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RESEARCH ARTICLE

RESSIGNIFICATION OF THE DEMENTED ELDER: THE LANGUAGE FROM PAST TO PRESENT

[1]Maria de Fátima Duarte de Holanda, [2]Luana Sheilla Muniz de Holanda, [3]Antônio Carlos Borges Martins, [4]Flávia Luiza Costa do Rego, [5]Bruna Sayonara do Nascimento Miranda and [*,6]Ana Karênina de Freitas Jordão do Amaral

[1]Psychologist, Professor, MSc of the IESP College/UNAVIDA
[2]Nurse, Specialist in Gerontology from the Patos Integrated Collge (FIP)
[3]Psychologist, Philosopher, MSc in Psychology and Philosophy, Professorof the IESP/Unavida (Paraíba Higher Education Institute/Universidade Aberta Vida and Universidade Regional do Cariri (URCA)
[4]Phonoaudiologist, Professor, MSc in Phonoaudiology; Phonoaudiology Department, Health Sciences Center, Federal University of Paraíba
[5]Occupational Therapist
[6]Phonoaudiologist, Professor, PhD in Nursing; Phonoaudiology Department, Health Sciences Center, Federal University of Paraíba

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ABSTRACT

Introduction: This case study describes the psychological follow-up of an elderly patient (90 years), attended for three consecutive years. In the initial consultation, the family informed, as complaint, depression and medical diagnosis of Alzheimer's syndrome. The follow-up went with monthly case study with professionals in related fields: nursing, occupational therapy and phonoaudiology. The termination occurred when the patient affected by lung disease was hospitalized.
Objective: to describe the follow-up and the outcome of the case through the psychological listening of the history preserved from the past, contemplating the language to active the cognition and to slow down the evolutionary loss of functional capacity.
Method: case study whose attendance resorted to psychological listening, research, interpretation of what was said in the sessions, family orientation on the general care of the patient. The dialogue between psychology, nursing, phonoaudiology and occupational therapy through monthly meetings was relevant to the achieved results.
Results: The sensitivity of listening and appreciation of affective aspects awoke in the patient better speech production, thus stimulating memory and cognition, favoring communication in family and social context, consequently improving the quality of life.
Conclusion: The services contributed to the ressignification of the subject's life. Since the beginning of the treatment, over the months, there were significant improvements: in functional capacity, memory, language and family interaction.

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INTRODUCTION

More than 46 million people worldwide currently live with some form of dementia, and each year, approximately 9 million new cases occur, according to the World Alzheimer Report (http://www.alz.co.uk/research/files/worldalzheimer report2010.pdf). With the elderly population growth in recent decades, in Brazil, the increasing number of chronic degenerative diseases also prevails, with emphasis on the dementia syndromes http://www.alz.co.uk/research/files/world alzheimerreport2010.pdf; Hamilto, 2002). The significant increase of this incidence occurs due to the prolongation of life, since age is the main risk factor associated with the development of dementia. In aging senile, dementia syndromes lead to striking functional deficiencies and, inexorably, to the gradual and progressive deterioration of the function of the central nervous system (CNS) such as: intellect, attention, memory, language and behavior of an individual (Simson *et al*., 2006). In this context, the degeneration of the functional capacities requires rehabilitation by a multiprofessional team of related areas that work the stricken function capabilities

***Corresponding author:* Ana Karênina de Freitas Jordão do Amaral,**
Phonoaudiologist, Professor, PhD in Nursing; Phonoaudiology Department, Health Sciences Center, Federal University of Paraíba

(Simson *et al*., 2006). Within this context, health professionals gathered to support the attendance in psychotherapy of an elder aged 87 years old, diagnosed with dementia syndrome. The multiprofessional team deduced that the fragmented memory of the patient, had many of his memories and these would be the working material of the weekly listenings, even though the patient did not memorize the name of the psychotherapist, but recognized her regarding her physiognomy and had established a positive therapeutic alliance. Working with live content from the past of the elder's memory promoted greater security and fluidity of his language, a significant improvement of self-esteem, gain in motor-functional capacity and deconstruction of the false diagnosis of depression. For more than three years, the patient had kept the treatment regularly, interrupting it by health worsening and hospitalization. Therefore, this study aimed to describe the monitoring and the outcome of the case through the psychological listening of the history preserved from the past, contemplating the language to active the cognitiion and slow down the evolutionary loss of functional capacity.

