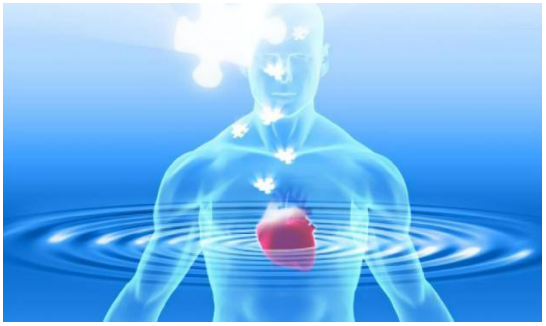
Leadership Northland 2023



Helpful Hopeful Healthcare Resources

Northland Regional Chamber of Commerce

Leadership Northland Class of 2023

HELPFUL HOPEFUL HEALTHCARE RESOURCES

A Book Recommendations Report

Submitted by

James T. Meadows

January 19, 2023

TABLE OF CONTENTS

PREFACE iii

DIGNITY FOR DEEPLY FORGETFUL PEOPLE

My personal/professional connection to the book 1

The significance of the book's message 2

Key book quotations 2

Book reference information (images) 4

Book table of contents (images) 6

Book preface (images) 9

Amazon link for book purchase 11

THE BODY KEEPS THE SCORE

My personal/professional connection to the book 12

The significance of the book's message 12

Key book quotations 13

Book reference information (images) 15

Book table of contents (images) 18

Book preface (images) 19

Amazon link for book purchase 22

APPENDIX

Professional Profile—James T. Meadows 23

Pass It On 24

PREFACE

One of my greatest life joys is adding value to people and their organizations. This can be accomplished in many ways large and small. One of the smaller avenues is simply passing along a recommendation or a referral to a particular resource.

Therefore, when my fine associates in the Leadership Northland Class of 2023 asked me to provide a small group activity related to my recommended healthcare resources, I jumped at the opportunity. Two highly significant books immediately came to mind:

- **Dignity for Deeply Forgetful People: How Caregivers Can Meet the Challenges of Alzheimer's Disease** by Stephen G. Post.
- **The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma** by Bessel van der Kolk.

My report presents both books' information via this format:

- My personal/professional connection to the book.
- The significance of the book's message.
- Key book quotations.
- Book reference information (images).
- Book table of contents (images).
- Book preface (images).
- Amazon link for book purchase.

If the reader enjoys this report half as much as I enjoyed producing it, then I will consider my efforts extremely successful. If the reader is inspired to acquire and read both books, then I will consider my efforts infinitely successful.

I have deep appreciation for Teri Laverty, the Business Services and Program Director for the Northland Regional Chamber of Commerce. Teri has been extremely helpful to me throughout all aspects of my participation in this enthralling leadership networking program.

Finally, I express my genuine gratitude to the entire Leadership Northland Class of 2023 for all the value you have individually and corporately added to my life personally and professionally. I look forward to the awesome ways in which we all shall continue to add value to the Northland community and beyond!

—James T. Meadows, January 19, 2023

DIGNITY FOR DEEPLY FORGETFUL PEOPLE: HOW CAREGIVERS CAN MEET THE CHALLENGES OF ALZHEIMER'S DISEASE

BY STEPHEN G. POST

My personal/professional connection to the book.

In the mid-1970s I was earning my high school diploma immediately followed by earning my AAS degree in chemical technology. During those years I was simultaneously employed at United Health Services Wilson Medical Center in Johnson City, New York (then named Wilson Memorial Hospital). I started as a janitor primarily in the operating rooms and was later promoted to surgical prep orderly.

I felt extremely privileged to be at UHS Wilson Medical Center. I got to see things that even many adults never experience. During those six years although my rank was extremely small my healthcare awareness and appreciation became extremely large. I witnessed the good, the bad, and the ugly of the medical realm in that era. In so doing, it deeply instilled in me many personal and professional perspectives upon which I continue to build my life today.

Immersed in that hospital world, I observed how the elderly and the extremely forgetful were treated. Much of what I observed made me very uncomfortable. I distinctly recall one incident in which Dr. Hepperdale (not his real name) was speaking with an elderly male patient just prior to a surgical procedure. The patient was obviously suffering from dementia. For reasons I will never understand, Dr. Hepperdale chose to make fun of the patient's cognitive and emotional condition by nonchalantly cracking multiple demeaning and insulting jokes that could easily be heard by the patient and several additional people in the room and hall. I was shocked and horrified to say the least.

Fortunately, my hospital experience also provided me with innumerable examples of superb human caring, compassion, kindness, and service. I remain ever grateful for the things I learned at a very early stage in my life and career.

Many years later as an ordained minister, senior pastor, and Civil Air Patrol chaplain, I have often counseled those directly or indirectly affected by dementia. Additionally, I have had a lifelong passion for health and wellness and have occasionally been called into healthcare projects as a

consultant. Therefore, **Dignity for Deeply Forgetful People** immediately commanded my attention and I have since nominated it for inclusion in *The 100 Most Important Books in the Life and Times of Jim Meadows*.

The significance of the book's message.

Much has been said about how a society treats it orphans and widows; those that are most vulnerable. The standards a society applies to those kinds of situations are extremely important. As we all desire to be treated with dignity regardless of our circumstances, so too that should be our automatic approach with everyone, especially the deeply forgetful.

A central theme of Post's book is the fact of the conscious human being who can still think, feel, and desire, regardless of how severe the dementia is. Unless caregivers compassionately embrace this reality, it will be easy to marginalize the patient even to the point of dehumanization. We must never let that happen.

Fortunately, we as a society have witnessed many positive changes and refinements to how we do healthcare. I am by no means affirming all is perfect. Much work remains to be done.

Post's book is a modern work that grapples with the diverse challenges presented by the deeply forgetful, yet he directs his attention equally to the caregivers and the patients. He emphasizes that both caregivers and patients face complex fears and challenges, all of which create opportunities for gross mismanagement and abuse. This is why Post relentlessly infuses ethics into every subject he covers throughout the book.

Post's book presents a global review of all the dimensions of caring for the deeply forgetful. These include but are not limited to pharmacology, legal, family relationships, caregiver stress, music therapy, art therapy, spiritual and religious convictions, companion dogs, hospice, communication techniques, advance directives, finances, behavioral challenges, and numerous clinical observations and research. He very respectfully affirms the valuable variety of practitioners involved in caring for the deeply forgetful, encouraging them to work collaboratively always in the best interests of the patient.

Key book quotations.

