

Narrative Therapy Intervention Research on the Plight of Family Caregivers of the Elderly with Dementia

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Abstract: At present, the population of the elderly and older people in China is growing rapidly, and the demented elderly are the “specially disadvantaged groups” that are not universally cared for at the moment. At present, the domestic elderly care system and social care for the demented elderly are still lacking. As a result, the demented elderly are mostly taken care of by the family, which inevitably leads to a series of social problems such as social welfare and pension. In particular, the plight of family caregivers seriously affects their healthy life, family development and social harmony. In order to enrich the practical research field of caregivers for the elderly with dementia, the author used narrative therapy as the theoretical basis under the practical activities of the Jinhua Venture Philanthropy Project “Yellow Strap Action-Caring for the Elderly with Dementia” and used case studies. Methods: In-depth understanding of the basic situation of family caregivers of the demented elderly, and several regular observations and interviews with 10 demented elderly caregivers in the H community, and found out the practical difficulties encountered in caring for the elderly. The survey shows that caregivers are most likely to fall into difficulties such as increased physical burden, increased psychological burden, and increased difficulty in social life. Then the specific method of “narrative therapy” is used to intervene in actual cases of caregivers, and finally obtained through effect evaluation and long-term tracking. Change the status quo of the caregiver to confirm the effectiveness of the intervention.

1. Introduction

As my country enters an aging society, the prevalence of dementia is also increasing year by year. The prevalence of people over 65 is about 5%, and the prevalence of people over 85 is about 20%①. The huge data of 44 million in the world shows that it is plagued by dementia, while China bears the brunt with a population of 10 million. In the past 20 years, there have been three times the number of patients. What's more worrying is that the age of common onset has been advanced from 65 to 55 years old, and the patient has undergone more than 10 years of patient history. As the age increases, the prevalence of dementia will increase, about 5% of people over 65 years old, and about 2,096 people over 85 years old. With the advancement of aging, the population of patients with dementia has also increased rapidly. Affected by economic conditions and traditional concepts, most patients with dementia are taken care of by their families at home². In the social environment of China's soaring population and increasing elderly population, family caregivers of the demented elderly have undoubtedly become a huge demanding group, and a disadvantaged group that needs to be paid more attention to by society. Since most of the patients and caregivers are elderly people, their physical functions are degraded and they are inconvenient to move. Dementia has not yet been successfully treated. It can only be relieved through prevention and mitigation, which leads to long time for caregivers to take care of patients. , High intensity, very physical exertion, affecting physical health; family caregivers of general diseases can be recognized and grateful by patients, but patients with dementia are different, the patients' cognitive function is abnormal, and the personality changes, caregivers and patients There is no effective communication between them, the caregivers cannot experience the patient's inner feelings, nor can they get the patient's emotional support. They suffer from great psychological pain@.

There are even surveys showing that even if the elderly suffering from dementia died The caregivers themselves will still have depressed emotions and a melancholic mental state; many patients and their families have conservative ideologies, and they will be very taboo against dementia, such as “sickness of the mind” or “insanity”, and refuse to go out. Activities and communication with people are also difficult to carry out social activities in the busy caring life. In short, this particular vulnerable group is generally under pressure from physical, psychological and social life, thus losing faith in life and the pursuit of future life, and even falling into lack of physical and mental health, increased emotional burden, and social Difficulties in life and other predicaments. Such a predicament greatly reduces the quality of life of the demented elderly and their caregivers, as well as their normal life activities.

1.1 The Dilemma Faced by Family Caregivers of the Demented Elderly

Due to the large damage to the brain nerves of the elderly with dementia, their physical functions are slowed or even stopped. They are passive, difficult to act, and give up in the basic life functions of food, clothing, housing and transportation. In this regard, in terms of passive physical function, the elderly with dementia have no interest in basic life needs such as nutritional intake, warmth and exercise. The caregiver must repeatedly perform actions to attract the interest of the elderly with dementia, and pick up the bright color several times. The colored tableware promotes the balanced intake of nutrition for the elderly, and uses the childish language style to repeatedly remind and guide the demented elderly to add clothes and food; in terms of physical functions, it is difficult for the demented elderly to live or even carry out life activities. The caregiver must Dress and feed the elderly with dementia, help with ventilation exercises, etc., complete all basic life activities for the elderly, or try to teach the elderly with dementia to re-learn physical functions through repeated exercises; in terms of physical function abandoning action, the elderly with dementia give up For the life activities required by life, caregivers must use procrastination and other methods to encourage the demented elderly to resume normal activities. These physiological activities for the demented elderly to have a relatively stable life status increase the physical burden of caregivers. In addition, the burden of the caregiver’s own physical disease has increased the physical burden. In this study, the age range of caregivers for the elderly with dementia is mostly between 58 and 82 years old. They lack physical health, and because of the increased intensity and difficulty of taking care of their lives, the caregivers are deeply injured both internally and externally. This leads to the emergence of new diseases, makes the carers of the demented elderly more physically stressful, and triggers a bad cycle of health problems.

