

# Mindfulness Exercises for Dementia

P R E V I E W



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**About the Author:** Eleanor Silverberg, the director of Jade Self Development Coaching, is a social worker and grief specialist for death and nondeath losses. Although servicing anyone through loss, her company specializes in developing and providing strategies to empower people who are in care, providing care as well as those who service others so they may be empowered with inner resiliency to cope during adversity and loss. Her 3-A coping tool that addresses adversity and loss *AcknowledgeAssessAssist* is featured in her books *Caregiving with Strength* and *Keeping It Together*. Eleanor has spent over 20 years working in dementia care. She also has received extensive training in mindfulness, applying it personally in her daily life.

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# **Mindfulness Exercises for Dementia**

## **A Guide**

### **for Professionals and Family Caregivers**

Providing a means to help people with moderate Alzheimer's or related condition to hold their attention on what is happening around them in the present moment.

## **P R E V I E W**

Mindfulness has been accepted in mainstream healthcare to treat a variety of physical and mental conditions such as chronic pain, anxiety and depression. The practice came out of Eastern tradition and made popular in Western culture through the mindfulness based stress reduction (MBSR) writings and teachings of Jon Kabat Zinn. The objective of mindfulness is to pay attention, be present in the present, allow things to be as they are, to be non-judgmental of oneself and self compassionate. The paramount activity of mindfulness practice is meditation.

Participation involves exercises such as guided breathing, walking and eating meditations for the purposes of bringing one's attention inwardly and externally to present experiences, strengthening the response to present experiences to be more reflective rather than responding in an impulsive, reactive manner. This opens up an opportunity to create a calm, positive energizing effect.

Alzheimer's disease is the most common form of dementia. Dementia is a neurological condition, a form of cognitive impairment that may include memory loss, challenges with communication or finding words, inability of handling complex tasks, difficulty with planning and organizing, challenges with coordination and motor functions as well as confusion and disorientation. Psychological characteristics may include changes in personality, low mood, increased fretting and agitation, loss of impulse control leading to inappropriate behavior, experiencing delusional thinking, hallucinations as well as unusual focus behaviors. In the case of an irreversible dementia, the condition progresses over time. In the early stages, those with the illness may function well but will experience disruptions of inconsistent symptoms such as memory loss and disorientation that will interfere with their daily living. Over time, the symptoms become more consistent and progress to the point where they become dependent on others to assist them with daily activities of living such as medication reminders, arranging and accompanying to medical appointments. In the moderate stage, help is required for dressing, bathing. Later help is required for toileting and feeding. Each case is unique depending on what part of the brain has been affected. Some may be able to speak in the

moderate stage, others may not be able to speak or understand, making communication difficult. Some may be calm where others are agitated. Most common is memory impairment with long term memory staying intact longer than short term memory.

Given the cognitive deficits that people with moderate dementia experience, it is difficult to imagine them being able to participate or benefit from mindfulness practice. A person with moderate stage dementia would not have the ability or discipline to go inward, self reflect or remember what he/she has self reflected upon. However, brief, closely guided exercises based on traditional practice that have a calming effect and encourage paying attention in the present are possible. By modifying the mindfulness exercises to accommodate their cognitive deficits, people with dementia and their caregivers may improve their interaction while benefiting from the practice.

*If nothing ever changed,  
there would be no such thing as butterflies.*

~Wendy Mass

## Changing the Classic Eating Meditation: “Is A Raisin Just a Raisin?”

There are more ways to meditate than just sitting cross legged with your eyes closed. Mindfulness practice involves several types of meditation. One of them is eating meditation. Jon Kabat Zinn’s classic exercise of mindful eating involves using your senses to explore a raisin – like you have never seen it before, observe what it looks like, sounds like, feels like, smells like and what the raisin tastes like.

The eating meditation did not go off very well for a group of 10 people with moderate dementia. It was interesting for me to be an observer of a traditional mindfulness session that was carried out for people with dementia, the most interesting was observing the mindful eating of a raisin. It began with the facilitator distributing the raisin. Half of the participants, either because they had no memory of the direction given to just hold it or due to lack of impulse control, plopped the raisin into their mouths when it was given to them.

Although, I observed using a raisin does not work well as a mindful eating exercise for people with advanced dementia, I did not rule out mindfulness for people with dementia but rather considered that the exercises needed to

be modified. How about using a mandarin orange instead of a raisin? I have been to a retreat where this was done so in the 12 weeks pilot group I facilitated to create modified exercises for people with moderate dementia, a mandarin was used in place of the raisin. The advantage is that while the mandarin is being distributed to everyone, the participants are not able to eat the mandarin right away, providing time for exploration – visually talking about its colour, size, shape and what it feels like. With guidance, as a group we start to peel it, while peeling, participants are invited to notice and give their impressions of the distinct smell of the mandarin and are guided in exploring the taste. Some participants were slower, needing help to peel the mandarin. Others had no problem requiring less supervision through the eating meditation. Although not perfect, it works better than the raisin.

This eating meditation is just one of the modified mindfulness exercises that has come out of the 12-week pilot group and one-on-one sessions of mindfulness accommodating people with dementia. More to come in my upcoming book to be released soon as a guide of mindfulness exercises for professionals and families caring for people with moderate dementia.



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