Caregivers are to be praised because they do not doubt that someone who is deeply forgetful and cognitively compromised is worthy of moral inclusion in our human family and thus to be respected. Love pushes rationalism to the side, and the equality of inclusion based on consciousness itself comes into the moral foreground. Caregivers know that deeply forgetful people should never be dismissed on the basis of a relative diminishment of intellect . . . Linear rationality and memory are only expressions of a much larger human consciousness, and someone who is deeply forgetful is as conscious of beautiful fall colors or exhilarating music as anyone else. *Equality of consciousness is more fundamental to moral standing than equality of intellect and memory*. (p. 3)

Each time we approach a deeply forgetful person with a kindly tone of voice and a reassuring facial expression, and call them by name with a smile, we are participating in an intervention that is as significant as any biotechnical one of which I am aware. It is the compassionate caregivers who remain the best hope for the deeply forgetful—and the rest of humankind—as they are role models for kindness in the world. Caregivers are the beacons of hope to be acknowledged and celebrated in their depth of commitment. They sway the social scale toward goodness not with single great acts of love but rather with daily small actions done in a spirit of great love. The dehumanization of medical care is apparent everywhere. Can we possess, and express, the unflinching self-awareness, empathic skills, and gratitude for the privilege of caring for the deeply forgetful that exemplify the healing art? The primary goals of every encounter with a person who is deeply forgetful should be these three things: to *accept, affirm, and connect*. (p. 46)

Our dignity as human beings is at stake. . . . [Biotechnology solutions] do not qualify as contributors to our human dignity. . . . Rather, our dignity as human beings is ours to claim when we treat another person with love—expressed in celebration and attentive listening, creativity and helping, loyalty and respect. We can only preserve our own dignity as we conserve the dignity of the deeply forgetful. (p. 47)

Alzheimer's is a disease that causes "dementia," but the syndrome (technically, a cluster of related symptoms) of dementia can have many other causes. (p. 53)

To sum up, decisions about the medications currently available to treat Alzheimer's are ethically and financially complex because their efficacy is quite limited, the affected individual remains on the inevitable downward trajectory of irreversible progressive dementia, and there may be nonchemical interventions focused on emotional, relational, and spiritual well-being that are both cheaper and more effective. This is not to suggest that we should all be pharmacological Calvinists rather than pharmacological hedonists, but pharmaceutical companies wield too great an influence on various Alzheimer's organizations. (p. 71)

The idea that there is "no self" is morally dangerous, because it implies that the deeply forgetful person has no moral status under the protective umbrella of the imperative to "do no harm." (p. 76)

[It] is important to plan for the global incompetency of advanced dementia through the use of advance directives, especially the durable power of attorney for health care . . . The precedent self that is fully intact before the clinical manifestation of dementia has the legal right and authority to dictate levels of medical care for the severely demented self. (p. 89)

As much as possible, people with dementia should remain free to wander in areas that are hazard-free and nonthreatening. Involuntary restraint is unethical and illegal, and because of various side effects there is no current drug therapy for wandering that will not also potentially interfere with other valued activities. Therefore, caregivers should view wandering as beneficial to the affected individual and look for creative ways to allow it to occur in a safe, protective environment, such as modifications to the immediate surroundings. (p. 91)

Deeply forgetful people are always present underneath the chaos or the silence, and they always possess consciousness as they take in the world around them. The fact that their rational processes are disordered or even absent is irrelevant with regard to the respect they are owed as members of the human family. We need to keep in mind that they can have relatively good days as well as bad ones, and that this is the only life they have. (p. 99)

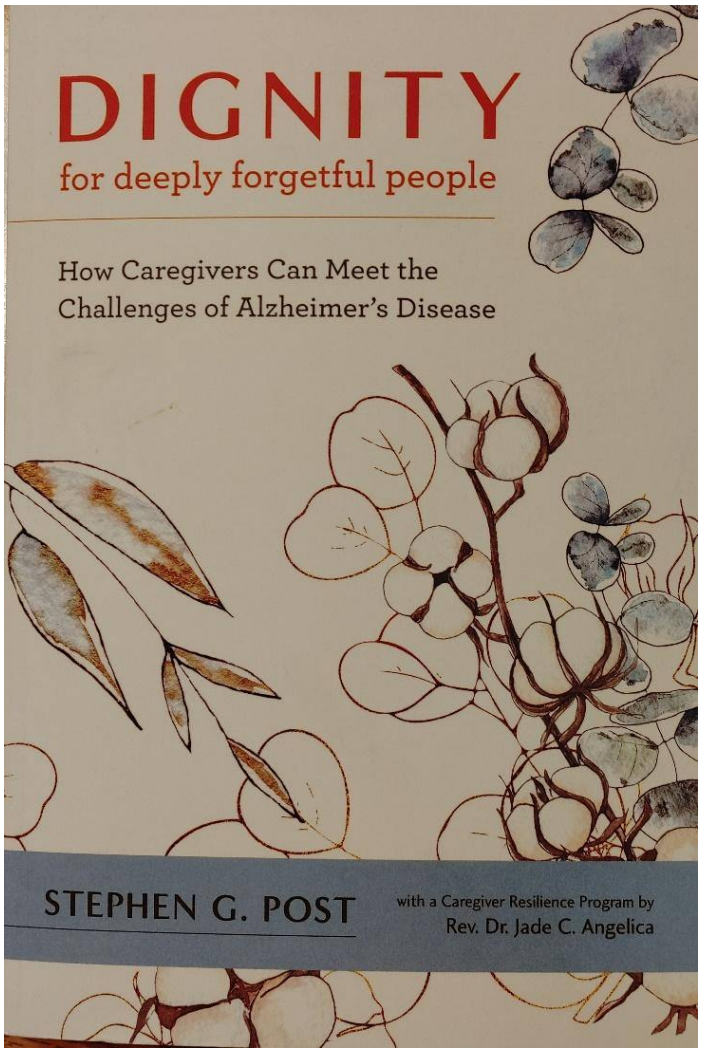
So often people who are facing a chronic illness state that they want to die because they do not want to inconvenience others, or, as one person put it, "be a leech." But how can someone be a leech if their family and devoted professionals find tremendous meaning and gratification in providing them with care? Besides, through caregiving a young person can perhaps discover the beautiful meaning of providing care—and the

silver lining is that they might go on to medical school, clinical social work, nursing, or basic neuroscience. Long ago this was my silver lining when I visited Grandma Post. (p. 120)

To be human is to speak, and to be a healer is to listen. Those who work with people in crisis know that often the only thing they have to offer is an attentive listening presence. We wish that there was some medication that would help deeply forgetful people, but there is really nothing that can be done other than being present, listening, and really hearing in an affirming way. This is not so easy because we have to turn off our usual talkativeness and enter a kind of holy attentiveness to the other that is completely unconditional, meeting people where they are, as they are, and allowing them to find comfort in your simply being there. (pp. 148–149)

Caregivers may think of communicating with deeply forgetful people as a special gift and a privilege. When they encounter the intense joy in singing a meaningful song with a loved one, or when they recite a poem together at an “Alzheimer’s poet” session, or when caregiver and loved one hug an Alzheimer’s dog, we are reminded of what really matters in life. (p. 175)

Book reference information.



How do we approach a "deeply forgetful" loved one so as to notice and affirm their self-identity? Stephen G. Post offers insights on the worth and dignity of people with Alzheimer's and related disorders despite pervasive "hypercognitive" values that emphasize the ethically unacceptable idea that human dignity requires linear rationality and memory. He argues for a dignity grounded in consciousness, emotional presence, creativity, interdependence, music, and a self that is not "gone" but "differently abled." Post guides readers through:

- understanding the experience of dementia;
- noticing subtle expressions of selfhood, including "paradoxical lucidity";
- caregiver perspectives on ethical quandaries from diagnosis to terminal care;
- communicating effectively;
- the value of art, poetry, symbols, personalized music, and nature in revealing self-identity; and
- the value of "dementia companion" dogs.

STEPHEN G. POST is the director of the Center for Medical Humanities, Compassionate Care, and Bioethics at the Renaissance School of Medicine at Stony Brook University. He is the author of *The Moral Challenge of Alzheimer Disease: Ethical Issues from Diagnosis to Dying.*



"Dr. Post brings tremendous compassion and understanding for the persons he calls 'deeply forgetful,' placing them on a spectrum with all of us. The great humanity of his approach makes for a deeply rich, resilient, and nurturing community. A must-read!"