In addition to the physical lack of normal living abilities, elderly people with dementia also have emotional reactions such as suspiciousness, irritability, depression, indifference, restlessness, and stigma. There will be some sudden and unpredictable dangerous actions that make the caregiver mentally burdened. At this time, family caregivers must be fully prepared to fully resolve and digest the patient’s sudden emotions. This places demands on the caregivers’ emotional control, which leads to psychological pressure. Sometimes, we will lose heart and feel sad, but The demented person will suddenly change from sad to happy, with no obvious reason, or simply indifferent. At this time, family caregivers need to tolerate the patient’s personality change and adapt to the patient’s personality change with a positive attitude. In the process of tolerance, I accidentally absorbed the patient’s negative emotions; a patient suffering from dementia has become a person, and he may become suspicious, irritable, depressed, indifferent, agitated, stigmatized, etc., especially It is in scenes where he can't remember what happened, it is more likely to be emotional. At this time, family caregivers will inevitably produce psychological pressure when facing the arduous task of resolving these pessimistic, negative and impetuous emotions.

1.2 “Narrative Therapy” Intervention

Re-arranging and interpreting the story is a process of reviewing the life course, paying attention to the signs of life, seeking the meaning of life, forming a new self-identity, and inspiring them to explore life or life satisfaction. At the same time, through the process of change in which the caregiver has a positive and optimistic attitude towards the past story based on the current situation and attitude, it promotes the caregiver to explain the current situation and the problems encountered.

In this process, the author needs to listen to the caregiver's life stories from childhood to old age through structured interviews, and focus on guiding the caregiver's narration of past meaningful stories through dialogues and re-conversations with the caregiver, and to the overall life. Evaluation of the current situation, and a positive view of the current situation. The author takes a family caregiver of a dementia elderly person in Jinhua H community as a case. Through the method of "re-arranging and interpreting the story", the author encourages the caregiver to narrate his life story completely, so as to guide the caregiver to put their mentality and face up. Or redefine the burden of care, re-see the meaning of life, and persevere with a positive and optimistic attitude.

Emotional support is to give support and attention to the negative emotions expressed by caregivers when narrating life stories, and to provide emotional counseling and emotional management to them through social work values and methods. "Externalization of problems" emphasizes the separation of problems from people, that is, people are not equal to problems, and problems are problems. Under normal circumstances, people put themselves completely in the problem they are in, and are not good at exploring the relationship between human behavior and the social environment, which leads to denial and suspicion of themselves. The problem of externalizing is to reverse this view, let the elderly feel that they are separated from the problem, and see their own efficiency, strength, and advantages, so as to fight the problem and live anew. At this stage, the author began to treat and intervene in combination with the main dilemmas in the narrative of the old man's story above.

At this stage, the author uses the "externalization of problems" in narrative therapy to intervene and treat the main problems of the elderly. In the process of intervening, the author uses social work values and skills to provide psychological counseling to the caregiver, listens to and encourages the caregiver to express themselves, walks into his inner world, explores the caregiver's inner thoughts and demands, and gives them in time Support and attention. Change the belief system of the elderly with dementia and their caregivers, carry out conceptual reconstruction, and achieve the purpose of reducing or even eliminating stigma, so as to carry out effective prevention and care. In the process of forming group beliefs, social workers and professional medical professionals play a major role. The leading group establishes a belief support system and no longer regards dementia as a shame behavior, so as to return to their normal lives.

