

# *Timeline Confusion as a Narrative Framework: Understanding Temporal Orientation in Dementia*

*A Theoretical Framework for Change Within a Narrative Setting*

Authored by:

Rachael Wonderlin, MS

Editor in Chief:

Linda Hayes Bennett, PhD, MHS, MA-CBN

Contributing Scientific Writer:

Joshua J. Freitas, PhD, MEd, BC-DEd

Peer Reading Group:

Amber Evans, MA, R-DMT, BC-Ded; Natasha Goldstein-Levitas, MA, BC-DMT; Theda Heiserman, BC-DEd, CLC, DE-NC, CDP

Affiliations:

Dementia by Day & National Institute for Dementia Education (NIDE)

## **Abstract**

This practice-led educational work introduces Timeline Confusion as a conceptual and applied framework for better understanding the disorientation in time, place, and identity that persons living with dementia experience. Rather than framing temporal disorientation as a deficit to be corrected, Timeline Confusion conceptualizes it as a meaningful reorganization of lived experience in which linear chronological anchors become less accessible while narrative, emotional, and relational continuity remains intact. Drawing on practitioner-based autoethnography and brief ethnographic vignettes, the inquiry examines how this reorganization affects three interrelated orientation domains—temporal orientation (placing people and events in time), spatial orientation (the meaning of “home”), and role-based identity (e.g., parent, worker)—demonstrating that behaviors often labeled as “misrecognition” are more accurately understood as misalignments between a care partner’s linear chronology and the individual’s lived narrative time. Functioning both analytically and practically, Timeline Confusion provides a narrative-informed framework that shifts caregiving away from correction and reorientation toward relational attunement through strategies that affirm the person’s felt storyline, offer gentle anchoring via sensory and biographical cues, and coauthor proximate next steps without enforcing temporal compliance. Preliminary observations suggest reduced care-partner distress, enhanced connection, and improved coherence in care planning—supporting both quality of life and quality of care—while ethical safeguards are maintained through the exclusive use of de-identified, practice-derived narratives.

**Keywords:** dementia, Timeline Confusion, narrative framework, narrative inquiry, temporal orientation, ethnographic vignette, autoethnography, caregiver education, person-centered care

## I. Introduction | Reframing Memory Through Timeline Disruption

“What if they forget who I am?” This fear is deeply rooted in dominant cultural narratives of dementia that equate memory impairment with total identity loss. The media often portrays someone living with dementia as either fully cognitively intact or entirely disconnected from their relationships and environment—an either/or framing that neglects the nuanced, lived experience of persons with dementia.

Contemporary clinical and caregiving literature increasingly challenges this binary assumption. For example, research shows that individuals living with dementia often retain affective and procedural memory, even when episodic and autobiographical memory deteriorate (Klein-Koerkamp et al., 2012; Machado et al., 2009; NIDE, 2019; Tallberg & Almkvist, 2001). Recognition, therefore, may persist in emotionally meaningful ways even when the person cannot accurately label or place a loved one within a linear timeline. This phenomenon is particularly manifest when someone with dementia identifies a close family member but assigns them a different relational role, such as mistaking a daughter for a sister or spouse. Rather than pure “misrecognition,” many of these interactions are disruptions in temporal orientation—not failures of identity.

The framework of *Timeline Confusion* aligns with broader models of person-centered care (Fazio et al., 2018; Glenbrook Study, 2018; Kitwood, 1997; Kontos, 2005; NIDE, 2019) and narrative gerontology, which conceptualize dementia not as a wholesale loss of identity but as a site of reauthored narratives and temporal dislocation (Hydén, 2017; NIDE, 2019; Sabat, 2001). Phenomenological research on lived space further reinforces this perspective,

demonstrating that persons living with dementia experience place as emotionally and relationally anchored rather than fixed or purely physical (Førsund et al., 2018; Glenbrook Study, 2018; NIDE, 2019). Ethnographic work on decision-making and best-interest assessments similarly illustrates how expressions such as “wanting to go home” often reflect identity, safety, and relational meaning rather than literal spatial confusion, particularly when assessments prioritize risk over lived experience (Glenbrook Study, 2018; Poole et al., 2014). Implications for caregiving practice are profound: shifting the focus from memory loss to temporal misalignment invites caregivers to validate the person’s perceived reality rather than correct it (NIDE, 2019)—the Timeline Confusion framework provides guidance on how to do so.

