

AGGRESSIVE BEHAVIOR IN THE RELATIONSHIP BETWEEN OLD AND THE FAMILY CAREGIVER IN DEMENTIAS¹

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ABSTRACT

This study aims to analyze the aggressive behavior occurred in the relationship between elderly and family caregivers registered through complaint in police stations in Salvador, Bahia. Data were collected through survey data in reports and occurrences of semi-structured interviews in the homes of caregivers, victims of assault of elderly care. Data were analyzed by the technique of content analysis, emerging the following categories: realizing the change of behavior of elderly care; seeking an explanation for the aggressive behavior of elderly care; reporting the assault; and experiencing the expectation of a solution to the aggression. It was concluded that both the verbal and / or physical in nature were unintentional. The caretaker showed up unprepared for their practice, lacking formal support. In this sense it is important to structure a network of Health Care of the Elderly with reference system for the elderly with dementia.

Keywords: Health of the Elderly. Aged. Caregivers. Domestic Violence.

INTRODUCTION

The assignment of family caregivers for a dependent elderly is linked to kinship, gender, and physical and emotional closeness⁽¹⁾. The activities developed by the caregiver – the spouse, son and other blood relatives, mostly - include assistance in personal care, communication, medication, mobilization and escort to health services, with the goal of maintaining or restoring the quality of life of the person cared for^(1,2).

Although the elderly should be cared for in their homes and their families should take care of them under the supervision and guidance of a health care team, studies evidence disinformation and lack of social support (formal and informal) to the caregivers⁽³⁾.

The difficulties experienced by informal caregivers of elderly are associated with the degree of dependence, lack of knowledge on the disease progression, social isolation, insufficient financial resources, lack of collaboration,

besides behavioral and cognitive changes in the elderly, reported as predictive of the caregivers' overload⁽⁴⁾, in addition to their age, education and professional life⁽¹⁾.

This situation becomes more worrisome when the elderly's caregiver is another elderly and the care relationship is permeated by a hostile and violent scenario. Thus, as the population ages, the violence against elderly people increases, which happens to be considered a global problem affecting all populations - regardless of social, economic and cultural factors - rather than a particular problem of each family⁽⁵⁾.

The reality of an ageing population comes with serious impacts on society and health services, as the prevalence of non-communicable chronic diseases - such as dementia - that require from health professionals, including nurses, specific knowledge and interventions, besides an effective work of monitoring and education of the families affected. This study highlights the issue of the aggressive behavior in the relationship between elderly and their family

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caregivers, also elderly.

Behavioral disorders in elderly often appear in the dementia's evolutionary course, particularly when it comes to Alzheimer's disease. The most common manifestations are agitation and verbal and/or physical aggression, impaired memory, personality changes, hallucinations, delusions, sadness, crying, lack of interest, wandering, unexpected violence, sleep disorders and throwing of objects by the elderly, capable of distressing the caregiver^(4,6). Therefore, dementias are among the group of diseases that are causing instability in the family structure and society⁽⁷⁾.

Given the exposed above, it is observed that the issue of elderly's family caregivers, aggressed by the elderly they care for, is still little known, justifying the importance of better understanding the circumstances of its occurrence, the feelings involved and the attitudes generated. From this perspective, the present study aims to analyze the aggressive behavior in the relationship between elderly with symptoms of dementia and their family caregivers.

MATERIALS AND METHODS

This is an exploratory study with a qualitative approach, conducted in the Metropolitan Region of Salvador, as part of a research entitled *Revelando a Violência Doméstica Contra Idosos na Cidade de Salvador – Bahia* [Revealing Domestic Violence Against Elderly in the City of Salvador – Bahia]⁽⁸⁾, developed with the institutional and financial support of the Brazilian Ministry of Health, the National Council for Scientific and Technological Development (CNPq) and the Federal University of Bahia.

The field of study consisted of four police stations of reference for cases of violence in the city of Salvador, besides the homes of the elderly, victims of domestic violence.

The participants in the study were elderly who met the following inclusion criteria: having been victims of domestic violence, with registered complaints - in person or anonymously - at the police stations selected, during the period from January 2001 to April 2007; and having their houses found by the

research team. The elderly who refused to be interviewed were excluded from the study, as well as cases in which there were threats to the researchers, unsubstantiated denunciations, death, institutionalization or hospitalization of the victim.

