Is it Dementia or is it Something Else

01 in the series

Visual Perceptual
Therapy That Works!

When I first began exploring visual perceptual performance, I was working in the US, in long term care and was working with a lot of people who had been diagnosed with 'dementia.'

The term 'dementia' is used fairly exclusively, and very loosely, amongst adult populations and provokes just as much of a reaction as the word 'cancer' does.

Dementia can be defined as:

> ***A chronic or persistent disorder of the mental processes caused by brain disease or injury and marked by memory disorders, personality changes, and impaired reasoning.***

Despite the tendency to use this term exclusively with the elderly, it is actually an applicable term for anyone who has any sort of decline in cognitive performance. I don't know why something gentler is not used and maybe the current trend of using the term 'Alzheimer's' is an attempt to do exactly this. However, Alzheimer's is a specific process causing cognitive deficits and can only be diagnosed by examining brain tissue under a microscope. Consequently, it can only ever be accurately diagnosed after death, when taking brain tissue doesn't add to the damage already being done by other processes. However, the reality is that most cognitive decline in the elderly is related to stroke and, while these strokes can be small and often go unnoticed, their cumulative effect can be quite devastating.

Email: info@visualperceptual.com **Website:** www. visualperceptual.com

So let's be clear here, about what we are actually talking about; we are talking about a decline in cognitive performance. For whatever reason, a person's capacity to plan, remember and perform various tasks is diminishing, meaning that they grow increasingly less competent in their overall performance. As a result we find them doing things that can be anywhere from silly mistakes to leaving a pot on the stove and burning the house down.

When it does become apparent that someone's cognitive performance is declining, the only truly useful thing we need to do at this time, is determine if that person has a treatable condition or not; and this is where things get interesting.

I've been treating neurological cognitive based disorders for nearly 30 years and it has been my ongoing observation that the true nature of anyone's cognitive performance can only be determined by someone who has been involved in such hands on treatment. However, our first port of call is usually a GP who, while they may have your best interests at heart, is not involved in the actual treatment of cognitive deficits. Unfortunately, it has been my experience that there are many GP's in this world who are not short on opinions about cognitive performance and seem to prefer them over hard won clinical experience. These doctors are dangerous, pure and simple. Their opinions marginalise people and limit their access to effective treatments. There is a vast difference between having an academic, theoretical or purely clinical understanding of these conditions, and having been involved in the hands on treatment of them.

I began working with people with traumatic brain injuries not long after I graduated. At that time I found some of these injuries to be incredibly overwhelming and it quickly became apparent that our overall understanding of such injuries was really quite limited.

Over the ensuing years I have worked with a great many people with cognitive deficits arising from just about every imaginable cause possible. But I initially found myself becoming increasingly frustrated because of that limited understanding of cognitive performance, along with the reality that the therapies we provided just did not meet the needs of the clients. I was constantly struck by the disparity between what my clients seemed capable of and the actual level of performance they regained. These days, even though I know why this disparity exists and how to overcome it, the rest of the world seems to remain stuck in the dark ages of limited understanding and ineffective therapies.

My foray into the world of visual perceptual performance allowed me to see into the levels of performance that underpin what we can see on our everyday view of life. Consequently, when I am observing someone, I know where that performance is actually arising from and what it is probably being disrupted by. This also means that I speak and entirely different language to most contemporary therapists, because I have gone beneath the superficial perspective I once had, and is still maintained by most contemporary practitioners.

We can use the analogy of a pond to understand this difference in perspective. In truth, we live in a world where most people are skating around on the surface of the pond, attributing any ripple or disturbance to imaginary creatures. Because we have never put our heads below the surface, we do not know that there are fish and other creatures; and we instead imagine magnificent monsters or remain caught up in examining the occasional glimpse of the fishes tail or the turtles head, or an even more limited examination of the ripples they leave on the surface of the pond.

I have often commented that we live in a world caught up in examining the paint on the fence, without ever understanding that the fence is constructed of wood, which is expressing itself in the

paint. Even more maddeningly, we persist in attempting to understand what we are observing from 30,000 feet in the sky, from a plane with opaque windows. Ironically, I only have to ask for these ideas to be explained in functional terms, for the wheels to fall off and it all to be revealed as farcical. Just one example of this is the idea of 'memory' which cannot be remediated by contemporary therapies but reveals itself to be an issue with the integration of sensory information at these deeper levels. [1]

For whatever reason, we have become caught up in an intellectual analysis neuro-cognitive performance and it has left us with a world full of myths and half-truths, where people are left handicapped by conditions that are not only treatable but can often be fully resolved. Dementia is one such condition where so much of what is understood about it comes from a mechanistic understanding of our performance, where we have all been reduced down to ideas that are proven to be limited and flawed.

Ultimately, function is king. If something we are doing does not work, then the first step has to be to ask if the means by which we produced that outcome are actually functional. For the purpose of keeping things simple I define function as:

> ***Having the skills, abilities and process in place, which are useful and actually work; and, being able to produce outcomes that are also useful and also work.***

The reality is that we do not need to be a rocket scientist to see whether someone is performing in a functional manner or not. Dysfunction is often accompanied by some degree of weirdness, where what is being done seems to be just plain silly to us wondering if the person is actually mentally ill.

In order to cognitive performance in a useful manner, we need to understand it from a functional perspective ie: how we do it, how it works and what can and does go wrong at these deeper levels. It is from this perspective that I have looked at dementia. In my experience, if we can have a conversation with a person, they are highly likely to have a visual perceptual deficit, a treatable condition. If, however, that person is obsessive and unable to have a fairly wide ranging conversation, the chances are that they have a true dementia and will not respond to treatment.

The following articles will explore the realms of 'dementia' in greater depth.

Natoya Rose
Occupational Therapist

With that, I would like to welcome you to my world,
the world of visual perceptual performance

[1] At the level of visual perceptual performance, most memory deficits can be quickly, effectively and permanently corrected.