Lucidity in a woman with severe dementia related to conversation. A case study

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Aims and objectives. The aim of this study was to explore the presence of lucidity in a woman with severe dementia during conversations and whether it occurred when conversational partners or the woman with severe dementia initiated the conversation topics about the present, past or future time and whether she was presented with support or demands during the conversation.

Background. Communication problems as well as episodes of lucidity in people with dementia are reported in the literature.

Design. A researcher held 20 hours of conversation with a woman with severe dementia. A daughter participated for about three and a half hours. The conversation was tape-recorded and transcribed verbatim.

Methods. The text was divided into units of analysis. Each unit of analysis was then assessed separately and discussed among the authors. Chi-square tests and logistic regression analysis were performed. An ethics committee approved the study.

Results. The woman as initiator of the conversation topic and support to the women during conversation from the conversation partner were found to be the most significant factors explaining lucidity, while conversation about the present or past time showed no connection with lucidity. Very few topics ($n = 7$) concerned future time and they were not used in the statistical analysis. The researcher initiated 41%, the woman 43% and the daughter 16% of the topics. Support was registered in 49%, demands in 15% and both support and demands in 16% of the units of analysis. There were 58% topics about present and 40% about the past time.

Conclusions. The presented study is a case study and the results cannot be generalized. For the woman with severe dementia, lucidity was promoted by the conversational parties carefully focusing on conversation topics initiated by the woman while supporting her during conversation.

Relevance to clinical practice. To share the same perception of reality, focusing on the topics initiated by the patient with severe dementia and a supporting attitude to what the patient tells, will hopefully give more episodes of lucidity in the patient. This approach in caring for patients with severe dementia might give more meaning and well-being to the conversational partners in daily care.

Key words: communion, confirmation, demand, dementia care, episodes of lucidity, support

Background and literature review

The most fundamental thing in being a person is to relate to other human beings, as we constitute ourselves by relating to each other (Cissna & Sieburg 1981, Hansebo & Kihlgren 2002). The importance of the communication problems in dementia is demonstrated in research. People suffering from severe dementia have problems concerning memory, language, perception and comprehension, which make both verbal and non-verbal communication difficult (Asplund *et al.* 1991, 1995, APA 1994, p. 134, Packer 1999). Orange *et al.* (1996) state that, as the dementia disease progresses and communication becomes more problematic, more conversational repairs are needed. Difficulties in keeping to the subject, repeating words and questions are reported (Powell *et al.* 1995). In ordinary conversation between people the shift of topics follows socially guided rules. In conversation with people with severe dementia the shifts of topic might not follow these rules (Bohling 1991).

There are reports in which people with severe dementia are viewed as 'empty' by others (Cohen & Eisdorfer 1986). However, there are also reports about occasions when people with severe dementia suddenly speak or act in a way that surprises the care providers because they seem to function much more adequately than usually (e.g. Norberg *et al.* 1986, Zingmark 2000, pp. 30–32, Swane 1995, pp. 315–317). Normann *et al.* (1998) have labelled those episodes, episodes of lucidity (ELs).

Before 1980 Scandinavian literature about care for people with dementia was written mainly from a pathophysiological perspective and few specific recommendations were given about care for these people. Not surprisingly the care providers met reality orientation therapy (Folsom 1968), with great enthusiasm when it was introduced (Bergert & Jacobsson 1976). Reality orientation implies that, as people with severe dementia have lost contact with reality, they have to be reoriented so that they can return to reality. When talking to people with dementia it is important to be prepared to re-inform them about facets of reality, e.g. date, time, names and location. To use their past to reach the present is another established way of communicating with people with severe dementia, so-called reminiscence strategies (cf. Bornat 1994). This can be done with individuals as well as with groups, e.g. in recall sessions.