Data were collected through a semi-structured form and the collection consisted of a data survey in complaints, based on denunciation of violence against the elderly, registered by the victims themselves and relatives, or anonymous complaints, filed at the police stations selected. This first stage, 3,350 cases of violence involving elderly were identified. Of this total, 1,838 cases of domestic violence were selected. The next stage consisted of finding the homes of these elderly, initially considering the proximity of central neighborhoods of the city of Salvador and, then, the suburbs and the Metropolitan Region. At the end, there were 892 interviews, which corresponds to 48.5% of the cases of domestic violence against the elderly selected. The content of the interviews revolved around narratives about the situations that led to violence and its denunciation. Among these cases, there were four involving violence committed by elderly against their caregivers, also elderly, analyzed in this study. Although specific cases of domestic violence are not numerically significant, they are capable of clearly revealing a facet of the scenario of violations to which the elderly are subjected. Such violence takes place in the private sphere, but also includes public authorities, due to the lack of support provided to the care for elderly in their homes. Data were collected from August 2005 to April 2007 and are presented in categories, as recommended by the technique of content analysis in the modality of thematic categorical analysis.

This study is in accordance with the requirements of the Guidelines and Standards for research involving humans, included in the Resolution n. 196/96 of the National Health Council, and was approved by the Ethics and Research Committee of the State School of Public Health, Salvador, BA, by means of the legal opinion 021/2004. All participants signed an informed consent form.

RESULTS AND DISCUSSION

Among all cases studied, during the interviews, there were four reports of complaints involving elderly and their caregivers, also elderly. In three cases, the aggressors were the elderly cared for and, in one of them, the aggression was mutual.

It is believed that the four stories studied may facilitate the understanding of a social reality unfavorable to the elderly, whose context, in which the violations occur, is pervaded by an atmosphere of inhumanity. Often, the elderly affected are in a condition of fragility and dependence on basic care for the maintenance of their lives. Thus, the aggressors are as much victims as their caregivers.

From the speeches, four thematic categories emerged, full of meanings, ranging from the detection of symptoms common in dementia to the attempt to search for an explanation for the aggressive behavior, going through the description of the aggression suffered that can lead to a solution for the problem.

With respect to the aggressors, all were male, aged between 72 and 88 years old. Although there was no diagnosis of a specific dementia, it could be inferred, from the information obtained during the interviews with the caregivers, that the cases involved different evolution stages of dementia. In these interviews, the caregivers described their aggressor's attitudes and behaviors as those characteristic of Alzheimer's disease, such as forgetting past conversations and the place where they had kept some objects, getting confused with people's names, altered mood, antisocial behavior, aggressiveness, wandering, impatience, "stubbornness", restlessness, among others.

It is known that, in Brazil, the number of elderly people with dementia has been increasing⁽⁹⁾. In the specific case of Alzheimer's disease, epidemiological data indicate that its prevalence doubles every five years among people aged between 65 and 85 years⁽¹⁰⁾.

With regard to family caregivers attacked, three were the elderly's wives and one was a brother, between 68 and 77 years old. All of them were the main caregivers and resided in the same house as the elderly cared for. In this study, it was verified a double unfavorable scenario to the elderly. On the one hand, there is the elderly cared for as an aggressor and, on the

other, the caregivers, also elderly, as victims^(7,9 to 11).

The sample of this study, although quantitatively reduced, brings to surface a context capable of violating the elderly's human rights, in which elderly care for elderly and, at the heart of this relationship, violations take place. A research conducted in the state of São Paulo pointed that the caregivers' average age was 63.8 years⁽⁹⁾. This reality is due to the reduction in family size, the low purchasing power, in addition to the lack of state support; as a result, there are no other people available to take care of the dependent elderly, making the seniors caregivers vulnerable^(7, 9,10).

Noticing the behavioral change of the elderly cared for

In their reports, the caregivers described that the elderly began to develop a behavior different from the usual, with forgetfulness, confusion with people's names, place where they had kept objects, restlessness, wandering, stubbornness, mood instability and aggression for no reason. Dementia is characterized by loss of cognitive and non-cognitive functions, due to the impairment of the memory and higher cortical functions. Personality alteration is one its defining symptoms^(12,13), just as described in the sample of this study.

