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Imagine Living Life in a Pearl State

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For just a few minutes, try to imagine being in a Pearl state. Perhaps the best way to begin is to consider when you are actually very much in somewhat of a Pearl state each day, or rather night. We pretty much experience many elements of being in a Pearl state when we are in REM sleep. It is when we are immobilized physiologically, and yet we experience a multitude of sensory and movement experiences without really moving. We see things that we are not really looking at and smell or taste things that do not in the moment exist in real place and time.

Now imagine that someone uses **intense sensory stimulation** to bring you out of it! Perhaps an ice-cold washcloth on your face or neck, or even better, between your legs as they try to pry them apart. Or maybe they might try to tempt you into alertness by bringing a hot drink to your lips or to move you into a sitting position with the help of a lift or another person. Maybe they noticed you were slipping sideways out of your seat and decided to tip your geri-chair or high-backed reclining wheelchair back, so you wouldn't fall out.

Without spending too much time contemplating this scenario, how many of you believe you would immediately want to thank the person for their assistance and effort to bring you to alertness and awareness?

So, what if we considered the possibility that many people in the later portion of brain failure do require more time and effort in various sleep states, simply to continue to exist in this world. That there are actually times when closing one's eyes to day-dream is preferable to simply sitting or lying in one location with nothing much of interest or substance to engage you. What if we used our skills to offer the person a slow ascent from sleep to wakefulness? What if we created a space of interest and engagement so that if the person did arouse, there would be something of value and purpose for them to experience?

What helps and what harms? Please understand that I am not saying that the human body should be ignored and that care is not needed. It most certainly is; **how** and **when** we deliver the care and the extent to which we force body parts that are not able to actively move to move, is what I would have us re-consider. Developing methods and strategies that take into account the existing abilities and limitations of the person living in a Pearl state is **not** something that health care educational programs offer, as a rule. In fact, there is almost **no** focus in training programs, on this population and these individuals' retained abilities in concert with their need to receive support and care. We are not trained to offer an invitation for each person to be part of all that we do with them. We do not guide others so that they can notice the person in a Pearl state's ability to inform us of their willingness to take what we offer. These abilities may be limited, just as ours are when we are aroused from a deep sleep before we are fully prepared to awaken. It does NOT mean it is absent, for those who are willing to look, listen, and reach out with skill.

Check out [**this video**](#) from our [**Coping with Pearl Distress and Creating Pleasure with Pearls \(Late Stage Dementia\)**](#) and see what you think.