—GAYATRI DEVI, MD, Director, New York Memory and Healthy Aging Services, author of *The Spectrum of Hope*

"I am pleased to see that the noted author Dr. Stephen G. Post is addressing themes such as consciousness and interconnectedness in his new book, which will contribute to the flourishing of humanity."

—THE DALAI LAMA

"The best summary of medical ethical issues in Alzheimer's disease from diagnosis to the end stage yet produced by anyone. This wonderfully written book awakens us to the continuing selfhood of these 'differently abled' people and helps us all to affirm their inalienable dignity."

—HAROLD G. KOENIG, MD, Director, Center for Spirituality, Theology, and Health, Duke University Medical Center

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Note to the Reader: This book is not meant to substitute for medical care, and treatment should not be based solely on its contents. Instead, treatment must be developed in a dialogue between the affected individual and his or her physician. The book has been written to help with that dialogue.

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Book table of contents.

[1] **In Praise of Caregivers and Dignity** 1
The Ultimate Reality of Human Interdependence 4
Seekers of Deeper Justice 4
Learn First from the Caregiver 7
Noticing Human Dignity 8
"Deeply Forgetful People" 9
Words of De-dignification 10
Connecting with Art and Music 11
Three Cultures of Dignity 12
The Confucian Approach in China and Japan 13
Love at Work in Poverty: Leo and Sister May 15
An Ethics of Care 18
Caregiver Questions as Alzheimer's Unfolds 19

[2] **Hope in Caring for Deeply Forgetful People**
Why It Matters and Where to Find It 21
Hope in Faith: Caregiver Orien Reid 22
Hope in the Biomedical Model 28
Hope in Being Open to Surprises 31
Hope in Man's Best Friend: The Alzheimer's Service Dog 33

Hope in Twelve Aspects of the Enduring Self 36
Hope in the Moments of Joy 44
Conclusions 48

[3] **Answers to Sixteen Questions Caregivers Ask from Diagnosis to Dying** 51
Alzheimer's as a Cause of "Dementia" 53
Answers to Sixteen Questions 55
Q1. Should we break the news to Grandma? 56
Q2. How quickly will I decline? 63
Q3. Are there really any effective drugs to stop this disease? 65
Q4. Can tender loving care make a difference or is it all just biological? 72
Q5. Should we tell other people about my diagnosis? 74
Q6. Will "I" still be there, more or less, despite the silence or confusion? 75
Q7. Will I "suffer"? 78
Q8. Do I really want to continue to treat my heart failure or diabetes or dialysis or cancer as this disease unfolds? 80
Q9. Will I be a burden to those who take care of me? 81
Q10. Is genetic testing a good idea? 83
Q11. Should I file a living will or a durable power of attorney for health care? 85
Q12. Will my remaining ability to make choices be respected? 87
Q13. Will I be physically or chemically restrained? 90
Q14. Can I drive? 93
Q15. Should I participate in research? 96
Q16. Can I avoid technology and tubes so I can just die naturally? 98
Conclusions 107

[4] **The Seventeenth Question: Preemptive Physician-Assisted Suicide (PPAS) for Alzheimer's Disease**
A Caution 109
Two Cases of PPAS 110
Grandma J 111
Janet Adkins and Dr. Kevorkian 113
Sources of Ambivalence: Five Reasons to Question PPAS 115
Reason One: Do you know how this disease will progress? 117
Reason Two: What kind of legacy is left behind? 118
Reason Three: What about interdependence? 119
Reason Four: Can we learn to notice the expressions of selfhood? 120
Reason Five: Isn't hospice good enough? 121
Why Not Legalize PPAS in the United States? 121
Caution One: Will PPAS diminish social commitment to long-term care? 123
Caution Two: Will PPAS spill over into other "nonterminal" illness categories? 124
Caution Three: Is there a risk of going from voluntary to nonvoluntary PPAS and even euthanasia? 127
Conclusions 128

[5] **A Caregiver's Ethical Purpose**
Preserving Dignity, Ten Manifestations of Care, and Respect for the Whole Story of a Life 130
Dignity 130
Four Stories of Enduring Dignity 132
Jim's Glorious Twig 132
Jan's Awesome New Snowflakes 133
Ruth's Deep Gratitude 136
Clint's Cowboy Hat 137

Acting against Indignity and Humiliation 138
The Nazi Doctors and the Perils of Forgetfulness 138
The Stark Humiliation of Mrs. H 139
Dignity in the Parking Lot 141
The Circle of Care: Ten Manifestations 142
The Way of Celebration 144
The Way of Helping 145
The Way of Forgiveness 146
The Way of Carefrontation 146
The Way of Mirth 146
The Way of Respect 147
The Way of Attentive Listening 148
The Way of Compassion 149
The Way of Loyalty 150
The Way of Creativity 152
Respect for the Whole Story of a Life 152
The Example of Sexual Intimacy and Integrity 154
Additional Core Values in Caregiver Ethics 158
Breaking Free from Hypercognitive Personhood 162
Is a Deeply Forgetful Person a Person? Yes. 166
Caring Communication 167
Can We Learn to Communicate? 169
Conclusions 171

[6] **Respecting the Preferences of Deeply Forgetful People in Health Care and Research 173**
with Phyllis Migdal, MD, MA
Everyday Preferences 174
Health Care Decisions 175
Reconceptualization: Compassionate Autonomy 181
See a Lawyer 183
Research Ethics 188

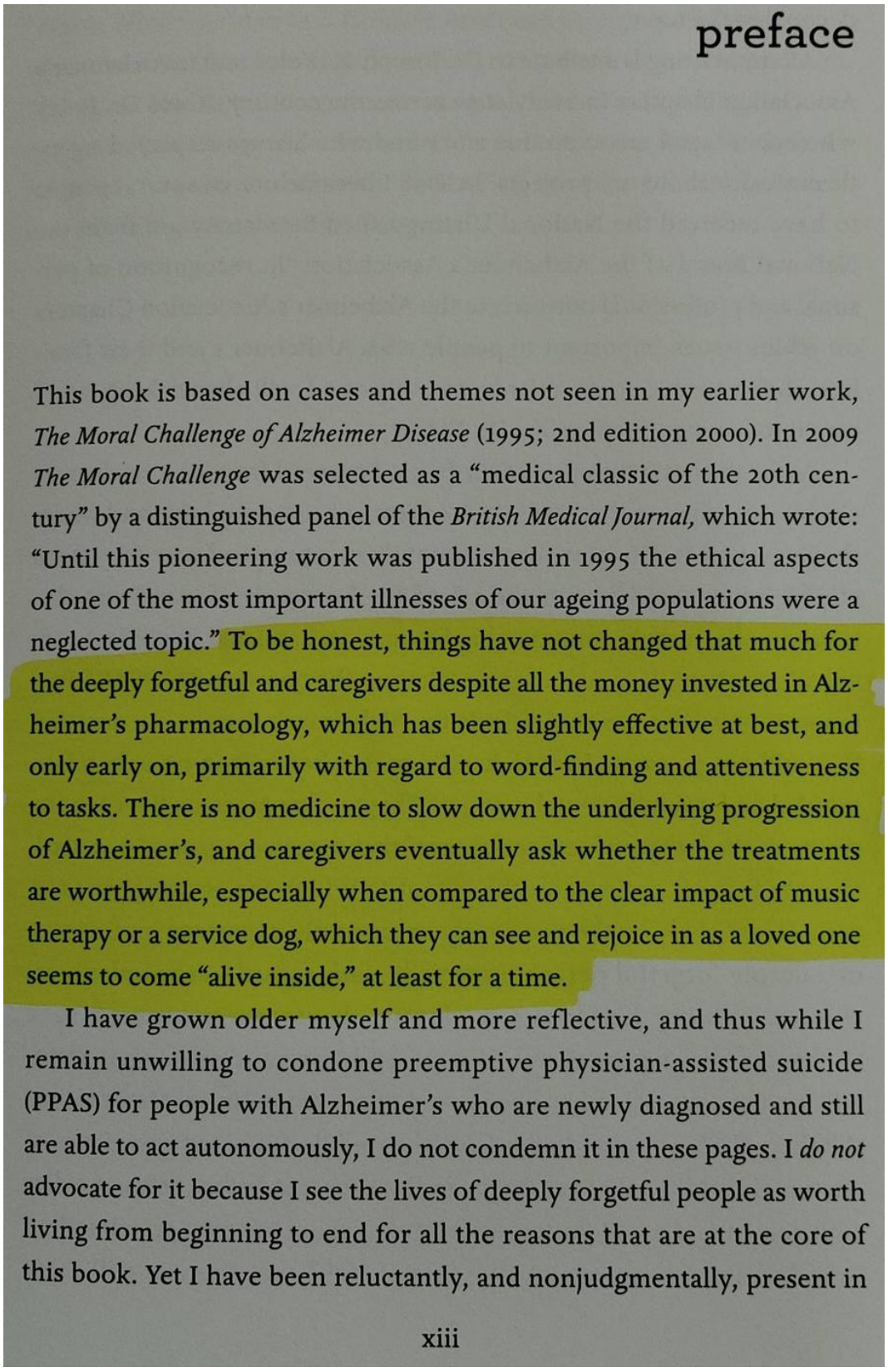
[7] **"Is Grandma Still There?"**
***The Mystery of Continuing Self-Identity* 191**
"Paradoxical" or "Terminal" Lucidity 193
On Spirituality 195
A Trip to Bangalore 197
Fifteen Focus Groups 198
A Speculative Model of Continuing Selfhood 201
The Continuing Mystery of Autobiographical Memory 203
Consciousness as the Ground of Personhood and Dignity 206
Human Consciousness and Post-Materialism 207
Hope in Deep Self-Identity 208
A Pastoral Conclusion 209