In this investigation, the relatives were unanimous when saying that, between them and the elderly under their care, there was a previous harmonious relationship, built over many years of living together, but it had being compromised by aggressive behavior and unfounded accusations that, for them, were incomprehensible and intolerable.

The statements below describe the experiences of three caregiver wives, victims of aggressions committed by their elderly spouses:

When he is quiet, it's wonderful; if it was always like this that'd be great! But when he's annoying nobody can't stand him [...] It's impossible, when he gets up and wants to walk and go out nobody stops him, you have to get out of his way [...] I can't stand him saying that I'm nasty and that I'm cheating on him. Now he pees inside his bedroom, I begged him not to do this, because of the bad smell. If I were to tell everything he does ... (Caregiver, 68 years-old; Aggressor, 78 years old)

Look, I don't know what's going on with my husband, he's never been like that, never hit me before. I'm really worried about him, he's been changing so much [...] We have been married for 47 years. After he assaults me, he behaves as if he had done nothing, he seems another person. (Caregiver, 72 years old; Aggressor, 72 years old)

We've been married for 56 years, we had arguments as husband and wife, just like everyone. But now he's been doing things he hasn't been used to [...] He advances upon me, with no reason, and tries to hit me with his cane. (Caregiver, 76 years old; Aggressor, 78 years old)

The fulfillment of marriage vows associated with cultural and social aspects led these wives investigated to dedicate their time to care for their ill and dependent husbands. Sometimes, they forgot to care for themselves for the benefit of their spouses' well-being. However, routine tasks of care seemed not to bother them; the problem was the fact that they were unfairly attacked and accused, causing them physical and psycho-emotional suffering.

In particular, the psycho-functional dependence of the elderly with dementia modifies the dynamics and exchange relationship among family members, due to the role reversal, the aggressive behavior, curses, physical aggressions and even throwing of objects⁽¹⁴⁾, besides the imposition of a series of new and unexpected demands that can become distressing, disturbing and difficult to accept by the caregivers, because they are emotionally involved with the elderly⁽¹⁵⁾. This situation may lead the caregiver to a high level of anxiety, anger, sadness, anguish, fear and depression⁽¹³⁾, due to the feeling of overload and the realization that their family structure is being affected by the change of social roles⁽¹³⁾.

In the assistance relationship developed between the elderly and their caregiver wives, these women expect that their spouses correspond with the improvement or maintenance of their health, with reciprocal gratitude and love. The mutual affection established in the premorbid relationship seemed to be the fuel that powered the gear of the care of these wives, even in the face of hostile episodes. But, contrarily to the expectations, in the situations presented, in addition to the progressive worsening of the elderly's health, there was an increased tension and fragility in

the relationship of them both, due to the aggressive behavior displayed by the elderly. In such situations of conflict, the well-being of both the elderly and the caregiver are at risk of being negatively affected.

Although care is close connected with the idea of maintaining life and, therefore, is considered a noble attitude, when it is carried out in a stressful scenario, permeated by violations, it can mean a risk of physical and mental illnesses for the caregiver. Thus, health services for elderly should include, in their therapeutic plans, this character so important in the responsibility for the care.

Through a more detailed analysis, it is observed that the unintentional nature of the aggression and the other symptoms described by the caregivers suggest that aggressiveness was also the manifestation of a possible dementia⁽¹⁴⁾. Disinformation did not allow wives consider the aggressive behavior of their spouses as a result of a probable dementia. Therefore, they sought support and a solution for the problem by denouncing their husbands at police stations, instead of searching for help in health services, which postponed the proper treatment of the elderly.

Because they live in the same house and experience a lack of formal and informal support, it was observed a greater probability of repeated aggression, besides uncontrolled and untimely reaction of the caregivers in attempt to defend themselves, as described below:

[...] He doesn't stop and if I don't defend myself he kills me. [...] It's him who attacks people. (Caregiver, 77 years old; Aggressor, 88 years old)

The caregiver reported that, in fact, he was trying to defend himself against the constant aggressions by his brother. He also told that, one day, he was surprised with a blow on his head, struck with an iron bar. He seemed to be especially concerned about the livelihood of his family because, besides his wife, other family members depended on him, and his brother drove away the clientele from his small businesses due to his behavior, causing the family income to decrease.

