

catching DIANE ATWOOD health

Catherine Gentile, author

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Diane: Welcome to the *Catching Health* podcast. I'm Diane Atwood and my guest today is Catherine Gentile, who among other things is the author of the just released book, *Small Lies*. There are so many facets to this woman and I'm really looking forward to our conversation. So rather than give a lengthy introduction, I've decided to dive right in. Hello and welcome, Catherine.

Catherine: Thanks, Diane. It's a pleasure to be here.

Diane: Yeah. I'm very excited that you're taking the time out to talk with me and share a little bit about your life and your writing. What I'd like to do is start at the present moment and talk about your latest book.

Catherine: Sure. I'd love to tell you about *Small Lies*. *Small Lies* is a collection of 12 short stories and they're stories that I've written over the years with the attempt to try to chronicle what was going on in the world at different points in time. A couple of the stories have to do with racial prejudice in 1930 in the Jim Crow era. They are the precursors to my next novel that's coming out next year. But those are the earliest, in terms of dates other stories have to do with family dealing with the Taliban. And what I wanted to do

was just look at what was going on at that period of time, through the eyes of a character. To see how that person was responding to, that enormous event in their lives. Another story takes place in the Vietnam era and it's about a young boy with leukemia. And his neighbor who actually winds up caring for him is a Vietnamese doctor, a woman who is the wife of a GI who's passed away. So, he's as a young boy dealing with disease and with a family that has their own disease. And that is a built-in prejudice against this woman who is not a native American, and then we have a black executive who is dealing with being lionized and how he responds to that. Even though he becomes very successful, he has a response to it that is considered within his group less than successful. I think I've always been interested in where do our prejudices originate? Are they really prejudices in that are they malicious or are they responses to the unknown? Are they the way we manifest our fears? And I wanted to think about those relative to my characters. And the other thing that is in the book is aging and some of the prejudices that go with aging.

Diane: These are fictional characters or are they based on true stories?

Catherine: They're based on true stories for some of them but they're highly fictionalized, which means that, you know, once you go into writing, you exaggerate everything so as to make it dramatic on the page, and captivate the reader's interest, obviously. But definitely, there were newspaper stories that kind of triggered my imagination, events within the neighborhood, events with people that I know. So, yeah, there's a real mix in these stories.

Diane: What are some of the lies that you think, are told about getting older?

Catherine: Well, I think a major lie is that everything that happens to you is a result of aging. And there's a big fat period at the end of that sentence, as though you can't do anything about it, you can't make things better. You might as well sit in your rocking chair and knit your shawls and not move around and just get you used to the

idea. And I don't buy that. From what I understand from my own personal experiences and when I read, and the care that I have put together for myself and my family, the literature is telling us that there's a lot that can be done to maintain our health and what we need to do is become aware of it and become active in maintaining our health. Now there's some things that are going to happen that we're going to have to manage, but many, many things you can actually intervene with. And I'm thinking of course of Alzheimer's. I have to bring up the big A word. You and I have both had Alzheimer's in our family and for me it was a huge eyeopener. When my mom passed from Alzheimer's, I decided that I did not want to deal with that. I did not want to undergo that. I understand the body at some point was going to decline something's going to happen, but it doesn't have to be Alzheimer's and the research that's coming out, particularly that of Dr. Dale Bredesen on the West coast is telling us that there are many, many factors that contribute to this decline that we call Alzheimer's. It's a disease of inflammation and as I look at medical information across the board, more and more physicians are talking about inflammation.

So, we need to be aware of what's happening with our bodies relative to our inflammation rates and levels. And that means we need to be careful of ,you know the story, we've heard it for years. We need to be careful about what we eat, when we eat. We need to be careful about the exercise that we get. We need to be careful about getting proper socialization, proper sleep. Sleep is so huge. It's no longer things that you're just hearing about that aren't substantiated. There's a lot of research that's been going into them and one of my major focuses now is what do we do to help ourselves as women who are aging, to avoid getting Alzheimer's?

Diane: I agree. My mom did have Alzheimer's. I, too, follow some of what Dr. Bredesen has shown in his research. And I do want to talk about that because I think that that's really important. But before we do, I would like to learn a little bit more about you not connected to Alzheimer's. You were in the special education and in

the mental health field for what? 30 years? Yes. Doing what exactly, what was your role?

