



EXPERT VIEW

I Have Become My Wife's Parent

Dr. Dean Bryson has a PhD in educational psychology from the University of Nebraska. During his professional career, he has worked with numerous individuals, primarily in the family setting, but also dealing with crisis situations involving hostage taking. In addition, he has worked in cross-cultural relationships with the Sioux Nation. One of his proudest moments is having been inducted into the Sioux tribe and given a Sioux name. Dr. Bryson says, "I love elderly people. There's no other way I can say that. They're sometimes frustrating, but so am I. They are sometimes confused, but so am I. I love them. They are a challenge."

Q: Dr. Bryson, give me some information about yourself and your qualifications to speak to attorneys about dealing with elderly people.

A: Last July, I turned 75, and I'm married to a 75-year-old. I started working with elderly people when I was in graduate school at the University of Nebraska in 1963, and I've been working with them ever since. I have lived in senior citizen centers; I've lived in dementia centers; I've lived in assisted-living centers. And my wife with dementia is living in a rehab center and will soon go into a dementia center.

Q: Could you tell me about your journey with your wife? Could you explain a little about what it means to be a psychologist married to a person with Alzheimer's?

A: I first became a parent to my wife eight years ago. That's when I first started noticing changes; perhaps it's an occupational hazard of being a psychologist. We know that the loss of short-term memory is the single most common symptom of any form of dementia—and there are 71 forms of dementia. Fifty percent of them will be a type of Alzheimer's and the other 50 percent will be spread among the other 70 types.

For us, it was the little things. She started to develop aphasia—looking for the right word. She was a teacher and she started to stumble—wanting to say something, but the right word wouldn't come. We've all done that, but in normal forgetting, it will come back in a few minutes, or in an hour. But with my wife and so many

others, it doesn't come back. What so many people do is try to reason with the person with dementia and say, "Just relax. Take a couple of minutes." To try to reason with someone who is losing the ability to reason is pointless. It isn't going to happen.

Then it became forgetting more and more common, everyday activities. She loved to cook, but now was forgetting many of her recipes. Then it got to not answering the phone, then to not knowing how to use the phone. And then it progressed to forgetting how to read, then forgetting how to write. . . . Then it progressed to forgetting how to eat, how to bathe, and how to take medications. And then the wandering began, which is very common. So there were times when at night—and I typically go to bed around midnight and get up around five—that within the five hours that I tried to sleep, I would be up as many as 16 times with her, night after night.

That became too much after a while. I put alarms on every door so that if she opened the door, the alarm went off, but it got to the point where there was just no way I could take care of her and keep her safe. She was a threat to herself, whether it was wandering or it was something in the house. So we sold everything—our house and everything—and moved to a facility where I could live in the independent living area and she could live in the Alzheimer's unit and be taken care of 24 hours a day. So now she's in a facility and she needs help with everything—dressing, brushing her teeth, combing her hair. Physically, she's still incredibly healthy. She's still fully ambulatory. No other illnesses, no other diseases, no disabilities.

Q: That gives us the perspective of what you've gone through. As a psychologist, think about what you wish lawyers of all disciplines knew about Alzheimer's disease and its impact upon individuals and families. Imagine that someone comes to us who might be in one of those early stages. How can you help us be better lawyers in that situation?

A: I'm going to be blunt: For attorneys to be more effective, one of the first things is that they have to be comfortable with the fact that they are not going to have all the answers. The attorney is not going to know if this person has some sort of dementia. If a person has MS and they're in a wheelchair, it just takes a pair of eyes. But when it comes to dementia, an attorney is not going to know.

Number two, they need to plan ahead as to whom they can make a referral to get an evaluation. Is there a psychiatrist or other

type of physician who is qualified? The attorney needs to know an appropriate person for the referral, or there are going to be all kinds of other problems.

The answer to whether or not a person is having difficulty doesn't come from the mind, it comes from the gut. The attorney should think to themselves: "Oh my goodness, that person never elaborates on their answers. They give very few words when I ask questions." A lot of times, people with dementia will just sit and look at you and not talk. They want *you* to indicate what they need to say. Or they'll say, "I know what I want to say, but I just can't find the words." Or they might not even call their son or daughter by their right name.

The attorney has to trust that gut feeling that says, "This conversation isn't flowing right. I don't know why, but it just isn't." The attorney doesn't have to be able to use the jargon of aphasia and agraphia—you only have to know that there's something that's out of focus. While talking with the client, it's 45 minutes of them twisting the pen around, or playing with their glasses, or playing with an earring—well, your gut should tell you there's something not right.

Once in a while, that kind of behavior comes about because of the anxiety of being with an attorney. Being with an attorney is a very high-stress situation for most people and even more so with seniors. But the attorney needs to listen to that little voice that should be saying right now, "It seems like this is not quite right; it doesn't feel right!" I know that may sound ambiguous and evasive, but that's how it is. We don't have a test that's going to measure all of it, but when you see it, you need to take action to protect yourself and to protect your client and get an evaluation by an experienced health-care professional.