

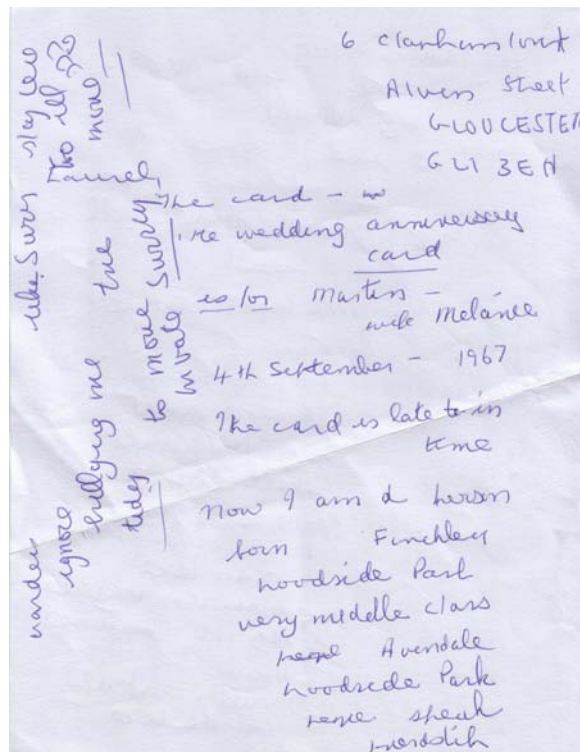
'UNPICKING THE MIND OF A LADY WITH DEMENTIA'

BERNICE ROGERS, Age 80

By Tracey Yuille M.BIG (dip)

Caitlin Harris, a sixteen year old schoolgirl, studying for her AS levels during early 2010 and preparing a project (Extended Project Qualification – EPQ) for one of the new 'practical' diplomas in *Society, Health and Development*, approached me via the post. Caitlin told me that once every year, around the time of her parent's wedding anniversary, a handwritten letter or card would drop onto the door mat, sent from an eighty year old lady called Bernice Rogers. Bernice is an old friend of Caitlin's grandma, Laurel, to whom she also writes on a regular basis. Caitlin explained that 'the easiest way to describe the letters is all over the place!' My first impressions revealed that even the content itself made absolutely no sense at all. Apparently Bernice is suffering from Dementia.

Caitlin provided me with a couple of original handwritten letters and one anniversary card, which span the last two years of her illness. My remit was to help Caitlin 'unpick' Bernice's character for her EPQ, purely from a graphological perspective. She understood from the outset that I am not qualified to diagnose medical conditions. I further emphasised that it would be hard to ascertain to what extent the illness had affected her personality, hence her behaviour, (as it clearly has – more of that later), but nevertheless, Caitlin was 'fascinated by graphology and thought it would be a far more interesting route to take than getting a psychologist to look at it.' I gather Caitlin was delighted with the results (she subsequently sent me a beautiful bouquet of flowers) and the report with illustrations is detailed below.



Original letter, Page 1

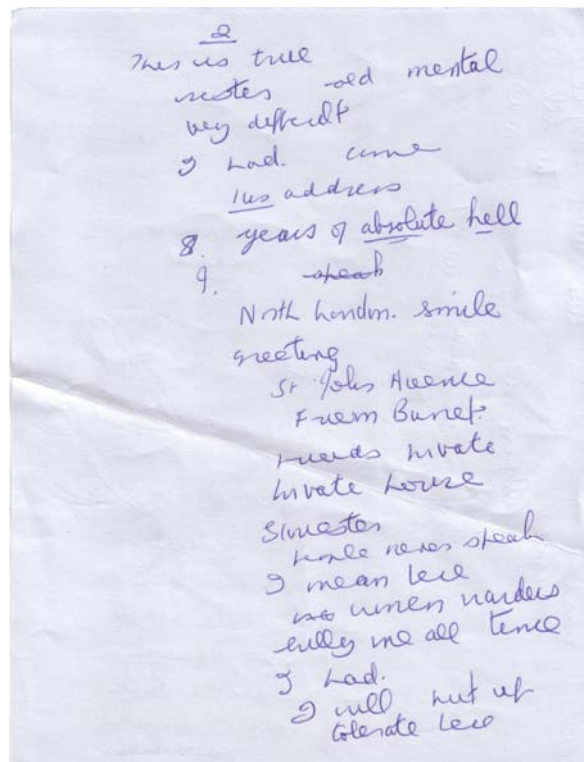
First Impressions

1. **Chimney funnel layout** (Note that 'Laurel', the grandma, is the only word in the conscious area of the left hand side of the page. There is **strong avoidance of the left hand margin**, which is progressively widening. The right hand margin is also wide and widening, culminating in a funnel-like effect down the middle/ right hand side of the page.)
2. **Connected** (a lady who enjoys perpetual motion – *rising baselines, light-medium pressure, progressively widening left hand margin*)
3. **Moderate Right Slant overall (right slant varying)**, with **some Upright** and then **mixed slant (especially in the MZ)**
4. **Intermittent very wide word spacing (and some close)**
5. **Light-medium and variable pressure**
6. **Small size** (initially UZ dominant and greatly fluctuating, then LZ dominant and greatly fluctuating, and finally MZ dominant and fluctuating greatly) – **some letters increasing in size towards the end of some words**
7. **Rising baselines**
8. **Copybook, arcade with some angles, and garland connecting strokes**

