

Reaching Those Who Can't Speak

A doctor's guide to communicating and connecting with those with dementia or altered consciousness

By: Yolandé Boshoff

Canadian Stan Tomandl, MA, Dipl Process Work, of Coma Communication and Process Oriented Facilitation, has specialised, for over 25 years, in working with, researching, and teaching about people in a state of altered consciousness caused by dementia, delirium, illness, depression, traumatic brain injury, coma and grief.

When my team took on the challenge of rehabilitating a 78 year old psychotic client, my research led me to Tomandl.

When I contacted Stan Tomandl, my Skype was on the blink and there was no visual showing him my face. I joked, saying that Stan must be staring into blank space while talking to me. He responded: "Well I guess that's what people think a coma must be like."

This led me to wonder aloud if people with chronic dementia are really with us.

Tomandl responded, "We have noticed that as long as there is a graphic there is consciousness - it might not be what you and I consider an awake state. But even in the most extreme examples where people have only a brain stem, there have been reactions."

He went on to explain: "The worst case scenario I ever treated involved a man who fell thirty feet and was in a vegetative state. His mum had been visiting him for seven years and was about to give up. When we observed the patient we noticed slight reactions, like a twitching of his feet. But more obvious was his foetal position on the bed. This got me thinking and I asked the mother what lullaby she sang to him as a child."

"Summertime," she responded.

"I began to sing and got her to join in. His eyes began to twitch concurrently with other body movements. We left his mother with a great sense of hope that her dedication had been worth it," says Tomandl.

Listening to Tomandl I began to realise that the context in which we see someone with dementia and coma, is what stops us from reaching out to them. Changing your perceptions of the manner in which people communicate, can open up the communication channels. The slightest physical movement can mean a great deal and may be an attempt to reach out.

But how does one work with depression and dementia, which so often leads to agitated patients?

Tomandl answered: "I think that depression and dementia almost always go together. A lot of the time, what people call memory loss, is actually depression. If caregivers work with the anger – patients' depression will lift. Sadly, if a person is the least bit agitated in Canada, they get a purple dot – people avoid working with them and do the bare minimum. A study was done in the USA on

100 elderly patients - fifty percent felt isolated, which affected their memory loss negatively, the other fifty percent who did not feel alone, didn't deteriorate in this manner."

"To relate another example: We worked with a woman who would lash out and disturb everybody - they were about to send her to a mental hospital. We observed her asking the nurse for a glass of water, she took the glass and drank and then continued holding the glass. The nurse went to remove the glass and the patient became hostile. I asked her to leave the woman with the glass of water and she immediately calmed down. When she was ready she requested that the nurse take the glass of water from her. Her history showed that she had been fiercely independent her whole and by letting her know that she was still in control, calmed her down."

Tomandl expanded: "An agitation technique is the most difficult to change - a man in hospice who was on enough morphine, Ativan and Valium to kill a horse, continued to violently flail his arms and legs with no change. I went over and covering my nose let his arm hit my hand said things like 'yes, feel that, I know what you are doing'. He calmed down because he had an interaction that was corresponding with his communication, had we restrained him he would have got depressed."

Tomandl continued on a cathartic note: "The cause of dementia is complex, but there is an edge we need to understand - people leave when they need to go somewhere else. This was the case with my father who moved further and further away from my mother, when she expected him to remain as he had been before despite his dementia."

Tomandl further suggested that I embrace my client's psychosis: Tanie Rinie believed that she was going to marry Jesus. Tomandl suggested that we give her a wedding. Before we could, her daughter placed her in an old age home where they administered Risperdal, which only worsened her Parkinson symptoms and further alienated Tanie Rinie from this reality.

I am curious about Tomandl's own psychic energy, he responded by saying: "I am pushed and pulled by spiritual currents, to gather people to share in the deepest inner workings of our collective minds and hearts and lives, creating an atmosphere for the ordinary and the extra ordinary. I find people's essential inner rivers enriching for those drawn to navigate them, relieving when we take opportunities to join the current, and deeply connecting to ancient and modern mystic traditions that are the living waters found everywhere on this planet."

More about Stan Tomandl: Tomandl is instructor and student under the mentorship of Drs. Arnold and Amy Mindell at the Process Work Institute Graduate School in Portland, Oregon. Mindell and Tomandl also serve on the faculties of the Sacred Art of Living Center and the Anamcara Project in Bend, Oregon, reside on the Board of ComaCARE in Cape Town, South Africa and train caregivers around the world. Tomandl is the author of several books.