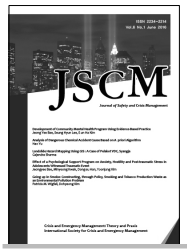

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Narrative Intervention for Older Adults

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A B S T R A C T

Older adults with memory loss often experience anxiety and depression as they feel their identities slip out of their own control. This paper argues that narrtive intervention can help people with dementia revise their stories and reclaim their identities as their personal histories become less accessible to them. This paper proposes an older adults intervention program based on narrative reprocessing. In order to run main program of 12 sessions, we formed a rapport with the participants as a pre-program for more than a month, and the participants understood the program contents. Narrative reprocessing consists of storytelling, mapping, reiew, and self-empowering. As a result of conducting a 12-session program for 13 older women adults with dementia, it was confirmed that individual memories increase and become more specific. Older adults intervnetion programs suggest that 1:1 programs are more effective than group programs.

Key words: older adults, narrative reprocessing, memory richness, dementia

Introduction

Narrative intervention was developed to help individuals and families overcome persistent problems by revising the participant's own self-representation, or life story, to emphasize previously unrecognized strength, or unique outcomes. Narrative's common and implicit reliance on chronology may impede the therapeutic benefit for participants whose perception of time is impaired, and who experience the identity crises often associated with memory loss. this paper examines how the therapeutic practices of narrative intervention can be adjusted to meet the needs of participants suffering from the fractured identity of dementia.

According to a survey by National Institute of Dementia(2018), 1 in 10 Korean senior suffer from dementia patients in Korea is expected to rise sharply due to the aging of the population and the extension of the average life expectancy, which is expected to reach 1 million by 2024 and 2 million by 2039. the prevalence was 1.7 times higher for women than for men.

Most of the interventions that have been performed for cognitive impairment or dementia senior are mostly single mediation methods, such as work therapy, music therapy, art therapy, circle therapy, intake therapy. Other older adults welfare programs did not actively participate in the root cause of the older adults with cognitive impairment mainly in hobbies or entertainment. It provided only the minimum services to solve consciousness of older adults resident with physical and cognitive problems such as dementia and stroke(Carrion, *et. al.,* 2018; Choi & Twamley, 2014; Joo, *et.*

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al., 2018; Oh, 2008).

Activities that use narrative are known to help the brain activate, and are also helpful for psychiatric problem such as depression and anxiety(Sachdev, 2011; Yoo, *et. al.,* 2006). Narrative interventions are used in a variety of way for children(Hchmann, 2011; Harting, *et. al.,* 2010), adults(Harting, *et. al.,* 2010), and the olders(Kropf & Tandy, 2008; Lai, *et. al.,* 2018; Mager & Stevens, 2015). In particular, it has been reported that the narrative conventions have shown great effects in the interventions for women aged over 80(Kropt & Tandy, 2008).

Methods

In cooperation with the older adults care center in Seoul, pilot program was conducted before main program. The program was conducted with the older adults and/or their family members informed of the nature and content of the program and how to proceed.

Narrative Reprocessing

<Table 1> Principles and steps of narrative reprocessing

	participants	facilitators
storytelling	debriefing emotion expression turning to speech-emotion	open conversation space respect to their emotion
mapping	objectify of experience expectation and prediction attempt to new strategic storytelling	review story element hermeneutic disanciation
review	revising, addition, deletion of story using to self-term self-introspection self-reflection	addition, storing exposure clue or stimuli
self-empowering	gazing future potential and limitation escape from distortive emotion	designing future

Study Design

This study measured MMSE-K before and after program to measure the effects on cognitive function, depression, etc. of older adults individuals by using ‘memory box’ as a mediation program for dementia older adults using narrative reprocessing.

In order to induce participants’ understanding and active participation in the intervention program, pre-program was conducted for one months, followed by the selection of participants to participate in the main program. Information about each program is shown in <Table 2> below.

Pilot Program

Pre-program was conducted to enhance understanding of main program and build trust A total of 21 participants(2 men) had an average of 87.5 years. A total of six sessions were held, ranging from sessions 1 to 4 with childhood as the theme, and from session 5 to 6 with the theme of marriage.

during pre-program, it was found that the differences in participation and attitudes of conversation were very large due to varous factors such as gender, education, age, environment, and disease. Therefore, it was decided that this program should be conducted as a one-to-one program, and the number of participants was confirmed as a result of the pre-program.

Main Program

12 sessions narrative reprocessing program was conducted for 13 participants who expressed their intention to participate in the main program. all chose one-to-one communication and all participants were women. The participants’ information and MMSE-K scores are shown in <Table 4> below. The main program encourage participants to remember their lives using a ‘memory box’. The facilitators showed the session themes on the card to the participants and put the items in the memory box. They were asked to talk in detail about their personal history. During the session, the participants took pictures and put the pictures in their memory boxes. The topics and narrative reprocessing steps for each session are shown in <Table 3> below.

