

The Alzheimer's Podcast: Navigating Rough Terrain with the Dementia Sherpa

[Episode 92: The Shiny Object Squirrel with Phil Gutis, a Man Living with Alzheimer's Disease](#)

Christy Turner:

I'm Christy Turner, AKA the Dementia Sherpa. I've enjoyed the privilege of working with over 1,500 people living with dementia and their families so far...including multiple experiences in my own family. In the course of my career, I've transformed from total trainwreck on my first day as a professional, to local go-to expert, speaker, trainer, and consultant. And if I can go from scared spitless to confident care partner, I promise you can too! Hello and welcome! I'm thrilled to bring Phil Gutis back to the show. Phil is a former *New York Times* reporter and current contributor, an Alzheimer's advocate, and a man living with Alzheimer's disease. Phil was diagnosed three years ago, at age 54. I first introduced you to him on episode 90. He was a hit, of course, and that episode gained some traction and attention online. And the reason I'm bringing all that up is there's something I'd like to clarify. In one of the comments I saw, someone said something along the lines of, "At his young age, it's probably not Alzheimer's. It's probably Lyme disease." So, a couple of things about that. One, and this is a handy rule of thumb for everyone so you can check things out for yourself no matter what the topic is, is if you see something like that, click through to the poster's profile. Does this person seem qualified to offer an opinion on this topic? Does this person appear to have expertise on this topic? That said, there was actually a good point in the post. People in their early 50s who are showing signs of neurodegeneration can definitely be misdiagnosed. For example, the majority of people with frontotemporal degeneration, or FTD, are in their 40s or 50s and are initially misdiagnosed. It takes 3 years, on average, to arrive at the correct diagnosis. Now, finally, about Phil in particular. He participated in the Biogen study, which was testing a new drug for Alzheimer's. In order to participate in that study, he needed to get an accurate diagnosis. He didn't have a diagnosis when he first called about the study. So he was put through every test, multiple times. PET scan imaging is the gold standard for detecting Alzheimer's disease. It's better than an MRI. Insurance does not typically pay for PET scans; too many insurances balk at even MRIs. Phil's had both, on more than one occasion. He definitely has Alzheimer's disease. Now that we got that bee out of my bonnet, let's get to episode 92. I love this episode. Phil again gives us great insight into what it's like to be a person living with Alzheimer's disease. Our conversation ranged from the first signs to how challenging it can be to complete a task when what Phil calls the Shiny Object Squirrel shows up. We also discuss awkward conversations with strangers, and in what I consider a happy accident, we landed on the hot topic of showering. So many care partners seem locked in a struggle

with their person over showering. The best resource that I know of on the topic, a DVD called *Bathing Without a Battle*, is aptly named. As you listen to Phil talk about this, think about where your person is in the disease process and how able they are to express their own feelings on the topic. Then remember Phil was diagnosed just three years ago. One final note before we get the show on the road: if you have questions for Phil, please let us know. You can send them to me via email, Facebook, or Twitter. All those links are in the show notes at DementiaSherpa.com/episode92. Now, here's Phil.

Christy Turner: **So, after our last couple of conversations, I keep thinking of questions that I want to ask you. But at the same time, of course, I want to be, like, not too nosy. I feel like one of the things that makes me really good at what I do is my natural curiosity. I always say my first word was why, and I'm sure it'll be my last one. Um, so are you open to answering some questions, Phil?**

Phil Gutis: I am always open to answering questions, Christy.

Christy: **Okay.**

Phil: Actually, I prefer it.

Christy: **Okay, great. So I guess I'll start with something that feels kind of obvious to me, but maybe it's not. What was it like before you got the diagnosis, when you started noticing, "Things feel different for me. Things seem different." Did you have a process where you were thinking, "Oh, it's nothing. Oh, it might be something," or, what was that like for you?**

Phil: Whew. Ummmm. I don't remember. And I'm not being, trying to be there. It was funny. I met somebody today and they asked me, "How did you know? You know, what made you go get checked out?" And I, I thought for a long time. He was like, "Were you having trouble remembering things?" and dah dah dah 'cause apparently it's in his family. And um, all I could remember is the story that Tim has told, that's also in a couple of things I've written, about one morning, coming out, seeing our indoor/outdoor cat in the kitchen and saying, "Hi, Max." Going back into the bedroom, coming back out later and saying to Tim, "Have you seen Max?" I don't remember the incident, but I remember Tim telling...

