

Review Article

Family Crisis in the Care of Elderly People with Dementia: A Psychoanalytic Perspective

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Abstract: Dementia is a degenerative disease characterized by progressive memory loss in the affected elderly person. In this sense, it represents a problem that not only affects the person who suffers from it, but also the family and caregivers. For this reason, the objective of this article is to describe from a psychoanalytic perspective how this disease significantly affects the family.

Keywords: Family crisis, elderly people, dementia, psychoanalytic perspective.

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INTRODUCTION

Dementia is a neurodegenerative disease that is characterized by loss of memory, functionality and even the patient's inability to establish new personal relationships with society. In this sense, behavior and affective capacity are associated with a displacement of identity that makes the subject legitimize the notion of their space and time in relation to the ability to specify new forms of learning and acquisition of experiences that do so. Feel prosperous in a society that demands greater forms of communication and execution of activities of a productive nature.

The concept of crisis has been widely used in the approach to the elderly, we owe a certain debt to Erik Erikson, since he was one of the promoters of the life cycle theory. It postulates that every crisis can lead to change or to stagnation and hopelessness. Some authors of the systemic theory came to study the life cycle of the family, as have theorists of bonding psychoanalysis, they recover that term to account for what happens in the family group.

These so-called crises imply the need for readjustment, for a new organization between object and narcissistic ties, returning to Eiger's concepts that

we previously reviewed. Both individual identity and that of the family group are at stake, as is the place or roles occupied by each member of the group. A reciprocal investiture is required so that there is a balance between the pleasure and the suffering that is obtained in any bond, when dementia occurs, as it is a traumatic event, the opposite could occur, a reciprocal disinvestment to avoid suffering.

Faced with the threat experienced by the crisis, some groups tend to show themselves to be regressive, presenting many of the characteristics of narcissistic/psychotic families, where there is a lack of differentiation between members, between the sexes and the generations. They try to merge to prevent the loss of what could have been one of the founders of that family from taking with him the history and identity of the group, others, on the contrary, tend to flee to safeguard their own identity.

The diagnosis of dementia in one of the parents provides many elements to trigger a crisis, especially if they continue to be the pillar of the family, that is, if the children have not managed to make a cut to have their own project first as a couple and then of family. They exist and coexist in a group because there is an idealized object that remembers them, that makes

them stay together, that grants or takes away privileges from their descendants.

Example: "Do what So-and-so tells you! When I'm not there, he will take my place." Faced with the neglect and deterioration of the father, some groups come together and continue with the mandate of that father for generations, although not without conflicts. They come to claim the "heir to the throne" for not being able to seal the absence of the father. Other groups split, they respect the father's mandate while he is alive, but once he dies or can no longer be heard, they fight to take that father's place, starting real wars, although no one can really take him.

Another factor to consider in such crises is the reaction to decision-making by the offspring of parents with dementia. Those involved in care are torn between prioritizing their family, their partner, their personal projects, and prioritizing the care of their parents. Any of the choices generates blame, pointing to brothers, children, nephews, as well as ambivalence.

It may become necessary for a third party to appear to prevent the links from being destroyed and/or completely dissolved. On the other hand, you can also intervene to ensure that differentiation is maintained

and, therefore, individual identities without ceasing to be a family.

Calls from a member of the group to receive their family member deal with the latter, both the elderly patient and his family are cared for, either with an individual device in which we are in contact with the group or in a link device in which the most important thing is to help them continue to bond, although in a different way.

CONCLUSION

Finally, helping to form a support network in addition to psychotherapy could benefit patients, the fact that there is a third party that helps them set and set limits will also do so because, as in any case of caregiver overload, if they collapse, they will they all fall.

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