or might be too much. Bella's wearing the Mirror Doll would be like someone whispering into her ear, "You're moving," every time she moved past a certain point. That is a very invasive intervention. The change in the temporal configuration might be thought of as temporary, focused first on her when she is walking around the ward. The treatment plan would aim at Bella's holding a particular temporal configuration within her immediate environment, that of her room. As we enter her room, we are immediately reminded of her roommate, who is there, wide awake as always, sucking her thumb. As we go to sit down, we hear that familiar wail. How do we keep Bella here? How do we build on the work both with the Bunny and the Mirror Doll?

One possibility is to place a mirror in her room such that if she sits in her favorite chair she can see her roommate – who was always in bed and could in turn see Bella from

that position. As Bella developed some ways to show the Rabbit, she could now do so for her roommate, which would immediately put her in the category of an audience member, her wailing made that much easier to interpret as a reaction to the performance. This mirror also offers a circuit of interaction at one remove from the Mirror Doll. The mirror is not on her person but still close, a slight head turn away while she is sitting in her favorite chair. She has the option of breaking the circuit as well, which would not be true of the Mirror Doll so long as it was on her. That element of choice would tend toward a further economy of movement. When she hears wailing, for instance, and turn to see her roommate through the mirror, she could turn on her Bunny in response, to “quiet her down.” That is a very direct, economic gesture, one built on a clear project for the near future. Its realization would call for consideration of Bella’s termination from therapy.

In contrast to Bella, Frank was not a behavior problem. He was pleasant, affable with visitors, and largely capable of taking care of himself. He did suffer a fall midway through the interviews, but that alone is not something for which he would be referred for therapy. His problem showed up most clearly when one looks at him from the perspective of gerotranscendence. In terms of temporal configuration, he is caught in an empty present, the past quickly erased, the future stopped short by anxiety. Not ready to accept the situation and helpless to do anything about it, he engaged me in short bouts of conversation. The back and forth, push-pull character of these interviews pointed to his efforts toward gerotranscendence through the virtue of Will.

We have talked at some length about how treatment seeks a change in temporal configurations, little about how it works toward different spatial motifs. Frank’s spatial signature only rarely included an above and below. All that he referred to and was

conspicuously placed in his room was along a horizontal level. Yet, he was a devout Christian, which allows us to assume that he was also attuned to the distinction of above and below, perhaps the most important spatial motif in Christianity. His signature move was the single, designating gesture, so we would look to build on that. Vary rarely did he leave his room, so the intervention would be most effective if placed there. Imagine a mobile hung close to his bed, one with religious images at the end of the strings. How might this mobile help? Most obvious is that it introduces an above into his room. As the mobile is a highly inviting object, especially if bells or bright colors or powerful religious images are used, it would likely draw his attention upward. This approach assumes that the virtue of Hope would be more fitting for Frank, that if he is to begin moving again toward gerotranscendence, the objects in his room need to call him in a way that includes other spatial dimensions. Given that it highlights the above/below distinction, the mobile would seem to do just that.

The mobile also builds on his signature gesture. That gesture served to bring together a number of isolated objects, but without giving them a positive tension. These objects were also in poor confluence with the rest of the immediate environment. The arrangement itself was built within the virtue of will, as many of our conversations were. The mobile includes the horizontal dimension, as it has a number of images moving along a horizontal axis. But these objects are brought *together* in the mobile; and the mobile itself would be in confluence with the rest of the room. If this object were to work as a temporal fulcrum for Frank, it would thereby restore his movement toward gerotranscendence, this time within the virtue of Hope. The realization of that aim would call for Frank's termination from therapy.



Now that this vision of therapy has been realized through these two cases, it is possible to draw out its basic structure, from assessment to termination. The first few sessions of assessment would be devoted to identifying the spatial signature, lead therapeutic objects, and the dominant temporal configuration. The larger environment should also be assessed, especially the lead therapeutic objects' confluence with it. This opening period of therapy could draw profitably from the method of this research. The patient should be enjoined to describe some object, ideally on a number of occasions, with the therapist in the position of an interested visitor. As was clear in the interviews, this manner of entering the patient's world typically begins to open up an intimate space within the hospital room. At the very least, the assessment should lead to an understanding of how to cultivate that space to begin to address the presenting problem.

If the therapist has an understanding of how the lead therapeutic object calls to the patient, he can begin to encourage the patient to develop postural modalities that answer that call. This work is always in the service of creating a rementing environment. To that end, any arrangement of objects that encourages the alignment of domains should be worked into the immediate environment. Left within that confluence of objects, the therapeutic object would continue to call to the patient even when the therapist is not present. Such arrangements anchor the therapy, and could form an integral part of the aftercare plan. Much of the actual session time should be devoted to giving these anchors the proper weight. If the anchor from the previous session is not present at the beginning of the next session, the therapist could pick up where he left off by becoming immediately interested in the lead therapeutic objects. When the patient's attention wanders, it should be brought back to those objects, ideally in a way that opens up new

postural modalities that answer that objects call. These postural modalities add weight to the anchor, and in that way begin to hold the rementing environment in place.

In keeping with the principle of minimum intervention, the resolution of the presenting problem should mean termination from therapy. But the therapist should also be sure that he can trace this change back through the work of therapy. Has the patient moved toward an economy of movement and temporal expression? If so, that change should register as a change in the patient's spatial signature. Alternate postural modalities should be available to the patient, and they should allow domain alignment in ways unknown to her before therapy began. The anchors might be passed on to the staff, so that they could then support the rementing environment created through treatment. The aftercare plan should also include how the staff is to handle the therapeutic object in the near future. Both staff and patient should be given a shared sense of control in harnessing any further therapeutic gain from the object. Handing the object over to the immediate staff and patient once the presenting problem has been resolved is in keeping with the principle of minimum intervention, changing the immediate environment as little as possible to effect the desired change in behavior.