MATERIALS AND METHODS

The psychotherapy service for the elderccurred in weekly sessions over three years and a half (2013-2016) with the patient. It contemplated family interviews requested by both the therapist as the family. The case study with the multiprofessional team occurred monthly at the office of a psychologist with the following professionals: nurse, phonoaudiologist and occupational therapist, since the beginning of the service until the shutdown process. The publication of this case study did not need an opinion of the Ethics Committee, since it is already provided by resolution #510, April 07, 2016, of the National Health Council (Brasil. Conselho Nacional de Saúde, 2016).

RESULTSAND DISCUSSION

Psychological aspects

Repeatedly, when entering the therapeutic setting, after expressing a cordial greeting and sitting on his privileged chair, he asks: "*What are the news here?*" as if he was saying: "*Introduce a subject so that I can proceed*". Thus, he made his evocations. When remembering and repeating, the patient showed satisfaction with the evocations of the past and gave vent to scene memory, facts and memories (Freud, 1977). At the beginning of the treatment, in 2013, the patient's suffering was directed to his memory failure. Memory is one of the most important cognitive functions of human beings, without which we would not know who we are, where we came from nor would we remember experienced facts or those that had just occurred. It is a process of self-knowledge that gives life to the autonomy and self-improvement. In the course of the analytic treatment, between the patient and the doctor, a special emotional relationship regularly develops, relationship that goes far beyond rational limits. It varies between the affectionate devotion and enmity more obstinate and derives all its features from the previous patient's erotic attitudes, which have become unconscious. This transfer, in both its positive as negative form, is used as a weapon by the resistance; however, in the doctor's hands, it becomes the most powerful therapeutic instrument and plays a role that one can hardly overestimate in the dynamics of the healing process (Freud, 1926; Freud, 1977). Psychologically, the patient behave in the social and family context in a autonomous and independent way, which was recurring in the therapeutic setting. This behavior, according to the family's account, was peculiar in his entire life, thus it did not represent a symptom of the dementia process. Therefore, the family found it hard to make him comply with the routine of occupational performance, health care and the spontaneous speech, without censorship in the social area. The early dementia process can cause suffering to the subject itself, as well as to people from its midst (Dalgarrondo, 2008). In this patient, this suffering was noticeable when he could not finish his thoughts or express them fully through words or when he rummaged his memory and it did not provide him any answer, as his own words express: "*I feel like I am losing my mind*"; "*I am forgetting my children's name*".

In the demented person, the past memory remains preserved[11], and this was the strand operated by the psychotherapist, which provided the verbalization of the patient's memories, allowing connections to the present, such as the formulated question: "*Is so-and-so still alive*?". Affected by lung dysfunction in August 2016, he had to be hospitalized, and the last meeting was at the hospital room, where the psychotherapist observed the availability of the patient in the same manner as itoccurred at the office. Stating he was feeling fine, however uncomfortable with the hospital, he expressed the wish to go home. The hospitalization was extensive and, by family decision, the service was terminated. In a more advanced degree of illness, the subject no longer speaks for itself and is spoken by another, as well as decisions are taken by the other. The psychological clinic was one of the few places to where the patient moved each week for his evocations that occurred without much resistance. In one of the sessions, in order to know te patient's opinion on his psychoanalytic therapies, he was asked: "*How do you feel about this job*?", and he replied: "*All right, otherwise I would not be here*".

Health aspects

When asked about his health, the patient responded vehemently: "*It is very good, I do not even haveheadaches*". When asked whether he had ver undergone any surgical intervention, he denied. The fact is that the traces of his recent memory had already disappeared, but the apparent scar on the trunk, exposed by the half-open shirt, confirmed he had undergone a surgery. "When the memory becomes extinct, the psychological life becomes precarious, the memories blur and the events that add significance to the existence of the individual fade" (Freud, 1977). Nursing contributed to the psychotherapist to guide the family on general health during the case. The guidelines were within health care and better functionality of the demented person with emphysema and surgical intervention. Smoking as a probable cause of this diagnosis was present in the patient's life until the first clinical symptoms. Thus, one can also think of smoking as a relevant risk factor for the development of dementia syndromes, associated with the individual's age (Freitas, 2010). Undoubtedly, the age happens to be the main risk factor for Alzheimer's disease (AD). After 65 years, the risk doubles every five years. In the course of dementia, memory changes are associated with at least one of the following symptoms: aphasia, apraxia, agnosia with prejudice in planning and in their activities of daily living (ADL), affecting not only the patient but also its family, making it increasingly dependent (Alzheimer's Disease International, 2014). Accordingly, all

these clinical manifestations are of multiple demands to the elder, requiring special care and, at this time, the nursing care becomes essential, especially when this has the concern of acting on stimulation of cognitive functions, reducing anxiety, promoting physical security, improving the communication and especially the independence of the individual in its ADL. In addition to assisting the elder, nursing is responsible for providing emotional support and guidance to families (Alzheimer's Disease International, 2014; Oliveira *et al*., 2017). Nursing's vision of providing holistic care for the subject was crucial to the participation in the discussions and study of this case. Looking at the patient as a whole and not as a fragmented being, focusing on its biopsychosocial needs, is a type of assistance that, once developed, benefits the subject in its quality of life.

