



Walk a mile in their shoes: taking the perspective of the person with dementia

The person centred approach to care values the importance of taking the perspective of the person with dementia. Traditional dementia care was provided from a 'we know best' attitude in which the doctors, nurses and family members involved in care made all the decisions for the person with dementia.

This works very well, so long as the person is cooperative and compliant and happy to go along with what others decide for them. However, it becomes a problem when the person with dementia begins to exercise their own will and wants to do something that conflicts with the decisions of others such as, deciding to go outside or standing up or not wanting to go to the toilet.

This is where we come to the crux of the problem created by the traditional way of caring for people with dementia. It regards the person with dementia as having no ability to make decisions for themselves, or at least devalues whatever ability they may have. This is justified by the notion that the person with dementia is not competent to make their own decisions and so we have to take over that function and decide all sorts of things for them. We take so much of their freedom and autonomy away with the justification that they are unable to do it 'competently' anymore.

It is not helpful or accurate to believe that because a person has a diagnosis of dementia, they should be cut out of decision making or inclusion in social interaction. Modern dementia care confronts this assumption head-on with the person-centred approach.

Traditional dementia care - or institutionalized care – can cause the person with the condition to withdraw, become angry, irritable, agitated or depressed. This reaction can then be interpreted as integral to the condition and called Behavioural and Psychological Symptoms of Dementia (BPSD) when it is mostly a normal and expected reaction to what Tom Kitwood terms Malignant Social Psychology.

Malignant Social Psychology develops when a person bullies, disempowers, ignores, lies and stigmatizes another, which in turn damages the personhood of the person on the receiving end of the behavior.

It is not just what the staff and other carers do to the person with dementia, it is also the patterns or organizational culture and routines that can be harmful to the person. We see it in organisations that take decision making away from employees and abuse them with disregard.

The person centred approach to caring suggests we approach the person with dementia accepting that they do indeed have a perspective, a view, an opinion, a preference about what they want to do, what they want others to do and how they feel. Having dementia does not obliterate their mental capacity. The person still functions and uses their remaining memory and abilities to continue functioning, relating and living.

The capacity to appreciate the perspective of another person is what we call empathy. This is the crucial capacity for people who care for others with dementia. Empathy is the ability 'to feel with' and it is fundamental to being able to relate well in any human relationship, let alone one in which one of the persons is vulnerable to being exploited because of some disability. Good person-centred carers are those who can identify the feelings of the other person, make adjustments for these feelings and accept the person with these feelings.

The person living with dementia is doing just that – living – not simply being incompetent to make decisions. If you want to help a person live a normal and happy life as much as possible, adopt an attitude of understanding and an acceptance that they do indeed have a perspective on the world and an opinion and reaction to what you are saying and doing. Then next time you care for the person living with dementia you will meet a real person – just like you.