Christy: **Okay.**

Phil: And telling testers about the incident. Um, it was for me, I mean, I've long complained about memory issues and I feel like I've had memory holes going way back to my twenties. Um, I think what really started to change for me is more cognitive things that I noticed getting worse. Um, keeping track of projects, multitasking. I was the King of Multitasking. I'm not the King of Multitasking anymore. You know, my issues about getting in the shower got worse and worse. So there was just stuff happening and I obviously complained about it so much that my sister saw, when she saw the ad for the Biogen study, she sent it to me. But I can't literally say, "Well, yeah, this was bothering me: x, y, and z," you know?

Christy: **Okay. So, at some point if I'm able to actually nail Tim down to being on the show, would it be okay if I asked him about that too?**

Phil: Yes, of course.

Christy: **Okay. Now I want to follow up on something you said in passing. You said "my issues about getting in the shower." Can you talk more about that? Because that's something that I hear about a lot. That, I think, is probably right up there with driving, as far as things that care partners want to talk to me about. Like, "How do I manage this situation? What do I do? How can I be successful? How can I be respectful?" Um, it just seems to be an issue that's really fraught. Can you talk about it from your point of view?**

Phil: I can try. It doesn't make any sense to me.

Christy: **Okay.**

Phil: So it's a little hard to talk about. Um, I used to shower every day, like everybody else on the planet. Uh, well, not on the planet; in this country, at least. Um, and you know, it was just what you did and ummm at some point...I can't say I'm afraid of it. I don't know what the emotion is except I don't want to do it. I don't want to get in that shower. And, you know, I take steps to keep myself clean, but I don't want to get in that shower and huh. I met with a social worker at the University of Pennsylvania as part of the Biogen trial, and they said, "Well, it makes perfect sense to me. That's when you're, you know, you're, you're naked, you're wet, you're at your most vulnerable."

Christy: **Mm hmm.**

Phil: And I was thinking, *Well, yeah, I guess that makes sense.* I mean, it didn't necessarily resonate with me in terms of saying, *Yeah, that's what it is. I feel vulnerable.*

Christy: **Mm hmm.**

Phil: But it's getting worse. And, um, Tim now knows that the easiest way for him to piss me off is to say, "You really need to take a shower now." And uh, I'll grunt and groan and sometimes he's able and sometimes he's not. Um, it was interesting. I did, when I, after I lost my job and we had to turn the car in because the lease was over and I was home all the time, you know, it was sort of trapped at home.

Christy: **Right.**

Phil: I did start to feel that the idea of going outside began to me to feel like, or began to me to...I began to have the same feeling about going outside as I did going in, about going into the shower. And it really was this ummm....For the going outside, I, I, it definitely felt more like fear than anything. But it, and I did say to something to Tim very quickly, and I said, "I think we need to change something fast because I don't want to be stuck in the house." And, you know, I mean it was as, it was as simple as going outside, making a right and then going to our compost bin to bring out compost. And I stood at the front door and I was afraid, you know, there was definitely, "I can't do this. I, I, I, you know, I don't, I don't want to do this." And I didn't and, but that's over now. I mean, now that I'm driving again, then um, I can go places by myself. I, I go outside with no problem. I still don't want to get in the shower. But I can go outside with no problem.

Christy: **So what was the turning point for being able to go outside again? Was it getting another car?**

Phil: Yeah, it was.

Christy: **It was. Okay. So you saw a definite benefit to that.**

Phil: Uhh---

Christy: **To being able, to go outside. Like, you could leave the house to get into the car to go someplace.**

Phil: Yeah. I had, you know, the minute we got that car, it was like a cloud split and the sun was shining and the angels were singing. It was, it was really quite remarkable.

Christy: **How long were you without a car?**

Phil: [There's a five second silence.] Counting on my fingers. Um, five months.

Christy: **Oh, okay. That's quite a long time.**

Phil: Yeah, and it felt that way. It really felt that way.

Christy: **Five months, but it only felt like ten!**

Phil: Yeah, exactly. It only felt like a year or so. It was, it was, I mean, gosh, devastating. I mean in some ways it was way worse than losing my job, losing that car.

Christy: **Yeah. The sense of independence. The mobility. The possibility. Was it those things?**

Phil: Yeah. I think it was those things and I was home bound. I mean I was, I probably jumped about six steps in the Alzheimer's, Alzheimer's scale, when I turned that car in. Um, and I did not like the feeling. You know, to go anywhere, if Tim wasn't available, I had to find a ride, you know. We were scrounging around, looking for people to take me to the dentist or something like that and it just, yeah, I guess it stole my independence.