#### Implications for Future Research

A number of lines of development for the idea of continuity have emerged in this research. One of the more important is how continuity can be used to rethink the relationship between psychotherapy and therapeutic recreation. In the last three sections, they are treated as companion disciplines, each reinforcing the other. The therapist must refine his appreciation of therapeutic objects and the environments in which they best find expression. That knowledge is the stock and trade of the recreational therapist. The

terminology that I have used around therapeutic objects, particularly call and confluence, would seem to be easily translatable and help forge a common language between psychotherapist and recreational therapist.

Continuity is a fairly straightforward idea that provides a way to see clearly the potential therapeutic value of an object and its context. When interviewing the families of the participants, not once did I have trouble getting across the idea that while in the presence of some objects, people with dementia often become more alert, mentally acute, and easier to engage. On the contrary, most lit up at the idea of therapeutic objects constructed to provide a kind of aid to remembering. The model therapeutic objects conceived above, or those constructed in the same spirit, need to be researched directly. Some variations of these models come readily to mind: e.g., a version of Edna's Hummingbird, the TactiCat. But the near future of research should include the models conceived above, preferably with the symptoms they were conceived to treat. That would mean, for instance, first constructing then treating wanderers with the Mirror Doll.

This research also points to the need for further study of how to modify the antiseptic environments one typically finds in nursing homes. The analysis of the few interviews in this research provides only the barest outline of how to create intimate spaces within such a room. In fact, it does little more than point to a few examples of how an intimate environment was constructed within a short, tightly constrained interaction. The case vignettes— Bella's wandering and Frank's low mood — do not provide the rich, case study narratives needed to see this work in action. Specific ways of creating and maintaining such intimacies deserve further attention. In terms of therapeutic objects, one of the more interesting questions, suggested by Bella's stuffed animals, and especially by

Edna's bunny and birds, is how to find the best place for them within the room. It became clear in Edna's episodes that the placement of the object can go a long way toward creating an intimate space. Researching the possibilities of continuity from one session to the next when using well-placed therapeutic objects would be the next logical step.

The possibility of neuropsychological assessment of continuity is not addressed in much depth here. Still, the descriptive correlations offered suggest some interesting future research. The integral relationship between the frontal lobes and continuity would seem to be one of the more promising directions. Particularly interesting is the connection between the Draw-A-Clock test and continuity. This test is easy to administer, sensitive to frontal lobe deficits, and provides an interesting point of departure for the assessment of continuity. But new tests are needed, constructed with the idea of continuity in mind from the start. My modest addition to Freedman's protocol, giving participants an entire clock to copy was a move in this direction.

Given the importance of the rooms in any therapy based on continuity, other assessment measures would need to have high ecological validity for that environment. I noticed, for instance, that every room had a calendar but the participants turned to them only rarely in their usually very poor performances on the orientation section of the MMSE. I called Lika back from doing so in one testing session, and despite asking the same questions of her later in the testing, during the DRS, she did not look up to her calendar. What was the difference? The answer would help us understand that calendar, and other objective markers of time, across the domains of continuity.

For any such research to proceed, of course, continuity itself will have to be more easily quantifiable. As it is easy to break this idea down into its various domains, it would

be worthwhile to look at how to refine the language around therapeutic recreation. Confluence, call, and strength of invitation are fairly straightforward concepts. It is not too difficult to understand how all the pieces of the pool table go together, how each piece has its own purpose, and how the game as a whole invites one's playing it. More difficult are the finer points of how particular environments allow and disallow certain forms of the object's expression. These answers await further research.

One concept that has been left behind deserves mention before closing: the implicit self. Following this concept further in this research would have led to a conceptual muddle. Before the implicit self can be seen clearly, implicit memory itself must be brought into relief. Damasio's understanding of intentionality, refined through the work of Merleau-Ponty, provided a solid philosophical foundation for that project. There is no reason that project should end here.

Further study of other domains, and their relation to the standard paradigm would also be interesting. Indeed, Ledoux and Damasio have built much of their work on mood and feeling, which were not discussed at all as a domain of continuity but that clearly deserve that status. Their work on emotion brings up interesting points of convergence with the EP tradition, particularly in Heidegger's work. Indeed, in some ways this work was at base a way of approaching one line of tension between these two traditions. My hope is that this research will redound to the benefit of those who care for patients with DAT, and that following these other points of convergences would do the same.

## Chapter 4

### SUMMARY OF RESULTS

There are two main traditions of research into DAT. The first, the biological, or standard paradigm, seeks its cause and a psychopharmacological cure. The other consists of a collection of approaches that have developed primarily from the work of Erikson and Feil, but that also include the many caregiver narratives. The work outside the standard paradigm is primarily devoted to patient care, and the possibilities of treatment that would restore the patient to the normative developmental task of gerotranscendence. Erikson was unsure whether gerotranscendence was possible in the case of enforced withdrawal, as in DAT. But this research established that it is indeed possible if implicit memory is properly understood and cultivated. The EP tradition of thought, primarily in the work of Merleau-Ponty and Heidegger, provided the ontological foundation for this understanding of implicit memory. It inspired the creation of a companion idea, continuity, which permitted the conceptual expansion necessary to capture the temporality of the DAT patient. The four domains of continuity – postural modality, discourse, and focal relationship to others and things in the immediate environment – provide the structure of temporality, and helped elucidate such basic temporal configurations as past-present-future in these DAT patients.