An Epilogue: *North Wind* 211

A Caregiver Resilience Program
Meeting Alzheimer's 221
Rev. Dr. Jade C. Angelica

references 241
acknowledgments 255
index 259

Book preface.



preface

This book is based on cases and themes not seen in my earlier work, *The Moral Challenge of Alzheimer Disease* (1995; 2nd edition 2000). In 2009 *The Moral Challenge* was selected as a "medical classic of the 20th century" by a distinguished panel of the *British Medical Journal,* which wrote: "Until this pioneering work was published in 1995 the ethical aspects of one of the most important illnesses of our ageing populations were a neglected topic." To be honest, things have not changed that much for the deeply forgetful and caregivers despite all the money invested in Alzheimer's pharmacology, which has been slightly effective at best, and only early on, primarily with regard to word-finding and attentiveness to tasks. There is no medicine to slow down the underlying progression of Alzheimer's, and caregivers eventually ask whether the treatments are worthwhile, especially when compared to the clear impact of music therapy or a service dog, which they can see and rejoice in as a loved one seems to come "alive inside," at least for a time.

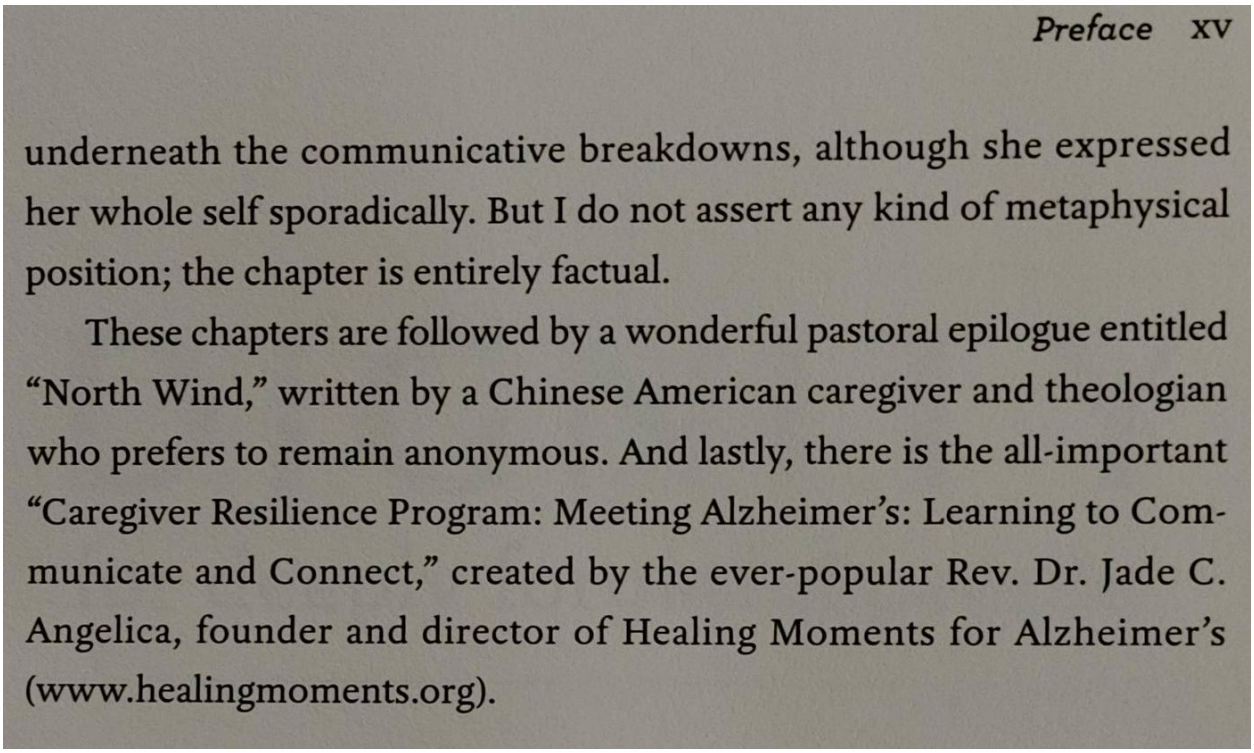
I have grown older myself and more reflective, and thus while I remain unwilling to condone preemptive physician-assisted suicide (PPAS) for people with Alzheimer's who are newly diagnosed and still are able to act autonomously, I do not condemn it in these pages. I *do not* advocate for it because I see the lives of deeply forgetful people as worth living from beginning to end for all the reasons that are at the core of this book. Yet I have been reluctantly, and nonjudgmentally, present in

xiii

informal pastoral support for a couple of individuals who, with family warmly at their sides, decided that they did not want to go on. Unable to convince them otherwise, I did the next best thing, which was to offer a respectful and appreciated presence, as I will describe in a chapter devoted to the topic.

All my writing is a tribute to Dr. Joseph M. Foley and to Alzheimer's Association chapters in every state across the country. It was Dr. Foley who encouraged me to do this work and who always displayed a gentle curiosity about my projects. In 1998 I became one of several people to have received the National Distinguished Service Award from the National Board of the Alzheimer's Association "in recognition of personal and professional outreach to the Alzheimer's Association Chapters on ethics issues important to people with Alzheimer's and their families." I don't value some awards, but this one I will always keep, and I owe it to having a mentor like Dr. Foley.

