Creating Dialogue in Dementia Care

Collaborative Exploration of Hopes and Desires in Occupational Therapy

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Outline

Background
• Communication in dementia care
• Bakhtin’s theory of dialogue
• Communication in dementia care as dialogue

Research questions

Methods
• Qualitative study
• Observations and interviews

Results
• Co-creation of the dialogue
• The person’s expression of hopes and the achievement of the therapeutic goals
Background 1: What is communication in dementia care?

• The heart of relationships (Zigola, 1999)
• Not only exchanging words but understanding and creating the meanings conveyed by others (Kitwood, 1997, pp.87)
• Being greatly supported by caregivers and therapists

How can therapists help the persons with dementia to communicate?
Background 2: Bakhtin’s theory of dialogue (バフチンの対話し論)

- Every utterance (発話) is a response to others’ utterances.
- Others are central in creating self-expression and the human mind as internal or external voices (声).
- The dialogic author listens many voices and engage in a dialogue as equals.
Background 3: Care communication as dialogue

• The persons with dementia are active respondents with their own unique voices
• Therapists are co-authors of their voices by listening to and co-creating them
• They can express their thoughts, understand each other, and create new meaningful activities (Anderson, 1997; Puustinen, 1999)
Research questions

1. What kind of dialogue is constructed in occupational therapy sessions?
2. How can therapists support people with AD to form dialogue?
3. What is the meaning of dialogue in AD care?
Methodology
Research target

• A nursing home for the elderly (介護老人保健施設) in Japan
• Three occupational therapists (OT) and one care worker simultaneously provided therapy in a therapy room

OT: Junichi Kawaguchi (川口淳一)
• the vice director of the home and the producer of a drama play with handicapped people
• organizing a group activity and face-to-face interaction

Two women with AD (Mrs N & Mrs O)
• receiving short-stay care for two weeks
• difficulties in communication and walking (HDS-R scores: 0)
• refusing to participate in the occupational therapy
Methods & Analysis

- observing the therapy sessions and video recorded them for 25 days over two years (2004-2006)
- transcribing the main interactions including their speech and body movements (gestures, gaze, etc.)
- analysing focusing on what kinds of narratives were produced and the roles of the therapist played in developing them

Persons with AD
Mrs N & Mrs O

Occupational therapist
Mr Kawaguchi Junichi

Researcher
Results 1: Joint creation of dialogue

- Suggests a topic
- Paraphrases the topic
- Creates a new topic
- Asks questions
- Introduces voices
- Refuses ignores
- Accepts the topic
- Share the topic
- Create the dialogue
- Achieve the therapeutic activity
Results 2: Case study of Mrs N
Excerpt 1-1 “Everyone, please love me”

215 Mrs. N:  (shouts)
216 Therapist:  Your voice.
217 Mrs. N:  Yeah.
218 Therapist:  [your voice] seemed loud.
219 Mrs. N:  The voice is loud.
220 Therapist:  (nods)
221 Mrs. N:  Sometimes I am loud and sometimes quiet.
222 Therapist:  In a small voice
223 Mrs. N:  Yes.
224 Therapist:  [If] Mrs. N speaks
225 Mrs. N:  Yes.
226 Therapist:  I heard that everyone loves you so much.
227 Mrs. N:  Oh!
228 Therapist:  What will you do?
229 Mrs. N:  I see.
Excerpt 1-2 “Everyone, please love me”

230 Therapist: Yes. What will you do? Of course

231 Mrs. N: [I] want to talk in a small voice.

232 Therapist: Right.

233 Mrs. N: In a small voice, properly...

234 Therapist: [I] want to talk.

235 Mrs. N: Yes. Yes, yes, yes.

236 Therapist: You want, after all, to be loved by everyone, don’t you?

237 Mrs. N: Yes! Yes! (nods)

238 Therapist: Yes!

(239-241 Therapist starts to mention her homecoming.)

242 Mrs. N: Everyone, please love me!

243 Therapist: Everybody, please love me!

242 Mrs. N: Everyone, please love me!

243 Therapist: Yes, a smiling person is loved. (smiles)

233 Mrs. N: (smiles)
Findings

• The OT introduced other’s and her voices to discover many ideas as dialogical.
  – “I heard that everyone loves you so much.”
  – “[I] want to talk.”, “Everybody, please love me! “

• He created the binary opposite to clarify her hope.
  – small voice/loved by everyone vs. loud voice/not loved by anyone

• Mrs N shared the ideal image of herself and requested everyone to love her. She became conscious of the others’ points of view and stopped her problematic behavior (shouting).

• They jointly found a reason for speaking quietly.
Conclusions

• The therapist and the persons with AD interactively and improvisationally engaged in dialogue.
• The dialogue enabled the persons with AD to generate their desire for the therapy, others, and themselves.
• With the development of their desires, the persons with AD could jointly perform therapeutic activities that they were incapable of performing before the sessions.
Thank you!
ありがとうございます
terms

• Dialogue
  – “Life by its very nature is dialogic. To live means to participate in dialogue: to ask questions, to heed, to respond, to agree, and so forth.” (Bakhtin, 1984, p. 293)

• Voice
  – “The speaking personality and the speaking consciousness” (Holoquist, 1981, pp.434)

• Utterance
  – socially, historically, concretely, and dialogically created.
  – "quality of being directed to someone, its addressivity" (Bakhtin, 1986, p. 95)
The transition of topics suggested by the the therapist

- Mrs N

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<th>topics by therapist</th>
<th>stand-up exercise</th>
<th>showing a fine face</th>
<th>being in a low voice</th>
<th>greeting</th>
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- Mrs 0

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