Results

Narrative Reprocessing Effect

Participants’ average score of MMSE-K was changed from 15.3 before the main program to 15.7 after the program. Although dementia is a progressive disease, it is natural that the degree of dementia will become severe over time. However participants in this study were weak after participating in the narrative reprocessing program for about 4 months, but the MMSE-K score increased.

<Table 2> Information of pre-program and main program in narrative reprocessing

	Pre-program	Main program
Period	From 20 January 2016 to 28 February 2016	From 2 March 2016 to 30 April 2016
Interval	1 session per week	1 session per week
Sessions	6 sessions	12 sessions
Participants	• 15 undergraduate students • 22 older adults (2 males)	• 14 undergraduate students • 13 older adults (all female)
Meeting	Group meeting	1 : 1 meeting
Measurement	MMSE-K Pretest	MMSE Pre-post test
Goals	• Rapport formation • Improve understanding for main program • Participants selection for main program	• To increase personal memories • To develop emotional expressions

<Table 3> Theme and processes of main program

Steps	Session	Theme
Storytelling	1	icebreaking self-introduction self story
	2	
Mapping	3	spring memory of spring family, my family
	4	
	5	
	6	
Review	7	friend, friend story review from memory box
	8	
	9	
	10	
Self-empowering	11	memory wrap-up future, goodbye
	12	

<Table 4> Information of participants

participants	age	MMSE-K[1]	
		before	after
A	85	12	13
B	86	17	17
C	92	16	16
D	88	13	13
E	70	21	22
F	75	21	21
G	86	12	13
H	88	10	11
I	90	20	19
J	91	15	16
K	84	16	16
L	87	11	12
M	86	15	15
mean	85.2	15.3	15.7
SD	6.2	3.7	3.4

1) MMSE-K: Mini Mental State Examination Korean version is a dementia testing tool with a lower score indicating more severe dementia. If the MMSE-K score is less than 20, it is a dementia that requires medical doctor's confirmation. At least 24 points are classified as normal. 20 to 23 points are suspected of cognitive function, mild dementia is 15 to 19 points, severe dementia is 10 to 14 points, and dementia is less than 9 points. 46% of the participants in the main program were mild demential and 54% were severe dementia.

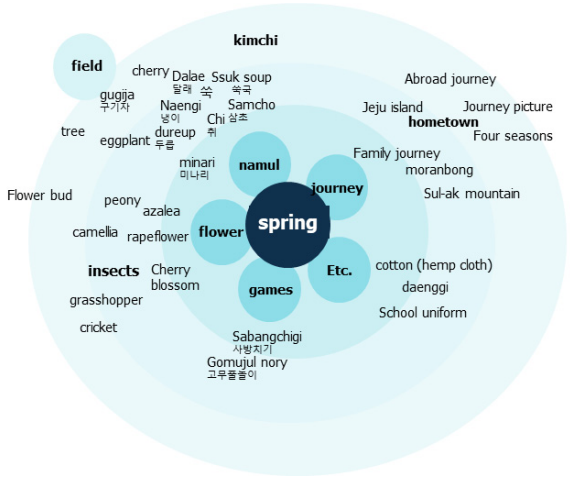
Change of Participants

The attitudes of participants in the pre-program and main program were as follows; (1) participants were often absent from sessions before and actively participated in all sessions afterwards. (2) from the level of listing personal stories to the level of creating stories in line with topic of the session. (3) participants' stories were previously distracted and later they could express their emotions in abundance. (4) in main program, it was possible to talk about autobiographical memory in a long time.

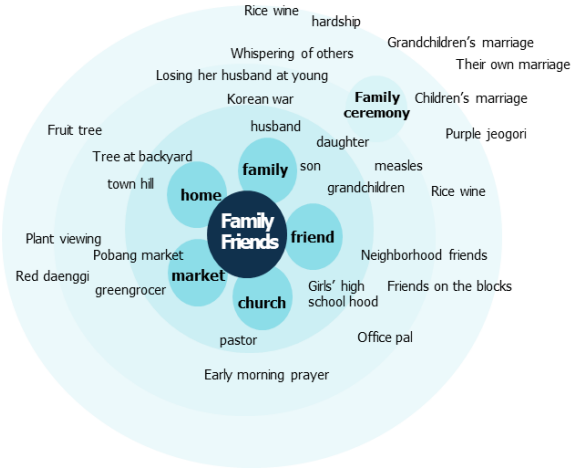
Contents of Branch in Participants

<Figures 1> and <Figures 2> show the common and frequently mentioned words in the individual stories of participants, which are the main theme of the narrative reprocessing program, 'spring,' 'family,' and 'friends,' over time. The center of the circle is the word that is the subject of the session, and the later word, the larger the circle. Based on the words written in the darkest circle, the progression is made into a light circle, and the bold words in the light circle represent the phenomenon of re-branching around the word.