When talking to people with severe dementia more specific techniques have been recommended by Azuma and Bayles (1997): speaking slowly and in short sentences, asking closed-ended questions, talking about concrete matters, and maintaining a pleasant tone of voice. Tappen *et al.* (1997) in conversation with people with severe dementia examined some of these techniques and point out that patients with advanced Alzheimer's disease (AD) were in fact able to respond in more length to open-ended questions. There was a moderately higher proportion of relevant responses to closed than to open questions, but no significant differences between the relevance of responses to one type of question than another. Using open-ended questions appears to allow the patients to answer with as much information as they are able to provide and there is no demand for a specific answer. Bohling (1991) emphasizes the care providers' listening responses and the importance of partly entering into the patient's reality. Sensitive listening to the message from the person suffering from AD will maximize the person's sense of dignity. Following the recommendations for conversation given by Bohling (1991) and Tappen *et al.* (1997) means supporting the patient in conversation. Being supportive and avoiding demands seem to create an atmosphere that resembles communion (Normann *et al.* 1998), witch means sharing the same affective state (Zingmark 2000, pp. 34–35, Norberg 2001). Supporting the patient with severe dementia in conversations also means practising conversational repair, i.e. effort on the part of the conversational partner to correct and resolve misunderstandings and mishearing (Orange *et al.* 1996).

Approaches based on reality orientation theory (Folsom 1968) stress that the care provider initiates topics about the present time, here and now to promote lucidity about present time in the person. Approaches based on reminiscence theory (Bornat 1994) stress that the care provider initiates topics about the past time, there and then, to promote lucidity about

past time in the person. An argument for initiating topics about past time is that the remote memory of people with AD is better preserved then recent memory (APA 1994, p. 134). These two types of conversation approaches presuppose initiation by care providers. There are also suggestions that people with severe AD sometimes use their memory about past time to express emotions in the present on their own initiative (Norberg 1996).

In a case study about conversations with a woman with severe dementia Normann *et al.* (2002) showed that lucidity was promoted by supporting the patient in various ways. The conversational partner, e.g. shared the patient's view, repeated and reformulated her utterances, reinforced her by using positive utterances, did not emphasise errors and helped her find words. The relationship between the patient and her conversation partner during ELs was characterized by confirmation and communion. The aim of the present paper is to explore further and quantify the presence of lucidity in relation to whether this woman with severe dementia or her conversational partner initiated the conversation; whether the conversation concerned topic about the present (here and now), the past (then and there) or the future and whether support was given or demands were made on the woman during conversation.

Method

A woman with severe dementia participated in the study. She was cared for at a nursing home in northern Norway. She showed reduced cognitive capacity and disorientation in 1984 and was regarded as probably suffering from AD in 1993. In 1990 her Mini-Mental State Examination (Folstein *et al.* 1975) was below 5 and in 1993 it was 3. In 1994 the woman was disoriented regarding time and space, and showed physical rigidity. She needed assistance with all her activities of daily living (ADL). She was often in a good mood and smiled a lot at care providers and fellow patients. The care providers described her conversational ability as restricted; she used short sentences and had difficulty finding words. She spent most of her time sitting in the dining room and some days she attended common activities. Her daughter visited her every week.

Procedure

The researcher was given informed consent to approach the woman for conversation by the woman's daughter and son. The woman was asked about her willingness to participate at every meeting with the researcher. It is stressed by McCormack (2002) that paying attention to an individual's narrative identity provides a way of respecting the autonomy of people with dementia in a way that is consistent with their overall life plan. The Ethics Committee for Health Region No. 5 in Norway approved the project.

The conversation with a researcher (KN), for a period of four hours over five days within a time span of two weeks, took place on the ward where the woman lived. The topics of the conversations during these 20 hours were not planned, but were about whatever topic emerged. The daughter participated in the conversations for approximately 196 minutes. After the data collection, but before data were analysed, KN read the woman's patient record and interviewed the daughter and two care providers who knew the woman well. These interviews were tape-recorded and transcribed verbatim.

Analysis

Content analysis inspired by Patton (1990) was used. The text was divided into units of analysis, each containing one conversation topic. The length of the units of analysis varied between 1 and 88 turns, one party's utterance and the other party's response constitute one turn.