As for the basic structure of the book, I proceed from an introductory chapter to a chapter that takes up the theme of caregiver hope and where they can find it. Chapter three responds in a practical way to sixteen ethical issues that I have heard raised by thousands of caregivers, discussed with them in innumerable forums, and assisted in clinical consultations about. A fourth chapter takes up the question of "PPAS." Preemptive physician-assisted suicide for Alzheimer's disease is a question that will not go away. I try to handle such a hot-button issue in a fair-minded and nonjudgmental manner. Chapter five presents the core elements of the "ethics of respectful care" that caregivers aspire to. A sixth chapter focuses entirely on the extent to which we as caregivers can respect and abide by the previously or currently expressed preferences of a deeply forgetful person, especially with regard to clinical ethical choices. To bring this journey to closure, chapter seven connects back to chapter two and the theme of hope, and I respond somewhat pastorally to a question that has been asked of me many times: "Is Grandma still there?" This chapter builds from the well-documented experience of "terminal lucidity" that can occur in the days just before someone dies with dementia. I asked this question myself about my own grandmother, Grandma Post, years ago. At the time, I "felt" that she was still there



underneath the communicative breakdowns, although she expressed her whole self sporadically. But I do not assert any kind of metaphysical position; the chapter is entirely factual.

These chapters are followed by a wonderful pastoral epilogue entitled "North Wind," written by a Chinese American caregiver and theologian who prefers to remain anonymous. And lastly, there is the all-important "Caregiver Resilience Program: Meeting Alzheimer's: Learning to Communicate and Connect," created by the ever-popular Rev. Dr. Jade C. Angelica, founder and director of Healing Moments for Alzheimer's (www.healingmoments.org).

Amazon link for book purchase.

https://www.amazon.com/dp/1421442507?psc=1&ref=ppx_yo2ov_dt_b_product_details

NOTE—This link was operational at publication time. If for any reason it no longer is, simply perform a search on amazon.com for the book title and author.

THE BODY KEEPS THE SCORE: BRAIN, MIND, AND BODY IN THE HEALING OF TRAUMA

BY BESSEL VAN DER KOLK

My personal/professional connection to the book.

[Much of what I presented concerning my personal/professional connection to Post's book coincidentally equally applies to my personal/professional connection to van der Kolk's book. Therefore, without restating the previous section, I will simply provide the additional exclusive perspectives relevant to van der Kolk's book.]

For most of my life, I have studied trauma and its treatment. I did this partly due to personal intellectual interest and partly due to academic, professional, and ministerial interest. Those studies convinced me I had a reasonable understanding of the magnitude of the trauma problem both in its severity of harm and its extensiveness throughout the population. That was before I read van der Kolk's book.

Van der Kolk's book massively expanded my knowledge of the severity of trauma's harm to the brain, mind, and body. On every level of a person's existence, even down to the physiological cellular level, trauma leaves its indelible marks. Indeed, *the body keeps the score*.

Tragically and tearfully, this book greatly enlightened me about the vastness of the problem throughout our society. In spite of how intimately I was aware of the extensiveness of the problem, I had woefully underestimated the number of children and adults that have been severely traumatized. The sheer magnitude of the trauma plague has compelled me to introduce as many people as I can to this seminal tome, especially those in positions of influence. Thankfully, in the last several years I have observed that increasing numbers of professionals in various segments of healthcare, counseling, HR, education, and leadership have read van der Kolk's book and are proponents of his recommendations.

The significance of the book's message.

Van der Kolk draws from his half-century career as a psychiatrist serving in varied roles revolving around the nature of trauma and a history of its treatment protocols. First, he explains the history

of how we have treated (or mistreated) trauma. As he does this, he illustrates what worked and why; what didn't work and why. Refreshingly, he then brings us up to the present by addressing the significantly expanded repertoire of treatment options available such as yoga, language, art, dance, music, theater, EMDR[1], and applied neuroscience. Most importantly, he constantly urges that each treatment protocol is rigorously evaluated with the goal that practitioners may choose the most efficacious treatment for each individual patient. In comparing various treatment protocols, he remains very objective and fair, yet extremely detailed and clear. Overall, van der Kolk emphasizes trauma treatment from a multidisciplinary holistic approach with a special emphasis on many of the more recent neuroplasticity opportunities that offer significant hope for trauma victims.

This book takes the reader extremely deep, often painfully so, into the horrors of trauma. Actual patient experiences are anonymously shared to clarify concepts. Van der Kolk's writing is marvelously detailed, but for passionate readers that want to dive deeper, 80 pages of references and additional resource material are at the end of the book.

Given the gravity and complexity of our society's problems today, I can think of no better book for leaders to read immediately than this one. Truly, **The Body Keeps the Score** is a book whose time has come.

Key book quotations.

[T]rauma is not just an event that took place sometime in the past; it is also the imprint left by that experience on mind, brain, and body. This imprint has ongoing consequences for how the human organism manages to survive in the present. (p. 21)

Our great teacher, Elvin Semrad, actively discouraged us from reading psychiatry textbooks during our first year. . . . Semrad did not want our perceptions of reality to become obscured by the pseudocertainties of psychiatric diagnoses. I remember asking him once: "What would you call this patient—schizophrenic or schizoaffective?" He paused and stroked his chin, apparently in deep thought. "I think I'd call him Michael McIntyre," he replied. (p. 26)

Until recently, this bidirectional communication between body and mind was largely ignored by Western science, even as it had long been central to traditional healing practices in many other parts of the world, notably in India and China. Today it is transforming our understanding of trauma and recovery. (p. 76)

[O]n a deep level, the bodies of incest victims have trouble distinguishing between danger and safety. This means that the imprint of past trauma does not consist only of distorted perceptions of information coming from the outside; the organism itself also has a problem knowing how to feel safe. The past is impressed not only on their minds, and in misinterpretations of innocuous events . . . but also on the very core of their beings: in the safety of their bodies. (p. 129)

Nobody can "treat" a war, or abuse, rape, molestation, or any other horrendous event, for that matter; what has happened cannot be undone. But what *can* be dealt with are the imprints of the trauma on body, mind, and soul: the crushing sensations in your chest that you may label as anxiety or depression; the fear of

[1] Eye movement desensitization and reprocessing.

losing control; always being on alert for danger or rejection; the self-loathing; the nightmares and flashbacks; the fog that keeps you from staying on task and from engaging fully in what you are doing; being unable to fully open your heart to another human being. (p. 205)

Some people don't remember anybody they felt safe with. For them, engaging with horses or dogs may be much safer than dealing with human beings. . . . Jennifer, a member of the first graduating class of the Van der Kolk Center, who had come to the program as an out-of-control, mute fourteen-year-old, said during her graduation ceremony that having been entrusted with the responsibility of caring for a horse was the critical first step for her. Her growing bond with her horse helped her feel safe enough to begin to relate to the staff of the center and then to focus on her classes, take her SATs, and be accepted to college. (p. 215)

Patients can benefit from reliving their trauma only if they are not overwhelmed by it. (p. 224)

There are thousands of art, music, and dance therapists who do beautiful work with abused children, soldiers suffering from PTSD, incest victims, refugees, and torture survivors, and numerous accounts attest to the effectiveness of expressive therapies. (p. 244)

While we don't yet know precisely how EMDR works, the same is true of Prozac.
. . .
Clinicians have only one obligation: to do whatever they can to help their patients get better. (p. 264)

