



OPINION PIECE

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“Knowing what we know”

José Ignacio Quemada addresses the understanding of the "I don't know" behaviour response that some patients with memory problems present. This paper will discuss how certain people with cognitive and behavioural disorders after suffering brain damage have great difficulty distinguishing between what they know and what they do not know.



Dr. José Ignacio Quemada

The people who are dedicated to seeing patients with cognitive and behavioural disorders after suffering a brain injury have a privileged position in trying to

understand why certain behaviours occur. In this exercise, which begins by way of description, but aspires to achieve understanding, which we in the therapeutic team call "behavioural microanalysis"; it is important for the individual patient seen by us, but also for illuminating aspects of the brain in a state of normality

One of the patterns that I have repeatedly observed throughout my professional career is the patient with memory problems whose response to questions about their recent experiences, health and even their mood is, almost invariably, "I do not know". However, when we exclude questions that force the patient to recall, i.e. to actively

retrieve information from their mnemonic store, and instead use interviewing techniques involving recognition or choice of options given by the interviewer, this way the ability to succeed is high.

Four mental states

When any of us, in the course of everyday life, wonder about something that we may know or remember, there are at least four choices of mental state: **we know that we don't know, we know that we know and can provide information about it, we know that we know but cannot recall**, ("it's on the tip of my tongue"), **or we are unsure if we know**. My hypothesis is that the people who fall in to the last mental state, (unsure if they know) without suffering a brain injury is the least



common, because in terms of psychological normality we distinguish well between what we know and what we do not know, but it is not always easy to immediately access the information.

Regarding patients with memory problems that always answer "I do not know" but who are able to recognise the correct answer among several, this allows me to disregard that the patient is responding in this way due to not wanting to cooperate or is lying. I think that it makes sense to believe the patient who actually finds it difficult knowing what they know and what they do not. When they answer "I do not know" they are being absolutely honest although perhaps not entirely accurate in their response. Probably the highest accuracy would be achieved if they answered "I do not know what I know."

"Tags"

We will briefly discuss on how we store memories and how we are aware of the existence of them in our mind. **It is as if each memory unit, of lived experiences, as well as being archived in our brains, also had some way to become visible to the conscience**, so that even if we do not access the specific content, we can in fact know that that content is stored in our personal library.

This concept of memory unit, associated with multiple labels with additional information (time, emotion felt, presence in awareness, key images) continues to be no more than a didactic image capable of being perfected.

Other types of labels related to episodic knowledge are "location in time" (that happened a few hours ago, day before yesterday, etc.) and "contextual variables" (it was very cold, it was in the night, etc.). It is very common to see changes in the "location in time" in memories in patients suffering from brain damage. **For those patients who insist on answering "I do not know", the consciousness of possession of knowledge is very impaired** because of the absence of labels that allow the consciousness to say: I know it but I can't recall at the moment, I do not know, or yes I know and this is what it's about.

Set of systems

Memory models accept that this is not a unitary system but rather a set of interacting systems. **Most research in this area has dealt with memory processes in relation to time since exposure to the stimulus, thus differentiating the sensory memory, working memory (short-term) and long term memory.**

But there is no presence of the variable "knowledge of what is known and what is unknown, of what is available in the memory store and the lack thereof." However, both the data of everyday life (the "tip of the tongue" phenomenon), and the data derived from the observation of patients suffering from brain damaged show that this is an important function of our memory system; a function that we need to consider and understand in order to properly treat patients and to understand the workings of our mind.

Although we have described the process, "knowing what I know" as a cognitive process, for some types of recognition (a loved one or a very familiar place) **validation of the stimulus as being known is given by the experience of an emotion.** Alterations thereof lead to interesting pictures such as "deja vu" (anomalous familiarity in a new situation) or "Capgras syndrome" (denial of the identity of loved ones and belief that they are being replaced by an impostor).