A working vocabulary was developed through this research that brought together the standard paradigm and the EP tradition. It was established that the cherished object called to the patient in certain ways, encouraged certain modes of engagement and discouraged others. This call was most easily accessible to the patient when the object fit, or was in confluence, with the rest of the environment. When there was alignment among

domains, as when the patient found a postural modality appropriate to the call, the object began to function as a temporal fulcrum. That is, it opened possibilities of spatiotemporal engagement not otherwise seen in the episodes. A therapeutic object conceived to function as a temporal fulcrum was designed for each participant based on their spatial signature, the domain alignment that was thought to best promote gerotranscendence.

While Erikson merely held open the possibility of gerotranscendence in the face of enforced withdrawal, it was clearly in evidence in this research. This finding marked a move forward from the caregiver narratives and Feil's work inasmuch as it broke down those flashes of insight so many caregivers report into various combinations of domain alignment. Drawing from that knowledge, the caregiver, professional or otherwise, can build alignments into the immediate environment, thereby restoring some lost functioning. This research outlined an approach to therapy with DAT patients, from assessment to termination, using two participants as pilot subjects. Restoring the patient to his normative developmental path of gerotranscendence is the object of this vision of therapy. That this end was realized within the confines of the method employed here points to the tremendous unrealized potential of such rementing environments for patients with DAT

The idea of continuity was conceived partly as a meeting place for the standard paradigm and the EP tradition of thought. The results of this research show how much there is to profit from the creative tension between them. Implicit memory has already come to serve as one of their meeting places. This research helped forge a common language between the two, one with enough depth and clarity that they can even begin to share silence about what neither understands.

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**APPENDIX A**  
**Consent for Research Participation – for Patient**

**Consent for Research Participation**

This paper says I am being asked to help Scott Kaper with his dissertation for his doctoral degree in Psychology.

The aim is to help Scott and other psychologists learn more about memory.

All information that might identify me will be kept confidential.

Scott and I will be filmed when we meet, and I will talk about some of the things in my room that are special to me.

I can say whether Scott can show our film to other people who want to learn more about memory like me.

\_\_\_\_\_ Yes, I want him to show our film to other people.

\_\_\_\_\_ No, I don't want him to show our film.

If I feel upset at any time during the study, I will let Scott know and he will help.

Even if I say I want to help Scott now, I can change my mind later.

If I want Scott to come to talk with me after he has learned more about my memory, then he will do so. I can ask my family member or nurse to contact him.

I understand the above statements and agree to help Scott with his research.

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Researcher's Signature

\_\_\_\_\_  
Date



**APPENDIX B**  
**Consent for Research Participation – for Legal Guardian of Patient**

**Consent for Legal Guardian of Research Participant**

I understand that this research is to fulfill partial requirements for a Ph.D. in Clinical Psychology. I am aware that the information my relative and I provide may be included in a dissertation and/or publications.

I understand that the purpose of this research is to better understand the processes of memory for people suffering from Alzheimer's disease.

I am aware that the data are confidential, and that neither my real name nor the name of my relative will be made public; and that all biographical data other than my family member's age, race, education, vocation and marital status will be disguised; and that no one, other than the researcher, will know the identity of those involved.

I am also aware that my relative will be videotaped as part of this research project, and of the limits to confidentiality if I agree to allow these videotapes to be used for educational purposes. If they are used for educational purposes, confidentiality as outlined above will still be respected, but the image of the participant will be seen by all who view the videotape.

\_\_\_\_\_ Yes, I will allow Mr. Kaper to keep the videotapes to use for educational purposes, primarily with students and health care workers.

\_\_\_\_\_ No, I will not allow Mr. Kaper to use these videotapes for educational purposes. He may use them and keep them only for use in his own analysis for the purposes of this research.

I am aware that some people feel sadness or other emotional discomfort when they talk about their experiences with Alzheimer's. Should I experience such distress, I shall talk to Mr. Kaper about it with the understanding that he will respond appropriately (he will refer me to a therapist if I wish), but not act in the capacity of therapist.

I am aware that I may stop participating at any time prior to the completion of this project, which will result in the removal of any data that I provided for this study. If I wish, Mr. Kaper will meet with me to discuss his findings.

If I have questions at anytime, I can contact Mr. Kaper at (412) 761-5586. I may also contact Dr. Connie Fischer at (412) 396-5073 or Dr. Paul Richer at (412) 396-5074, chair of the Internal Review Board at Duquesne University.

I have read and understood the above statements and hereby agree to allow \_\_\_\_\_, for whom I am legal guardian, to participate in this research project.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Researcher's Signature

APPENDIX C

Consent for Research Participation – for Family Member of Patient

**Consent for Family Member of Research Participant**

I understand that this research is to fulfill partial requirements for a Ph.D. in Clinical Psychology. I am aware that the information my relative and I provide may be included in a dissertation and/or publications.

I understand that the purpose of this research is to better understand the processes of memory for people suffering from Alzheimer’s disease.

I am aware that I will be asked to participate in an interview about my family member in which I will be asked to give biographical information about her and about my experience of her both before and after she contracted Alzheimer’s, and that that information will be kept confidential such that neither my real name nor that of my relative will be made public I am also aware that this research will include videotaped interviews with my family member, and that, should the legal guardian and my relative agree to let these tapes be used for educational purposes, my relative’s video image will be seen by all those who view the videotape.

I am aware that I may withdraw my consent to participate at any time prior to the completion of this research project, which will result in the removal of any data that I have provided.

If I wish, Mr. Kaper will meet with me to discuss his findings.

If I have questions at anytime, I can contact Scott Kaper at (412) 761-5586. I may also contact Dr. Connie Fischer at (412) 396-5073 or Dr. Paul Richer at (412) 396-5074, chair of the Internal Review Board committee at Duquesne University.

