Third Spaces in Dementia Care

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‘The Time that Used to Go’: A Psychosocial Study of the Care Relationship in Residential Care Homes for People with Dementia

• I go total blank…Trying to work out what it’s like without the…most of the pieces aren’t here so I can’t put names to them. And we’re dropping downhill slightly. I planted these up but I can’t remember now what we are really looking at… and some of them are growing very well… that’s lovely. Some are not so good because they are not in a good place. And I start asking where I live and where I am and so on and I can’t tell you now let alone then. I can’t… I’ve forgotten about it all and why… I don’t feel I was together at all and my hair’s all over my eyes which is driving me crackers.  Ellen, Whittinghall Care Home
• ‘Care of the very elderly, those so often lacking the capacity to speak, yet so intensely riven by extreme emotional states, requires a painful reversal of the original pattern of container/contained (very often the young now struggling to offer states of reverie to the old).’ Beyond this, there is nonetheless a sense that ‘in a culture where money determines value, many care workers feel grossly undervalued’ (Clough, 2016).
Findings

A) That in order for someone with dementia to live well there must be due consideration in dementia care policy of what it can be like to ‘live unwell’;

B) That when someone is ‘living unwell’ this does not necessarily signal a failing of care;

C) That noticing and bearing witness is part of the work of the carer and of the organisation in relation to its staff membership;

D) That there is an unavoidable pain in bearing witness to disintegration and dying, and there ought to be ample opportunity for reflection and robust supervision about this pain;

E) That momentary encounters can be both beneficial and significant, and ought to be acknowledged as such;

F) That play is as an important entry point into connection as structured activity provision;

G) That time and resources be made available for the above to be supported.
Organisation-in-the-mind

- A kind of psycho-social field

- Possibly addresses something of the relationality of inner, personal worlds and social worlds
Organisation-in-the-mind

‘Organisation-in-the-mind' is about what is happening inside my own head - it is my reality - and has to be distinguished from any other reality 'out there'. It is the idea of the organisation which, through experiencing and imagining, forms in my inner psychic space and which then influences how I interact with my environment (Hutton, Bazalgette & Reed, 1997, p2; Armstrong, 2005).’
The Interviews

- Interviewed 17 care staff and 13 residents
- Asked ‘Tell me what it is like to be here?’
Learning from Experience

- Transference and countertransference

T: *what residents might feel in relation to you as carer, and vice versa, what kind of object are you in people’s minds, what you might stir up in them – mothers, fathers, bosses*

C: *noticing your own affective response to people/to the material – is this your own emotional response or did it belong to participants? teasing apart*
Diane on ‘Time’

- Never by the residents always by the manager. You know you only got 4 people up this morning and what do you think you were doing? Some of them have got dementia, some of them have got different mental problems. Some of them have different psychoses. Sometimes I might go into one resident, ‘You black bastard you killed my mother you killed my father you killed the children I could have had. Don’t touch me.’ And you start and calm them down... But because of the way they feel you don’t know if they might have had someone in a concentration camp, you don’t know what the problem is
Examples of transference/countertransference

• How does Diane see me? Am I manager, representative of power relations? Are our differences alive in her mind? Am I going to attack her? Is she feeling vulnerable? Trust?

• My countertransference is that I feel deeply saddened listening to Diane; I want to give her time to express herself but I am also wary that she feels I might judge her
Chaya on ‘Mother’

‘I love working with them, it’s… but if you don’t understand them, if I didn’t have the experience it’d be difficult… it would have definitely been difficult… like with mum, like when she had those anxious moments and she was walking around and I used to get, get actually, sometimes I’d get a little bit angry, I’d say, ‘mum I just told you… now please sit down.’ I did not know, I did not know that they had anxious moments and I did not know how to approach (dog squealing) and mum was… when I was looking after mum but now I’ve got knowledge…as I entered a home I could feel my mum’s presence and that’s how I got stuck in to it.’
April on ‘Interruption’

‘But it’s like he cannot express himself so you have to stop, to listen, engage with him and just go with him and he’s only one of many. “Oh I can’t get it out”, he says, and when he can’t get it out he will let out one or two swear words because he cannot verbally express what he wants to tell you… This needs time. You cannot rush care, you cannot compromise care.’
Sophia on ‘Death’

‘It’s very difficult when we have a resident who gives up and they say “I think it’s my time”; “I’m not doing anything else, I just want to go, I am tired of living.”

…it’s not a work where we deal with machines, we deal with emotions. And when we deal with the emotions of someone else we need to deal with the emotions of ourselves and it’s not easy. And sometimes we need a break, a holiday just to focus on something else to recover and come back but if we like what we do we manage to do it…’
Your responses

• Do you have a strong response to any of the staff stories?
• Why?
• How do you feel as you hear the story?
• Do you think your feelings might mirror the feelings of the staff?
3 Major Themes

• Time

• Aliveness and death

• The maternal/matrixial fields
Quality encounters

• Different ways in to intimacy: play, bodywork, feeding, mirroring, interruption, time

• Defensive functioning at level of organisation – wide-reaching anxieties about getting it right preventing spontaneity

• Noticing and not noticing; what can be attended to?

• Curiosity and its relationship to empathy
Quality encounters and third spaces

- Balint Groups – processing the emotional response
- Schwartz Rounds – focus on the feeling function/emotional labour/group support
- Mortality reviews – learning by experience
- Clinical Supervision (at least monthly) – to be able to discuss shameful feelings, too: hatred/disgust
A little evidence

- Point of Care’s evidence library
- *Resilience – a framework supporting hospice staff in stressful times* (Hospice UK, 2015)
- ‘Care workers need support to handle the emotional impact of our jobs.’ Paul Case in the *Guardian* (February 2018)
- Frank Lowe’s *Thinking Space* (2014)
Finding the Care in Home

- Policy does not capture the nuance and multiplicity of experience in the care field, the human mess
- More explicit about the care relationship: especially the emotional range but also bodywork/touch
- Is the organisation capable of ‘bearing witness’ to the experiences of staff and residents? The ‘mothers’ who do the mothering?
- What allows humans connect well?
- Dignifying dependency and failings as well – always implied in the relational.
Some references


• Bion, WR. (1962) *Learning from Experience*. Maryland: Maresfield Library


• Lowe, F. ed. (2014) *Thinking Space: Promoting Thinking About Race, Culture, and Diversity in Psychotherapy and Beyond*. London: Karnac

