

Abstract of Doctoral Thesis

Title : Practice and possibilities of conversations with elderly people with dementia in view of clinical narrative approach

Doctoral Program in Human Science
Graduate School of Human Science
Ritsumeikan University

タサキ ミドリ
田崎 みどり

The present study posed a question with elderly people with dementia as the subject, reviewed conversations with elderly people with dementia from a perspective of clinical narrative approach, and aimed to approach the elderly people with dementia as the <I-as -subject>, which was not a typical approach in the past.

This paper consists of four parts and seven chapters. In Part 1 Chapter 1, the topic of the study is presented, and the significance of this study in terms of clinical narrative approach is clarified. This is followed by a multi-layered review of conversations with elderly people with dementia from the perspective of clinical narrative approach. Then, the objective of the present study — a new hypothesis from a perspective of elderly people with dementia themselves in terms of practice and possibilities of conversations with elderly people with dementia — is presented.

Part 2 consists of Chapter 2 and Chapter 3. In Chapter 2, psychotherapy and psychopathological approach for elderly people with dementia are critically examined, and the perspective of clinical narrative approach is presented. By using the perspective of clinical narrative approach in Pseudo-dialogue between elderly people with dementia consisting of “Pseudo-dialogue-like utterances” where the addressee of a conversation is unclear, and “Relationship as an acquaintance (*Najimi*) ” consisting of Pseudo-dialogue, a possibility of approaching with elderly people with dementia as subjects is shown. In such case, multi-layered understanding of conversations with elderly people with dementia is necessary. With the concept of primary and secondary processes of narrative according to Morioka (2020), focus of conversations and the manner of descriptions are examined, upon which the perspective of social poetics is introduced to expand the possibilities of conversations with elderly people with dementia.

In Chapter 3, in regard to the methods used by the author, data collection methods and analytical methods are presented, which are also used in Chapters 4 to 6. Background of the practice and author’s senses and emotions — such as the circumstance in which practice that began with the author meeting Mrs. A with dementia leading to the study, and conflict of the author as a practitioner and a researcher — is considered as a part of the data, and transparency was ensured as much as possible in the

description. As analytical methods of the data, common points through Chapters 4 to 6 are shown. Then, an outline of case studies in narrative approach is shown, and the study is defined as a kind of qualitative improvement study in practice.

Part 3 consists of Chapters 4, 5, and 6. In Chapter 4, in the content of conversations with Mrs. A, the process of 21 conversations, in which “Relationship as *Najimi*” forms, is followed in order to examine “Relationship as *Najimi*” from the perspective of elderly people with dementia. The result leads to a formation of “a type model for “Relationship as *Najimi*” in elderly people with dementia and relationships”, which shows a possibility that elderly people with dementia have different process of deepening relationships from what we usually assume.

In Chapter 5, the sequence of utterance on conversation with Mrs. A. and Mrs. B with dementia was followed and analyzed with conversation analysis as a reference. The result shows that what is important in “Relationship as *Najimi*” is variables that can deepen “Relationship as *Najimi*” and continuing to make efforts to maintain the relationships. To continue the conversation, it is useful to consider utterances of elderly people with dementia as narratives of a primary process and build context that creates “appropriate difference” using their words and frameworks.

In Chapter 6, the process of formation of <I-as -subject> of conversation with Mrs. A with dementia, was followed. Addressees of utterances in “Pseudo-dialogue-like utterances”, in which the framework of “I to you” is ambiguous, and their functions were discussed. The result showed that <I-as -subject> of Mrs. A was formed by considering presentations of “inability to understand” as difference, and following formation of <I-as -subject>, Mrs. A began to speak to herself, self-narrative. Similar to the theory of the inner speech of Vygotsky, “Pseudo-dialogue-like utterances” had functions equivalent to inner speech addressing others and self, which may form in the transitional period of the process of forming <I-as -subject>. This hypothesis indicated that even with “Pseudo-dialogue-like utterances”, as sequence of such utterances forms, richer conversations with elderly people with dementia may become possible.

In Part 4 Chapter 7, discussion was based on four perspectives: 1) significance and possibilities of “a type model for “Relationship as *Najimi*” in elderly people with dementia and relationships” based on the perspective of elderly people with dementia themselves, 2) an intersection between the process in which <I-as -subject> forms in elderly people with dementia and development of self in children through interaction with others, 3) significance of presenting “inability to understand” in terms of the basic attitude of clinical narrative approach that includes “Not-knowing” approach, and 4) the method of present study that attempted to study practices based on trial and error and potentiality of the clinical narrative approach.

The above discussions lead to a conclusion that the present model and hypothesis are useful in identifying elderly people with dementia as subjects and maintaining human interactions. The present study uses the perspective and route of clinical narrative approach to theorize the practice. The above results indicate possibility of using clinical narrative approach to theorize practice. However, conclusions of the present study are based on the clinical narrative approach and are limited to conversations with elderly people with dementia over specific context. Therefore, it must be used, modified, and improved for new clinical cases with similar context. In addition, description of the primary process in narratives needs to be further examined.