This article explores the framework of autoethnographic reflection and practice-based narrative inquiry of the Timeline Confusion to examine how individuals living with dementia construct their lived realities through alternative temporal logics and how informed caregivers can more effectively respond through embracing, gentle anchoring, and cocreating the present moment. The ultimate aim is as follows: (a) reduce caregiver distress, (b) support relational continuity, and (c) enhance quality of care through a more compassionate, narrative-informed lens.

## II. Defining Timeline Confusion: A Theoretical Lens

Timeline Confusion was developed by Rachael Wonderlin and first featured in her *Dementia by Day* blog in 2018. It was further expanded in subsequent works (2021, 2022a, 2022b) as a practice-derived framework designed to recontextualize how memory and recognition function in dementia. The

framework helps clarify commonly observed symptoms of disorientation in time and place—phenomena documented in dementia care settings for decades—and reflects longstanding research demonstrating difficulty among persons living with dementia in situating familiar individuals within a coherent chronological framework of their life history (NIDE, 2019).

Importantly, individuals may continue to recognize others as emotionally significant while being unable to accurately place them within their personal narrative. Recognition persists, but temporal placement becomes disrupted. This distinction is clinically and ethically significant, as it challenges the prevailing assumption that persons living with dementia “forget” loved ones in an absolute sense.

For instance, a resident whose adult daughter visited greeted her with warmth and familiarity but referred to her as “my little sister.” He was not rejecting her identity; rather, he was positioning her within a temporal frame that made sense given his internal sense of self. He experienced himself as still in his 50s, and the daughter’s adult presence did not align with that internal narrative. To reconcile this mismatch, he recast her into a role consistent with his perceived age and autobiographical timeline.

This pattern is supported by cognitive neuroscience research demonstrating that episodic memory—the capacity to recall personally experienced events within a temporal context (what happened, where, and when)—is particularly vulnerable in Alzheimer’s disease and related dementias (Machado et al., 2009; NIDE, 2019). As episodic memory deteriorates, so does the ability to sequence life events and maintain a coherent autobiographical timeline. This degradation directly impairs the capacity to accurately place others within that timeline.

In contrast, semantic memory, that is, generalized knowledge about facts and relationships, often remains relatively preserved in earlier stages of dementia. As a result, an individual may still know that they have a daughter but be unable to reconcile that semantic knowledge with the perceptual reality of an adult standing before them.

Timeline Confusion therefore represents a specific manifestation of broader temporal disorientation and can be conceptualized as a breakdown in autobiographical reasoning. Internal representations of age, life stage, and relational roles become desynchronized from objective chronological time. From a neuropsychological perspective, this dislocation may function as a compensatory or adaptive response. When memory systems fragment, individuals may unconsciously confabulate, constructing plausible narratives to bridge cognitive gaps and preserve a coherent sense of self (Tallberg & Almkvist, 2001). Timeline Confusion reflects a relational form of this process, in which roles are reconstructed based on emotional familiarity, perceptual cues, and an internalized—even if outdated—autobiographical framework.

This model also aligns with narrative identity theory, which posits that the self is formed and sustained through an evolving life story constructed in relation to others (Hydén, 2017). While dementia may disrupt chronological sequencing, it does not necessarily eliminate narrative selfhood. Individuals living with dementia continue to generate stories that express meaning, identity, and relational connection, even when those narratives no longer conform to linear time. From a social constructionist perspective, identity is not housed solely within the individual but is cocreated through language, interaction, and relational recognition (Gergen, 1994). Consequently,

shifts in narrative expression reflect not the loss of self but a reorganization of meaning within a changing relational and temporal context. Within this process, family members and caregivers may find themselves recast into roles that align with the narrator's current perception of self and temporal position, reinforcing identity through relational continuity rather than chronological accuracy (NIDE, 2019).

Using Timeline Confusion to understand disorientation in place and time as both a cognitive and narrative phenomenon offers caregivers and clinicians a pathway beyond rigid interpretations of "misrecognition" toward more compassionate, contextually informed understandings of interpersonal interactions. By recognizing that confusion may lie not in who the person knows, but when they place them, caregivers can preserve emotional connection, reduce frustration, and implement more responsive, dignity-centered care strategies.