I have read and understood the above statements and hereby consent to participate in this research project with my relative, \_\_\_\_\_.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Family Member’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Researcher’s Signature

## APPENDIX D

### Questionnaire for Interviews with family members

- 1) What are some of the things that (subject's name) brought with him or her and how are these things important to him or her?
- 2) How was it decided, and who was involved in the decision, that these objects were brought with (subject's name)?
- 3) How do you see these same objects? What importance have they played in your life with (subject's name)?
- 4) How have you seen (subject's name) use these things? How often does (subject's name) go to them when you are with him or her?
- 5) Describe any stories that (subject's name) has told or currently tells about these objects.

## APPENDIX E

### Bella

#### Interview with Bella's Daughter

1. A number of pictures in room, a photo album, a couple of plants and her purse. (Bella had her purse at interview.) The plants were important to her because she used to garden, the pictures are of people in the past. A white, stuffed dog was brought recently and is something Bella likes a lot.
2. These things were picked out because they thought she might like them, the white, stuffed dog was one like her own sister's. But the daughter added here that Bella was "never materialistic," she "never cared for things much."
3. The daughter described the pictures as the most important thing, especially those on the bulletin board as she often forgets the picture album in her drawer.
4. Once in awhile she identifies "her honey" in the pictures. The daughter said that she often surprises her with what she remembers from the pictures compared to her day to day memory. She becomes more animated while talking about them. Often opens up conversation about the pictures with the phrase, "Do you remember..."
5. The daughter reported no particular stories, only that she goes to the bulletin board from time to time to tell some story or other.

#### Bella's other Episode

This episode began with Bella pointing out a picture on the bulletin board just above her chair. She turned toward it as she spoke, pointing at the picture of her late husband, saying that he was "long dead." It was at this point that Mary asked what his name was, which she couldn't recall. But she expressed some insight into her failure – that her memory was "not what it used to be" – then went on to try to figure out what his name was. She asked me whether I knew. I responded with a shrug, then went on to ask Mary whether she knew. At that point she remarked that Mary "wouldn't know," but then added some untruths about Mary's life, seemingly as an explanation for her not knowing.

She went off topic at that point, but, upon being made aware of the camera again, she asked what it was for.

During this episode she also expressed insight into her condition a number of times, as in episode three, while trying to remember the name of her late husband, she remarked that her memory wasn't what it once was. For some reason, at this point in the interview both the intern and I were asking her quizzing her about his first and last name. She fought through our questions, expressed the insight described above, and then went on to come up with at least his (their) last name. It was during this quizzing that she brought us in most definitively, asking whether we knew his name and then, after looking at the intern, concluding that "of course" she wouldn't know his name, after which she resumed her wondering.

Through these insights, Bella interweaved conversation with me as well as the intern, moving back and forth between us while maintaining her intention of recalling the name of her husband. She seemed to sink back into her body somewhat, looked into her chest as one does when moving into a solitary attempt to recall a personal fact. After about twenty seconds of this search, her thought becomes derailed after she finds insight in relation to the intern. After saying that she wouldn't know, she adds a few details about Mary that she could not have known, putting in question her understanding that Mary was someone she had never known outside this moment.

## APPENDIX F

### Edna

#### Interview with Edna's Daughter

- 1) She pointed mainly to her mother's interest in clothes – shoes, slippers, pajamas, a winter coat. She added plants, pictures of her other daughter, and stuffed animals.
- 2) Nothing was brought initially; the other items were brought “to make her feel at home.”
- 3) Clothes are the main things she goes to.
- 4) She looks through her clothes in the morning, sorting out what she likes.
- 5) She brightens up when she goes to them. She is more discriminating around them than she is about things generally. She likes to tell her likes and dislikes about them.

#### Edna's Other Episode

We had already completed the three episodes necessary for Edna to be a part of the analysis, but were looking for a fourth as insurance when we found her in her wheelchair by the birdcage near the nurse's station. Perhaps because birds had been a theme in the previous interviews, we decided to interview her there – not an ideal location. Many people passed through, and the head nurse hovered around us, eager to ask a few questions (not everyone had read the memo that we were conducting research). But the episode itself was striking in its contrast with the other three. I did not use the typical introduction as she was already immersed in the birds as we started.

I sat down and she asked my name. I tried to get her to hear “Scott” three times before quitting and casually pointing toward the birds. “Barney and Bailey,” she said. Then she leans forward and whistled at them. Edna then stared at me briefly, then returned to her whistling. “Sometimes I whistle to them,” she said, “and one of them gets mad and pecks the other.” I laugh, just before she added: “She's not talking to you, she's talking to me.” She then went back to whistling at them. “What would happen if they had little birds?” I shrugged. “They speak, they make a lot of noise. I wonder where they get the birds. A little less than thirty seconds passed. “Somebody must have donated them. They were probably donated.” She ended the episode by talking about the weather: “It's supposed to be hot out today.”

## APPENDIX G

### Frank

#### Interview with Frank's Wife

- 1) Main item is his Bible and related material, i.e., his Devotions, and a "Year of the Bible" reading schedule. A family friend also gave him a "Visitors' Log," which his wife did not mention until the end of the interview. She reported that he was never much into radio or television. He reads the paper daily, and friends and close people from church have brought him temporary items – e.g., flowers from the deacon for Easter.
- 2) This was the one item that he brought. She could not say much about the decision to bring it.
- 3) She said that he reads the Bible "often," following the schedule in the "Year of the Bible." He does not read it with her and does not take it to service. Yet they had laughs over some of the entries in the Visitor's Log, and he even asked this researcher to sign at the end of the interview
- 4) She spent a good deal of time looking for the dedication in one of the front pages of the Bible, as this was a Christmas gift from her in 1985. They noted that the page "must have come out" with no strong emotion.
- 5) She reported no particular stories. She said a number of times that she was going to get him a new one that day, as this Bible was falling apart. Again, she said this with no strong emotion, as if it were just a matter of the state of the Bible. She showed no apparent interest in his possible sentimental attachment to it.