Catherine: Well, I started out as most people start out in that area. I started out teaching. I work with special needs kids and, I was teaching kids who were presumably diagnosed with something they call learning disabilities, and I came to wonder about whether these kids were really having disabilities, or they just learn differently so that mainstream learning was more difficult for them. But if you tied into their learning styles, they did much better. So, I began to wonder about the validity of the concept of learning disabilities and I don't know why I've always been interested in how the brain functions and have never really felt like I've wrapped up my arms around that.

I suppose researchers would say they haven't done it either because the brain is so complex, but, throughout my entire life, how the brain works has been a focus of my interest, both as a teacher, and then I moved into administration and worked with teachers, training them and other professionals, also, in terms of what we know about this thing we call learning disabilities. So, I've really always followed that and that my mom had Alzheimer's, I think one of my coping mechanisms was going away from the affective side of what was going on for me emotionally with my mother's decline to the intellectual side of, oh my gosh, look what's happening to her brain. And now I know why that part of your brain is so important. It was so abstract for the longest time until you start to see it unraveling and you realize, wow, this is a fabulous, fabulous organ, and we don't begin to appreciate it. So yeah, I've been interested in it all my life

Diane: But after 30 years, you decided to leave all of that and become a full-time writer. So, I assume that was a dream that you had going on for all of your life.

Catherine: I've always written. I think my brain is attached to the pen, actually, maybe my computer keyboard now also, but that's when I feel like I'm most successful in orchestrating and organizing thought, when I have a pen in my hand. So, I've always written. I

wrote my first play when I was in sixth grade, I had my second play actually performed in eighth grade much for my humiliation, but I've written through high school and college and I finally began to realize I didn't know what I could do with writing. I'm just very pragmatic about many things and I just thought to myself, I didn't know about journalism. I didn't know about broadcasting. I just thought it was something everybody else did. So, obviously didn't get a lot of guidance in that area but when I began to realize that this writing really was part of me and I needed to express myself, I needed to do something with it, an opportunity opened up where I was able to leave working full time and just devote myself to writing and what a treasure that was. I mean, it was a time in my life where I was surrounded by a lot of writers, many of whom were much, much better than I was and who were so kind to me and brought me along. It was just, it was just a glorious time.

Diane: Did you take classes at that time? Or did you join writers' groups?

Catherine: I did both. I was taking classes at USM. USM had an extension at that time, if you recall. Monica Wood was teaching. I took many courses with Monica. So yeah, I was very engaged in the greater Portland writing community. And just living an exciting life in the writing world here in my little office by myself.

Diane: Well, how long have you been in a full-time writer?

Catherine: Uh, on 20 years now, can you believe that?

Diane: Time flies. And that is a cliché, but it's the truth.

Catherine: Exactly. And I think as you get older, you were talking about some of the things that really have an impact on you when you're older. I think that whole piece about time collapsing is so true because, recently with the publication of the book, I was letting people know about it and I went back to my records and some of these people I worked with aren't even there anymore. They've retired. I mean, they've passed away and all kinds of things have happened. They've gone on. And I thought, you know

what? It wasn't yesterday that you were there my dear, you have to pay attention to those things

Diane: Even very practical things like, something happened to our water heater recently, maybe like a year ago and it needed to be replaced. And I think my husband told the guy, well, it was just put in and the man said, no, no, no. I put in that water heater and I did it 25 years ago. So anyway, when you became the full-time writer it was shortly after that that your mother was diagnosed, isn't that right?

Catherine: The timing was perfect because I did leave my full-time position. I was home writing and yes, mom was diagnosed, and it was no longer minimal cognitive disability. And back then we just thought it was a blip. My mind didn't go right to Alzheimer's and it may have been that I was on massive denial. I didn't want to go there; she was still sweet and conversant and fun. And, you know, dad said X, Y, and Z happened and okay. But it wasn't a huge issue until we began to go ... Mom was down in Connecticut and I was here in Maine, so I began to travel more regularly to see her. She needed more prompting in being able to organize things, and my mother was a businesswoman. She ran a large company and, she was very organized. And when it came to making breakfast, getting dinner ready, I mean, making dinner is a complex activity when you think about all the steps involved with preparing a meal and she was a wonderful cook but her cooking skills and her planning skills changed entirely. And one day we went in and she was getting ready to sauté some vegetables and she must have had three inches of oil in the frying pan. And all I thought about was fire. And you're not supposed to convey your anxiety, but it just jumped out of my throat. And I could see the look on her face was like, what's the matter? And then we went out driving and she wanted to drive, and I realized that was a mistake because her vision had changed, and we didn't realize how profoundly it had changed. And we were nearly sideswiped a couple of times just going locally to the stores. Her vocab changed. She had a lovely vocabulary and she was an articulate lady and she would be unable to remember words.

