

## **Activity: My life is changing because of dementia**

### **A guided fantasy**

Imagine that you have recently bought a new tablet computer. Try as you might you cannot get it to work properly. You suspect that it is faulty and learn from others on the internet that they have had a similar problem with this model.

So you return to the shop, and tell them that you suspect the computer has a fault.

The young man asks if you have used this kind of tablet computer before, and you reply that you haven't, but that you think it is faulty.

He asks if you read the manual.

You reply that you did, and he asks if you think you understood it properly.

You decline, and suggest again that the unit is faulty, and ask for it to be replaced.

The young man goes to speak to a colleague, and you overhear him using the words "newbie" and "silver surfer", which makes them both laugh.

The manager comes over to speak to you, slowly, with a slightly raised voice, as if he imagines you might be slightly deaf. You repeat again that the unit is faulty, telling him that you have read online of similar problems affecting this unit.

The manager smiles, and then suggests you attend a beginners' course at the store next week.

- 1.How do you feel about the way you are being treated?
- 2.What assumptions are the shop staff making and why?
- 3.How do you think you will respond if they continue to dismiss your concerns?
- 4.If someone was watching you, what might they be seeing?

### **Trainer's notes**

This activity is best suited to a small group situation, where a facilitator leads a group in the guided fantasy and then a discussion to follow.

You need to allow about 20 minutes for this in order to set it up and debrief and discuss afterwards. If it's a bigger group you may need longer.

Before the activity tell participants that you are going to provide the opportunity to do a guided fantasy. Give people the option of not taking part if they don't want to.

Read out the guided fantasy directions at a slow and steady pace, allowing for pauses and thinking time. At the end of the exercise give people a good chance to debrief.

Afterwards, come together as a group to spend time sharing reactions to the exercise, and responses to the questions at the end. It may be appropriate to chart their reactions and responses on a flip chart. It may be that as leader of the exercise you observed non-verbal reactions from participants that are worth sharing.

Ask the group if they can think of ways in which people with dementia might be similarly dismissed?

The key message from this exercise is that we should be wary of making assumptions. The shop staff may have assumed that you had problems because you were older, or a 'newbie', and were unable to accept that your concerns might be valid.

For people with dementia, these kinds of assumptions can mean that perfectly valid responses to difficulties and challenges can be dismissed, and put down to 'the dementia'. And as Roy explains below, this can be 'incredibly frustrating'.

'The times when I have felt aggressive it was because of the frustration of living with Alzheimer's – it was about how I felt – not a symptom. Let me give you an example. I have limited mobility – bad hip joint and can't walk easily – and that makes me angry and annoyed sometimes. But no-one would say that was a symptom of a broken hip would they? They do that with dementia all the time too though don't they, and it can be incredibly frustrating.' (Roy)