Forgotten Memories

“I had a motorcycle wreck. I woke up in a hospital bed. There were many nurses, doctors, technicians, and tests that I had to try and make sense of. There was no way to remember all the names and technical terms I was told, but I gathered that I had been there for several days before regaining consciousness. All the medical personnel seemed to say I was very lucky to be alive and that I had been in a coma for several days. I subsequently found out that I had been in the vegetative state for nine days” (W. Withrow). This is the situation William Withrow found himself in one fateful day when he was thirty-five. What he thought would be a normal ride home from work turned into a life-altering accident. The nine-day coma caused him many problems, emotionally, physically, and mentally, but his predominate issue was memory loss. Memory loss does not just affect the individual with it, but also the family, in ways you would not imagine. Your patience is tested, the guilt you feel grows, and the emotional distance is enlarged. However, there are reasons why you feel the way you
do, methods for dealing with these emotions, and steps each person can take to improve the situation.

The subject of memory loss due to head injury is one that I hold close to my heart. My father, William (or Bill), is the one who had that dreadful motorcycle accident in the beginning of October 1992. My mother, Coleen, received a phone call on a Friday afternoon that my dad was at the hospital. He was driving home from work when a pick-up truck tried to pass him, and cut him off without signaling. He was thrown off his bike and into the air as his motorcycle slid under the pick-up and he landed on his head, splitting his helmet in half. On top of the severe head trauma, he had a broken arm, with extensive scrapes on his arms and legs. As the EMTs worked, William had a seizure, which was cause for immediate air lift to the hospital (C. Withrow). Once there, doctors were able to stabilize him, but the real struggle was about to begin.

My mom was currently pregnant with me at the time. With the overwhelming stress of working, finding care for her two year old son, and visiting her comatose husband in the hospital, bringing a new baby in to the world put her on the brink of exhaustion. I was born later that month on October 31, 1992. After some time my father regained his long term memory.
but anything up to a year and a half before the accident he could not remember. He did not remember that my mother was pregnant with me, or any friends he had made recently. He would even call my mom after she had visited him in the hospital to ask when she was coming to see him.

Many people will regard themselves as having memory loss; I believe I do too, but this is not entirely true. According to the U.S. Food and Drug Administration is it common for people to have minor lapses in memory. This is a sign of a normal healthy brain that is continuously “prioritizing, sorting, storing, and retrieving all types of information,” so if you misplace your keys or walk into a room and forget why you went in there, you have no need to worry. If these memory lapses occur more frequently and disrupt your daily life --for example, forgetting the name of a family member or close friend, confusion when in familiar places, or if memory loss is increasing-- then you should be diagnosed immediately by a health professional. There are many reasons why memory loss might occur: medications, alcohol, drugs, stress, depression, head injury, sleep deprivation, normal aging, mild cognitive impairment, and dementia (“Coping with Memory Loss”). There are different classifications for the severity of head trauma. The Alzheimer’s Associations website, defines what a traumatic brain injury is and gives descriptions. In simple terms, a traumatic brain injury occurs when normal brain function is disrupted due to an impact to the head. TBI can be broken down even more into mild, moderate, and severe. My father would be classified as having severe TBI. This means he was unconscious for more than 24 hours, had disorientation, confusion, no recollection of the event that cause the injury, and other common symptoms of concussions (“Traumatic Brain Injury”).

Shortly after Bill came back home, it was evident that he was not the same man he was before the accident. I have only known my dad to be one way, and that is the way he has been
my whole life, but I have been told he used to be different. My mom tells me stories of this “funny and personable” guy who loved to cook and had a great sense of direction (C. Withrow). If she needed to know how to get somewhere, he was the go to guy. His friends used to describe him in the same way. He “had a memory for detail that was borderline amazing and that he was almost unbeatable at trivia” (W. Withrow). So when the man my mother married suddenly seem unrecognizable, fear crept in. He became withdrawn and seemed to lose his “spark” for life. She could no longer depend on him for basic tasks he did prior to the accident, like cooking dinner, watching their son, going to the store, and fear for his well-being was thought consuming. She often questioned herself, “Was he depressed? Would he leave the house and forget how to get home? Would he be able to hold down a job? Would he ever start to remember?” (C. Withrow). He underwent a major personality change as well. A short temper had one of the biggest impacts. His unreliable emotions made it hard to connect with his children. Giving his two-year-old son and new daughter the love and attention they needed was just not in the cards (C. Withrow). Things most people would shrug their shoulders over could set him off instantly, so keeping his temper in check was now a daily situation (W. Withrow). This new irritability caused his long term friendships to drift leaving him to rely more on immediate family and a few select friends to help him through his new life. But how does one woman deal with a two year old son, new born baby, and a husband who cannot remember?