Diane: Hmm. How old was she when she was diagnosed?

Catherine: She was 86. That was when the diagnosis came down.

Diane: Were you an only child or did you have siblings?

Catherine: I have a younger sister and a younger brother, and my sister lived up here with me in Maine and my brother was down in Connecticut not far from my mom and dad. So, my sister and I were the traveling twins that went down to Connecticut on a regular basis. And my brother would pop in and out from his location. So, we had a pretty good tag team, but I can't say as it made it easier.

I was asked because of my background, you know, where I worked was an integrated environment. So, we had psychologist, psychiatrist, OT, speech, and language, the entire gamut of health professionals working together to focus on one client's needs and working up individualized programs. And I also had experience because of that with Medicaid, because we did Medicaid billing. So, all of that came to roost when my mom got sick and who had heard about accessing Medicaid to provide for her care, and who knew about all those different things, the OT, the speech and language, the psychiatrist, a psychologist, blah, blah, blah. I did. And so, my dad asked if I would take care of coordinating her treatment, which little did I know what it was going to entail. I would never have said no, obviously, but in retrospect it's a lot of work becoming a care manager for somebody and their advocate so yeah, that was very, very difficult.

Diane: Did she reach the point where she didn't even recognize you?

Catherine: Pretty much. My sister and I used to visit my mom together and she would be in her wheelchair and we would pop up in front of her, these two heads, one, two, and of course start to coo hi, mom and all that kind of stuff. What I didn't realize was that my mother recognized two heads. Those were her daughters, and when I showed up with only one head, it took a long time for her brain to figure out who I was. It became less frequent and more

prolonged, the amount of time it took her brain to process who this person was who was right in front of her face talking to her.

And, I don't think we as caregivers and family members really appreciate the role that deteriorating vision, their vision becomes tunnel vision. They don't see peripherally and a smaller and smaller visual field, and more time to process information of which visual is information and also auditory. Who is this voice? What are they saying? In retrospect, I realized I always spoke too quickly. It's very hard for us to understand how much we have to slow down.

Diane: So, you wrote a book called *The Quiet Roar of a Hummingbird* and I read on your website that it was a fictionalized account of your family's experiences with Alzheimer's. You have a main character named Hummingbird and her grandmother had Alzheimer's and she had to deal with a lot of issues. One of those issues was bullying. Did bullying happen to your mother?

Catherine: I think it did. And, of course, when you place a loved one, you're losing a lot of control over that person's life, which is what you need to do at that point in time when a person is so dependent in every particular way for their needs. But what I found and this might've been reflective of the time in which my mom was placed, and the fact that people were just getting going with being trained in how to deal with people with Alzheimer's. But what I found there was a kind of a culture within the unit and that was with the staff. And the staff were told that they are not to share any information with the families. That anything that occurred with the person while the family was not around was not to be repeated back to the family. And I, you know, as an administrator, I can understand why. Things tend to get exaggerated, the reports may be not necessarily true, they're through somebody else's filter, all sorts of things. And I'm sure I know that I felt very fragile as a family member, emotionally, because here was my mom and look at her, look what's happening to her, so I was very defensive about everything regarding her.

I was her advocate and I was on duty all the time. However, it did become apparent to us that something was going on with my mom and we saw part of it when we were there and didn't quite put the whole thing together until later. We asked ultimately that the particular caregiver who was working with my mother would be removed and she was, but I tell you that in removing a person from caregiving, you still have the person working for the unit. And depending on the person, you still have the emotional baggage that goes with the insult of being removed. Obviously, you've done something that's not desirable. And we felt that for a number of years, and I worried about that too. I thought after mom passed, I could do a couple of things. I did start an investigation on the unit, and they completed it and found that maybe the person needed a little refresher training and that was it.