#### Frank's Other Episode

This episode began with Frank setting his hand on the Bible, then sliding it toward me. "Looks new," I said. At that, he pushed it further toward me. He patted the schedule and then looked outside, ending the episode.

Frank was less involved during this time than I had ever seen him. He had recently fallen and injured his hand. It was as if his world had suddenly and dramatically shrunk with that experience. If it was my intention to enlarge it, he wanted little part of it. He handed the Bible to me in a way that also left it to me.

## APPENDIX H

### Lika

#### Lika's Story

Lika's story revolved around a musical performance from earlier that day. It was one of those performances that everyone in the hospital was encouraged to attend. Given how many disabled people there are, the lines at the elevators can become formidable. It was while riding the elevator at one of these times that Lika had this experience. Her story began with an offhand comment she had made to another lady in the elevator. Lika commented that the music had been "very good," to which this lady replied, "What was good about it?" Here Lika paused in her story to convey the idea, mainly through gestures, that this comment suggested that this woman really needed help. Lika's next comment to her was that "any day that you get up is good," to which the lady did not respond as she was on her way out of the elevator.

Lika told this story twice in the space of about five minutes. She took it up with equal zest the second time – as well as with no apparent memory of having told it not five minutes before.



## APPENDIX I

### Luna

#### Interview with Luna's Daughter

1. Luna's daughter reports her bringing "a big picture" that they made together, a "collage of pictures" that she adds to as other people are delivered into the family, and "a bedspread" that Luna had made a long time ago.
2. Luna's daughter made the decision to bring these objects in. She chose the afghan because it was "bright and cheery."
3. She described the afghan as the most important, as it brings out one of the important things that her mother has handed down to her, that is, the art of quilting. Luna's daughter is now a member of a quilting group. This art reached one of Luna's granddaughter's once she had children herself.
4. Luna keeps the afghan on her bed. She uses it nightly.
5. It is an afghan with a considerably long history. Luna had originally made it for this daughter's son. After he outgrew it, it was in the dog's sleeping place, then later put in a cupboard. It was broken out again, still is in very good shape, though it is now about 30 years old.

One of the stories her daughter tells is learning to quilt from her mother "over the cold stove in the kitchen" of their house. The daughter was one of a large group of siblings and money was always tight. Her mother took on projects for particular members of the family – e.g., a sweater for this daughter – and for added income.

DEMENTIA RATING SCALE

Patient Bella  
 Date 8/29/04 Age 94  
 Examiner \_\_\_\_\_

Total Score:

Administration: 1 2 3 4 5 6 +  
 Impairment Rating: None Mild  
 Moderate Severe

Item Scores

I. Attention		
Digit Span ( <u>3 + 3</u> )	<u>6</u>	(8)
Simultaneous Commands	<u>2</u>	(2)
Single Commands	<u>4</u>	(4)
Imitation	<u>4</u>	(4)
Checking	<u>10</u>	(11)
List Reading	<u>4</u>	(4)
Diagram Matching	<u>3</u>	(4)
Total	<u>33</u>	(37)

II. Initiation and Perseveration

Verbal Fluency	<u>7</u>	(20)
Naming	<u>8</u>	(8)
Repetition	<u>0</u>	(2)
Complex Alt. Movements	<u>1</u>	(1)
Simple Alt. Movemnts	<u>2</u>	(2)
Complex Graphomotor	<u>0</u>	(1)
Simple Graphomotor	<u>2</u>	(3)
Total	<u>20</u>	(37)

III. Construction

Complex Reproduction	<u>0</u>	(1)
Simple Reproduction	<u>2</u>	(4)
Signature	<u>1</u>	(1)
Total	<u>3</u>	(6)

IV. Conceptualization

Similarities	<u>2</u>	(8)
Inductive Reasoning	<u>3</u>	(3)
Differences	<u>0</u>	(3)
Multiple Choice	<u>4</u>	(8)
Identities/Oddities	<u>10</u>	(16)
Sentence Construction	<u>0</u>	(1)
Total	<u>19</u>	(39)

V. Memory

Recall: St. Sentence	<u>0</u>	(4)
Recall: Own Sentence	<u>0</u>	(3)
Orientation	<u>1</u>	(9)
Verbal Recognition	<u>2</u>	(5)
Visual Recognition	<u>2</u>	(4)
Total	<u>5</u>	(25)

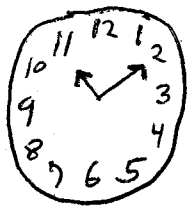
Domain Scores

I. Attention	<u>33</u>
II. Initiation and Perseveration	<u>20</u>
III. Construction	<u>3</u>
IV. Conceptualization	<u>19</u>
V. Memory	<u>5</u>
Total Score	<u>80</u>

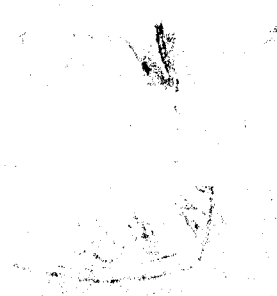
Notes:



Bella's  
Command  
7/15



Bella's  
Copy  
10/15



2/15

Bella's first  
command

Bella 2

DIRECTIONS: Score only as decline from previous usual level due to cognitive loss, not impairment due to other factors.