Language aspects

Regarding the changes in the functioning of the patient's language, the proposal of phonoaudiologic support focused on guiding the psychologist on the best possible way to interpret what was said. Even if the "flaws" found in the patient's speech might have happened by the absence of the word, that would not hinder the psychotherapy process. In dementia cases, the language ends up being a vehicle for the presentation of the first signs that something is different in person. Gradually becoming more frequent, the anomies and the paraphasias change the speech course and sense. The ability of expression and understanding of language depends on the stage where the dementia disease is. At first, there might be anomie and, subsequently, introduce other disorders that compromise language, and may reach the muteness (Bruna *et al*., 2006; Romero, 2010). In anomie, the person feels difficult to say people or things names;the person may even be able to describe verbally, but acts like not knowing the name. Another symptom very present is the semantic paraphasia; in this case, the person replaces the name of objects in a semantic row, such as the person wants to say "man" and says "boy" (Romero, 2010; Ortiz, 2010). The interdisciplinary work of phonoaudiology and psychology aimed at the non-silencing of this individual. Possible directions were rescued, even in a "altered speech". At som point, in the psychotherapy session, the patient recognizes he is having difficulty making an appointment, when he says: "*I feel like I am losing my mind*"; "*I am forgetting my children's name*". This little speech clipping, anomie occurred and he can recognize himself amidst his difficulties, comparing himself to himself, because there was a time when he was able to name his children. At other times, the anomie reveals through the speech able to bring his memories to report past facts when saying: "*I remember...; when I was a kid...; during youth; I have already told you this, but...*". In times like these, he was able to be the author of his own speech and make his interlocutor understand him. In the initial stage of the process, the demented person is able to use oral language. Nevertheless, there is need to take more time to evoke the word he wishes to speak or even be the anomie (no appointment) and presence of circumlocutions, making no progress in the dialog (Bruna *et al*., 2006).

Funcionality aspects

The occupational therapist, integrated to the multiprofessional and interdisciplinary team in this case study, contributed with significant guidelines for the elder to perform his daily activities. In particular, in order to reach the family leadership, resignifying and empowering its autonomy when taking ownership of its life story that was forgotten, the real occupational interests (reading, professional life memories, favorite leisure, orchestration of financial assets) that represented the greatest sense of life and were rescued/reminded in the therapeutic setting (Ikeda *et al*., 2014; World Federation of Occupational Therapists Disponívelem 2008). During the follow-ups, the preserved cognitive elements allowed the elder to explorehis memory, feelings, memories that were stimulated and taken into account during the interventions, providing satisfactory results for the professionals involved, for the family and primarily for the elder. These results might contribute to minimize the functional and social difficulties that he had been facing in his family background. Dementia causes cognitive limitations of the elders and occupational performance loss, hampering a good quality of life. Furthermore, there is a decrease of interest, irritability and impatience, difficulty learning new things due to forgetfulness, difficulty and loss of autonomy to make decisions, decreased orientation, difficulties to perform simple tasks and likely resistance to change. Thus, occupational therapy is also necessary in the follow-up of cases of cognitive limitation (Coppini, 1998; Dias, 2014).

Conclusion

After three years and a half of psychotherapy, with a weekly attendance and support of related professionals, the elder's life acquire a new meaning in the presented case. This service has slowed the decline of his memory and, consequently, of his body and interrelations. Until the last meeting, the patient, despite dementia, preserved the autonomy in activities of daily living; produced many of the words from his rich vocabulary; recognized family members, not presenting, thus, visual agnosia, without apraxia. He kept his athletic physique, moved around independently, with balance and flexibility and not showing features of aphasia. All work focused on the patient so that he used the most of his functional and memory capacity and thereby could give a new meaning to his life. This work certainly contributed to the discussion on aging and dementia, in order to minimize the suffering of the subject in question in an interdisciplinary monitoring.

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