Had it been my unit, I would have done a little more than refresher training. But we just had to leave it, you know, you're just at a disadvantage when you are a client, which is interesting, because we were paying their salaries, but, that's a different story. Anyway, ultimately, I needed to do something with this information and I thought I could either blow it up after mom passed and really work with the staff and maybe get them into some really good training, that type of thing. And I was so exhausted emotionally, Diane, I just, I couldn't. Once I walked out of that placement, I couldn't look back. I just could not do it. I couldn't even call back. So, the story had been in my head, and this story I say pretty much wrote itself because it's what we experienced. It was a way that I vented my spleen. I had to get it out and writing's a great way, I mean, whether you publish it or not, it's a great way to release a lot of tension and anxiety. And what I did with the story was create it as something that would be a learning tool. There's information as the protagonist, Hummingbird goes through her experiences that she shares with her family and other people and ultimately with her school that she has learned about working with somebody who has Alzheimer's. And the story was really intended for young adult audiences, and while they have enjoyed it, many, many caregivers of persons who have dementia or Alzheimer's, have enjoyed it also and found it very helpful.

Diane: Did you belong to a support group when your mom was alive?

Catherine: No, we didn't have support groups back then.

Diane: But you started at one after she died, right?

Catherine: I started one here, yes. I did indeed. I thought I'm not going to let anybody else go through what we went through. No, there were no support groups. Well, I can't say that, there were support groups, but they weren't the kind that I was looking for. I mean, I was hungry for information and the internet was just getting started. So things were somewhat available, but nowhere near now. Fortunately, I knew enough people in the professions that when I had questions, I could call a PT or OT that had been in the field and get a lot of help. That was my support, but we didn't have a group per se that really helped people understand what was going on. And then what do you do about it?

Diane: Things have changed, too, in facilities where people with dementia live. How they interact, there's light years' difference, I think. So, the support group that you started, do you still have that support group?

Catherine: We sure do. I would love to tell you that we don't need it anymore, but it goes in cycles and we usually have a group of people who are starting out with a loved one need information, need support, and they stay with us until their loved one has either placed or passes and that's kind of taken care of their needs and our group dwindled back, and now we're at the point where it's starting up again. We have more people joining us,

Diane: Wow. And do they join you on zoom? Are you all online?

Catherine: We were on zoom this summer, and now we're meeting in Yarmouth. We have a place to meet and we're doing all the social distancing and the tracing and the masks and all that good stuff. But we just started that up again.

Diane: And what about, you have an online publication too, that you started.

Catherine: I have to say there's a selfish part to it because I continue to be very interested. Again, it's the brain, but also, I want to see his disease wiped out and I want to see starting early on wiping out this disease. So, I have put together a publication once a month. It's called an e-zine, *Together with Alzheimer's*. It's free and it's huge print. It's meant to be easy to read, quick to read and again, pragmatic so that the caregiver who's reading it walks away with okay, that's something else I can try.

Diane: We need to tell people how they can find you, how they can find your books, how they can find your support group, how they can find your e-zine and sign up.

Catherine: They can go to my website, [www Catherine with a C Gentile, G E N T I L E.com](http://www.CatherineWithACGentile.com). My books are on there, information about my background working with this population, and a signup sheet for the e-zine the monthly publication, and if you need assistance and you'd like to become part of the care group, caregiver support group there's a contact number there also.

Diane: All right. So now let's get to us. Daughters of mothers who had Alzheimer's. We know that if your mom had Alzheimer's, that's an automatic risk factor for us now it's not a definite risk factor, but still. We know the potential risks and we both made some lifestyle changes because we've talked a little bit about that. I don't know if you actually made lifestyle changes or you just strengthened some things that you are all already doing, but what are some ways that you have incorporated something into your life that is specifically designed to help lower your risk?

Catherine: One of the things that I did, and it was a huge lifestyle change is that in 2016, I went on the ketogenic diet. So, I don't eat sugar, any kind of sugar. I don't eat wheat products. I moderate the amount of carbs I take into my diet every day and the carbs are usually from organic vegetables. For instance, I can have an organic apple once a week. And if you think of have an apple a day is good for you, try monitoring your sugar numbers every day. I mean, it's a wonderful fruit and I know there's some people who

don't have problems with having one every day, but I always think long-term what is that doing to my brain?

