

Alzheimer Society

BRITISH COLUMBIA

Q&A with Jane Munro

Jane Munro is a Canadian poet who recently won the prestigious 2015 Griffin Poetry Prize for her book of poems titled *Blue Sonoma* (Brick Books).

At the heart of this collection is a beloved partner's crossing into Alzheimer's disease. Jane is the author of five additional books of poetry and has received the Bliss Carman Poetry Award, the Macmillan Prize for Poetry and has been nominated for the Pat Lowther Award. To learn more about Jane Munro and her collection of poetry, visit her website: www.janemunro.com.



1. How does *Blue Sonoma* relate to your other books of poetry? What message do you hope readers will take away with them after reading the collection?

Love is a big country with many terrains. We travel through them – high, low – dealing with feelings and thoughts, questions and responses. Each of my books of poetry addresses intimate relationships, especially family relationships.

Like many of my other poems, those in *Blue Sonoma* draw images from the natural environment. I lived for twenty years on the southwest coast of Vancouver Island, the isolated “Wild Coast.” Wind and fog from the Pacific blew into the rain forest.

Dementia was erasing the life closest to me, frame by frame. We live in a time of dementia – of the fear of dementia – its tsunami hitting persons we know – society's forgetfulness – even the Earth losing mind with the extinction of species. I was forced to wrestle with every layer of my self. From this came the poems in *Blue Sonoma*.

2. What is the significance of the “Blue Sonoma” of the collection's title?

The title refers to my husband's blue truck. In the first poem he totals it: “slowly spun out on an icy bridge, rammed it into a guard rail. // Climbed out unbruised.”

His truck was a “Sonoma,” the brand name of a line of GMC compact pickup trucks. “Sonoma” is better known as the name of a California county. According to Jack London, who had a ranch there, “Sonoma” derives from a

Miwok word meaning “Valley of the Moon” – the title of one of his novels – but this is disputed. It could also mean “many moons” or, if it comes from another language, it might refer to “earth village” or even “nose.”

There are many moons in *Blue Sonoma*. The last poem in the book is called “Valley of the Moon.”

3. *Blue Sonoma* speaks to your beloved partner's battle with Alzheimer's disease. Because of such a personal subject, was writing it more difficult for you than any of your other work?

When I started writing the poems in *Blue Sonoma*, I had classic responses to pain: anger, self-pity, helplessness, hopelessness. The poems were a gift – a gift to me. Making art took heart, mind, body and spirit. Working on the poems made me feel whole. There wasn't a choice about vulnerability. That was how the poems might possibly become a gift to others.

4. This September, as part of our World Alzheimer's Month campaign, we'll be talking about stigma and language as they relate to people with Alzheimer's disease or another dementia. Words can inform and comfort us, excite and thrill us or inspire action. Words can also rattle our nerves, discourage our initiative and chip away at our self-confidence. We can react physically and emotionally to what is said to us and about us.

a. Can you draw any parallel between your role as a poet and the idea of the power of words to reinforce – or to fight – stigma?

Poets struggle to put what cannot be said into language: we “translate” experience into words, use images and metaphors to arouse feelings and thoughts that might give the reader the experience we're trying to evoke. I think of a poem as architecture for the imagination.

Language and stigma are a complex issue for people with Alzheimer's disease or another dementia, and for their caregivers.

Many with dementia are losing fluency with language: searching for words, falling into ruts, getting stuck in story loops, losing capacity for conversation. Words become husks and fall away, are of limited utility in making meaning. As a dementia progresses, the sphere of personal safety may contract. Communication – both within oneself and with others – diminishes.

The amazing thing this situation reveals is that our self is not our body or our mind. As mind and body lose abilities, the self remains itself, although its capacities and behavior change.

At first, there is a tendency to hide this disease, to pretend it's not happening. In some cultures and families, the important thing is to keep up appearances and not lose face. People may be ashamed when a spouse or family member has dementia. Stigma like this can lead to a lack of early intervention. For both the person with dementia and the caregiver, self-compassion may be elusive.

We tend to mirror in our diction the way the person we're addressing thinks and talks. This usually helps us connect, but it can lead to a form of unintentional disrespect. Talking well is a sign of adulthood. We may have a reflexive tendency to talk down to or infantilize someone with limited language ability. When a person with dementia gets angry or upset, or stuck in a negative loop, sometimes the most effective and respectful response

can be silence. Not reinforcing the loop by reacting to it may allow it to fall away faster. If the person with dementia is a family member with whom we've always talked, it can be hard to realize that the respectful and compassionate, adult to adult, response to an obsessive complaint may be to keep calm and quiet – to wait for it to pass.

It's a challenge to lay down the structure of a thought brick by brick, to build architecture for the imagination of a particular individual with dementia. Caregivers, like poets, struggle with what cannot easily be conveyed through language.

b. Have you had any experience of the power of words and stigma related to being the family member and caregiver of a person with Alzheimer's disease?

Here's a personal example: the phrase "your loved one" raised my hackles. To me, it sounded like "your pet" as in "being an advocate for your pet," "asking your pet's doctor to explain," and so on. I felt it objectified and belittled both of us. There was something prescriptive and even pious about it.

My husband did not walk sweetly and gently down the path of Alzheimer's disease. Some terrains were hard logging. Maybe laughter would have helped, but in deep canyons, neither of us had much perspective.

So, what label would have been better? Maybe, none.

The best advice I ever had about dealing with intractable, painful, extended and messy, conflicted situations was "an increase in tenderness." Sometimes it seemed impossible to get there, but when I could, the panic and pressure eased. An increase in tenderness is not an abstract generalization. It arises through acceptance, attention and openness.

5. Do you have any other words of advice for those who are caregivers to someone on the dementia journey?

Get help. Get respite. Exercise. Eat carefully. Avoid unhealthy habits. Protect your sleep. Sing. Meditate. Walk. Get out into nature. Do whatever you can to feel that you are a whole person: use your heart and mind and spirit. Find beauty. Don't be isolated: give friendship and love and receive affection and hugs in return from friends and family. Laugh.

Be honest. Tell others what's happening. Don't be afraid to be vulnerable. Keep a bedside notebook of three things you enjoyed each day.

Be prepared. Do the legal paperwork. Explore your options: do the research. Keep medical records up to date. Be prepared to change your life – your lives. Be careful with money: get financial advice. Learn how to manage responsibilities previously carried by your family member.

Practice independence. Become passionate about something – gardening, making music, a political campaign, a social issue, a study, a practice, a faith. Clarify your own values. Think about what's important for you now. Learn to be your own best friend.