It is one thing to process memories of trauma, but it is an entirely different matter to confront the inner void—the holes in the soul that result from not having been wanted, not having been seen, and not having been allowed to speak the truth. If your parents' faces never lit up when they looked at you, it's hard to know what it feels like to be loved and cherished. If you come from an incomprehensible world filled with secrecy and fear, it's almost impossible to find the words to express what you have endured. If you grew up unwanted and ignored, it is a major challenge to develop a visceral sense of agency and self-worth. (p. 298)

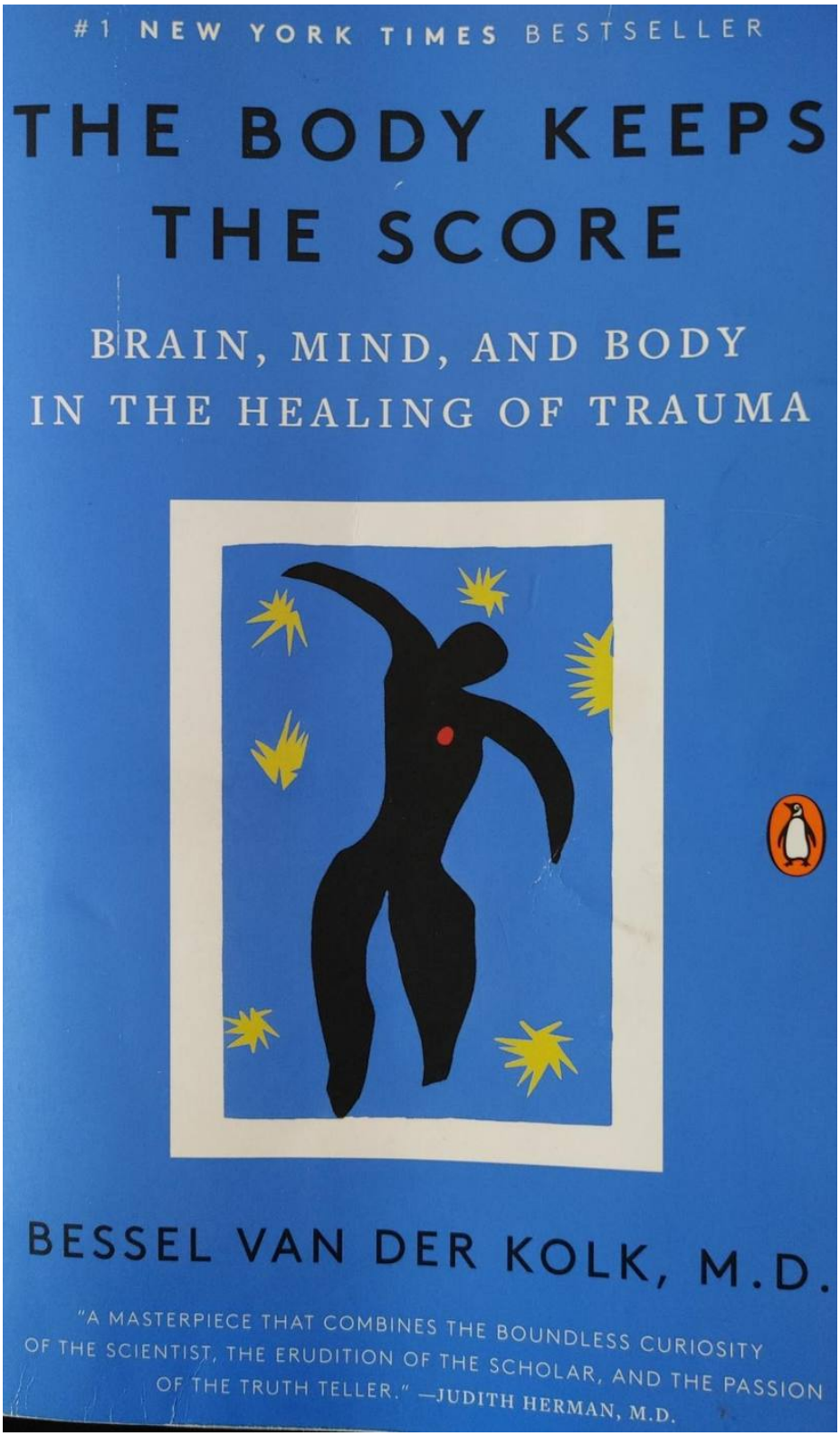
We are on the verge of becoming a trauma-conscious society. (p. 349)

Discussions of PTSD still tend to focus on recently returned soldiers, victims of terrorist bombings, or survivors of terrible accidents. But trauma remains a much larger public health issue, arguably the greatest threat to our national well-being. (p. 350)

When our team arrives at a school, the teachers' initial response is often some version of "If I'd wanted to be a social worker, I would have gone to social work school. But I came here to be a teacher." Many of them have already learned the hard way, however, that they cannot teach if they have a classroom filled with students whose alarm bells are constantly going off. Even the most committed teachers and school systems often come to feel frustrated and ineffective because so many of their kids are too traumatized to learn. (p. 354)

Trauma constantly confronts us with our fragility and with man's inhumanity to man but also with our extraordinary resilience. I have been able to do this work for so long because it drew me to explore our sources of joy, creativity, meaning, and connection—all the things that make life worth living. (p. 358)

Book reference information.



A PIONEERING RESEARCHER TRANSFORMS OUR UNDERSTANDING OF TRAUMA AND OFFERS A BOLD NEW PARADIGM FOR HEALING

Trauma is a fact of life. Veterans and their families deal with the painful aftermath of combat; one in five Americans has been molested; one in four grew up with alcoholics; one in three couples have engaged in physical violence. Dr. Bessel van der Kolk, one of the world's foremost experts on trauma, has spent over three decades working with survivors. In *The Body Keeps the Score*, he uses recent scientific advances to show how trauma literally reshapes both body and brain, compromising sufferers' capacities for pleasure, engagement, self-control, and trust. He explores innovative treatments—from neurofeedback and meditation to sports, drama, and yoga—that offer new paths to recovery by activating the brain's natural neuroplasticity. Based on Dr. van der Kolk's own research and that of other leading specialists, *The Body Keeps the Score* exposes the tremendous power of our relationships both to hurt and to heal—and offers new hope for reclaiming lives.

"Packed with science and human stories, the book is an intense read. . . . The struggle and resilience of [van der Kolk's] patients is very moving." —NEW SCIENTIST

"An authoritative guide to the effects of trauma, and pathways to recovery. A must read for mental health and other health care professionals, trauma survivors, their loved ones, and those who seek . . . solutions to the cycle of trauma and violence in our society."
—Rachel Yehuda, Ph.D.