In the words 'spring', the words 'namul,' 'flower,' 'nory,' and 'journey' are mentioned. Namul, flowers, and nory are the subjects of participants' childhood memories, and journey is the topic related to the family from the past to the present. It took a long time to move from the first to the second after Spring, but once pruning occurred, various words and memories were reported. In namul, the participants remembered their childhood by mentioning name



<Figure 1> Contents of branch 'spring'



<Figure 2> Contents of branch 'family,' 'friends'

of namuls and fruits, which young facilitators might not understand, and spread from flower names to flowers and namul fields, which became a new central node. In journey, their family and their hometown came to their mind, and they talked about the memories and photos of their trip with their family.

The main words from the 'family,' and 'friend' topics are 'family,' 'friends,' 'home,' 'market,' and 'church.' The most active topic for participants to organize and ponder memories was 'family.' From sons, daughters, and husbands to grandchildren, they all remembered their memories and formed a new node called 'family ceremony' leading to the marriage of each family members. They remembered the details of their younghood experience of Korean War, measles, and losing their husband.

The rest of the theme words did not remind them of a wide variety of in-depth memories. In the previous theme, 'spring,' the 'namul' was similar to the most diverse memories. The most important clues for the participants to recall their personal memories are 'family' and the cues that remind them of the most common 'spring' were 'namul' and 'flower.'

Cohesion Between Participants and Facilitators

(1) participants: denial ⇒ passive participate ⇒ proactive participate

Participants initially showed negative attitudes toward program participation, such as talking only with family pride or rejecting the story itself. Over time, the trust in the facilitator creased to be a part of the conversation. At the end of the program, familiarity with the facilitator has increased as the stage changes to a reminder of their old memories. Therefore, the expression of feelings such as lonely, happy etc. has increased, and efforts have been made to actively talk about the session topic.

"Why did you come now. I missed."

"Did you eat.?"

"Take this candy and share it with your friends."

"Aren't you coming now?"

"I have enjoyed the time I've had so far. Students seem cute. Thank you."

(2) facilitators: this study was an interactive program between young facilitators and the older adults. The youger facilitators understood the characteristics of the older adults and learned about the Korean situation before they were born.

"I'm sorry that the program is over."

"I have gained a lot of experience and knowledge from participants, grandmothers."

"At first, she were unfamiliar, but as time progress, she talked a lot."

"'My grandmother(participant) went to school."

"'My grandmother(participant) was kind to me and laughed."

"As the session progressed, I could see her smile more often."

(3) observers: in the eyes of the staff working at the elderly Center, we can see that the behaviors and lifestyles of the older adults in the program have changed.

"Participants' look brighter."

"They waited a lot for you."

"They would give you(facilitator) a bunch of candy."

In conclusion, 1:1 progression, which directly stimulates personal history and interacts with facilitator, was effective. As shown in Figure 1 and Figure 2, it can be found out that keywords related to personal history and personal memory appear as the program progresses.

Discussion

This study confirmed that the narrative reprocessing program had a slowing effect on dementia. After 4 months of program process, participants with 54% severe dementia and 46% mild dementia did not fall, but scores fine(15.3 MMSE-K points before the program and 15.7 MMSE-K points after the program). The serious participants also confirmed that they had a rich their own story.

The involvement of non-specialist, social preparers has shown positive results. Undergraduate students are good at learning, but they are not as good at talking as experts. However, these characteristics helped to open the hearts of older participants. If they talk to experts, they may think, 'they try to teach me.' Since undergraduate students know that they are not experts, they are always ready to learn, and they are very sincere at every session.

In particular, it showed the effect of raising the intergenerational understanding between undergraduate students and older participants. Older generations of participants were more excited to explain the word 'spring', which is the natural name of herbs, and flowers. It was also an opportunity for young people to think about previous generations and their lives, listing events and nominations that would not reach the present generation, such as Korean War and Moran Bong.

One-on-one intervention programs for seniors seem desirable. In the pilot program, the male and female seniors were organized into a group, and the make spoke little words among the women. Even though the ration between men and women was similar, women led the story and men watched at every session. In addition, it was confirmed that their educational background and age of the older participants play an important role in voice in the group intervention. When someone in the group reveals his or her educational background, the lower educational participant closes his speech, whether they are male or female. Similarly, when older participants started talking in group, younger participants tended not to get into the group story. It is not clear whether this is a characteristic of Korean senior, but at leat this study concluded that is a one-to-one correspondence program considering the characteristics of the seniors is desirable.

This study has limitations. Since the study was conducted on elderly people with dementia, no control group existed for healthy, older adults. Considering that it took about one year to form rapport with older adults with dementia, the pre-post test was conducted to verify its effectiveness.

Despite some limitations, this study is consistent with the results of recent narrative interventions studies. The finding that arranging personal history not only enrich the olders' personal life but also resilience in the community(Lai, *et. al.,* 2018) Confirm the potential of this study. Storytelling adds a lot of value to the olders, including happiness and resilience(Mager & Stevens, 2015; Mager, 2019) and more than expected for older women over 80(Kropf & Tandy, 2008) suggests that this study needs to be expanded and developed in greater depth.

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