Christy: **Mmm. Okay. So going back to showering---which I am sure you want to talk about more---um, and you said that the explanation that the social worker gave you didn't really resonate with you. And I---as a concept, I can see that: being naked, wet, vulnerable. One of the things that I talk about with families when someone is much further along in the disease process is how water feels on the skin. And depending on the type of shower head, it can feel like, you know, a bazillion little needles flying at somebody. And if somebody is, say, 85 years old and they have tissue paper thin skin, of course, that's not going to feel good. And that doesn't have anything to do with what you're talking about. Something that I have wondered about, for people earlier in the process--but again, I haven't had the privilege of having conversations with someone as early in the process as I have with you, Phil. But the complexity of a showering scenario--because I think that some tasks that we typically consider as normal, everyday, part of life things, like you said showering was for you for most of your life--we don't really think about how**

complex they are and how overwhelming complex tasks can be, whether we're talking about a person who's living with Alzheimer's disease or maybe when somebody just isn't feeling well and they don't feel like they have a lot of energy. And just the thought of something can feel overwhelming enough to stop someone in their tracks. Is that, does that resonate for you as far as, do you just like the very thought of it is like, "Ugh, that's a no go," or are you at a point now where it's just kind of ingrained, that that's just not something you're going to do?

Phil: I was shaking my head vigorously as you were talking. Um, I don't know if you've heard the rocks rattling. But, uh, you were, you were definitely hitting on something and yeah, it's probably pretty ingrained by now. Much to Tim's frustration. But, um, I do remember, and our shower's not overly complex. It's, it's funny, it is a glass box that is open to the master bedroom. Um, but, uh, you know, it's got one, two---I'm looking at it right now---one, two, three, three knobs. And if you tortured me, I probably could, can tell you right now, which does, which and what does what. And when I have agreed to shower, I do make Tim turn on the water and then I, yeah, I yell at him 'cause it's too hot or too cold. Um, and I don't know how to change it because then I'll scald myself or something.

Christy: **Right.**

Phil: So the complexity has something to do with it, I'm sure. Um, and I do remember standing there one day being completely dumbfounded with it and almost driven to tears. Ummmm. So, definitely. You definitely hit on something there. But I don't know if that's what started it, you know, now I definitely know that, but it's challenging to me and largely because I don't do it very often, but, um....But even, you know, I'm just, as we're talking, I'm thinking, you know, the sink in the kitchen, I can't remember if the, the faucet things should be pushed forward or back for cold or hot. I can never remember which one it is. Um, which is frustrating. Um, so there are these little changes that occur, these little frustrations that begin to build up. And you know, I don't know if that's what the shower was about, and now has turned into something that I just, in my stubborn little way, just say, "No!" Um, but, um, yeah, I mean, there's something to that.

Christy: **Okay. I think because people who are not cognitively impaired typically don't stop to think about the complexity of everyday tasks, it can make it very challenging to be empathetic and compassionate, um, with their person around something like that. And so for example, like in, in memory care, the staff is trained to have a change of clothes. You know, all of the supplies, the, the soaps, the potions, the lotions, all of that stuff ready to go. It's in the shower or the soaking tub and the water**

temperature is pitch perfect. And the room itself is warm and the change of clothes is right there. So to minimize the---chaos is too strong a word---but the scrambling that can happen in process if all of that stuff isn't there already. And that's all great. But then, like in one of the memory cares that I ran, we realized, *Okay, that's all working beautifully. Wonderful. Now, we missed a really major piece.* And that was having a chair for someone to sit down so they can take their socks and shoes off. Like, *Duh!* And then you know, something to sit on. And not just something to sit on like in the shower, but something comfortable, because not all shower benches are made equal, some have back support, some don't. Um, and you know, there's a serious difference in how you feel when the soap is Dial and the shampoo is Head & Shoulders, versus something that, you know, is more, you know, like tea tree oil smells really good, or something that feels good on the skin and doesn't dry it out. So I think for most people, for most care partners who can get very task-oriented---and that's whether we're talking family care partners or professional care partners---can get very task oriented and forget about what a sensory experience it is, on so many levels and the intricacies of the, the sequence. And then of course there's also the dignity piece. So, there's a reason that people pay very good money to go to an upscale spa, right, and have that experience, versus hopping in the shower at their house and then looking around for a little scrubby and buffing out their own heels. Right?