Each unit of analysis was then assessed separately by two of the authors (KN, KA). Then all the authors discussed the assessed units of analysis, reached consensus regarding lucidity, initiator, support, demand and time: 1. Lucidity, whether the woman showed lucidity or non-lucidity, i.e. whether or not her speech was clear, meaningful and relevant in the situation; 2. Initiator, whether the woman, KN or the daughter initiated the topic; 3. Support, whether the conversational partner verified a shared view, repeated, reformulated, reinforced by use of positive feedback, ignored errors or helped the woman to find words or complete sentences; 4. Demands, whether questions were asked and corrections were made; 5. Time, whether the conversation topics concerned the present, the past or the future. The units of analysis were then divided into two groups: units of analysis where the woman and KN participated in the conversations and units of analysis where the woman, KN and the daughter participated in the conversations.

SPSS 10.0 for Windows (SPSS Inc., Chicago, IL, USA) was used in all the calculations, and chi-square tests were used. A logistic regression analysis of lucidity was performed, employing initiator, support and time as independent variables.

Results

In the total material (both groups) there were 332 units of analysis and a variety of topics, e.g. daily activities, things in

Table 1 Distribution (%) of units of analysis regarding initiator, lucidity, support and time ($n = 332$)

Initiator	
Woman	41
Researcher	43
Daughter	15
Missing	1
Lucidity	
Lucidity	40
Non lucidity	24
Combination	17
Missing	19
Support	
Support	49
Demands	15
Combination	16
Missing	20
Time	
Present time	58
Past time	40
Future time	2

Table 2 Distribution (%) of lucidity/non-lucidity, support/demands and present time/past time/future time when either the woman with dementia, the researcher or the daughter initiated a topic (unit)

	Topic initiated by			
	Woman	Researcher	Daughter	Significance
Lucidity	($n = 110$)	($n = 115$)	($n = 39$)	$\chi^2_4 = 13{\cdot}9$;
Lucidity	58	47	26	$P = 0{\cdot}008$
Non-lucidity	22	31	49	
Combination	20	22	26	
Support	($n = 106$)	($n = 117$)	($n = 35$)	$\chi^2_6 = 36{\cdot}26$;
Support	76	60	20	$P = 0{\cdot}000$
Demands	11	19	40	
Combination	12	21	40	
Time	($n = 135$)	($n = 140$)	($n = 50$)	$\chi^2_6 = 8{\cdot}4$;
Present time	62	57	44	$P = 0{\cdot}21$, n.s.
Past time	35	41	56	
Future time	3	2	0	

Table 3 Registration of units of analysis (%) regarding the initiator, lucidity, support and time when the woman, the researcher or the woman, the researcher and the daughter participated in the conversation

	Units of analysis when woman/ researcher participated ($n = 273$)	Units of analysis when woman/ researcher/daughter participated ($n = 55$)	Significance
Initiator			
Woman	45	22	
Researcher	48	18	
Daughter	–	60	
Lucidity	52	36	$\chi^2_2 = 5{\cdot}8$;
Non-lucidity	30	30	$P = 0{\cdot}05$
Combination	19	34	
Support	71	18	$\chi^2_2 = 47{\cdot}66$;
Demands	15	31	$P = 0{\cdot}00$
Combination	14	51	
Time			
Present time	63	33	$\chi^2_2 = 20{\cdot}9$;
Past time	35	67	$P = 0{\cdot}00$

the room, the woman's eczema, trips to the mountains, daughter and son and the woman's childhood. The topics were initiated almost equally often by the woman and KN, 41 and 43% respectively. The daughter initiated 16% of the topics. The woman showed lucidity most frequently when she received support during the conversation. Support was registered in 49%, demands in 15% and both support and demands in 16% of the units of analysis. Units of analysis with topics concerning the present predominated (58%), while 40% concerned the past. Very few topics ($n = 7$) concerned future time and they were not used in the statistical analysis. The distribution of frequencies regarding lucidity, initiator, support and time (Table 1).

Lucidity was registered more frequently when the woman initiated the conversation topics. When the conversational partner initiated topics the number of registrations of non-lucidity increased. Units of analysis with topics initiated by KN significantly more often contained support than units of analysis with topics initiated by the daughter, which contained more demands. Topics about present time mostly occurred when the woman and KN initiated the topic, while the daughter most often initiated topics about the past time (Table 2).

In conversation with only KN the woman initiated 45% of the topics while she initiated 22% of the topics of conversation when the daughter and KN participated. When the conversations included the daughter the number of registrations of lucidity and non-lucidity combined, increased dramatically while the registered numbers of support decreased (Table 3). Support and the woman as initiator of the topic were found to be the most significant factors explaining lucidity, while conversation about the present or the past time showed no connection with lucidity (Table 4).