Narrative therapy at this time best reflects the values and skills of social work. It requires empathy to feel the caregiver's emotional and emotional burden, and responds in a timely manner. It provides psychological support to caregivers through psychological counseling practices. On the basis of listening, pay more attention to the emotional response and changes of the caregiver. At this stage, on the basis of finding the meaning of life and care for the caregiver when interpreting the story, it provides psychological support and loving companionship to the caregiver, enhances the caregiver's confidence and perseverance in caring, and uses more professional methods of comfort and empathy. Accept and understand the caregiver, so that it can be relieved psychologically until the anxiety is eliminated. Put yourself in a large social environment to treat your own situation, reduce self-blame, in daily life, continue to encourage and encourage caregivers to get rid of the psychological burden, and live with confidence in the future.

Narrative therapy believes that successful social life experience has positive energy and has a very important role in promoting the courage of the parties to face the current difficulties. By letting caregivers tell stories that they feel meaningful and confident, the author cyclically guides caregivers to broaden their horizons, shift their attention to their own highlights, and find sunshine and hope for the life of the caregivers and their future lives. At this stage, through focusing, the author understands the reasons why caregivers lack confidence and motivation in life, and continues to ask caregivers to tell about their past life experiences and their own strengths, so as to guide caregivers to discover their own bright spots and eliminate "life has no hope, life has no hope." "Similar thoughts. At the same time, the author and the caregiver explore another aspect of life experience that is expected in the story, and assist the elderly to re-understand life and discover the bright spots in life, so that he decides to choose the direction for his life and learn to control his own. Negative emotions, bravely faced difficulties, began to explore and continue his life story.

2. Conclusion

The caring dilemma of the family caregivers of the demented elderly is generally deepened. It should be recognized that this dilemma mainly comes from the dementia elderly's dependence on the family caregiver and the burden of the family caregiver's care process. It can be divided into physical and psychological aspects. In terms of social and social life, family caregivers of the demented elderly are caught in the quagmire of life, which greatly reduces the quality of life. In the current situation, it is necessary to conduct research based on the physical, psychological and social characteristics of the family carers who take care of the demented elderly in order to effectively intervene. The cognition, attitude and actions of caregivers are more important in caring for the elderly with dementia, which not only affects the physical and mental health of the elderly with dementia, but also is largely detrimental to the physical and mental health of the caregivers themselves. Internal factors play a major role. Only by stimulating the caregiver's cognition, mentality, and actions, can we better use the existing resources of ourselves and society to alleviate difficulties and improve the quality of life. Therefore, this research uses social work to "help them". "Self-help" is the concept, which constantly stimulates and explores the abilities of caregivers, and urges them to find the motivation to alleviate their difficulties.

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References

- [1] Yang Qiuyan (Chiu-Yen Yang), Li Meiling (Mei-Lin Li). Research on the improvement of depression by the intervention of nostalgic groups for the elderly with dementia in institutions. Joint Encouragement Forum, 2013, 2(2): 73-96.
- [2] Zhong Min, Yang Xueyun. Social work intervention research on stress relief of family caregivers: Taking caregivers of the disabled and demented elderly in Lujiang County as an example. Journal of Hubei University of Economics (Humanities and Social Sciences Edition), 2018, 015 (006):20-23,47.
- [3] Wang Rushuang, Sun Hu, Sheng Danli, et al. Application of narrative family therapy in the continued nursing of elderly patients with non-dementia cognitive impairment after stroke. Chinese Journal of Integrated Traditional Chinese and Western Medicine in Emergency, 2019(1).
- [4] Li Xinmin (Hsing-Ming Lee). The positive care experience and its predictive factors of the main caregivers of the elderly with dementia. Journal of Shunde University of Science and Technology, 2019, 21(1):93-112.
- [5] Zhang Min, Zhang Huan. The restructuring of the parent-child relationship of adolescents in the families of AIDS patients: the intervention of social work cases under the narrative therapy mode. Journal of Shandong Youth University for Political Sciences, 2020, 036(003): 34 -40.
- [6] Huan-yui Tseng (Huan-yui Tseng), Yang Shih (Yang Shih). Research on the influencing factors of dementia elderly and their carers using community-based services. Journal of Social Development Research, 2018(21):34- 70.
- [7] Lin Jingcheng. Discussion on the burden of family caregivers of the elderly with dementia and demand for supportive services. Thesis of the Institute of Behavioral Sciences, Kaohsiung Medical University, 1999.