### III. Observational Evidence: Narrative-Based Care Encounters

In this section, three vignette-style cases are described. Each case is de-identified (names changed, identifying details removed) and used with the permission of the care team under ethical safeguards.

#### *Case 1: Rachael and Her Grandfather*

During the final days of his life, my grandfather, who had previously experienced only mild vascular cognitive impairment, began to struggle with placing me within his mental framework. When I visited, he asked, "Who are you?" Rather than correcting him ("It's your granddaughter, Rachael"), I gently replied, "It's Rachael." By naming myself without anchoring a relational label, I allowed him to place me within a role that made sense to him. He responded with

recognition and affection, though he may have assumed I was someone from an earlier period in his life. Importantly, his emotional connection to me remained intact; what shifted was the temporal frame through which that connection was understood.

This vignette illustrates disrupted temporal placement with preserved emotional recognition, a core element of Timeline Confusion, demonstrating that emotional knowing can remain intact even when chronological anchoring shifts.

#### *Case 2: Tab and Mike*

Tab, a resident with moderate to advanced dementia in a memory-care setting, frequently identified her son, Mike, as her husband or her brother. Despite this role shift, she consistently greeted him with joy, warmth, and affection. Mike embraced her lived narrative rather than correcting it, often remarking, "She always knows she loves me." By responding within her perceived relational framework instead of enforcing chronological accuracy, their emotional bond remained uninterrupted.

From a Timeline Confusion perspective, this case illustrates relational role reassignment within a shifted internal timeframe, where emotional continuity persists despite cognitive misplacement—highlighting that misrecognition often reflects narrative realignment rather than relational loss.

#### *Case 3: Penni's Joyful Confabulation*

Penni, another resident in the same setting, frequently greeted me (Rachael) as a dear friend, though she could not specify when or how we had known one another. "You're that wonderful friend from before," she would say. Rather than correcting her, I accepted the narrative she offered. Penni appeared secure, valued, and affirmed within the role

she assigned. While such moments are often labeled confabulation, they function as emotionally coherent meaning making—bridging memory loss with narrative continuity.

Within the Timeline Confusion framework, this vignette illustrates intact relational meaning supported by altered temporal scaffolding, demonstrating how entering an offered role can preserve identity, dignity, and connection without challenging lived experience.

#### IV. Cognitive Mechanisms Behind Timeline Confusion

When examined through a neuroscientific lens, several well-established patterns in dementia-related memory change provide a clear foundation for understanding the framework of Timeline Confusion.

Neurodegenerative conditions, such as dementia, disproportionately affect episodic memory—the capacity to recall personally experienced events situated within a temporal and spatial context (what happened, where, and when; Machado et al., 2009; NIDE, 2019). As dementia progresses, temporal sequencing within this system becomes particularly vulnerable, resulting in difficulty maintaining a coherent autobiographical timeline, even as emotional recognition and identity-relevant meaning may remain partially intact (Conway & Pleydell-Pearce, 2000; Levine et al., 2002; NIDE, 2019).

In contrast, other memory systems often remain relatively preserved for longer periods. Procedural memory (learned skills and routines), affective memory (emotional responses), and aspects of face recognition and right-hemisphere emotional processing may continue to function even as left-hemisphere declarative and episodic systems decline (NIDE, 2019). As chronological anchors weaken, individuals increasingly rely

on emotional familiarity, perceptual cues, and embodied recognition rather than accurate contextual recall. This neurocognitive shift helps explain why relational misplacements observed in the framework of Timeline Confusion often appear internally “logical,” even when they conflict with objective chronology.

Research on confabulation further clarifies this process. When memory gaps emerge, individuals may unconsciously construct plausible narratives to preserve coherence and meaning (Tallberg & Almkvist, 2001). Within this context, Timeline Confusion functions as a framework for understanding these moments not as errors but as adaptive narrative responses; when the internal timeline fractures, relational roles may be reassigned based on emotional resonance, perceived age markers, and familiar experiential cues rather than chronological accuracy. This perspective allows caregivers and clinicians to better understand where the person is in time and to respond in ways that preserve connection and narrative continuity.