She was experiencing a change of roles in their relationship; she took on the role he used to play. “Roles include who you are, how you are seen, and what is expected of you” (Mace and Rabins 188). Roles are usually established throughout the years and can be difficult to define. Bill cooking dinner, driving when they go out, giving Coleen directions, and taking care of their son are symbols of his role. When one person takes on all of the responsibility, it can be
overwhelming and draining. A feeling of helplessness is not uncommon. Instead of looking at everything at once, take it one day at a time. Focus on the small things that your loved one can still accomplish and keep a positive outlook on the situation. The person with memory loss cannot be fixed overnight, and whether or not they can go back to the person they once were, you have to find a way to accept this new change (Mace and Rabins 210). Luckily, several years after the accident my dad started to become more like his old self; regaining his sense of humor, cooking, and holding down a job (C. Withrow). But the challenge of knowing directions and remembering short term was still gone, and does not seem to be coming back.

Over time I grew accustomed to the multiple daily questions, but that does not make them any less irritating to answer or tedious to hear. Over the years I began to feel worn down by the overwhelming amount of these questions and repeating myself over and over again just to repeat myself once more tomorrow. I realize my patience with my father is wearing thin and I become easily frustrated. I also feel a tremendous amount of guilt because even though I know he cannot help what is going on in his head, I often feel as though I am wasting my breath telling him something that he will not recall an hour later. It is reassuring to know that it is common to feel these different emotions. Nancy L. Mace, M.A., a member and consultant of the board of directors of the Alzheimer’s Association and an assistant in psychiatry at the John Hopkins University School of Medicine, and Peter V. Rabins, wrote *The 36-Hour Day: A Family Guide to Caring for People with Alzheimer’s Disease, Other Dementias, and Memory Loss in Later Life*. 
In this book they discuss all the conflicting emotions one might feel when dealing with someone who has memory impairment, and shares that it is normal to have conflicting feelings. There is no “right” way to deal these feelings but because emotions affect a person’s judgment it is important to recognize why they feel the way they do. Mace says, “It is often helpful to think about the difference between being angry with the person’s behavior and being angry with the person himself“ (Mace and Rabins 208). Establishing this difference can help change one’s perspective on the situation and help find other outlets for these emotions. Instead of the caretaker taking their anger out on the person infuriating them, they can try taking a walk, cleaning, exercising, or talking to someone who understands their situation (Mace Rabins 209).

Personally, I prefer to talk to my mom about what I am feeling, but a majority of the time I just keep to myself.

Over the years I’ve realized that harboring these feelings only causes them to get worse. During our interview, my father also admitted that he noticed a shift in our relationship. He said, “I still adore both my children, but I do not seem to have the patience with them that I used to. I still try to offer guidance, but it seems they don’t have the necessity of talking with their father the way they used to. I guess we’re both just getting older and the bonds we shared, when they were younger and the closeness that we had then, has morphed into a more distant adult relationship. That, I have discovered, is a real pity” (W. Withrow). After I read his interview responses, we sat down and finally had a long-awaited talk about our relationship. There were tears but there was also happiness. It was refreshing to clear the air between us and forge a new path for our adult relationship. In, A Personal Guide to Living with Progressive Memory Loss, Sandy Burgener and Prudence Twigg write that some family members think because someone has memory loss that there is no need to maintain a close relationship anymore (Burgener and
I have been guilty of this to some extent, but it is wrong. If anything, the victim of memory loss needs supportive relationships more than ever. There is a rudimentary need for people to feel connected to others (Burgener and Twigg 47). The individual might not remember what you discussed but they tend to remember how you make them feel.