Phil: Yeah, yeah. I mean, you know, while you were talking, I was thinking about what Jeff [[Borghoff](#), a member of the Early-Stage Advisory Group for the Alzheimer's Association] said in his keynote on the [Alzheimer's conference](#), when he talked about the steps necessary to make a cup of coffee in the morning.

Christy: **Right.**

Phil: And you know, thinking, Oh yeah, that is definitely something that could be challenging. And you know, increasingly I, I, I find myself, the, the, the ability to sort of say, "I'm going to do this and I'll finish that and then I'm going to go onto the next thing"? I am no longer that person. I am, "I'm going to do this. Oh, look at that. I'm going to go do that now. Oh, wait a second. Wasn't I doing this? Where was I on that? Oh, look at that thing. I'm going to go do that now." And um, I, it's funny, um, sort of, if you were doing a tape of my, my day, I do bounce around like that all day. I'd be like, "Going to change the cat litter now. Gonna get ready to do that. Oh, look at that. Something interesting's over there. Maybe I need to fold those clothes and oh, nope, nope, nope, nope, look at all those weeds out there. I better go get those. And um, it's a, it's, yeah. I, I don't know if

it's because of Alzheimer's, or because I really don't have very much to do during the day, that I get a little distracted and then kind of, I'm all over the place. Probably a combination of both.

Christy:

Well, that's really interesting because one of the things that you and I have talked about previously, Phil, is about the importance of structure and predictability for people living with Alzheimer's. And so on the one hand, what you're describing sounds like what entrepreneurs call "shiny object syndrome," where you know, "Squirrel!" And then on the other hand, you were saying it was, you know, something you missed was the ability to multitask. And what you're describing sounds like multitasking run amok, or multitasking without a lot of structure to it.

Phil:

Multitask fail, basically. Coming back hours later going, "Oh yeah, I was doing that, wasn't I?" You know, there is definitely something to this idea that there are just very few things are, "Do this, get it done, go to the next thing." Things have steps, you know? "Oh, I need that thing in the kitchen. I better go get that." You're distracted by the time you get back from the kitchen. Either you don't remember what you were doing, you don't remember what you were there for when you got to the kitchen or you know, something else has tried---the Squirrel has popped up someplace else. And you come back 40 minutes later and go, "Oh yeah, I was doing that, wasn't I?" Um, it's definitely one of the noticeable changes. And I, you know, I, the conversation this morning with the guy, um, I was talking with after rowing, you know, it's a question you get all the time.

Phil:

"How did you know? What did you, what did you, what happened?" Right? And, um, understandable. Not easy to answer because, you know, I could say, I could tell that story to somebody: "How do you know?" I could tell the story of the Shiny Squirrel Object and they'd be like, "Oh God, I do that all the time. I get in the kitchen and I have no idea what I was there for. I go back, I remember. I'd go back to the kitchen, I forget." And you know, yes, yeah, I understand. But there's, there's something deeper going on with me and, you know, maybe they are, maybe they're at the beginning stages too. Who knows? But, um, what is the point I'm trying to make here? It's, um....

Christy:

Well, I think you're making a lot of really good points.

Phil:

Well, it's, it's this notion of the common becoming so challenging. In a way that's just [im]possible to describe to somebody, though, you know? Yes, when I say I don't remember an event that happened a year ago, like the Purple Party [a now legendary party/fundraiser Phil's husband, Tim Weaver, pulled together on short notice for the Alzheimer's Association's

Longest Day in 2018] and I know I was there, and I know we did it, and I have pictures, and blah, blah, blah, blah, and I don't remember a thing about it, that, that, that scares, that---you tell that to people and they go, "Oh, oh, oh, I get it. Okay. Yeah, I don't do *that*." Nobody does that. But the day to day stuff, it's very hard to say to somebody, "You know, this is what I experienced." Because inevitably they always say, "Oh, oh, I do that too. Is there a problem?" And you know, how do you answer that? I don't know.

Christy: **"I'm actually still not a neurologist," right?**

Phil: Exactly. I didn't go get that degree this week.