Again, this interpretation aligns closely with narrative identity theory, which conceptualizes the self as an evolving life story integrating events, roles, and temporal structure (Hydén, 2017; NIDE, 2019). Dementia disrupts the linear organization of that story but does not eliminate the narrator (Glenbrook Study, 2018; NIDE, 2019). Instead, the structure of the narrative shifts. Narrative gerontology invites clinicians and caregivers to recognize and honor this restructuring, rather than interpreting it solely as cognitive loss (Kenyon et al., 2001; NIDE, 2019). Viewed through this lens, Timeline Confusion extends beyond memory impairment to represent a meaningful narrative phenomenon grounded in preserved identity and emotional continuity, framing confusion within a temporal framework that

supports understanding and working with these experiences.

Reorienting caregivers toward this cognitive–narrative understanding shifts the clinical question from “What has been forgotten?” to “What story is being lived now?”

Recognizing this distinction opens pathways for more respectful interpretation, sustained emotional connection, and care strategies that align with the person’s lived experience rather than imposing external chronological correction.

## **V. Practical Implications: Guidelines for Caregiving**

The Timeline Confusion framework suggests a shift in training and caregiver support. Here are practice-informed guidelines with senior-living communities and family care partners.

### ***A. Avoid Relationship Labels***

Introduce oneself by name rather than by relational title. For example, “Hi, it’s Rachael,” rather than “Hi, it’s your granddaughter.”

This approach allows the person to place one within their internal timeframe without being forced into a role that may feel dissonant.

### ***B. Use Preferred and Familiar Names***

People living with dementia often respond more positively to older names—childhood names, maiden names, or nicknames—than to marital or formal titles. These may align more closely with the person’s internal self-story.

### ***C. Do Not Quiz or Test***

Avoid questions like “Do you remember who I am?” or “What’s my name?” These may

trigger anxiety, shame, or withdrawal. Instead, assume recognition unless evidence shows distress or confusion. When unsure, focus on the felt connection, not the fact checks.

### ***D. Embrace Confabulation***

Accept the relationships people create to explain your presence. They often reveal emotional truths rather than factual ones. If one insists you are their long-lost sister, you can respond, “I’m glad to be here with you,” rather than correcting them. This embraces emotional meaning and preserves relational integrity.

### ***E. Contextual Cues and Gentle Anchoring***

Provide sensory and biographical cues that support the felt storyline without forcing linear correction, for example,

- Bring an old photo album or familiar music from their earlier years without correcting them.
- Use environmental cues like smells, textures, music, and furnishings that belong to a meaningful period for them.
- Gently anchor time by saying things like, “You are in your garden, and I’m visiting you now,” rather than, “You’re 89 now and in a memory care unit.”

The goal is not to orient them to objective time but to support their narrative stability.

### ***F. Coauthor Next Steps Without Forcing Reorientation***

Rather than attempting to reorient the individual to an external or shared reality, caregivers are encouraged to engage with the person within the reality they are currently

experiencing (Wonderlin, 2019). For example, an open-ended prompt like “Where do you think they are?” in response to a specific question such as “Where is my so-and-so?” may allow a person with dementia to express meaning or emotion. This response gives the caregiver the opportunity to agree with that person’s reality, “Yes, that sounds right, they must be [wherever the individual said they were].” This engagement with the experienced reality of the person living with dementia ensures that caregivers aren’t telling the person what they think their reality is or should be but instead embracing it where it actually is.

These guidelines form the basis of a narrative-informed response set to Timeline Confusion and can be incorporated into caregiver training programs, team huddles, and family education modules.

## VI. Theoretical Implications: Embracing Nonlinear Realities

The Timeline Confusion model not only has practical applications, it contributes to the theoretical discourse on identity, memory, and care. Western philosophical and psychological assumptions often regard time as linear and personhood as anchored in chronological continuity. In dementia care, these assumptions falter. The model invites one to reimagine identity as emotionally anchored rather than temporally fixed.

What if identity is less about where one places events along a timeline and more about who one is in relation to meaningful others, regardless of when that connection began? From the Timeline Confusion perspective, a person with dementia is not disconnected; they are simply living in a different temporal structure. Their timeline

may loop, jump, truncate, or entwine, but it remains real and meaningful.