This reflection leads me to recall the clinical features of the two paradigmatic patients that inspired this article: **On the one hand, can there be any connection between the simultaneous presence of a memory problem and apathy, and on the other, the emergence of "I do not know" behaviours? Is it the lack of emotions, including familiarity, that renders the labelling of internal information known or unknown?**



INSTITUTIONAL

Lay Hospitallers in Portugal



1st Meeting for all the Lay Hospitallers of the Province

The Congregation was first challenged by the General Chapter in 1994, but it was only following the encouragement given at the following Chapter, in 2000, that it was able to be firmly guided on its path.

In 2002, some helpers and sisters were invited to “follow the path with hope, commitment and strong will”. A first meeting with representatives from each centre was arranged to prepare an awareness, dissemination and training programme. The original idea of organising a group of “Associated Lay Hospitallers” soon gave way to the idea of taking up a slow but sound path of growth in faith and experiencing the hospitable spirituality.

Goals

In January 2003, groups had already been formed in various centres, with the same goal of learning more about and experiencing the hospitality way of life, enlightened by the faith in

Jesus Christ.

It was clear from the beginning that this would be a never-ending, ongoing process, which for some was just starting. The groups gradually became committed to growing in faith and in hospitality, as their own specific vocation.

Structure

Today there are one or two LH groups in each provincial Centre; some of these groups are already quite developed, whilst others are still building up. Each group has a facilitator, some have a sister and a lay assistant, and they all govern their daily work autonomously, nevertheless based on a common approach to study and reflection topics.

The provincial coordinating staff provides the thematic programmes to be addressed in a four-year period, on a continuing and progressive basis, based on a script prepared by the LH teams

“The groups gradually became committed to growing in faith and in hospitality, as their own specific vocation”

and sisters, the documents of which are used in the group’s monthly meetings. The more consolidated groups organize charity activities, provide help to people in need (financial or otherwise), promote pastoral activities within and outside the Centre, disseminate their activities at the parish, are involved in long-distance children sponsoring programmes, collaborate in parties, organise celebrations in hallmarking liturgical moments, go on a spiritual retreat for a day, celebrate their birthday, etc.



Lay Hospitallers

The groups' facilitators meet every year to take stock of the process, train, and to plan the future. Assessments are positive: people have changed how they commit to the mission and are now more charismatic and hospitable; integration within the local church has improved, being a work in progress.

The Centres' functional plans cater for the annual goals and activities of the LH; Provincial information is received via the managing director/community superior, to engage the institution in evangelisation.

The LH are already working in the Centres and are quite happy and satisfied to belong to the group. These members do not feel they are the chosen ones, just as there is no feeling of exclusion among those that do not belong to them.

Groups are formed mostly by collaborators and volunteers, but in some centres they may be joined by their relatives and any service user. According to provincial instructions, every group must in-

clude a sister, even if she is not the group's facilitator. The LH place great emphasis on the presence of a sister, as a charismatic reference and a unifying link. Groups are open and their purpose is for people to change at individual and relationship levels, both within the family and at work, in society and in church.

The fact that the groups' meetings happen outside working hours isn't always easy for those who wish to participate.

First meeting

The 1st Meeting for all the Lay Hospitallers of the Province was held on 16 and 17 June 2014. The meeting was held at the two houses founded by Saint Benedict Menni in Portugal, Idanha (HSC) and Telhal (OH). The main theme of the meeting was: "Saint Benedict Menni and the path of Hospitality in Portugal."

Two workshops were organised at the same time under the title: "Benedict Menni: a model of apostolic spirituality" and "Benedict Menni: from loving God to loving people."

The groups prepared beforehand for this meeting, discussing the definition of "Being a LH is ..." and collected all the 150 definitions in a booklet. They reviewed the history of the origins of the Congregation in Portugal, between 1893 and 1912, reviving the idea of hospitality and leaving everyone extremely happy to belong to this family. Learning more about Father Menni raised the flags of confidence for the future.