Discussion

The tape-recorded transcribed conversations between a woman with severe dementia, her daughter and a researcher (KN) were analysed regarding whether the woman was assessed as lucid or non-lucid, which of the participating

Table 4 Results of logistic regression analysis of lucidity (0 = non-lucidity, 1 = lucidity) in units of analysis (n = 167) registered during conversation

	Odds ratio	95% CI	*P*-value
Initiation (0 = other, 1 = woman)	2·66	1·21, 5·81	0·02
Support (0 = demand, 1 = support)	3·60	2·32, 5·80	0·00
Time (0 = past, 1 = present)	1·27	0·59, 2·75	0·54

partners initiated topics of conversation, whether the initiated topics concerned the present, past or future time and whether support was given or demands were made on her. A previous qualitative analysis of the same conversation with the woman revealed that lucidity was promoted when the conversational partner shared the patient's view, repeated and reformulated the patient's utterances, reinforced her by using positive utterances, did not emphasis errors and helped her find words (Normann *et al.* 2002).

The analysis presented in this article showed that when the woman showed lucidity, she herself had most frequently initiated the topics and the conversational partner was supportive. When the woman showed non-lucidity, the conversational partner had most often initiated the topics and made demands on her.

It was thus found to be important for this woman's lucidity that the conversation partner was supportive and did not make demands on her. Her two conversational partners acted differently regarding support and demand. The researcher often repeated her utterances, gave positive feedback, did not emphasize errors and seemed to be listening more attentively than the daughter did. The daughter asked several questions, did not wait for answers and used a lot of correcting remarks. The daughter and the researcher, not the woman herself most often initiated topics from the past (Table 3).

It is, however, important to remember that a conversation between two people is different from a conversation between three people; despite this the comparison has been used here to show conversational differences. The results resemble a study by Ramanathan-Abbott (1994) showing that when a husband talked to his wife with moderate dementia, he talked in a way that reassembled control of her memory, which did not facilitate narration. The researcher in the present study however stimulated narration by not trying to control her memory.

The presented study is a case study. It reports about one patient with severe dementia, one daughter and one researcher. Therefore the results cannot be generalized to all conversations with people with severe dementia. It shows that common recommendations about how to converse with people with severe dementia were not applicable in this case.

The reality orientation and the reminiscence approaches both presuppose that the care providers initiate conversational topics. This study shows that the woman's lucidity was promoted when she herself initiated the topics. The reality orientation approach states that it is important to talk about the present time in order to enhance lucidity (Folsom 1968), while the reminiscence approach states that the present is best reached through the past (Bornat 1994). The regression analysis in this study did not show any correlations between lucidity and time (Table 4).

The conversation between the researcher and the woman with severe dementia was unique as it was arranged for research and to be a pleasant everyday conversation. The researcher was collecting data and the woman got his unconditional attention and they seemed to share the same perception of reality is important, which means to share experiences and affective state (Normann *et al.* 2002). This creates an atmosphere that resembles communion (Zingmark 2000, pp. 34–35, Norberg 2001). The fact that the daughter put demands on the woman and did not listen carefully suggests that communion was not achieved.

The importance of communion is in line with advice about conversation within the person-centred approach such as, e.g. Bohling (1991) and Tappen *et al.* (1997) who emphasize staying in the person's frame, listening and asking open-ended questions, which leaves initiative to the person with dementia. Further studies about conversation with people with severe dementia are needed before recommendation can be presented.

Conclusion

For the woman with severe dementia in this case study, lucidity was promoted by carefully focusing on conversation topics initiated by the woman while supporting her during conversation. The presented study is a case study that cannot be generalized. The researcher and the woman seemed to share the same perception of reality and be in communion. The importance of communion is in line with advice about conversation within the person-centred approach. A focus on the topics initiated by the patient with severe dementia and a supporting attitude to what the patient tells, will hopefully give more ELs in the patient.

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Contributions

Study design: HKN; data analysis: HKN; manuscript preparation: HKN, NH, AN, KA.

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