SCORE	Healthy CDR 0	Questionable Dementia CDR 0.5	Mild Dementia CDR 1	Moderate Dementia CDR 2	Severe Dementia CDR 3
MEMORY	No memory loss or slight inconsistent forgetfulness	Consistent slight forgetfulness; partial recollection of events; "benign" forgetfulness	Moderate memory loss; more marked for recent events; defect interferes with everyday activities	Severe memory loss; only highly learned material retained; new material rapidly lost	Severe memory loss; only fragments remain
ORIENTATION	Fully oriented	Fully oriented except for slight difficulty with time relationships	Moderate difficulty with time relationships; oriented for place at examination; may have geographic disorientation elsewhere	Severe difficulty with time relationships; usually disoriented in time, often to place	Oriented to person only
JUDGEMENT AND PROBLEM SOLVING	Solves everyday problems and business & financial affairs well; judgement good in relation to past performance	Slight impairment in solving problems, similarities, differences	Moderate difficulty in handling problems, similarities, differences; social judgement usually maintained	Severely impaired in handling problems, similarities, differences; social judgement usually impaired	Unable to make judgments or solve problems
COMMUNITY AFFAIRS	Independent function at usual level in job, shopping, volunteer and social groups	Slight impairment in these activities	Unable to function independently at these activities though may still be engaged in some; appears normal to casual inspection	No pretense of independent function outside home	Appears too ill to be taken to functions outside a family home
HOME AND HOBBIES	Life at home, hobbies, intellectual interests well maintained	Life at home, hobbies, intellectual interests slightly impaired	Mild but definite impairment of function at home; more difficult chores abandoned; more complicated hobbies and interests abandoned	Only simple chores preserved; very restricted interests; poorly maintained	No significant function in home
PERSONAL CARE	Fully capable of self care				
	1				

DEMENTIA RATING SCALE

Patient Edna  
 Date 9/5/04 Age 96  
 Examiner \_\_\_\_\_

Total Score:

Administration: 1 2 3 4 5 6 +  
 Impairment Rating: None Mild  
 Moderate Severe

Item Scores

I. Attention			
Digit Span ( <u>4 + 2</u> )	<u>6</u>	(8)	
Simultaneous Commands	<u>0</u>	(2)	
Single Commands	<u>4</u>	(4)	
Imitation	<u>4</u>	(4)	
Checking	<u>8</u>	(11)	
List Reading	<u>4</u>	(4)	
Diagram Matching	<u>0</u>	(4)	
Total	<u>26</u>	(37)	

II. Initiation and Perseveration			
Verbal Fluency	<u>10</u>	(20)	
Naming	<u>4</u>	(8)	
Repetition	<u>0</u>	(2)	
Complex Alt. Movements	<u>1</u>	(1)	
Simple Alt. Movements	<u>2</u>	(2)	
Complex Graphomotor	<u>0</u>	(1)	
Simple Graphomotor	<u>1</u>	(3)	
Total	<u>18</u>	(37)	

III. Construction			
Complex Reproduction	<u>0</u>	(1)	
Simple Reproduction	<u>2</u>	(4)	
Signature	<u>1</u>	(1)	
Total	<u>3</u>	(6)	

IV. Conceptualization			
Similarities	<u>5</u>	(8)	
Inductive Reasoning	<u>3</u>	(3)	
Differences	<u>0</u>	(3)	
Multiple Choice	<u>6</u>	(8)	
Identities/Oddities	<u>6</u>	(16)	
Sentence Construction	<u>1</u>	(1)	
Total	<u>21</u>	(39)	

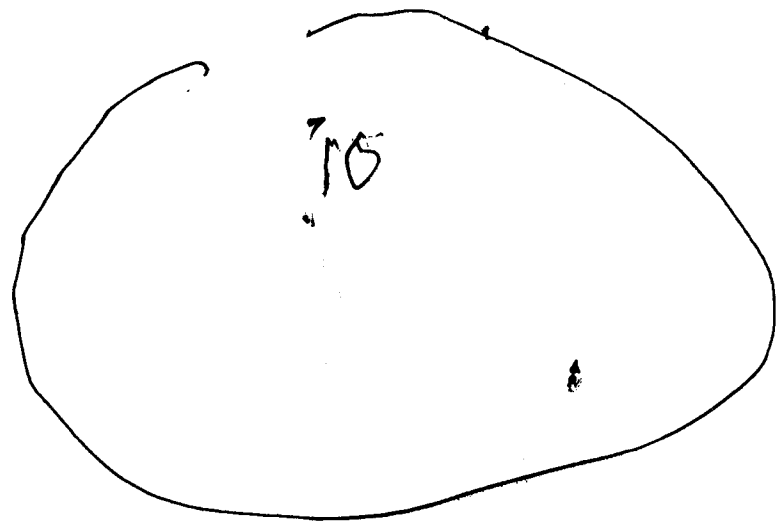
V. Memory			
Recall: St. Sentence	<u>0</u>	(4)	
Recall: Own Sentence	<u>2</u>	(3)	
Orientation	<u>5</u>	(9)	
Verbal Recognition	<u>3</u>	(5)	
Visual Recognition	<u>0</u>	(4)	
Total	<u>10</u>	(25)	

Domain Scores

I. Attention	<u>26</u>
II. Initiation and Perseveration	<u>18</u>
III. Construction	<u>3</u>
IV. Conceptualization	<u>21</u>
V. Memory	<u>10</u>
Total Score	<u>78</u>

