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Narrative therapeutic approach in the care for patients with dementia and psychosis

Abstract. Dementia and psychosis can arise from a trauma in patients' life history. Behavioral difficulties of the afflicted individual can lead to bad memories triggered by an event or an encounter. Attempts to bring such patients back to reality can destroy their awareness of the self and the world. A narrative therapeutic approach can help them reconstruct their life story and enhance their sense of wellbeing. With dementia, it is necessary to open the book of the afflicted individual's life at the right page in order to help them get back to reading it in the present. With psychosis, stories must be detached from the personal life history and from reality. An empathetic therapist allows the patient to bypass the obstacles to link their fictional and real life and to recover the necessary minimum of self-awareness.

Keywords: dementia, psychosis, behavioral difficulties, art-therapy

The clinical history of Mr. HB illustrates the capacity of individuals with dementia to be able to partially reconstruct the meaning of what they experience, to transcribe and express it in words. In his case, writing was the primary means of expression, although other modalities are also possible, such as painting, modeling, etc. The recovery of meaning was done by drafting a fictional narrative while keeping the links with the reality of the present.

I. Method: Analysis of the clinical case of Mr. HB

Mr. HB is 72 years old. He suffers from Lewy body dementia, whose symptoms include memory loss with a Parkinsonian syndrome and sudden hallucinations. They are accompanied by agitation, screaming, verbal and physical violence. Mr. HB has a moderate cognitive impairment (Folstein's MMSE: 18/30). He is disoriented in time and space and gets lost in the retirement home. He is usually quiet and calm except for the cases when he is hallucinating.

Mr. HB has a habit of writing sequences of words, not always meaningful and of dubious spelling, comprising lots of incomplete sentences, sometimes without a verb and without a complement, avoiding “I”, using “he”: “he eats in...”; “the cat is on the...”; “the girl plays...”, “he runs... baker”.

His childhood was exceedingly difficult. At twelve, he lost his father and his mother had to go back to work. Young HB then attended a boarding school, several kilometers from home. Thus, in a few weeks, he experienced the loss of his father and was separated from home. He refused to talk about this time.

One day, the psychologist of the retirement home asked him: “Why don’t you write a story?” Mr. HB then started to write a story about a lonely young boy. He was in a courtyard. On a beautiful sunny day, the door of the courtyard opened, and a young girl appeared. She held out her hand, and his life filled with joy... In these writings, the words are linked, and although the sentences are short, they are also well constructed and completed. The ideas succeed in an ordered manner in time and space. Mr. HB sometimes uses “I” in his writings. He gives the young boy an active voice: “I remember the young girl. I am happy ... “. For the most part, proper spelling was restored. There were sometimes errors, but they were much fewer than in the previous writings. The psychologist asked: “What is the title of this text?”: “The Big Book of Eternity”. Mr. HB was also keen on reading his story out loud to other pensioners and carers.

II. Result: Comments regarding the study

Mr. HB enjoyed thinking again and getting out of the chaos of his internal representations. When he tells his new story, he rediscovers the present, he is once again immersed in life. He had some sudden, unexpected, bad experiences in his youth that changed the course of his life. This raises the question of a connection between a trauma in patients’ life history and the emergence of dementia [1]. The grief from his childhood trauma was certainly only partial. Being placed in a retirement home must have rekindled bad memories for Mr. HB. He left his home and his spouse to stay in a restrictive environment. In his writings, the patient resumes the preceding path, but in a different way. The descriptions of the courtyard and the door that opened, in his account, a glimpse at the painful path that he had traveled previously. As he adopted the narrative persona of a child, he was able to let go of what impeded his daily actions,

already limited by the dementia. He could see himself again in a broader perspective and gain the necessary motivation [2]. His story describes a beautiful sunshine, which is a symbol referring to the euphoric dimension that he has entered.

In his new writings, he makes fewer spelling mistakes as he improves his access to semantic libraries. He gains a renewed sense of well-being, and his coherent enunciation corresponds to the self-representation partially reconstituted.

The position chosen by Mr. HB in his writings is not his own, of a 72-year-old man, unwell, and with little to look forward to. He gives the voice to a young boy, with a broad perspective on life. His position in the story has a degree of ambiguity, however, at times he allows the young boy to be the voice, while at other times he uses the pronoun “I”. This way he makes his presence known in the text.

II. Discussion: Prerequisites for proper functioning of psychotherapy workshops

The psychologist was able to help the patient reconcile his past with the present, the fictitious world with the real one. The change of the narrative persona we observed does not create a brand new narrative but resumes the narrative of life that until now was inaccessible and inexpressible.

The time of the narrative is not that of the present, which the patient shuns. In his story, he alludes to the present and to the past. According to Bergson [3], the timing of the story, the time of the dream, is the time of duration for Mr. HB, and he entitles his text as ‘The Book of Eternity’. Using comparable methodology to study and treat psychosis requires us to move away from reality. The psychologist has to be empathic and gentle to encourage the patients and to validate what they are expressing [4].

Conclusion. The narrative dimension in care encompasses the history of the patient and the history of their disease as well as their interactions. “Time becomes human, in so far as it is articulated in a narrative manner” [5], which means that the subject appropriates the transformation of the previous traumatic experience.

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