At the end of the meeting, everyone showed they were utterly

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thrilled. These are some of the findings from this meeting:

- The joy of belonging to this family;
- The beauty of hospitality lived as charisma;
- The commitment of growing in faith and of strengthening the hospitality commitment;
- The sharing of experiences between the LH and the groups which triggers new initiatives;
- The mutual desire that this initiative is repeated in the future.

Planning the future

The LH process, according to the purpose proposed by the Congregation, which is to promote the growth in faith and train towards hospitality experienced as a lay vocation, does not meet with a favourable social climate. We all feel we are rowing against the tide. The ideal is there, but we are under no illusions; as regards the religious community, we welcome the idea of taking it very slowly, offering the gift of God free of charge to all those who want to and can receive it.

Laurinda Faria
Sister Hospitaller



“I hope the country will be free from the Ebola and we could go back to help the people again as soon as possible”

Felicia Immaculata Gbortsu



Felicia Immaculata Gbortsu

Felicia Immaculata Gbortsu, Mother Superior of the clinic "Benedict Menni Centre" located in Monrovia (Liberia) tells us, in first person, the situation in the African country as a result of the Ebola virus.

How many years have you spent in Liberia? How is the work managed at the clinic that the Sisters Hospitaller have in Monrovia?

I spent only a year and 5 months in Liberia. I will say, my experience was quite good, the people are friendly, and welcoming, I felt at home on the contrary, the country is very poor, a lot was demanded from me financially which I could not afford or offer them all.

Concerning the clinic, the number of patients we have is very

low between 1-30, but before we left Monrovia in August 2014 the number has dropped between 1-7. We treat out-patients, emergencies, and delivery. We are three sisters and have 20 people on staff and 1 volunteer.

What is the current status of the clinic?

The clinic has been closed down. The staff have expressed their fear and ask for a closure, at least for while. It is very sad, most of the pregnant women who have always attended in our clinic have nowhere to go, most of the hospitals and clinics in the country were closed down.

The General Government sent a shipment of medical supplies to prevent the spread of the disease in the clinic and its surroundings. Since the entire Institution is collaborating with the clinic through donations, Who has it benefited?

We left Liberia before the container has got there, but Sr. Begona (provincial superior) had arranged that the Archdiocese of Monrovia could receive and use it.

Solidarity sending materials, protecting clothing, food to the people that they are dealing with the infected people, is very important.

What is the current state of the Country?

For what I hear from the news and people living there, the situation is far from being controlled. And it is difficult to put the measures given by the authorities in practice due to many factors: culture and beliefs.

When do you expect that you will be able to return to Monrovia and resume your work at the clinic?

I cannot say anything now or give a date, I think about 6 months at least, the situation on the ground will determine this. Also it will depend on the recommendation of the World Health Organization and who are now on the ground working to contain the epidemic.

The Hospital's history is full of prophetic gestures in favour of the most needy. How does it help your work to live these high risk situations and undertaking the daily delivery?

The relationship with God, prayer, life and acceptance of God's will especially in these situations. My trust in God also helps me to embrace the situation.

A wish for the future...

That the country will be free from the Ebola and we could go back to help the people again.



Children's concert in Dapaong



Children's concert in Dapaong, Togo

"Living in Hope" Association

On Saturday, 9 August 2014 the deanery of Cambrai hosted Sister Mary Stella Kouak and the 12 children under her guardianship that form a choir.

The "Living in Hope" association created by Sister Marie Stella, assisted by Father Canart and Marie Payen, are behind this trip from Togo to France. This association supports orphans and gives them confidence.

The children spent five days in the capital. Then from there, the choir arrived in Nord - Pas-de-Calais to Saint-Amand-les-Eaux at the Sisters Hospitaller. The children visited their godfathers or godmothers. For some, it was the first time. These children, between 11 and 18 years of age, sing of love and hope even though their situation is difficult and brought on a rush of optimism and joy.

Next, the choir left to accompany the diocesan pilgrimage from Cambrai to Lourdes. There, they will give a concert in the Church of St. Bernadette. The children are very familiar with the story of Lourdes. They pray to Mary every night with their rosaries. In addition, with the donations that they receive, they will buy a statue of the Virgin in Lourdes and put it in a replica of the cave that they created at their orphanage.