In order to reconnect with my father, and the rest of the family, there are different methods we can attempt. Talking. It is as simple as that. Sit down in a quiet, calm environment and just have a conversation. You can discuss anything and everything under the sun, just be sure to take turns speaking (Burgener and Twigg 78). I have listened to my dad tell me the same stories a million times, and sometimes I do stop him and tell him “I have already heard this one,” but other times I sit and enjoy what he has to say. He might not recall the conversation but they are moments I will cherish forever. With everyone’s busy schedules it is difficult to have daily face-to-face conversations, but it is a goal of mine to make these conversations a priority. Including my father in daily discussions is a simple way to maintain our new healthy relationship and keep his brain active.

Since there is currently no cure for memory loss, keeping an active brain is a great way to slow down the process along with maintaining a healthy diet, exercise, social interaction, and lowering cholesterol and high blood pressure ("Coping With Memory Loss"). Medications may also be an option for helping with memory loss, in this case, consulting with a doctor would be the next step. It is tough to exactly pinpoint if the medications actually work. According to Burgener, the medications help, at the very least, to slow the progression of memory loss. While this is not as good as a cure, it at least offers some help in coping with the issues.
I dread that one day my dad will develop Alzheimer’s disease. It is the fourth leading cause of death in the United States, following stroke, heart disease, and cancer (Callone 3). I always believed that his brain damage would later transform into Alzheimer’s but until now, I never researched on the topic. There are nights I lie awake trying to cope with the fact that one day he might not remember me, that he will look me right in the eyes and all the memories we have together will just be. . .gone. Each member of my family has expressed their concerns about this seeming fate of his. My mother has noticed as he has aged that “his memory seems to be deteriorating significantly. He is more depressed and withdrawn and is remembering less and less and I am concerned that he may be developing Alzheimer’s” (C. Withrow). I question if this new shift in his personality is a sign or symptom of the pending Alzheimer’s but diagnosis is costly.

There is a recent study on the connection between severe traumatic brain injury and the development of Alzheimer’s. The chance of one getting it is 4.5 times greater than a person aging normally ("Traumatic Brain Injury"). I asked Bill if he had any fears for his future and naturally he has the same fears as the rest of the family. His “most driving concern is that. . .” one day his “mental limitations. . .will not be enough to get me by in the future and that really takes more than a few minutes of casual thought to work your way through” (W. Withrow).

The study shows that Alzheimer’s has recently increased significantly. However, a contributing factor is
that the average person is now living past 70 years of age when before people would die before the age of 50. Since this is a slowly progressing disease, where the nerve cells of the brain die, most people never reached the age at which development occurred (mainly around 65). Statistically speaking, there will be close to 20 million victims just in the United States if a cure is not found by the time the baby-boomer generation reaches old age (Callone 106). That number does not give me much hope that my father might not cultivate Alzheimer’s, but the research is promising.

I’m not the only one struggling with hope for someone with memory loss. If you are also facing these issues, there are resources available. You can join a local support group or you can call the Alzheimer’s Association at 1-800-272-3900, which is a nationwide contact center and will provide you and your family with “information, assistance, care consultation, and referrals” (Mace and Rabins 234). One more amazing resource is the Brain Injury Association of America, you can contact their information center at 800-444-6443 ("Traumatic Brain Injury"). I do not think I am at the point of needing outside help but that could possibly change in the near future.

Memory loss is not as simple as forgetting what is for dinner. It is a life altering disease that effects a family and the individual in almost every aspect of their lives, but there are ways of coping with it and maintaining meaningful relationships. My father walked into my room while I was working on my essay and saw one of the books I had about memory loss. He gave me a baffled look and said, “Are you trying to tell me something”? I gave him an equally as
puzzled look and exclaimed, “It is one of my sources for the paper that I interviewed you for about memory loss”. A silent ten seconds ticked by when he finally said, “You interviewed me for a paper”? I guess you can only expect so much.
Works Cited


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