

# The Dementia Series

## Cognition – it's All Smoke & Mirrors



Most of the cognitive skills we talk about are simply not understood on a useful level and I must admit I do take some delight in pointing this out to people. In fact, any contemporary term of reference is fair game to me and likely to have me asking, “So tell me, how do we do that, how do we generate that skill or ability?” Sure, I am being a little bit naughty, but asking such a question is also about getting people to stop and consider what they are parroting. Too often we hear something and it sounds so really great and fantastic that we find ourselves repeating it, without ever considering if there is actually any substance to it. The reality is that the world is chock full of assumptions around cognitive performance and they just do not stand up to the deeper scrutiny that the lens of visual perceptual performance affords us.

When we look through the visual perceptual performance lens at what a person with memory issues is actually struggling with, we begin to realise that it's most definitely not 'memory.' we may believe we remember stuff and that memory is real, but it is just something that appears to be going on. In order to understand this, I often say that

*Either we know how to do something or we do not.*

*Memory has nothing to do with it.*

So what do I mean by this?

In the US, transfer training from wheelchair to other surfaces was always had a central focus in therapy sessions, because of the risk of law suits if someone fell. A duty of care had to be demonstrated, and transfer training was a big part of this.

Transfer training typically comprised of telling the client to:

- Put the wheelchair brakes on
- Move the footrests out of the way
- Stand and move to the therapy mat

They invariably 'forgot' to put the brakes on.

This intrigued me and I saw many other situations in which a similar issue was occurring and it was always information that was peripheral to the task that was 'forgotten' ie: moving from the wheelchair to the therapy mat was the central part of the task and all else, while crucial to the task, was also ancillary or peripheral.

In order to see what is actually going on within the realms of visual perceptual performance, we have to reduce the amount of sensory information the client has to deal with. It's just not possible to see what is actually going on for anyone, when we give them complex tasks to perform.<sup>1</sup>

When we reduce the amount of sensory information we are dealing with and begin to look at the structure of functional performance at the visual perceptual level, the client's actual level of performance starts to become very obvious. One of the most common statements I hear observers make is, "well, if they can't do that, it's no wonder they can't do all of these other things."

Visual perceptual performance allows us to utilise a functional diagnostic process to determine where the performance of those everyday tasks has broken down. Over time, quite a list of associations has been developed, between what we see people doing in those everyday tasks and what this relates to in visual perceptual performance terms. We call these things 'functional indicators of visual perceptual performance.' they are manifestations of the deeper issues and exist as pointers to what is happening within their visual perceptual performance. In this way 'memory' has become a functional indicator for an issue with integrating sensory information.

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<sup>1</sup> There is actually far too much information contained within everyday tasks and it obscures the subtle realms from where that performance arises from.



## *Dementia or Visual Perceptual Deficit*

As I expanded my work in visual perceptual performance I began to see that most people who were diagnosed with 'dementia' fell into either one of three categories:

1. Those who had a treatable condition, a visual perceptual deficit, and were able to engage in the visual perceptual therapy and made a complete recovery or, in the case of those with a severe visual perceptual deficit,<sup>2</sup> made radical improvements upon their performance but were unlikely to make a full recovery.
2. The second group is a mixed group of people, some of who just won't or can't engage with the therapy, some with mental health issues, some whose personality gets in the way, some with other health issues which preclude their involvement in the therapy.
3. The third group is a group who do have an untreatable condition, which I do refer to as a true dementia. This group presents entirely differently to the first and second group. They are often prone to rigid and obsessional thinking and do not engage with anyone on a useful level.

Of the three groups, most people fit into the first category. Often I am asked how much recovery is possible, and my response really does depend on what else the person has going on, particularly their general attitude toward life and how well they engage in the therapy and with the therapist. Mental health issues also have a bearing. However, I have worked in various situations where the doctors have invariably been proven entirely wrong in their belief that a person was not going to improve upon their performance. I can only continue to say that the only person who can provide an accurate diagnosis, and predict a person's likely progress, is someone who specialises in the treatment of these disorders. It is just so easy to write someone off, because of the limitations of our own understanding. Even when I feel a person is likely to make a limited recovery, it remains up to them to demonstrate what is possible for them. I am always very happy to be proven wrong in my estimations.

In the next article, we will look at the role mental health plays in cognitive deficits.

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<sup>2</sup> Severe visual perceptual deficits are typically associated with significant stroke or traumatic brain injury, where the brain has been substantially damaged by a significant event. Even though those with severe neurological damage are unlikely to make a full recovery, what can be achieved with The Visual Perceptual Therapy can often be astounding. I have worked with people who have totally destroyed any preconceptions I have ever had about what is possible, simply because The Visual Perceptual Therapy does allow us to achieve so much more.



*Until then, I would like to welcome you to my world, the world  
of visual perceptual performance*

*Natoya Rose  
Occupational Therapist*



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