elders with dementia and high intelligence - two case studies

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Gifted elders with dementia are a new research focus. Despite rich investigations of bright elders with intact intellect (e.g., Fiedler, 2015), there has been mostly observational research on gifted seniors with dementia (Friedrichs, 2018; Friedrichs, Nauta, & Fiedler, 2016).

Two recent case studies of elders from the Netherlands and USA reveal some additional differences and many similarities. Both cases involve intellectually and verbally gifted 85-year-old women in care facilities. Both were initially assessed negatively by nursing staff, who subsequently adjusted their views because of family members’ positive memories. Families strongly desired - and received - more individual, stimulating treatment for their elders.

Netherlands Case: Geraldine

Motivational Characteristics

Motivational Exterior. Neither relaxed nor apathetic, Geraldine simply appears de-energized, refusing group activities. Nurses find her “difficult.” She can’t seem to hear television but turning up the volume doesn’t help. She dislikes her food but doesn’t want anything else. She cries out for new glasses but refuses to wear them.

Intellectual Interior. Geraldine’s family describes her past verbal skills, which presently hide her forgetfulness, misunderstandings, and other dementia symptoms. Her cognitive limitations have overtaken her.

Upon examination, her dementia-based misunderstandings, and their motivational effects, become clearer. She hears her TV but can only appreciate children’s programs. Her lenses appear sufficient, although her books seem incomprehensible. She decides to read everything in her new home, expecting to “enjoy my reading again.” Now, even surrounded by her books, she is frustrated. She seemingly cannot enjoy her own gifts.

Programming Adjustments

Motivational Exterior. As Geraldine’s staff learns more about her, they perceive her differently. Staff provide more suitable activities. Rather than group activities, she is often read to individually, preferably short stories or poems in her beloved Dutch, English, French, or Spanish.

Intellectual Interior. Staff readings remind Geraldine of former thoughts she shared with other poetry lovers. She feels transported back to her former, formidable intellect. Further, her intellect may stay sharper because her memories are paired with stimulating caregiver conversations.

USA Case: Marie

Motivational Characteristics

Motivational Exterior. Marie appears, by turn, depressed and anxious, in group or individual activities. Depressed in groups, she seems anxious alone. She longs for conversation though often can’t remember her intended words, especially under time pressure. She complains about incomprehensible music on CDs, even with turned-up volume. She can’t understand her favourite books when she reads them.

Intellectual Interior. Marie’s family informs staff that she loves certain books and music, but that her dementia prevents her from fully enjoying those works. Her intellectual past appears when she listens intently to others describing her favorite reading and musical works. She has read one book daily since aged 13 but now cannot find the patience for reading, even when others bring her her favourite books.

Programming Adjustments

Motivational Exterior. Marie’s family notifies staff of her interest in biographies and geography and in 40s and 50s music. Staff now inspire her by reading to her slowly and by playing such music.

Intellectual Interior. When staff read to Marie and play her music, she can recall the information and converse about it, thus engaging her intellect, confidence, and sociability. She feels valuable to others.

Commentary: Case Similarities

Despite some divergencies, high intelligence masks cognitive decline in both Geraldine and Marie. “Difficult” behaviour reflects these masking elements. These international examples show the importance to gifted seniors of being considered “gifted,” receiving favoured language input,

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and positive helping relationships. For bright people with dementia, standard care activities may not work. People may isolate themselves. With greater caregiver attention to individual strengths in intelligence (and creativity and leadership), seniors’ remaining skills and spirit might truly be engaged.


References