Christy: **So I don't know if you're familiar with [Dr Richard Taylor](#). I think he passed away a few years ago. Um, and he wrote a book--of course, I can't think of the name of it off the top of my head. I will look that up and get that in the show notes. But he had a great piece, it's an excerpt from one of his books, and I used it in staff training for years. And he was a professor and then he was diagnosed with, um, let's see---his technical diagnosis was *senile dementia, probably of the Alzheimer's type*. So this gives a frame of reference for how long ago he was diagnosed, but one thing that he described was, yes, everyone can lose their train of thought. Everyone can forget the word that they're about to say. And that can happen to me, too. The difference is sometimes it's just gone, as in, *gone*. Like, zero recollection of what I was going to say, why I'm talking to you, what---*gone* as though I'm dead. Like, the thought isn't coming back later. It's just *gone*. And I thought, I appreciated the way he described it. And I thought that he described it in a way that kind of helped shut down that type of comment of, "Oh yeah, no big. That happens to me too. I do that too." And I'm not sure that people make those comments to minimize what's happening for another person--you, in this case. But that is the net effect of how it comes across. Like, "Oh, you have nothing to worry about." And I, I, I'm wondering, is it that people are really just jerks, or probably more likely, that they're so completely unsure of what to say, that they just kind of blurt the first thing that comes to mind?**

Phil: Well, I'll offer another thought: that there's so terrified that it could be them, that sometimes they don't even know how what they're saying is received, or could be received, um---

Christy: **Because the focus isn't on you, it's on them.**

Phil: Well, right. This is, this is them trying to, um, protect themselves. You know, "Oh, that's not so bad." Um, "That, you know, that's, that's so

common. We all do that, right? We all do. We all walk into the kitchen and have no, no idea why we were there." And you know, I, it's interesting, some days I do feel like the thought is dead. You know, it's gone. The word is, it just ran away. It's not coming back. Um, but some days it does come back and you know, it'll pop in either 20 seconds later, or 10 seconds later. It feels like three days, but whatever. Um, and uh, but you can definitely see---I can see---a day when the word isn't coming back. Yeah. They're all running away, you know? And everything will be a thingy to me, you know, when I'm trying to describe something: "It's that thing right there, that thing!" And um, boy can that, I imagine that's really frustrating for a caregiver when, you know, I'm sitting there going, "Over there, that thing!" Like, "Come on, you know what it is. The thing!" Um, there was a slightly, a little tangent here, but it was good, but as we were talking, I was reminded last week, I guess the day after we spoke, I went to, no, Friday morning, I was asked to be the person with Alzheimer's at a, um, at a meeting with a new congressman from an, in a neighboring district, um, who was holding a little listening session, uh, at an area hospital. And they realized they didn't have anybody with Alzheimer's and it was mostly caregivers, and we could talk for an hour about the stories they told. Um, but, um, the hospital president was there, the new hospital president, and he introduced the congressman and he talked about how both of his parents died from Alzheimer's and, but he just said something really prescient about---Now where the hell did that word come from? Who the hell knows?---about Alzheimer's. And he said, um, "In America, when we can't cure things, when we don't understand things, we avoid them." And that, to me, was like, "A-ha!" The moment, the, you know, that's the Alzheimer's moment, right? We don't understand it, we can't cure it, so let's not even think about it. And I think that captures what a lot of people fear and feel when they, mmm. When they, if they, think about Alzheimer's. And there's so many people that are impacted, had in families and stuff like that, [but] they still don't want to think about it. Maybe they don't even want to think about it more because they know it's out there lurking and it could come and get them. So we'll just live our lives happily now.

Christy:

Yeah, I'm going to go with "yes, and" on those thoughts because I think, yes, all of that, true. And I think the Alzheimer's population is like the metastatic breast cancer population in the sense that they keep dying. So there's not the same group of people who can keep pounding the podium on the topic because their ability to advocate for themselves is cut short. And the most powerful stories, I believe, are always told by the person who has had the experience. And when that's gone, I think people take it less seriously. Um, and I know I'm throwing out some broad generalizations there.

Phil: Yeah.

Christy: **The other thing is that, kind of along these same lines, is people throwing out the so-called jokes, you know? "Well, I think I'm getting that too, hahahaha." Uh, okay. I'm still waiting for the hilarious Alzheimer's joke to be invented because it does not exist. Uh, and I think they do, it's that terror again, that, "Maybe this is going to happen for me."**

Phil: Right, right.

Christy: **And the inability to know how to speak about it in a way that is respectful. And, you know, to me, it comes back to stigma, and how we talk about things informs how we think about things. I mean, that's what we're revealing when we, when we use certain words, when we discuss things in a certain way, whether we take it seriously or not. And I am a fan of the, the school of thought of, *If we're going to laugh about this later, let's go ahead and laugh about it now. What the heck*. But there are some things that just, I will never find funny. And fatal illnesses are one of them.**

Phil: Yeah. To get back to your point, uh---

Christy: **Oh, did I have one? Grand!**

Phil: Well, the one about the metastatic metastatic breast cancer, and it gets to the point, you know, I was saying the caregiver stories?

