Of a Mouse and a Man

Richard Taylor, PhD

Richard Taylor, PhD, is a retired psychologist who lives with and writes about Alzheimer's disease (AD). Richard has agreed to maintain frequent E-mail contact with *ALC* to provide us with a diary of his impressions, struggles, and conquests. Richard Taylor's reflections on AD follow.

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What if I'm already halfway through the race?

Why is it always easier to solve other people's problems than it is to solve your own? Why is it easier to see other people's problems—to understand them and to figure them out—than your own problems? Why is it always harder to solve your own problems than it is to solve other people's problems?

Because it is! Because you live with your problems, and they do not. Because you believe you have tried EVERYTHING to solve your problems, including what others have recommended and it has not worked, is not working, and will not work in the future. Because they do not really understand you and your problems, and you do. They have not walked in your shoes. They have not tried and been unsuccessful like you have. They just are not you, and you just are not them.

End of story! (?)

Yes, and no. Yes, if you are resigned to living the rest of your life with this problem. No, if you really believe you have not failed until you give up. As a rule, fixing (actually changing) a situation, a relationship, an issue usually takes much longer than it did to screw it up in the first place. Many times the deterioration of situations, relationships, or issues develops over long periods—in subtle ways. Fixing or changing these things by following the steps in a book you read, the advice of a friend, or the suggestion of a professional will take an even longer time. Just announcing "I've changed" does not mean the other(s) involved in the issue will change on the spot or believe you have changed just because you said so. Their long-practiced defense mechanisms—they get angry, do not talk, walk out of the room, and refuse to talk about it—have been working for them for a long time. They will hang onto them until they do not seem to work for them as well now as they did in the past.

Richard Taylor, PhD, provides reflections on his battle with Dr. Alzheimer.

Fixing requires (1) fixing themselves, and (2) fixing their issues. Forgive yourself for expecting the other person to be like you, to be as reasonable as you, as concerned as you, as perfect as you. Bring your newly created open mind to the table, and keep it there. Be persistent, gently insistent. If you want to talk, if you believe talk is the only way to resolve the issue, then keep talking. It is really all you have short of threats, force, and drugs to get someone else to change their behavior—changing someone else's mind without their consent and cooperation is simply impossible.

Trying harder most times does not work. Try differently, but keep the same goal. This is not an easy course to take. It was easier screwing it up than it is changing and fixing it. When you give up trying, then for sure you fail.

I never intend to speak for anyone other than myself about the experience of having dementia. Sometimes I lapse into "do as I say and not as I do," but I neglect to mention that I have not followed my own advice. If there is other advice out there that works, I would be glad to read it and try it. In the meantime, talking and trying to communicate the love I have for my caregivers with words and deeds is the best I know to do. In the long run—a run which we are all involuntarily enrolled in by Dr. Alzheimer—the best and perhaps only way I know to succeed, but not necessarily win the race, is to keep trying what I believe is best. To stay open to others' feelings and thoughts. To keep talking and to keep loving each other, committed to the end—whatever, however, and whenever that may be.

May16, 2007

Note to self

The confused mouse—another self-observation of someone who is living with a diagnosis of dementia, probably of the Alzheimer's type, with definite Alzheimer's syndrome.

For better or for worse, probably until some form of death do us part, I am an IBM/Windows person. I do not know what I am doing, but I do know how to do what I need to do on my computer. That is to say, I have just enough knowledge to make myself dangerous to my input, my computer, and myself.

For the past 2 weeks, I have been on the Alzheimer's mashed potatoes and green beans speaking circuit (spent a week in Florida and a week in Iowa).

"How was I going to answer my e-mail? How was I going to write about new experiences? I cannot read my own handwriting, nor can anyone else. I know—I'll buy a laptop computer." So I did.

Now I do not consider my current height of 6'5" tall as making me a giant. Apparently people who design laptop computers do. When I attempted to manipulate the mouse to move the little arrow icon on my screen, my fingers made me feel as if I was someone a little bigger than Shrek and a little smaller than the person who chased Jack down the beanstalk. After 2 weeks of relearning how to control the index finger on my right hand, I was close to being incompetent when using my laptop.

Okay, then I returned home. I sat down at my computer and wanted to check my E-mail. I looked at the screen—I looked at the keyboard—I looked at the screen—I looked at the keyboard. I looked at my desk. I looked at the keyboard. Where was the tiny little pad to be found upon which I could lay my finger to move that little arrow where I wanted it to be? Honest, I looked for 15 minutes straight for some way to move that arrow by doing something on or to my keyboard. In fact, I had completely forgotten not just how to use the mouse, but that the mouse was a replacement for my finger. I actually looked at the mouse many times while I was searching the keyboard. No light went off—no bell rang.

Even now, a week later, I am uneasy when I first sit down at my desk and turn on my computer. There is a knot in my stomach—or is it my throat or maybe both—that I cannot seem to cough up. This is one of a hundred incidents of confusion and memory failure that occur every day. This is one of 95 incidents that people around me are unaware of.

I did not forget how to use the computer; I could only remember how to move the arrow on my laptop. Alzheimer's disease is much more complicated than just forgetting. If that were the case, reminders and cues would be the best medicine. Dr. Alzheimer scrambles a faulty executive function, creating temporary loss of common sense and memory loss. The result is me sitting at my computer with a lump in my throat and my stomach.

Now this may seem to some people like making an elephant out of a mouse. To me, incidents like this were initially an annoyance. Then I got frustrated. And now, I cannot get rid of this knot in my throat and my stomach. I am scared. If I completely and totally forgot about the mouse and how to use it, what will I forget about tomorrow? ALC

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partnerships among mediation providers, advocacy groups for older adults, and the institution. Programs should use a multilevel approach to establish conflict resolution policies and protocols across the institution (Table 3). For more information, contact the Montgomery County Mediation Center (www.mediation-services.org) and The Center for the Rights and Interests of the Elderly (www.carie.org).

Conclusion

Demographic trends and directions in the field of LTC and AL point to an increasingly important role for mediation. Longer life expectancies and the "baby boom" bubble will result in a dramatic increase in the number of older Americans residing in LTC and AL facilities. Although everyone hopes to avoid conflict and communication problems, mediation offers another tool to keep the morale of staff and residents high and reduce the difficulties of needing legal means to resolve conflict. ALC

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