

Special Article - Psychopathology in Older Adults

Multisensoriality a Path of Taking Charge of an Elderly People Suffering from Neurocognitive Disorders (PND)

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Received: June 15, 2015; Accepted: July 30, 2015;

Published: August 05, 2015

Multisensorial Carriage

Sensoriality, particularly within a handicap, from the creation of space called “Snoezelen”, has recently taken all its value. It concerns the sensory accompaniment in spaces where it is no longer the individual who adapts but the environment. Concerning elderly people suffering from neurocognitive disorder (PND), cognitive deficits add to the sensorial dulling reinforcing the incomprehension of the surrounding world: the stimulation of the senses reboots the associative activity [1]. Thus, “anxiety, partly related to a wrong representation of environmental perceptions, drives the PND to be, in this case, an “environmental individual”, a follow up of *Hilfslosigkeit*” [2]. In this field, we have created our mediator with the inspiration based on the Snoezelen® approach, created in 1966 in Holland. This method assures an accompaniment of the five senses, the environment adapts to the person while creating a containing space. The term «Snoezelen®» comes from a contradiction between two terms: “doezelen” (sleeping, soften) creating a calm dimension and “snuffelen” (flair) presenting an active dimension in discovery of stimulation. Within this space, the person discovers different objects; they are accompanied in the exploration with the therapist. This mediator finds its legitimacy in gerontology for a short period of time. It is through “good enough” relation, to quote the terms of Winnicott [2] that the person will discover the different sensorial objects proposed. Starting from a desire to adapt to the patient and having an interest in the stimulative effects of the senses, we got together for the construction of an ambulatory multisensorial carriage; having the capacity to adapt to institutional context. Seeing the excessive price concerning the creation of a Snoezelen® room, a multisensorial carriage appears to be a good alternative, both practical and at lower cost. Also, being different from the Snoezelen® rooms, multisensorial carriage is ambulatory, thus favors the reestablishment of a therapeutic workshop day and night, for the bedridden individuals.

A typical séance has several sessions:

*Preparation (create an adequate atmosphere)

*Acclimatization (welcomes and greet)

*Invitation (to assure the possibility of choice and the respect of rhythm)

*Preparation of the exit of the space (accompaniment of the end

of a session, separation)

*Recovery (verbalization of the moment experienced, through conversation, drawing etc.)

The studies completed shows diverse therapeutic effects like amelioration in attention span and better concentration. Furthermore, a study [3] concerning a group of 29 subjects has resulted in a significant decrease in behavioral issues, other studies [4,5] emphasize a loss of these effects post session. However, many studies that are done present methodological limits requiring emphasizing on the overall results.

The Protocol

The multisensorial carriage, just like the Snoezelen® rooms, allows the use of materials stimulating the five senses. We can utilize different objects or several textures; various pictures; edible lotions; different music and essential oils. The stimulation with the multisensorial carriage, takes place a minimum of once a week, in an individual session with a goal to first and foremost create a trusting relationship. One or more privileged sensorial vectors of the patient are researched within the first session (auditive, olfactive, visual, gustative, tactile). All of this, adapting also to the level of fatigability of the person. The project session ends when the attention of the resident starts to fade. During our various meetings in institutional context, we observed.

- A feeling of well being
- A soothing of the behavioral confusion
- The creation of a sharing soace where the person initiates actions in their environment (useful in case of apathy symptoms)
- Decrease of anxiety symptoms
- Reduction within symptoms of apathy
- Gain in verbal and behavioral coherence
- Agressivity reduction
- Facilitation if care givers use this method in nursing care

With the evolution of the pathology, the PND suffers from troubles within an oral expression: lack of words, vocabulary less precise, paraphasia, simplified syntax, neologisms. This unstructured language leads to difficult communication and accented behavioral issues [6].

It seems as though the PND “could become more sensitive to non-verbal signals from the environment with the progressive reach of their verbal capacities”. A lack of attention in listening, availability, attention, a disqualification of speech from the subject, results in a failure and stress alarm for the behavioral issues, particularly aggressively and avoidance or apathy [6].

The multisensorial carriage then becomes a relational exutory. The presence of a therapist and the creation of a therapeutic alliance favor the possibility offering a more singular moment favorable to the intersubjective interaction.

The therapist becomes a substitute to the patient's verbalization, the one that can understand beyond the language itself. «It has been shown that an adequate environment and welcoming permits to calm anxiety sign as well as behavioral agitation» [7]. This care has permitted the verbalization of new elements, to prop up narcissism and the person's identity.

The multisensorial carriage, by exploring and the relationship it offers brings consistency to the world of a PND, stimulating the five senses, pressing on the emotional memory and sensory bringing a pleasant reminiscence of events that were lived. Also, the carriage favors non-verbal communication, creating a «symbiosis» between the PND and the psychologist, with a maternal and reassuring type of relationship. This previous time, accompanied by regression that comes up from the PND, reduces their anxiety. This relaxation brought by exploration is perceived as a fundamental interest; like a mother showing the world to her child, giving him a true feeling of existence. The transitional space created potentially permits patients to regain the remaining faculties for that moment. A series of life events start appearing for the PND, emotionally charged that they will start to verbalize. «It has gone, without a doubt, very quickly to define a pathology when it comes to loss (with all its privative a) and to dead end in the remaining capacities of the affective memory and of the emotional memory, for which, words keep their meanings» [8].

To conclude, our clinical experience has permitted us to observe inherent therapeutic effects within the project, within the first sessions that is but also outside of the therapeutic environment. However we can question ourselves about the validity within these results, since not all variables were able to be controlled.

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