

# International Report on Dementia Problems in Zurich and Izumo

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I was allowed to travel to study in Izumo for two days and in Zurich by my university just for a week. I met first Frau Baumann. She is a first generation educated by C.G.Jung directly. She is now 87 years old and still very active to help many foreign students solve any troubles which they encounter in Zurich. She was a second secretary since C.G.Jung Institute was founded in 1948. She arranged me to study abroad in Zurich. Without her aid, I can't accomplish anything that I have done successfully there. So, I must say thank you for her very much from the bottom of my heart.

## (A) Psychological approach to dementia person (C.G.Jung-Institut)

I met second John Hill. I visited him two times for my short staying in Zurich. He was an analyst of me when I have studied in C.G.Jung Institute seven years ago. He is Irish and majoring in mythology, especially Celts and archetypal psychology. He is interested in Japanese culture because Irish myths have some similarities with Japanese ones and as an archetypal psychologist interested in Mandala symbolism. I had four dreams in Zurich which were analysed by him.

By the way, he gave me his paper published in journal of Analytical Psychology.<sup>(1)</sup> It is very helpful for me to consider about bewildered behaviours of Alzheimer patients because

I would like to understand the psychological reason to approach to them. His theory gave me a very nice suggestion to understand "wandering around of dementia person" from Jungian point of view which annoys caretakers very much as "abnormal" behaviour by dementia patient. One of the most physically painful and exhausted care of dementia patients is a following of their wandering in which they go somewhere and disappear. Then their caretakers begin to make a search for a missing patient.

## (B) Medical approach to dementia patient (Stadtarztlicher Dienst Zurich)

Next I met Dr. Albert Wettstein in Walche street in Zurich. He is a chief doctor of Kanton Zurich for Alzheimer Krankenhaus. We have discussed about many things about practical problems of Alzheimer disease for about three hours.

1, We agree with a basic hypothesis that dementia patient loses only memory.

Loss of memory is a main problem of dementia and another psychological functions are still normal, for example, feeling.<sup>(2)</sup>

2, When I visited "Oyamanosato" the famous day-care center for dementia people in Japan, I learned the following: The nurse listened to what does a dementia person want to write, who is not able to

write anymore now. Then the nurse writes down it according to a dementia person's speeches. The dementia person starts to write seeing the nurse's script. They got able to write again with such aid.

I explained about recovering of writing in such way. Dr. Wettstein said immediately "It's not true but a cultural difference." Because Japanese write "Kanji"-Chinese character like a picture. As Japanese use a right brain when they try to write, so they can write anything even after they suffered from dementia. But in Europe we write alphabet. As we use a left brain when we try to write, so we can't write anymore after we suffered from dementia.<sup>(3)</sup>

He is interested in painting of Alzheimer patient. He demonstrates works of dementia patients as an evidence that there are no changes in their subjective world in need of satisfaction with their daily life. He said to me "I like paintings of the Alzheimer because they give me a good feeling. I'd like to let you know about a famous American painter Mr. Kooning who suffered from Alzheimer." and he showed me some paintings which were painted just after he suffered. I felt like a Japanese painting. I gave my comment about it to him and he agreed with me. He preferred paintings after Kooning suffered to them before.<sup>(4)</sup>

3, Next we discussed about "sorrow work". This is one of the most psychologically painful care of dementia patient, especially if the caretaker is a family member of the patient. In my case I must say that this is really a hardship in my life.

We must attend to all her needs and are

often anguished by her abnormal behavior because we never forget her normal days of our beloved mother. We don't want to see our poor mother. We face how to handle this kind of difficulty. So, Dr. Wettstein proposed a self-help group which are the caretakers of family member who suffered from dementia.

### **(C) Institutional approach to dementia person ("Sonnweid" in Wetzikon-Zurich)**

I visited the newest Krankenhaus in Kanton Zurich. That is called "Sonnweid" for dementia person in Wetzikon in the suburb of Zurich. Many friends recommended me to visit it in order to study the conditions of a dementia care system in institution.

First I listened to the Krankenhaus Leiter Michael Schmieder's guidance to Sonnweid and then started to discuss about various problems. I was surprised at hearing his practical way that they (Sonnweid) have no general programme for dementia person and respect their self-decision. As soon as I learned his policy of self-decision, I said to him unconsciously "By whom?" Naturally he said "dementia persons themselves". It is difficult for me to understand such an individualistic idea on dementia person. Because I often observed my mother, suffered from Alzheimer disease, playing various group works like mass game without her consent in her day care center in order to reactivate her remaining abilities for treatment.

As far as I observed in nursing home where my mother was cared in Japan, dementia persons are hardly treated according to their self-decision by their nurses and helpers.

Usually according to previously decided by nursing staff's plans, they are treated. This is reasonable to Japanese because even if a self-decision were given, it makes us fault. We have no individualistic tradition. So, I was surprised at self-decision of dementia person.

The chief theoretical leader of Sonnenweid Mr. Schmieder said continuously answering my questions.

When do they get up and go to bed? Where and what do they want to eat? How do they want to spend in the morning? They will decide all by themselves individualistically as same as they live in their home. The dementia person lives according to their own norms. They regard our value systems no more as valid. Our main principle of work originates in this recognition in the Sonnenweid.<sup>(5)</sup>

#### **(D) Group approach to dementia person ("Espoir" in Izumo day care center)**

The research frame in Zurich was formed in Izumo day care center. I saw a TV-programm (NHK) about an approach to dementia persons. It introduced us to a geriatric approach to dementia in "Espoir" in Izumo day care center.

Dr. Takahashi is a founder of "Espoir" day care center in Izumo. He blamed the well-known novel "Koukotu no hito (a person suffering from senile dementia)" for giving a prejudice about dementia to general people.<sup>(6)</sup> This book gave an idea that dementia person was a trouble-maker. He stressed a similar hypothesis to Dr. Wettstein that dementia patient loses only memory. Loss of memory is a main problem of dementia and another psychological functions are still quite normal.

Dr. Wettstein told about a general idea in

the world of Alzheimer. He regarded it as the same level of prejudice in the early days when HIV broke out in USA.

He said enthusiastically "We must make a campaign to let people know real knowledges about Alzheimer."

I learned many things concerning with treatment of dementia in Espoir. Especially I must say a chief nurse Ishibashi is a marvelous person who approaches dementia person by face to face. She said that every caretaker should meet them face to face, to a caretaker, everything to be done for them could be known through it. She practiced her group care based on this principle: face to face. Her group care is not massive care. She knows her dementia clients' needs individually and besides it give them a group situation in order to regain and maintain their social skill: for example greeting. Her group method means to give them a reality orientation.<sup>(7)</sup>

#### **Literature**

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