In so doing, the model aligns with narrative gerontology’s emphasis on story, continuity, and meaning (Hydén, 2017) and with person-centered care’s focus on relational and emotional integrity (Fazio et al., 2018; Kontos, 2005). It also challenges institutional care frameworks that privilege chronological orientation (e.g., calendars, clocks, time-based schedules) over narrative flow and emotional presence.

In practical terms, this means that caregiving interventions grounded in correction—that is, “Remember where you are, what time it is, who I am”—may create distress. In contrast, interventions grounded in narrative alignment look like the following: “I’m here with you now. I know you love Mike. What would you like to do together?” This shift reframes dementia care from remediation toward collaboration, from correction toward dignity.

## VII. Conclusion

Timeline Confusion is a conceptual term created to help caregivers and professionals reinterpret and better understand how persons living with dementia experience time, memory, and relationships. As a narrative- and practice-based framework, it reflects the broader understanding that learning to care for persons living with dementia is most effective when supported by frameworks that aid comprehension, foster connection, and guide relational care practices. Rather than treating temporal disorientation as a deficit to be corrected, Timeline Confusion interprets altered temporal sequencing as an expression of meaningful cognitive, neurological, and narrative processes. Rooted in observation, reflective practitioner inquiry, and translation

into educational tools, the framework reframes behaviors commonly labeled as “misrecognition” as moments of temporal and narrative realignment. By acknowledging that recognition often persists even when access to chronological sequencing becomes less reliable, the model affirms that identity is not lost but expressed through a different temporal lens.

This framework invites caregivers and family partners to view cognitive disorientation not as a failure of orientation, but as an alternate mode of narrative construction shaped by neurological change. Through this lens, caregivers become collaborators in meaning making, shifting from corrective responses toward validating felt realities, gently anchoring with biographical and sensory cues when appropriate, and coauthoring experiences of connection rather than enforcing reorientation. Such frameworks function not only as interpretive tools but as educational supports that help learners conceptualize how to connect with persons living with dementia in ways that preserve dignity and relational continuity. The result is a caregiving paradigm grounded in empathy, narrative coherence, and relational attunement.

Educationally, the Timeline Confusion framework serves as a bridge between theories of temporal and spatial orientation in dementia and an applied, relational understanding of care practice. Its integration into training programs supports a shift away from corrective communication and traditional orientation-based therapies toward compassionate alignment—equipping caregivers and care teams to meet persons living with dementia where they are in time, place, and role. The illustrative vignettes and examples presented in this article, drawn from caregiving and training contexts, offer practice-grounded insight into how the

framework operates in real-world settings. While the model is presented as a theoretical construct, its relevance is further informed by first-hand, practice-based observations in settings where the framework has been deployed, with reported outcomes that include reduced caregiver frustration, improved relational attunement, and enhanced coherence of care planning.

Looking ahead, while systematic evaluation of the framework’s impact across diverse care contexts—including family caregiving, memory-care communities, home-based care, and interdisciplinary teams—remains warranted, these initial first-hand observations suggest meaningful influence on how caregivers understand and respond to temporal disorientation. Future research could explore outcomes such as caregiver distress, relational quality, care-plan coherence, and overall well-being of persons living with dementia. Ultimately, Timeline Confusion advances the position that evidence-informed dementia care need not rely solely on correction or metric-driven approaches but can center on frameworks that support understanding, connection, and relational learning, honoring the cocreated lived experience of time as it is shaped by neurological change.

*Time may not be lost—it may simply be lived differently.*

#### Publishing Press Collaboration



## REFERENCES

Algase, D. L., Beck, C., Kolanowski, A., Whall, A., Berent, S., Richards, K., & Beattie, E. (1996). Need-driven dementia-compromised behavior: An alternative view of disruptive behavior. *American Journal of Alzheimer's Disease and Other Dementias*, 11(6), 10–19.  
<https://doi.org/10.1177/153331759601100603>

Conway, M. A., & Pleydell-Pearce, C. W. (2000). The construction of autobiographical memories in the self-memory system. *Psychological Review*, 107(2), 261–288.  
<https://doi.org/10.1037/0033-295x.107.2.261>

Fazio, S., Pace, D., Flinner, J., & Kallmyer, B. (2018). The fundamentals of person-centered care for individuals with dementia. *The Gerontologist*, 58(Suppl 1), S10–S19.  
<https://doi.org/10.1093/geront/gnx122>

Før sund, L. H., Grov, E. K., Helvik, A.-S., Juvet, L. K., Skovdahl, K., & Eriksen, S. (2018). The experience of lived space in persons with dementia: A systematic meta-synthesis. *BMC Geriatrics*, 18(1), Article 33.  
<https://doi.org/10.1186/s12877-018-0728-0>

Gergen, K. J. (1994). *Realities and relationships: Soundings in social construction*. Harvard University Press.