Christy: **Right.**

Phil: How come---this is just a big question, just occurred to me. You know, you say that the stories of the people themselves speaking are powerful. Stories of the caregivers and what they live through are just heartwrenching when you hear them, especially if you hear multiples of them in one setting.

Christy: **Mm hmm.**

Phil: But it doesn't seem---but you're right, it doesn't seem to have the same power as if somebody with the disease is speaking.

Christy: **Mm hmm.**

Phil: I wonder, I wonder why that is. I mean, I mean these stories---and you know, they are always accompanied by tears. Understandably so. You know? Um...

Christy: **Yeah.**

Phil: And you know, and in some ways it's, uh, is more powerful. I don't, I don't, I don't know. Um, but you know, these are people who often have lived through the whole process. And their loved ones are gone. And they saw everything. And they went through everything.

Christy: **Yeah.**

Phil: Um, you know, here I am, the beginning, you know, who knows where I am on the journey. But, you know, probably at the beginnings of the journey and you know, why, why is my, "I didn't remember that I had seen the cat [story]" more compelling than, um, you know, "I watched this person I love just disappear, and---" or that the guy in the, the *Spent* documentary, when he was sitting there holding his head, and you know, obviously in so much pain. Well that was him. But, uh, just hearing that story from a caregiver's perspective, I guess it's always more powerful when it's being told to you. [Note: *Spent: The Hidden Cost of Dementia*, by award-winning filmmakers Daphne Glover and Robert Ferrier, is still in production as they seek financing to finish the film. Phil and Christy saw a special director's cut during the Connecting Circles of Care and Building Bridges of Hope Cruise & Conference in April 2019.]

Christy: **Well, I have a theory. So, I think the first-person experience is very powerful, of course. But then from, so separating out the person who is living with the disease or condition versus a care partner, the care partner does, they're first-person in their own story, right? "This is my experience as a care partner." But I think for listeners---and I, and I do agree, Phil, that I think care partner experiences and stories are extraordinarily, um, powerful. Also. In addition to. I don't think it needs to be one or the other. But as far as how they're received, this has been my experience of them. I think one of the reasons that care partners' stories tend to be less powerful as far as getting the attention of powerful people who are in a position to um, let's say put some funding behind our cause, is because I think that, as listeners, we are more easily able to identify with the care partners. And therefore to also be judgmental, and to think, Well, I wouldn't do it that way, or, Gosh, I wouldn't do that. I would do this instead. And, and in that way kind of minimize it. And maybe that's just another version of people saying, "Oh, I do that all the time, too!" to you.**

Phil: Yeah, self-protecting.

Christy: **Right, exactly. I think it is. It is about self-preservation and like, “What you're talking about? I have an abstract idea of Alzheimer's, but it so frightens me and horrifies me that I have to put up some type of wall and I can't fully go there. So I'm going to throw out some so-called joke or minimize it in some way or judge this other person's experience in some way so that I don't have to actually look at this.”**

Phil: Or dismiss it as, as you said, “That's not going to happen to me.”

Christy: **Right, right.**

Phil: It wouldn't be that way if I had to be facing it.

Christy: **Right. And you know, for that, I always go back to, um, I think that there are some things in life---and, and people who have been through some stuff, know this firsthand, they know it in their bones---there are some situations in life that you can think, *Oh, if that ever happened for me, I would do X. Never, ever would I do Y.***

Phil: Mm hmm.

Christy: **And boy, is it remarkable what people actually end up doing when they're faced with X! Because there are some things in life, you can have all the grand ideas as you want, but until it actually happens to you, you don't have a flipping clue what you would do. And I think most of us just pray that we would have some grace in those types of situations. And that's about the best we can hope for as far as projecting on to what we would do or how we would handle it.**

Phil: Right, right. And it's so easy. I mean, I'm going to bounce again, but---there should be, there should probably a little be, a little bouncing ball at the bottom of this audio. Um...But...ugh...except I lost it. It ran away.

Christy: **Dammit!**

Phil: It ran away. It was a good one, too.

Christy: **It chased the bouncing ball?**

Phil: It did, it did. It saw the shiny object and ran after it. Oh, well.

Christy:

And that's our show. Thank you so very much for being with us today. If you have questions for Phil, please let us know. You can send them to me via email, Facebook, or Twitter. All those links are in the show notes at DementiaSherpa.com/episode92.