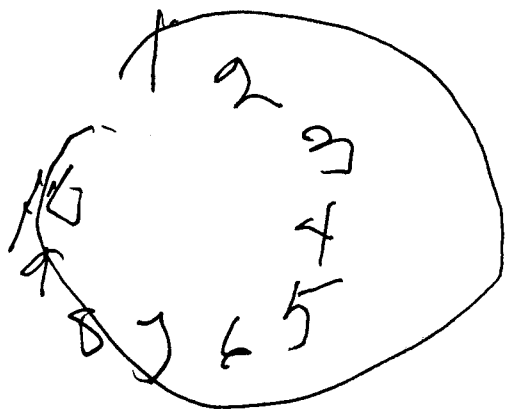
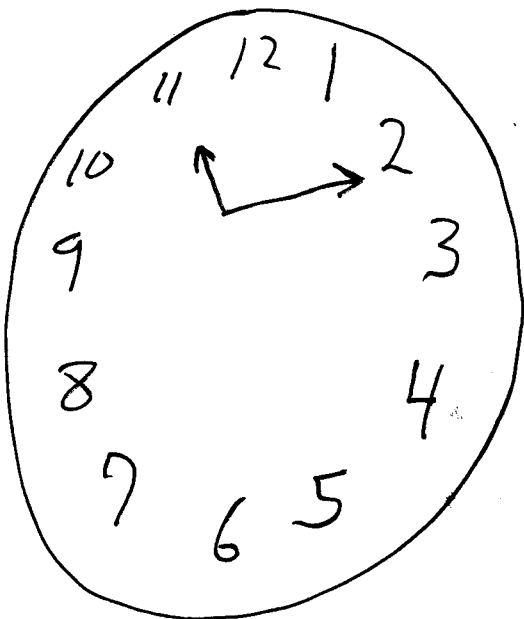
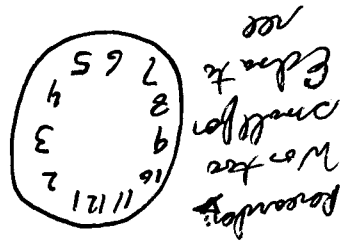
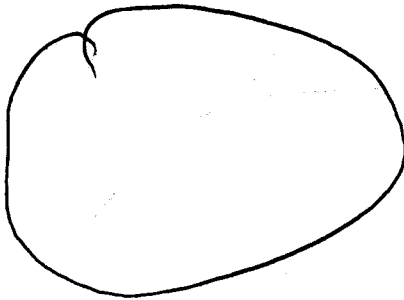
Notes:

Edna's Command



Edna's  
Command  
1/15  
9/5/04





Edna

**DIRECTIONS:** Score only as decline from previous usual level due to cognitive loss, not impairment due to other factors.

SCORE	Healthy CDR 0	Questionable Dementia CDR 0.5	Mild Dementia CDR 1	Moderate Dementia CDR 2	Severe Dementia CDR 3
MEMORY 2	No memory loss or slight inconsistent forgetfulness	Consistent slight forgetfulness; partial recollection of events; "benign" forgetfulness	Moderate memory loss; more marked for recent events; defect interferes with everyday activities	Severe memory loss; only highly learned material retained; new material rapidly lost	Severe memory loss, only fragments remain
ORIENTATION 1	Fully oriented	Fully oriented except for slight difficulty with time relationships	Moderate difficulty with time relationships; oriented for place at examination; may have geographic disorientation elsewhere	Severe difficulty with time relationships; usually disoriented in time, often to place	Oriented to person only
JUDGEMENT AND PROBLEM SOLVING 2	Solves everyday problems and business & financial affairs well; judgement good in relation to past performance	Slight impairment in solving problems, similarities, differences	Moderate difficulty in handling problems, similarities, differences; social judgement usually maintained	Severely impaired in handling problems, similarities, differences; social judgement usually impaired	Unable to make judgements or solve problems
COMMUNITY AFFAIRS 2	Independent function at usual level in job, shopping, volunteer and social groups	Slight impairment in these activities	Unable to function independently at these activities though may still be engaged in some; appears normal to casual inspection	No pretense of independent function outside home Appears well enough to be taken to functions outside a family home   Appears too ill to be taken to functions outside a family home	
HOME AND HOBBIES 2	Life at home, hobbies, intellectual interests well maintained	Life at home, hobbies, intellectual interests slightly impaired	Mild but definite impairment of function at home; more difficult chores abandoned; more complicated hobbies and interests abandoned	Only simple chores preserved; very restricted interests, poorly maintained	No significant function in home
PERSONAL CARE 1	Fully capable of self care		Needs prompting	Requires assistance in dressing, hygiene, keeping of personal effects	Requires much help with personal care; frequent incontinence



12  
1  
2  
3  
4  
5  
6

Frank's Command

5/15

9/5/04



Frank's Copy

13/15



Franks 1st  
Command

11/15

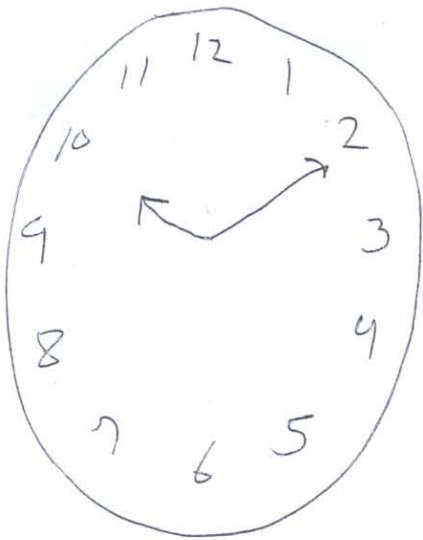
8/4



Frank 2

DIRECTIONS: Score only as decline from previous usual level due to cognitive loss, not impairment due to other factors.