In addition –

- **Legibility Impaired**
- **Pot lids**
- **Vanity loops** (particularly on d stems) and some **very short 'd' stems**
- **Good, clear secondary width**
- Observant 'i' dots and **attention to detail** – many 'i'd dots dotted, pages numbered)
- **Contentious 't' bars**
- PPI shows strong female/ mother influence
- Some **open ovals**
- Some start strokes/ a few end strokes, but **mainly abrupt** or tucked under to the left
- **Impatience ticks**
- **Pseudo garlands**
- **Misplaced angles**
- Signature (light pressure, 'i' dot in place and high; the 'B' of Bernice has a tall left slanting with sharp pointed UZ, and is clearly written with good secondary width)
- **Loops**

It should be acknowledged from the outset that I am not qualified to assess medical conditions. My task lies purely with providing an in-depth analysis of the personality of the writer, gleaned from the handwriting samples provided – frozen snapshots in time. However the evidence overwhelming suggests that Bernice Rogers is in an advanced state of suffering from dementia (see original letter, pages 1-4, with anniversary card), which is progressively worsening (recent letter, pages 1-2, dated 2010), which means that 'unpicking' her character is difficult given that she is already clearly a shadow of her former self at the time of writing these samples. What this all means is that it is difficult to know how much of her personality can be attributed directly to her condition, since the symptoms of dementia are causing her to behave in alien ways, and how much is inherent. But what is clear is that this condition doesn't sit comfortably with the writer, and is at the very least exacerbating characteristics of her personality that may never have come to light under different circumstances.



Original letter, page 2

It is difficult to make really effective comment, because Bernice Rogers isn't her real self, only a shadow of it. However, she is a proud lady, with a former independence, who is unable to come to terms with her changing mental state of mind. I propose that she was almost comfortably set in her ways, and locked in her own view point, although keen to maintain an amenable nature towards others. A once-upon-a-time chatty lady with excellent interactive skills – some one with a high need for involvement with other people and someone who was never afraid to speak her mind – in fact someone who didn't appreciate being interrupted when she was talking - finds herself shying away from physical contact and almost impossible to reach out and make connections. The irony is that a lady who rarely revealed her deepest personal feelings, is now reduced to over compensating by shouting louder and louder in order to make herself heard.

In her present condition, and in spite of some attempts to try and keep a stiff upper lip, she finds that her guard keeps slipping. So what we are actually presented with is someone reduced to being emotionally off-key, and whose behaviour is moody and agitated beyond anything she feels comfortable with. This detached, somewhat defensive stance, gives her a newly acquired individuality that she may well have lacked in the past. Her current boredom and loneliness (of not being able to communicate effectively) is stifling any calmness within her, and it's coming through as violent frustration. There is a conflict between wish and lack of fulfillment, which even in a state of dementia must impinge on her feelings and helplessness in being able to do anything about it. There is a suggestion that she is looking to someone she recognises in her faith for help.

She is trying to find a voice and make sense of her predicament. Her propensity is to look on the bright side, and yet she has been transformed into a cranky, insecure and anxious individual, in the grips of paranoia, who has become mistrustful of other people, questioning everything and everyone, and highly contentious, bluntly disagreeing for the sake of it. This, in turn, has the effect of making her very sensitive, since we know she is worried about what other people think of her and her ideas, and she is interested in maintaining appearances. She gives the impression of a caged animal, frustrated and frightened.

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Original letter, page 3

But we still experience pockets of the old Bernice where she needs to know, and to understand, and to communicate. This is a woman whose mind was in perpetual motion. She had a good mind for trivia. She was detail-orientated, well organised, possessing good observation skills. She was loyal, tenacious, focused, and single-minded and perhaps most ironically of all, logical in her thought processes. Now she finds herself almost shouting on paper, desperate to be heard, almost dogmatic in her bid to get her point across, to be understood, and to remember. We know that she is someone with principles, dreams and aspirations. Sadly the probability is that she never achieved much more than being socially adept and a good home-maker, although she was

undoubtedly comfortable with routine. She had a strong mother influence in her life, and as a result appears to relate better to other woman than men throughout her life.

It might be worth considering at this stage, evidence of her increasing weaknesses. There is a loss of mental ability, which she is finding very frustrating, but it is not accompanied by any signs of depression. She seems to be questioning the quality of her care and her carers (she talks about 'bullying' on a number of occasions), although there is evidence that she is not above embellishing a story to make it more interesting, or to get the desired effect, ie. attention. She can be quite crafty, when she wants to be. It has to be said that even under duress, she won't be pushed around, and she can get pretty nasty in this situation, unless of course she is unable to do anything to protect herself, and that is quite a scary place for her to be.