Through this trip, and especially the concerts, these Togolese children felt supported. In song, they feel valued and, through this, they let their words flow, as children who may have been unfortunate, but who are trying to fight against adversity. They realise that they have something to offer the world.

Gold Medal for Civic Merit of the City of Barcelona

Province of Barcelona

The Congregación de las Hermanas Hospitalarias del Sagrado Corazón de Jesús (Congregation of the Sisters Hospitallers of the Sacred Heart of Jesus) has been awarded the Gold Medal for Civic Merit, awarded by the City Council of Barcelona.

On 25 July of the previous year the City Council in plenary session agreed to grant this award to the Institution for their contribution, throughout its history, to improving the quality of life and health of citizens, through their healthcare and social centres.

The award will soon be presented in the "Saló de Cent del Consistorio Catalán"





Visit the Association and Fraternity of Saint Francis of Assisi

Vice-province of Brazil

On 11 September this year, Sister Marilene Saveli, along with the sisters of the Vice-provincial government and the two managing directors of São Paulo, learned more about the work developed by Brother Francis, founder of the Associação e Fraternidade de São Francisco de Assis na Providência de Deus, located in the city of São Paulo, municipality of Jaci, about 500 km from São Paulo's capital.

The purpose of our visit was to exchange experiences, both institutions wishing to focus more on the provision of mental health services to the needy popu-

lations, and because the Association offers a wide range of services to people with drug-related problems in a partnership established with the government of the State of São Paulo, in some cases treating them as in-patients.

This was such an exciting moment! We were able to share the successful management cases of the 45 health facilities managed by the association in Brazil, including complex general hospitals and less complex health centres, and also became familiar with the relationship process with the government of the State of São



Paulo, which we believe will be a potential partner in the Sisters Hospitallers' centres in São Paulo.

Light of Hospitality

Spain

This objective of this activity is to express the enlightenment that took St. Benedict Menni in order to relaunch Hospitality in Spain

Light of Hospitality is part of the activities developed by the three provinces of Spain, jointly and in collaboration with the Hermanos de San Juan de Dios (Brothers of St. John of God), to celebrate the centenary of the death of St. Benedict Menni.

The initiative involves holding a Hospitaller Prayer Vigil that, itinerantly, through all the centres throughout Spain were founded by St. Benedict Menni.

This objective of this activity is to express the enlightenment that took St. Benedict Menni in order to relaunch Hospitality in Spain, after the Hospitaller Order had almost disappeared and to found the Congregation of the Sisters Hospitallers.

Vigilia de oración Hospitalaria



2014

- Sant Boi de Llobregat (27/04)
- Mondragón
- Palencia
- Madrid
- Telhal
- Idanha

2015

- Sevilla
- Málaga
- Granada
- Valencia
- Ciempozuelos (23/04)

La LUZ de la Hospitalidad



International Awards

Italian Province

The facility located at Albese con Cassano (Como, Italy) was awarded the certificate for safety in the workplace in accordance with the international standard **OHSAS 18001:2007**, to be added to its ISO certifications and the one for Social Responsibility (**SA 8000:2008**). The Quality Department, in collaboration with the Occupational Health and Safety Manager, faced an unprecedented inspection in regard to the Occupational Health and Safety Assessment Series Standard (OHSAS) that was passed for the first time with success.

Meanwhile, another recognition is the one awarded by the **Joint Commission International (JCI)**, which declared Villa San Benedetto Menni a structure of excellence for the third time. The assessment of the services offered was carried out according to the JCI Manual, which contains more

than 365 standards. The final outcome has been more than satisfactory especially considering that, over the last 2 years, JCI has significantly raised the level required for accreditation and has introduced new aspects of assessment.