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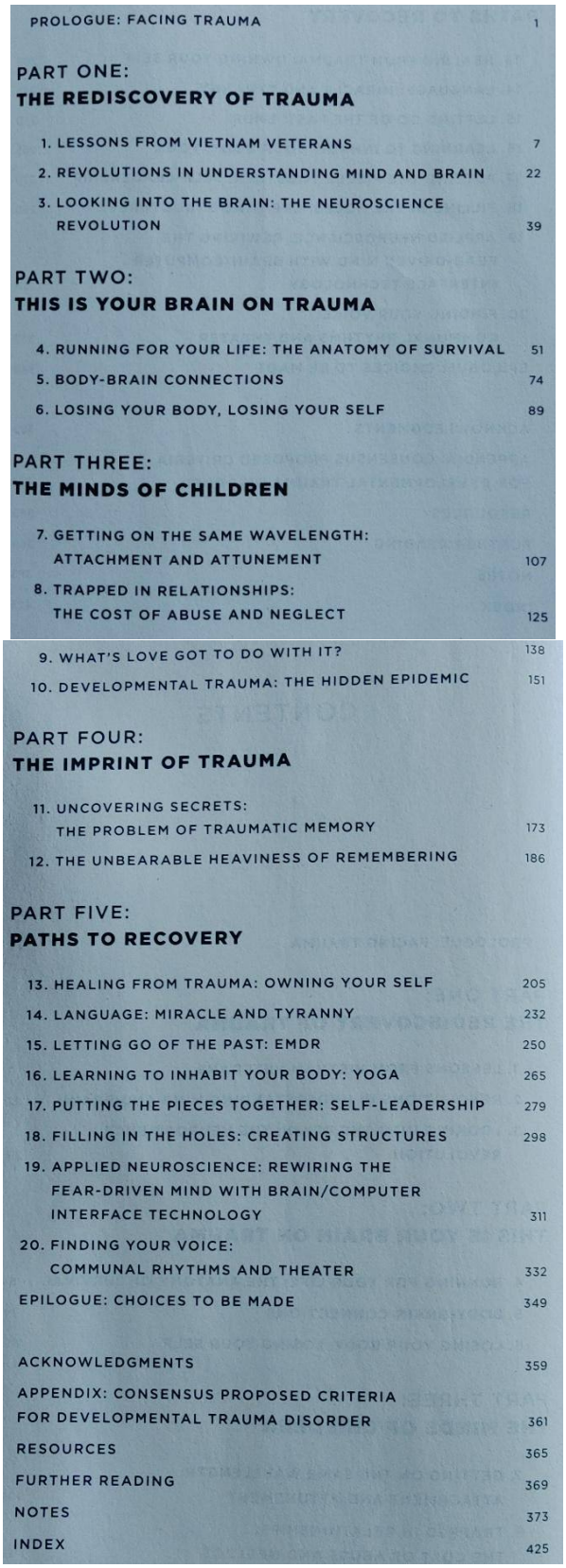
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Book table of contents.



PROLOGUE: FACING TRAUMA 1

PART ONE:
THE REDISCOVERY OF TRAUMA

1. LESSONS FROM VIETNAM VETERANS 7
2. REVOLUTIONS IN UNDERSTANDING MIND AND BRAIN 22
3. LOOKING INTO THE BRAIN: THE NEUROSCIENCE REVOLUTION 39

PART TWO:
THIS IS YOUR BRAIN ON TRAUMA

4. RUNNING FOR YOUR LIFE: THE ANATOMY OF SURVIVAL 51
5. BODY-BRAIN CONNECTIONS 74
6. LOSING YOUR BODY, LOSING YOUR SELF 89

PART THREE:
THE MINDS OF CHILDREN

7. GETTING ON THE SAME WAVELENGTH: ATTACHMENT AND ATTUNEMENT 107
8. TRAPPED IN RELATIONSHIPS: THE COST OF ABUSE AND NEGLECT 125
9. WHAT'S LOVE GOT TO DO WITH IT? 138
10. DEVELOPMENTAL TRAUMA: THE HIDDEN EPIDEMIC 151

PART FOUR:
THE IMPRINT OF TRAUMA

11. UNCOVERING SECRETS: THE PROBLEM OF TRAUMATIC MEMORY 173
12. THE UNBEARABLE HEAVINESS OF REMEMBERING 186

PART FIVE:
PATHS TO RECOVERY

13. HEALING FROM TRAUMA: OWNING YOUR SELF 205
14. LANGUAGE: MIRACLE AND TYRANNY 232
15. LETTING GO OF THE PAST: EMDR 250
16. LEARNING TO INHABIT YOUR BODY: YOGA 265
17. PUTTING THE PIECES TOGETHER: SELF-LEADERSHIP 279
18. FILLING IN THE HOLES: CREATING STRUCTURES 298
19. APPLIED NEUROSCIENCE: REWIRING THE FEAR-DRIVEN MIND WITH BRAIN/COMPUTER INTERFACE TECHNOLOGY 311
20. FINDING YOUR VOICE: COMMUNAL RHYTHMS AND THEATER 332

EPILOGUE: CHOICES TO BE MADE 349

ACKNOWLEDGMENTS 359

APPENDIX: CONSENSUS PROPOSED CRITERIA FOR DEVELOPMENTAL TRAUMA DISORDER 361

RESOURCES 365

FURTHER READING 369

NOTES 373

INDEX 425

Book preface.

PROLOGUE

FACING TRAUMA

One does not have to be a combat soldier, or visit a refugee camp in Syria or the Congo to encounter trauma. Trauma happens to us, our friends, our families, and our neighbors. Research by the Centers for Disease Control and Prevention has shown that one in five Americans was sexually molested as a child; one in four was beaten by a parent to the point of a mark being left on their body; and one in three couples engages in physical violence. A quarter of us grew up with alcoholic relatives, and one out of eight witnessed their mother being beaten or hit.[1]

As human beings we belong to an extremely resilient species. Since time immemorial we have rebounded from our relentless wars, countless disasters (both natural and man-made), and the violence and betrayal in our own lives. But traumatic experiences do leave traces, whether on a large scale (on our histories and cultures) or close to home, on our families, with dark secrets being imperceptibly passed down through generations. They also leave traces on our minds and emotions, on our capacity for joy and intimacy, and even on our biology and immune systems.

Trauma affects not only those who are directly exposed to it, but also those around them. Soldiers returning home from combat may frighten their families with their rages and emotional absence. The wives of men who suffer from PTSD tend to become depressed, and the children of depressed mothers are at risk of growing up insecure and anxious. Having been exposed to family violence as a child often makes it difficult to establish stable, trusting relationships as an adult.

Trauma, by definition, is unbearable and intolerable. Most rape victims,

combat soldiers, and children who have been molested become so upset when they think about what they experienced that they try to push it out of their minds, trying to act as if nothing happened, and move on. It takes tremendous energy to keep functioning while carrying the memory of terror, and the shame of utter weakness and vulnerability.

While we all want to move beyond trauma, the part of our brain that is devoted to ensuring our survival (deep below our rational brain) is not very good at denial. Long after a traumatic experience is over, it may be reactivated at the slightest hint of danger and mobilize disturbed brain circuits and secrete massive amounts of stress hormones. This precipitates unpleasant emotions intense physical sensations, and impulsive and aggressive actions. These posttraumatic reactions feel incomprehensible and overwhelming. Feeling out of control, survivors of trauma often begin to fear that they are damaged to the core and beyond redemption.

The first time I remember being drawn to study medicine was at a summer camp when I was about fourteen years old. My cousin Michael kept me up all night explaining the intricacies of how kidneys work, how they secrete the body's waste materials and then reabsorb the chemicals that keep the system in balance. I was riveted by his account of the miraculous way the body functions. Later, during every stage of my medical training, whether I was studying surgery, cardiology, or pediatrics, it was obvious to me that the key to healing was understanding how the human organism works. When I began my psychiatry rotation, however, I was struck by the contrast between the incredible complexity of the mind and the ways that we human beings are connected and attached to one another, and how little psychiatrists knew about the origins of the problems they were treating. Would it be possible one day to know as much about brains, minds, and love as we do about the other systems that make up our organism?

We are obviously still years from attaining that sort of detailed understanding, but the birth of three new branches of science has led to an explosion of knowledge about the effects of psychological trauma, abuse, and neglect. Those new disciplines are neuroscience, the study of how the brain supports mental processes; developmental psychopathology, the study of the impact of adverse experiences on the development of mind and brain; and interpersonal neurobiology, the study of how our behavior influences the emotions, biology, and mind-sets of those around us.