Glenbrook Study. (2018). The Glenbrook Study [Unpublished study]. The CERTUS Institute, Stanford, FL, United States.

Hydén, L.-C. (2017). *Entangled narratives: Collaborative storytelling and the re-imagining of dementia*. Oxford University Press.

Kenyon, G. M., Clark, P., & de Vries, B. (Eds.). (2001). *Narrative gerontology: Theory, research, and practice*. Springer.

Kitwood, T. (1997). *Dementia reconsidered: The person comes first*. Open University Press.

Klein-Koerkamp, Y., Baciu, M., & Hot, P. (2012). Preserved and impaired emotional memory in Alzheimer's disease. *Frontiers in Psychology*, 3, Article 331.  
<https://doi.org/10.3389/fpsyg.2012.00331>

Kontos, P. C. (2005). Embodied selfhood in Alzheimer's disease: Rethinking person-centred care. *Dementia*, 4(4), 553–570.  
<https://doi.org/10.1177/1471301205058311>

Levine, B., Svoboda, E., Hay, J. F., Winocur, G., & Moscovitch, M. (2002). Aging and autobiographical memory: Dissociating episodic from semantic retrieval. *Psychology and Aging*, 17(4), 677–689. <https://doi.org/10.1037/0882-7974.17.4.677>

Machado, S., Cunha, M., Minc, D., Sade-Chercade, R., Terra, P., Vigário, R., Nardi, A. E., Arias-Carrión, O., & Ribeiro, P. (2009). Alzheimer's disease and implicit memory. *Arquivos de Neuro-Psiquiatria*, 67(2A), 334–342. <https://doi.org/10.1590/S0004-282X2009000200034>

National Institute for Dementia Education. (2019). *NIDE dementia education and training program: Session training materials*. National Institute for Dementia Education.

Poole, M., Bond, J., Emmett, C., Greener, H., Louw, S. J., Robinson, L., & Hughes, J. C. (2014). Going home? An ethnographic study of assessment of capacity and best interests in people with dementia being discharged from hospital. *BMC Geriatrics*, 14, Article 56.  
<https://doi.org/10.1186/1471-2318-14-56>

Sabat, S. R. (2001). *The experience of Alzheimer's disease: Life through a tangled veil*. Wiley-Blackwell.

Tallberg, I. M., & Almkvist, O. (2001). Confabulation and memory in patients with Alzheimer's disease. *Journal of Clinical and Experimental Neuropsychology*, 23(2), 172–184. <https://doi.org/10.1076/jcen.23.2.172.1215>

Wonderlin, R. (2016). *When someone you know is living in a dementia care community: Words to say and things to do*. Johns Hopkins University Press.

Wonderlin, R. (2019, April 23). What does Embracing Their Reality actually mean? *Dementia by Day*. <https://dementiabyday.com/2019/04/23/embracingtheirrealitytm/>

Wonderlin, R. (2021, March 7). What if I visit and they don't know who I am? Timeline Confusion fears. *Dementia by Day*. <https://dementiabyday.com/2021/03/07/timeline-confusion-fears/>

Wonderlin, R. (Host). (2022a, October 17). All-star episode: “What is Timeline Confusion” [Audio podcast episode]. In *Dementia by day*. Libsyn. <https://dementiabyday.libsyn.com/all-star-episode-what-is-timeline-confusion>

Wonderlin, R. (2022b). *The caregiver's guide to memory care and dementia communities*. Johns Hopkins University Press.

Wonderlin, R., & Lotze, G. M. (2020). *Creative engagement: A handbook of activities for people with dementia*. Johns Hopkins University Press. <https://doi.org/10.56021/9781421437293>