Diane: What's a typical meal for you then?

Catherine: Well, I used to enjoy oatmeal in the morning and we've always been nutrition conscious, so we always thought we were doing fine. I mean, fresh fruits, vegetables, meats, well balanced meals, that type of thing but we did enjoy our sugar and we did enjoy our bread. My husband got into baking bread, which was delightful, but, unhealthy for me. Rather than having oatmeal for breakfast I'll have what my husband calls bird seed for breakfast. It's a cereal that I make out of ground flax seed, let's see, chia seeds, different types of seeds. And I mix them with goat yogurt, because I don't use milk products anymore. I mean, it really has been a very across the board impact on our lifestyle and if you're going to do this type of thing, you really have to have the support of the people you're living with. My husband was okay with it, for the most part. He certainly misses plain old apple pie and banana bread that I don't mess around with and use flax seed flour. And he always says to me, is that a keto dessert?

Diane: He made lifestyle changes too.

Catherine: He did, too and he lost 25 pounds, which helped him also so, it wasn't a bad thing and now we're both keto adjusted. So, if you go off of it and you have something that has some sugar, we went out to dinner the other night, we got a grand dessert and I had a couple spoonful's and he had the rest, but it doesn't throw him off. So, the next day he can go right back to his diet, also. I try to stay away from anything that's not organic. I buy grass fed meats, eat wild caught fish, that type of thing. It's really what we're reading about now in most of our health newsletters, I believe.

Diane: So, you've done your own research. You didn't just come up with this on your own?

Catherine: No, this was based on Dr. Bredesen's work. I actually underwent his cognoscopy and he uses the metaphor of 36 holes in the roof for your brain. There are 36 different ways that your

brain can become impacted by something that's going on physiologically in your body. Sugar for one thing. And, so I underwent that and, found that there were a number of areas that I needed to look at and that's what I've been doing. And the ketogenic lifestyle was a byproduct of that. I think I actually started the ketogenic before I did the cognoscopy. I was one step ahead in that regard.

Diane: What's the cognoscopy? How does that work?

Catherine: I'm sorry. Dr. Bredesen has a test. He uses the word cognoscopy and discusses it in parallel to the colonoscopy. He said there will be a time in our lives where we will at 40 be told to go get a cognoscopy seeing what's going on with your brain. So, you have all sorts of blood tests, there are a couple of video tests that you do in terms of visual processing, visual speed, those types of things, taking input, what do you do with it? It's really quite interesting.

Diane: His name is Dale Bredesen.

Catherine: Correct. and he's written the book. I'll give him a plug. I just think, I think he's doing great work. *The End of Alzheimer's: The first protocol to enhance cognition and reverse decline at any age.* So, I'm thinking, wow, we need to pay attention.

Diane: I agree with you. I think that there's information that doesn't even get considered when you go for your physical and I think he dives very deeply, so. Well, everything that we've been talking about is, I know you love it, you're passionate about it and it's fun for you, but do you have other ways of having fun of just relaxing and enjoying?

Catherine: Well, my gardening is one huge thing. I ride bikes. In the wintertime, I ski, I try to ski almost every day. Cross country skiing. I do yoga every day. I try to look at the exercise piece of my life and I know it's not the strongest piece. I need to continue working on it, but I like to incorporate the exercise with hobbies that I have or interests that I have hiking, that type of thing. I can

go out and I can do some photography while I'm on a hike. So, I feel like, you know, doing a couple of things at one time.

Diane: That's another key I think to successful aging is to really keep everything fired up. Always be learning something new or being active in your mind and your body and your spirit.

Catherine: Absolutely. Yes

Diane: Well, so, you're kind of a hard woman to keep up with though.

Catherine: I'd like to think not, but sometimes I think I could slow down a little bit. Yeah.

Diane: I'm curious, how have you been coping with the pandemic?