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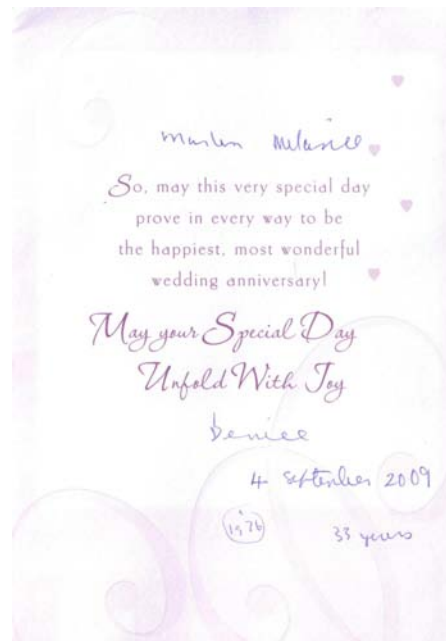
Original letter, page 4

She is experiencing serious memory loss, but fighting it – she refers to names, events, dates, and numbers – trying hard to place them within her framework of the present. She is able to remember her friend 'Laurel', who is strongly within her conscious awareness, and conscious acknowledgement of the past. She seems to be channeling all her resources into the present. Trapped in some awful cage, she appears to be moving further and further away from her past, and in the knowledge that she can neither move forward into the future. And whether that's because she doesn't *want* to go back to the past because of something that happened to her, or because she *can't* go back, even in her mind, (because her memory is failing), or because she is motivated by moving towards the future (which is the most unlikely reason, since she is unable to move forwards either), we can only speculate.

She is also finding it hard to concentrate and is unable to settle to anything. Her intellect is failing and she finds it hard to grasp new ideas, or even sustain her own thought processes. Personality changes, particularly irritable mood swings, to the extent that she may become more uninhibited than usual. For example, she may have a tendency to blurt things out, bluntly and contentiously, or act impulsively, quite out of character. She may have become quite a handful, as a result. Her

bright disposition lends itself to the theory that she may not even be aware of being ill, just frustrated by her loss of memory, inability to follow her usual logical thoughts, and perhaps a change to her usual routine and domestic situation. Where in the past she had good people skills and knew how to respond to others appropriately at any given time, she now exhibits a variety of emotional reactions to people and situations.

All these symptoms have resulted in her feeling racked with anxiety, full of insecurities, stressed out and frightened, almost trying to avoid life. There is also a conflict going on between accepting reality and a refusal to see the truth. She is even struggling to admit she has a problem to herself. There's a desperate battle going on for some comprehension at her dilemma and she's torn between wanting to understand and communicate her feelings, and facing some denial. So she's trapped, going round and round in circles. It's a vicious circle that's succeeding in making her feel stressed and insecure. She's also afraid, but she's putting on a brave face. The oppression and negativity she feels, the anxiety and strained thinking are all debilitating for her and preventing her from moving forwards in her life. She's reflecting and trying to think about things, trying to get some perspective and adjust emotionally to her circumstances, and come to terms with her unfamiliar situation, and she needs plenty of reassurance.



Anniversary Card

What appears at first to be random thoughts – written almost in 'list' format, are relevant to her condition, revealing a deterioration and severe memory loss, and also convey the writer's feeling of isolation (she feels trapped in her condition), anxiety, and frustration. So we have a reversion to impulsive, restless, moody and agitated, more emotional and childish behaviour, with subjective judgments, some resentment and unreal perceptions. She would once have been recognized as a well-rounded, amiable woman with strong principles - someone who was not used to being in the limelight, and specifically would have chosen *not* to be the centre of attention. She shows signs of having been a bit of a detail merchant, also someone with logical thought processes and the ability to concentrate. Now she feels forced to draw more attention to herself, as she diverts her focus also entirely on her present daily situation – day to day life handling of the immediate common-sense area - how she interacts and communicates with other people - how she expresses her feelings - and how she is able to adapt to changing mental state. We see her resorting to simultaneously putting on the charm, and shouting – doing everything in her willpower to protect her safety and security issues, which she feels are at risk.

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Conclusion

It was difficult to assess Bernice, because her handwriting is disfigured and exaggerated to such an extent *because* of the illness, that it was difficult to gauge how much the illness was affecting her personality and exactly where her true character begins and ends. From a graphological perspective, this is a lady trying to find a voice – she wants to talk, but most of all, she wants to be heard. As I say, she certainly appears to have lost contact with life, and lives in a sort of abstract, self-protective and unrealistic world. She must be very difficult to communicate with, not just in terms of her mind being so distracted, but her exclusion of other people probably means she responds inappropriately emotionally as well. She is patently afraid, and her condition is progressively worsening, but how much is paranoia brought on by her condition and how much is for real, no one can know. What we have is a tragic situation evidenced through the writer's handwriting.