SCORE	Healthy CDR 0	Questionable Dementia CDR 0.5	Mild Dementia CDR 1	Moderate Dementia CDR 2	Severe Dementia CDR 3
<b>MEMORY</b> 2	No memory loss or slight inconsistent forgetfulness	Consistent slight forgetfulness; partial recollection of events; "benign" forgetfulness	Moderate memory loss; more marked for recent events; defect interferes with everyday activities	Severe memory loss; only highly learned material retained; new material rapidly lost	Severe memory loss; only fragments remain
<b>ORIENTATION</b> 2	Fully oriented	Fully oriented except for slight difficulty with time relationships	Moderate difficulty with time relationships; oriented for place at examination; may have geographic disorientation elsewhere	Severe difficulty with time relationships; usually disoriented in time, often to place	Oriented to person only
<b>JUDGEMENT AND PROBLEM SOLVING</b> 2	Solves everyday problems and business & financial affairs well; judgement good in relation to past performance	Slight impairment in solving problems; similarities, differences	Moderate difficulty in handling problems; similarities, differences; social judgement usually maintained	Severely impaired in handling problems; similarities, differences; social judgement usually impaired	Unable to make judgments or solve problems
<b>COMMUNITY AFFAIRS</b> 2	Independent function at usual level in job, shopping, volunteer and social groups	Slight impairment in these activities	Unable to function independently at these activities though may still be engaged in some; appears normal to casual inspection	No pretense of independent function outside a family home	Appears too ill to be taken to functions outside a family home
<b>HOME AND HOBBIES</b> 2	Life at home, hobbies, intellectual interests well maintained	Life at home, hobbies, intellectual interests slightly impaired	Mild but definite impairment of function at home; more difficult chores abandoned; more complicated hobbies and interests abandoned	Only simple chores preserved; very restricted interests, poorly maintained	No significant function in home
<b>PERSONAL CARE</b> 1	Fully capable of self care				
	Needs prompting				
	Requires assistance in dressing, hygiene, keeping of personal effects				
	Requires much help with personal care, frequent incontinence				



Likas copy  
2/15



1/15  
Likas Command

2/6/04



Hika  
2

DIRECTIONS: Score only as decline from previous usual level due to cognitive loss, not impairment due to other factors.

SCORE	Healthy CDR 0	Questionable Dementia CDR 0.5	Mild Dementia CDR 1	Moderate Dementia CDR 2	Severe Dementia CDR 3
MEMORY 2	No memory loss or slight inconsistent forgetfulness	Consistent slight forgetfulness; partial recollection of events; "benign" forgetfulness	Moderate memory loss; more marked for recent events; defect interferes with everyday activities	Severe memory loss; only highly learned material retained; new material rapidly lost	Severe memory loss; only fragments remain
ORIENTATION 1	Fully oriented	Fully oriented except for slight difficulty with time relationships	Moderate difficulty with time relationships; oriented for place at examination; may have geographic disorientation elsewhere	Severe difficulty with time relationships; usually disoriented in time, often to place	Oriented to person only
JUDGEMENT AND PROBLEM SOLVING 2	Solves everyday problems and business & financial affairs well; judgement good in relation to past performance	Slight impairment in solving problems; similarities; differences	Moderate difficulty in handling problems; similarities; differences; social judgement usually maintained	Severely impaired in handling problems; similarities; differences; social judgement usually impaired	Unable to make judgments or solve problems
COMMUNITY AFFAIRS 3	Independent function at usual level in job, shopping, volunteer and social groups	Slight impairment in these activities	Unable to function independently at these activities though may still be engaged in some; appears normal to casual inspection	No pretense of independent function outside home	Appears too ill to be taken to functions outside a family home
HOME AND HOBBIES 2	Life at home, hobbies, intellectual interests well maintained	Life at home, hobbies, intellectual interests slightly impaired	Mild but definite impairment of function at home; more difficult chores abandoned; more complicated hobbies and interests abandoned	Only simple chores preserved; very restricted interests; poorly maintained	No significant function in home
PERSONAL CARE 1	Fully capable of self care		Needs prompting	Requires assistance in dressing, hygiene, keeping of personal effects	Requires much help with personal care; frequent incontinence



0/15

Lunas  
Command  
9/5/04



LUNA

2

DIRECTIONS: Score only as decline from previous usual level due to cognitive loss, not impairment due to other factors.

SCORE	Healthy CDR 0	Questionable Dementia CDR 0.5	Mild Dementia CDR 1	Moderate Dementia CDR 2	Severe Dementia CDR 3
MEMORY 2	No memory loss or slight inconsistent forgetfulness	Consistent slight forgetfulness; partial recollection of events; "benign" forgetfulness	Moderate memory loss; more marked for recent events; defect interferes with everyday activities	Severe memory loss; only highly learned material retained; new material rapidly lost	Severe memory loss; only fragments remain
ORIENTATION 2	Fully oriented	Fully oriented except for slight difficulty with time relationships	Moderate difficulty with time relationships; oriented for place at examination; may have geographic disorientation elsewhere	Severe difficulty with time relationships; usually disoriented in time, often to place	Oriented to person only
JUDGEMENT AND PROBLEM SOLVING 2	Solves everyday problems and business & financial affairs well; judgement good in relation to past performance	Slight impairment in solving problems, similarities, differences	Moderate difficulty in handling problems, similarities, differences; social judgement usually maintained	Severely impaired in handling problems, similarities, differences; social judgement usually impaired	Unable to make judgments or solve problems
COMMUNITY AFFAIRS 3	Independent function at usual level in job, shopping, volunteer and social groups	Slight impairment in these activities	Unable to function independently at these activities though may still be engaged in some; appears normal to casual inspection	No pretense of independent function outside home	Appears too ill to be taken to functions outside a family home
HOME AND HOBBIES 2	Life at home, hobbies, intellectual interests well maintained	Life at home, hobbies, intellectual interests slightly impaired	Mild but definite impairment of function at home; more difficult chores abandoned; more complicated hobbies and interests abandoned	Only simple chores preserved; very restricted interests, poorly maintained	No significant function in home
PERSONAL CARE 3	Fully capable of self care		Needs prompting	Requires assistance in dressing, hygiene, keeping of personal effects	Requires much help with personal care, frequent incontinence