Communicating with Advanced-Stage Dementia Patients: The Application of Sullivanian Theory

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One of the most troubling situations in gerontological nursing is trying to communicate with patients with advanced-stage dementia. This is troubling because nurses need to communicate to transmit caregiver intent as well as to get feedback from these patients. Because persons in the most advanced stages of dementia cannot understand words and explanations the same way as people who are not demented, communication is problematic. There are numerous examples in the literature of patients exhibiting disruptive behavior when personnel in nursing homes attempt to give care. Often this deficit in communication between caregiver and patient results in aggressive acting-out behavior of the patient. Caregivers, therefore, need to consider various ways to communicate with these persons. Indeed, this enigma may be one of the reasons that nursing homes are sometimes seen as difficult places in which to work.

However, there is a discussion by Sullivan, the originator of the interpersonal theory of psychiatry, that helps in understanding communication with these patients. Sullivan based his theory on inferences that he made from working with psychotic individuals. Although persons who are demented are not, at least in the classical sense, psychotic, their misperceptions of reality and their inability to communicate are two similar features between psychosis and advanced dementia. Indeed, people with Alzheimer's disease are sometimes erroneously diagnosed as psychotic because they manifest such symptoms. Therefore, the actions of persons with schizophrenia or Alzheimer's disease are different both on the bases of hypothesized origins as well as differences in behavior.

Sullivan stated that in the act of perception there is an interpretation made of whatever is external to an individual; this interpretation is mitigated by past experience. Sullivan believed that individuals experience reality external to them in three modes: prototaxic, parataxic, and syntactic. It is through these modes that we interpret external events. The prototaxic mode of experience is related to the crudest type of experiences. In the prototaxic mode, the infant interprets reality in a general way through momentary sensations. The infant is thus able to experience, to some degree, light, darkness, and the presence of others. Everything that is present in the environment is experienced in an indefinite way in the prototaxic mode. Sullivan hypothesized that from the beginning, infants are able to experience the external environment in this basic way.

Once human beings have progressed to the state where they can generalize between experiences, they are able to interpret relationships. Crying is a response that the infant soon learns brings forth efforts by others. Once humans generalize from a particular aspect of the environment to other aspects, they are experiencing in a parataxic mode. Note that language is not necessary for parataxic experiencing and that one may sense, understand, and generalize from one aspect of the environment to the next without language ability. Sullivan suggested that the caregivers' feelings are experienced by infants via the parataxic mode. The infant, therefore, may sense and generalize about how the
mother feels about his crying.

In the syntactic mode of experience, symbols are necessary and underlie much of the interaction that persons have with their environment. Via this mode, language and other symbols are manipulated to interact with others.

Sullivanian theory suggests, to some extent, an avenue of communication with the demented elderly. From a Sullivanian perspective in even the most advanced stages of dementia, there is a prototaxic and perhaps a parataxic sense of the environment. Heat, light, food, and hunger are experienced. Sullivanian theory suggests that advanced-demented persons also have the ability to experience on a parataxic level. By way of analogy, the infant who is crying because of hunger will experience the mother as a positive force if she sings, recites a nursery rhyme, or talks to the infant. The infant is unable to understand the language used, but experiences in a parataxic sense the feelings of the mother as she gives care.

Drawing from this example, even the advanced-demented elderly person can experience the caregivers’ feelings. If we are feeling anxious or upset with them, or if we are angry or resentful of them, they will sense these feelings. Some of the literature suggests that this is why certain nurses are able to calm certain patients but not others. This also suggests that unless we think through our feelings regarding patients or recognize our negative feelings, we may convey to patients feelings of resentment, anger, or disgust. It is, therefore, important that caregivers who care for demented elderly persons identify their own feelings about working with these patients.

One principle from psychiatric mental health nursing is that understanding how we feel will likely make it unnecessary to act on the feelings. Discussion also helps decrease feelings of anger, disgust, and frustration. Staff who work with the demented elderly should therefore be helped to understand and deal with their feelings and receive supportive assistance. In long-term care, regular case conferences in which nurses are free to speak of their feelings without sanctions may make acting upon negative feelings unnecessary.

Sullivanian theory would suggest that staff be encouraged to communicate with patients using explanations of what they are doing and how they are doing it. Caregivers should ask patients how they are feeling and how they wish for them to proceed, even though the person may not be able to respond. If Sullivan is correct (and clinical evidence as well as research would tend to support his theory), the patient can understand in a parataxic sense the intent and feelings of the nurse. Patients who are advanced-demented may also attempt to understand and to respond appropriately.

Sullivanian theory suggests the need to orient persons to nursing care situations even though they have lost their ability to communicate with language and other symbols. Sullivanian theory may seem remote from long-term care settings, but it has great meaning for those who work with the demented elderly.

REFERENCE