Villa San Benedetto Menni is among the 22 Italian facilities to have achieved this recognition and it was the first in Italy of those involved in long term care. It is therefore a success to be amongst the organizations that have achieved the Gold Seal of Approval (a sign of JCI accreditation), the certificate issued by JCI that declares that Villa San Benedetto is a facility delivering excellent services in care and assistance that guarantee patient safety; that the organization has developed a system to keep its own services under control and with a view to continuous improvement.

New sports group

Hospital Aita Menni



Sport group ADAM

Aita Menni Hospital has created the sports group (ADAM) to enhance the regular practice of inclusive sport, with the main objective being to con-

tribute to the rehabilitation of persons suffering from Acquired Brain Injury.

Adapted versions of boccia, swimming and cycling are the sports activities carried out as a team and regularly. People belonging to the ADAM also have the ability to create teams and participate in various official competitions.

Patients suffering from brain damage (whether caused by head trauma, tumours or other causes) must overcome multiple barriers in order to practice exercise. Deficits arising from this injury may affect areas: cognitive, emotional, behavioural, sensory and physical.

Exercise is a potent therapeutic ally, yet underutilised, for people with acquired brain injury and disabilities in general. Furthermore, sport is a stimulating point of attachment for affected persons, family members and professionals.



Hospitality without borders...

St. Benedict Menni Community in CHU HAI



St. Benedict Menni Community in CHU HAI

The St. Benedict Menni Community in CHU HAI, Vietnam, founded in 1987 was the first foundation of the Sisters Hospitallers in Asia. They started the group with three sisters, of whom Sister Anna Maria Duong Thi Xuan Thanh is still with us and currently acting as the Superior-Delegata of the Delegation of Vietnam.

The centre's support services are based on the care of children with severe physical and intellectual disabilities. They are mostly underprivileged children, abandoned by their families.

The geographical area of the activities includes the southern part of the country, as this is where the Sisters Hospitallers' centres are located. All with an occupancy rate of 100%, with a total of 56 beds for adults with mental illness and 43 beds for children.

The centre and the CHU HAI community are funded through the revenue from the nurseries of the other centres of the Congregation throughout the country and through a group of children who reside in Chu Hai in order to attend state school, since there is no facility to attend school in their home town. They also have the support of some benefactors.

Today the Vietnam delegation consists of 63 Sisters: 3 postulants, 6 novices, 14 temporary vows and 40 perpetual vows. Those who have the help of someone with mental illness who have collected at home and knowledge of their immediate environment in order to perform a specific activity.





Important dates

October

24 September - 15 October: Trip taken by Sister Anabela Carneiro, Superior General, along with Sister Rosalie Goñi, Secretary General to the Province of France to continue the Canonical Visit to the outstanding communities.

6th and 7th: First Meeting of the Hospitaller Sisters self-representation groups in the Province of Portugal.

10th: World Mental Health Day.

14th-15th: Workshop entitled "Stigma in Mental Health" at the Clínica San Miguel de Madrid.

16th: 25th Pastoral Day in Madrid.

19th-25th: Annual meeting of sisters and associates of the Vice province of Argentina.

22nd- 23rd: VI Conference of the Madrid Association of Psychosocial Rehabilitation

20th-22nd and 27th-29th: Menniana spirituality meeting for sisters and associates of the Province of Portugal.

November

2nd-7th: Meeting of the three Latin America structures, in Argentina, organised by the Latin America Hospital Commission (CHAL).

3rd-6th: Sisters and associates' pilgrimage to Dinan from the Province of Portugal.

19th: National Meeting of sisters, in the Province of Portugal, to reflect on the life and work of St. Benedict Menni.

23rd: 50th anniversary of foundation of the "La Martinière" in Saint Martin de Seignanx, residence in the Province of France.

December

3rd: Conference entitled "Mental Health, interculturalism and migration" in the province of Madrid

8th-15th: First meeting of Hospitallers from Africa in the presence of Sister Anabela Carneiro, Superior General, Sister María Asunción Riopedre, General Victor, Sister Andrea Calvo, General Councillor and Provincial Superiors of Madrid, Portugal, England and France.