

“At Last I’ve Found You”

Joyce Simard, MSW

Whenever I tell this story, my heart breaks a little. It’s a story of how easy it is to miss diagnosing unhappiness.

Alice (pseudonym) lives in Park Avenue Care Centre, a nursing home in south London. Previously, she did not show signs of depression such as crying, poor appetite, or expressing sad thoughts. Alice stayed in her room quite a bit but as she had no family to provide a social history, the staff thought that maybe she had led a solitary life. She would occasionally attend a social function, ate her meals without much interaction with staff or other residents, and took her medication willingly. Alice, however, rarely smiled.

Her room was her home and it was where she appeared to find comfort. Staff were puzzled that she often took her room apart, perhaps looking for something; however, they just accepted this as normal behavior for her. Alice also became upset if anyone tried to help her with personal care. That in itself was not unusual, as many residents resist taking a shower or having staff provide such intimate services. Staff did their best to respect her wishes for privacy and provided personal care in a way that was least upsetting for her. Even in her room, Alice rarely smiled.

Park Avenue Care Centre is known for delivering excellent care and they usually have a waiting list of residents needing placement. Under the leadership of Arlette Beebeejaun, a nurse who is the Registered Manager of this nursing home, was the first to implement the Namaste Care™ program in the United Kingdom. Namaste Care is a sensory-based program of meaningful activities offered with a “loving touch” approach (Simard, 2013). As part of the program, realistic animals and dolls are used if staff believe that these items will bring pleasure to

a resident. Some residents have their special “pet” waiting for them when the program starts. Others might see a pet or “baby” and hold it for a while but then lose interest, discarding it when something more interesting catches their attention. As a result, babies and pets are placed around the room so that residents have easy access to them.

Alice did not participate in Namaste Care. She did not have a diagnosis of dementia and she would have been uncomfortable with the “loving touch” approach that is the foundation of Namaste Care. Staff would have never even thought of including Alice because of her aversion to being touched. In the Namaste Care program, faces are lovingly washed and a moisturizer is applied. Residents’ hair is gently brushed and hand massages are offered throughout the day. This, as they might say in the United Kingdom, was not Alice’s “cup of tea.”

The door to the room where Namaste Care takes place is usually kept open so that any resident or family member can join the program at any time. One day Alice was wandering down the corridor as she often did, seemingly looking for something. Again, this was a daily ritual for her. Alice did not go into other residents’ rooms but would stop at the door and look into the room. Evidently not finding anything of interest, she would move slowly down the hall. Once again, because she was not agitated or seemingly upset, this behavior became normal for Alice. Occasionally, staff would ask her if they could help her find something but she appeared not to understand what they were saying and did not respond. She did not seem anxious during her walks, but neither did she seem happy.

One day Alice stopped at the door where

Namaste Care was taking place. She wandered in and saw a realistic baby girl doll propped up in a chair. Alice smiled as she went over to the baby and gently put her arms around her. She said, “At last I’ve found you, I’ve been looking for you all of my life.” Snuggling the baby in her arms, Alice took the baby to her room and sat in her rocking chair with the doll nestled close beside her. That day life changed for Alice. She was happy. No expensive drugs, no counseling, Alice evidently found what she had been searching for—her baby.

The next morning staff went in Alice’s room to get her ready for breakfast. They always knock on the door before entering but this time as they walked toward Alice she screamed “get out of my room.” She had been sitting in the rocking chair, with her nightgown open, breastfeeding the doll. Staff now call into the room and wait for Alice to say if they can come in, respecting her need for privacy as she cares for her baby.

Life has changed for Alice in many ways; she now attends some activities, as her baby enjoys them. She eats better, perhaps to set an example for her baby, and offers bits of food to her baby. A new challenge for staff is to find ways to keep the baby clean!

Alice has no family to ask about this radical change in behavior. No record exists of her marrying or having children. What the staff have surmised is that Alice may have had an illegitimate baby. Girls who were pregnant out of wedlock were sent away from home to live with a relative until the baby was born. The baby was often taken from the mother immediately after she gave birth and the mother never saw him or her again. Remembering what Alice said when she saw her baby—“At last I have found you, I’ve been looking for you my whole life”—the staff know that now, at last, Alice can be a mother to the child she lost.

Staff remark on what a good mother she is and Alice glows with happiness. One day a nurse was sitting with Alice talking about the baby and asked her, “Who was your mother?” and Alice gave a name. The nurse

then asked, “Who is the baby’s mother?” Alice said, “I am.” The nurse then asked, “Who is your father?” Alice gave her father’s name. When asked who the baby’s father was, Alice gave her father’s name. Thinking that Alice misunderstood her, the nurse asked her again who her father was and she gave the correct name. A bit later the nurse asked her once again who the baby’s father was, and again Alice responded with her father’s name. Was Alice a victim of sexual abuse? Could that be why she hates to be touched? Sexual abuse is not new; it was just not talked about in the past. In terms of personal care, staff take more time to patiently explain what they are going to do and try to cover Alice’s body so that she is rarely naked, making this experience less traumatic for Alice.

This story has a happy ending for everyone. Alice is now a happy mother, and staff are happy to see an almost miraculous change in a resident who they cared for and cared about but rarely saw smiling. Alice now has quality in her life; she no longer wanders the corridors looking for something, or as everyone suspected, someone. Alice’s baby is always near her so she is never alone.

REFERENCE

Simard, J. (2013). *The end of life Namaste Care program for people with dementia* (2nd ed.). Baltimore, MD: Health Professions Press.

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Ms. Simard is Adjunct Associate Professor, University of Western Sydney, Sydney, Australia.

The author is the developer of Namaste Care. She also wrote the endnote “One Small Miracle,” which was published in this journal in 2012 (Vol. 38, No. 9). This is another of the small miracles she knows happen every day in long-term care facilities. If you have a small miracle to share and need help writing it, please contact Ms. Simard.

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Posted: November 7, 2013

doi:10.3928/00989134-20131028-01