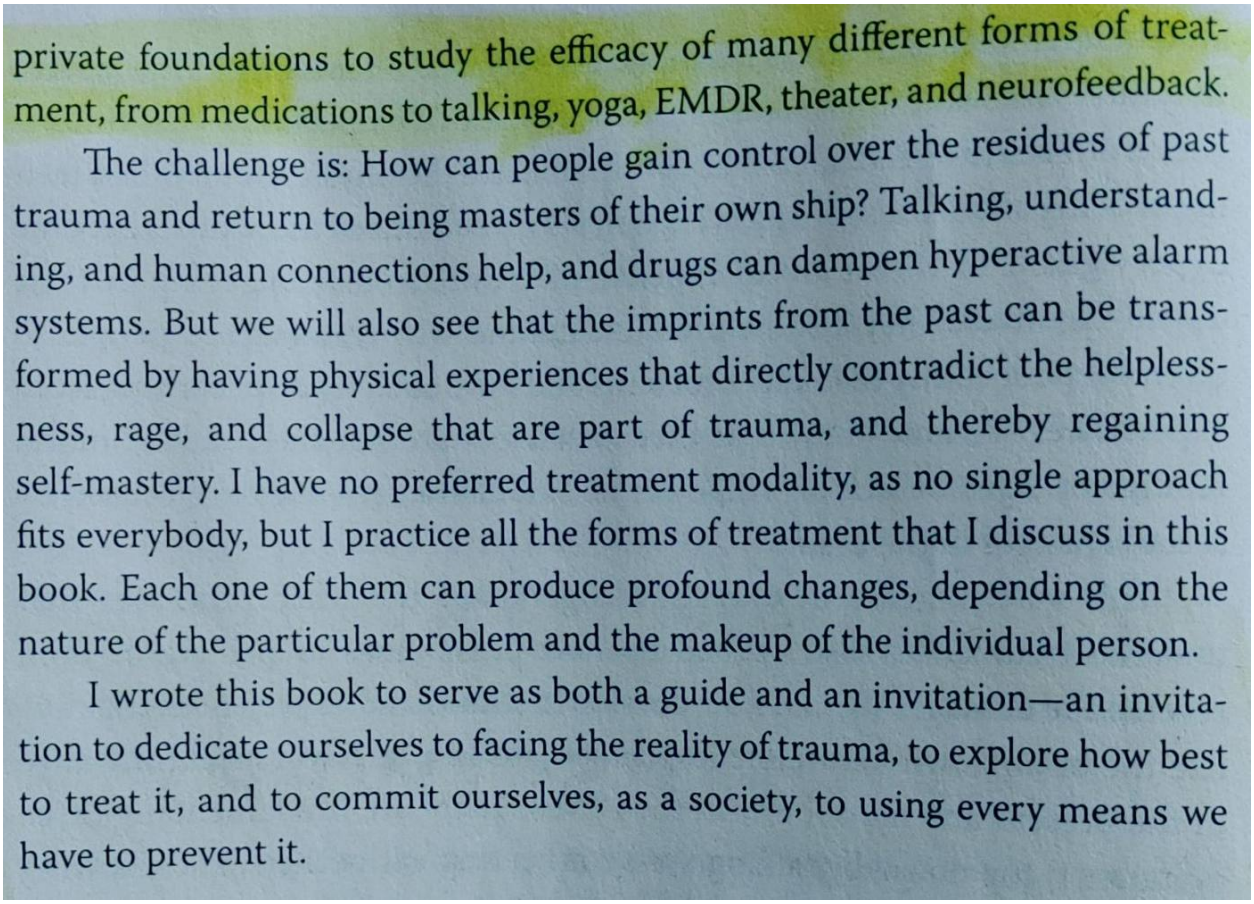
Research from these new disciplines has revealed that trauma produces actual physiological changes, including a recalibration of the brain's alarm

system, an increase in stress hormone activity, and alterations in the system that filters relevant information from irrelevant. We now know that trauma compromises the brain area that communicates the physical, embodied feeling of being alive. These changes explain why traumatized individuals become hypervigilant to threat at the expense of spontaneously engaging in their day-to-day lives. They also help us understand why traumatized people so often keep repeating the same problems and have such trouble learning from experience. We now know that their behaviors are not the result of moral failings or signs of lack of willpower or bad character—they are caused by actual changes in the brain.

This vast increase in our knowledge about the basic processes that underlie trauma has also opened up new possibilities to palliate or even reverse the damage. We can now develop methods and experiences that utilize the brain's own natural neuroplasticity to help survivors feel fully alive in the present and move on with their lives. There are fundamentally three avenues: 1) top down, by talking, (re-) connecting with others, and allowing ourselves to know and understand what is going on with us, while processing the memories of the trauma; 2) by taking medicines that shut down inappropriate alarm reactions, or by utilizing other technologies that change the way the brain organizes information, and 3) bottom up: by allowing the body to have experiences that deeply and viscerally contradict the helplessness, rage, or collapse that result from trauma. Which one of these is best for any particular survivor is an empirical question. Most people I have worked with require a combination.

This has been my life's work. In this effort I have been supported by my colleagues and students at the Trauma Center, which I founded thirty years ago. Together we have treated thousands of traumatized children and adults: victims of child abuse, natural disasters, wars, accidents, and human trafficking; people who have suffered assaults by intimates and strangers. We have a long tradition of discussing all our patients in great depth at weekly treatment team meetings and carefully tracking how well different forms of treatment work for particular individuals.

Our principal mission has always been to take care of the children and adults who have come to us for treatment, but from the very beginning we also have dedicated ourselves to conducting research to explore the effects of traumatic stress on different populations and to determine what treatments work for whom. We have been supported by research grants from the National Institute of Mental Health, the National Center for Complementary and Alternative Medicine, the Centers for Disease Control, and a number of



private foundations to study the efficacy of many different forms of treatment, from medications to talking, yoga, EMDR, theater, and neurofeedback.

The challenge is: How can people gain control over the residues of past trauma and return to being masters of their own ship? Talking, understanding, and human connections help, and drugs can dampen hyperactive alarm systems. But we will also see that the imprints from the past can be transformed by having physical experiences that directly contradict the helplessness, rage, and collapse that are part of trauma, and thereby regaining self-mastery. I have no preferred treatment modality, as no single approach fits everybody, but I practice all the forms of treatment that I discuss in this book. Each one of them can produce profound changes, depending on the nature of the particular problem and the makeup of the individual person.

I wrote this book to serve as both a guide and an invitation—an invitation to dedicate ourselves to facing the reality of trauma, to explore how best to treat it, and to commit ourselves, as a society, to using every means we have to prevent it.

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APPENDIX

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Current Roles

Strategic business development, ChainIT Pay
Chief Training Officer and Director of Team Development, American Club Association
BNI International Board of Advisors; Multiple BNI chapter leadership positions
Freelance corporate writer
Business and science consultant
Ordained Minister, Assemblies of God
Chaplain, Civil Air Patrol

Prior Business Experience

Johnson Controls (Six Sigma project manager, diversity/inclusion trainer)
ADT Security Services / Tyco International (training team manager)
AT&T (quality team manager, team development leader)
New Paradigm Business Enterprises (owner)
Eastman Kodak Company Research Laboratories (chemical technician, technical writer)

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Six Sigma Green Belt (process improvement)
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M.Div. with honors, pastoral counseling, Assemblies of God Theological Seminary
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