

Humanistic and Transpersonal Approaches to Working with Elders with Dementia

Poetics of Aging Presentation Handout
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For a full copy of our qualitative research study on this theme, originally published as "Aging Matters" in The Journal of Humanistic Psychology XX(X), 2009, please contact:

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Literally meaning "loss of mind," the vague and pejorative term dementia refers to a progressive course of mental and physical decline due to a variety of known and unknown causes. The standard medical model of care views dementia as pathological in nature and relies chiefly upon medication and dismissive behavioral interventions to ameliorate its symptoms. Although mainstream treatment approaches for dementia can help with symptom management, there is an urgent need to develop more effective interventions.]

The humanistic and transpersonal disciplines perspectives upon human development offer compelling lenses through which to view progressive "forgetfulness" and its accompanying symptoms. The term "humanistic" in this study refers to the conviction that each individual's subjective experience of meaning-making has an intrinsic value. This core worth must be taken into consideration in the ethical and effective treatment of dementia so as to affirm the dignity and fullness of the human experience. The term "transpersonal" meanwhile refers to the validation of psychological categories that transcend the normal features of ego-functioning. Such altered, or non-ordinary, states of consciousness often accompany the experience of dementia, calling into question the hegemony of the dominant culture's 'consensus reality.' Both of these perspectives allow for a view of advancing forgetfulness as potentially imbued with meaning and relevance to the human journey, a transitional experience that may entail novelty and benefit as well as loss.

There has been little research to date analyzing the relevance of humanistic and transpersonal approaches to treating elderly clients experiencing dementia. These modalities call into question the central tenet of the medical model, which frames forgetfulness as a condition to be prevented or corrected. Indeed, the choice of diagnostic lens in large part determines whether a client is regressing or

working through, dissociating or revisiting, decompensating or integrating. What is typically diagnosed as a pathological condition may in fact be an individual's need to process, prepare, rehearse, or repair, emphasizing healing and growth over maintenance or decay.

Humanistic and Transpersonal "Ways of Doing" when Working with Elders with Dementia

INTERVENTIONS: Enactments of effective advocating

- **Essential Validation:** Simultaneous affirmation of client's and therapist's non-consensus and consensus perspectives upon reality
- **Joining and Mirroring:** Energetic attunement to and reflection of a client's conscious and unconscious, verbal and non-verbal cues and signals
- **Active Listening:** Acknowledging and encouraging client's need to tell their story
- **Co-Authoring:** Following the client's lead in their experience of meaning-making
- **Normalizing:** Affirming basic health underlying client's potentially distressing experience
- **Somatic Engagement:** Use of touch and encouragement of embodied self-expression
- **Keeping it Real:** Providing clients with the basic referrals and assistance to receive the help they need

STRATEGIES: Conceptualizations of effective interaction

- **Rapport-Building:** Establishing a foundational trusting relational bond
- **Respecting Boundaries:** Acknowledging and supporting the client's defenses and limit-setting
- **Accommodating Constraints:** Tailoring each meeting frequency, duration, and environment to client's unique capacities
- **Creative Improvisation:** Present-centered emphasis on fluidity, improvisation, and imagination over rigid and linear goals and expectations
- **Multiple Sense Modalities:** Acknowledging importance of having an extensive repertoire of tools and perspectives that accommodate all five senses
- **Collegial Collaboration:** Honing unique interpersonal style through

Humanistic and Transpersonal “Ways of Being” when Working with Elders with Dementia

ATTITUDES: A way to conceptualize your role

- **Trusting the Process:** Assuming client’s inherent movement towards health will reveal itself in relational unfolding
- **Prizing the Relationship:** Prioritizing interpersonal attunement over interventions
- **Openness to Not Knowing:** Letting go of preconceived notions and receptivity to newly arising experience
- **Client Empowerment:** Affirming dignity and autonomy of client as a whole person instead of an amalgam of symptoms
- **Person-Centered:** Affirming that each client deserves a unique and empathic approach that reveals and supports their unique meaning-making system
- **Strength-Based Emphasis:** Non-pathologizing perspective
- **Receptivity to Being Taught:** Facilitating client’s desire to impart wisdom of accumulated life experience

EMBODIMENTS: Identifiable internal states known to help clients feel accepted and comfortable.

- **Patience:** Mindful acceptance of need to tolerate unsettling encounters
- **Radical Authenticity:** Veracity and transparency, emphasis of personhood over professional role, and generous self-disclosure when deemed appropriate
- **Relaxation:** Embodiment of ease and confidence
- **Compassion:** Communicating both loving-kindness and a sensitive awareness of another’s suffering knowing change is inevitable
- **Humor and Play:** Appreciation of levity and laughter to initiate and strengthen rapport building
- **Equanimity:** Embodying a neutral stance of objectivity, balance, groundedness, and ease with arising experience
- **Distress Tolerance:** Ability to withstand or abide in unpleasant experiences of cognitive, affective, or somatic sensations

Challenges and Impediments to this Work

PERSONAL: Conceptualizations of unique challenges of and impediments to advocates internal experience

- **Doubt:** Self-critical internal monologue heightens anxiety and fear of inadequacy, inhibiting ability to be present to relational attunement
- **Attachment to Outcomes:** Having conclusions in mind that interfere with evolving goal-setting
- **Overextension of an Advocates Role:** Temptation to blur boundaries by assuming too much of a caseworker or conservator domains of influence
- **Distress Intolerance:** Inability to withstand or abide in unpleasant experiences of cognitive, affective, or somatic sensations
- **Functional Fixedness:** Rigid notions of professional responsibilities that inhibit ability to be spontaneous to arising needs of the moment

ENVIRONMENTAL: Conceptualizations of unique challenges of and impediments to the clinical work setting

- **Paradigm Dissonance:** Reconciling client's spontaneous needs with medical-model documentation
- **Progressive Nature of Many Psychiatric Disorders:** Client's advancing symptoms result in an inevitable loss of capacities, providing obstacles to the therapeutic alliance
- **Milieu Setting Challenges:** Distractions endemic to a residential treatment facility