Catherine: You know, the first two weeks I kind of sat back and put my feet up and started reading all the books that are on my pile and thought this is great. It's a vacation. I love not having meetings, not having to go anywhere. And after two weeks it struck me. This is not going to change anytime soon. So, I felt a profound sense of loss, I really did. It wasn't, sit down and cry about it, but I really felt, constricted, constrained and I missed all the things that I was doing. It changed our lives, my husband, the same thing. And, it was funny, the other day I was so busy, I thought to myself, I kind of wish we could go back to those early COVID days because it wasn't so busy, because things are starting to steam up again. But it's been difficult. It's been very difficult. I'm concerned about people jumping on a vaccine just to have a vaccine. Are we going to take anything? You know, a lot of health concerns. Thank goodness, we're healthy. I continue to go into, I work with a functional medicine practitioner and I go in for monthly infusions of vitamin C, to maintain and augment my immune system. I think that's probably key to not getting sick.

Diane: Not everybody knows what a functional medicine practitioner is. How would you describe?

Catherine: Well, I describe that person by comparing to my view, and I'll say this cause not everybody agrees with me of what our current Western medical practices are like. To me, they are more organized around pathology. What's the matter with you? And when you come in with symptoms, you get a prescription and you get a medication. And I have found as somebody who's very sensitive to medications, they rarely agree with my system. So, years ago, I began to search around for somebody who actually was trained in what's going on behind the symptoms. What's really at the core of what's going on causing me discomfort. And, that's the functional medicine practitioner. That person has been trained to look at the biochemistry behind different diseases and to look at what point in the process can we intervene? At what point is it breaking down? A lot of tests are done. At what point is it breaking down and how do we intervene? And then when we intervene, we just don't write a prescription out. We try various treatments and we adjust them because they're not pharmaceuticals, adjust them to match with what my body demands. For instance, I have dietary issues, so I am on the ketogenic diet, but I also have issues with digestion. So it took us quite a while to figure out what type of digestive supports enzymes did my body require? What kind of probiotics did my body required to help support my digestive system. And thank goodness knocking on wood, it's returned to a healthy, normal again

Diane: Well, we're going to say goodbye in a minute, but before, I'm going to give you this opportunity to share any last pearls of wisdom and it can be on anything it could be dealing with Alzheimer's. It could be living a healthy lifestyle. It could be pursuing your dreams. It could be coping with COVID, anything.

Catherine: Well, as far as lifestyle goes, this is my current fantasy. I'll leave you with this. I am concerned about what we have done to our health here in the United States. And I'm concerned about the quality of food and I'm concerned about how we don't prepare food and all sorts of things relative to, food issues. And I'm wondering how do we help people who are younger than we are? Not get into, not sustain this two out of three women come down with

Alzheimer's by the time they're in their sixties, seventies. and I'm thinking, we really need to start young. And I think it's starting. I know families where they're very conscious about what the kids are eating and how they're eating and all the different things that they do, how much time they spend in front of the computer and all that, but I think it needs to be more widespread. Not sure exactly how to approach that, but it's something for everyone to think about. How do we incorporate, we know so much now, and we know so little, but let's take what we know and let's help other people understand it, most probably by our example. And let's try to help them have a future that doesn't have dementia or Alzheimer's in it. That's the word I'd like to leave people with. I'm looking forward to thinking more about that and figuring out, maybe we'll have another interview another time, Diane, we'll talk about all that.

Diane: Sounds good to me. I suspect you're probably working on another book.

Catherine: I'm thinking about it.

Diane: Well, Catherine, I've so enjoyed our conversation. Thank you. Thank you.

Catherine: Thank you. Yes.

Diane: You have been listening to the *Catching Health* podcast. I am the host and producer, Diane Atwood. And I have been talking with author, Catherine Gentile, who by the way, lives on a little Island off the coast of Maine. Doesn't that sound idyllic? You can find out more about her and her work@katherinegentile.com. That is C A T H E R I N E G E N T I L E.com. Thank you for spending time with us. And thank you to our *Catching Health* sponsors Avita of Stroudwater, a memory care facility and Stroudwater Lodge, an assisted living community. Both in Westbrook, Maine. They help make the *catching health* podcast and blog possible, for which I am eternally grateful. For more information about both go to Northbridgecos.com and to read the *Catching Health* blog, listen to more episodes of the *Catching Health* podcast, or find a transcript

of my conversation with Catherine, go to [catching health.com](http://catchinghealth.com). Stay well, and I hope you have a great day.