Resentful, he informed that in the beginning, his brother was very "quiet and nice" but, as time went by, he began to become an "aggressive and intolerant" person, causing serious problems in

the family, disrespecting neighbors and relatives with curses, wanting to be master of everything and everyone, even setting sleeping schedules.

When caregivers make a compromise to care for another person, their ability to discern and adapt to the new reality begin to be tested daily, which requires, in addition to dedication, responsibility, patience and even abnegation. In many cases, the caregivers are more and more absorbed, concomitantly, by the increased load of care, performing tasks ranging from personal hygiene to the financial management of their families⁽¹³⁾.

Searching for an explanation for the aggressive behavior of the elderly cared for

Behavioral change presented itself as a strange attitude, not understood by the caregivers, receiving varied explanations:

He's been very sad, he's different, I think it's because he has nothing to do. (Caregiver, 72 years old; Aggressor, 72 years old)

I'll tell you, I think he's kinda crazy, I can't even describe the things he says. (Caregiver, 77 years old; Aggressor, 88 years old)

He's already undergone psychiatric treatment, he's improved, but now he's very aggressive again. (Caregiver, 76 years old; Aggressor, 78 years old)

On the one hand, the wife, as a victim, expressed concern with the sadness and the aggressive behavior of her husband, emphasizing that this fact had never happened before. Her husband also expressed strangeness about his behavior, coming to recognize his impatience in the relationship with others and to express the possibility of being "out of his head."

At first, the caregivers are unaware of what is happening and how to behave in face of the manifestations of the elderly during the various stages of the development of dementia. A study conducted with family caregivers of elderly with dementia revealed that, for ignorance or non-acceptance of the disease, they become depressed and distressed at seeing the elderly with an unusual behavior⁽¹⁴⁾. The elderly who commit the aggression, in turn, seem to have a limited perception of the seriousness and quality of these changes⁽¹⁶⁾.

The patient's behavioral changes may be an attempt to communicate feelings such as thirst,

pain, heat, cold, hunger or discomfort. But when the diagnosis, the clinical picture and the progression of the disease are not known, the caregivers interpret the aggression as purposeful and directed to themselves. Instead of confrontation, the caregiver, in these circumstances, has to have a lot of patience, investigate possible causes for this attitude and never try to argue with the elderly⁽¹⁶⁾. If it is still not possible to control the conflict situation, and the agitation and aggression become constant, it is necessary to seek professional help and even to make use of pharmacotherapy, under medical prescription.

Reporting the aggression suffered

Behavioral changes have been identified as one of the factors that contribute to stress caregivers. Eventually, patients with dementia may become agitated or aggressive. This is a confusing situation that causes extreme anguish and distress to the caregivers, especially when they do not know that these attitudes are the result of the evolution of a pathology⁽¹⁴⁾.

From the speeches, forms of violence were identified, according to the excerpts:

Sometimes, for real, I want to tie him, cause he's too strong, hard to handle, I've already been beaten up a lot by him. I can't stand him saying that I'm nasty and that I'm cheating on him. (Caregiver, 68 years old; Aggressor, 78 years old)

He advances upon me, with no reason, and tries to hit me with his cane. [...] He's very aggressive [...] I can no longer run ... (Caregiver, 76 years old; Aggressor, 78 years old)

My family's stunned by so many orders he gives. [...] He doesn't stop and if I don't defend myself, he kills me. (Caregiver, 77 years old; Aggressor, 88 years old)

Thus, the forms of violence pointed out were physical, psychological and threats. The aggressive behavior resulted in disorder in the family, besides the intense sadness and suffering of the caregiver. The literature describes that the presence of a relative with dementia is a potentially confrontational situation that lead to constant tension, directly affecting the caregiver and the family dynamics⁽¹⁰⁾. It is able to produce emotional, psychological and financial detriment to the caregivers, because of the need for their dedication, time and resources, since the

patient's state can evolve from loss of cognitive function to a total dependence⁽⁹⁾.

The fact that these caregivers have decided to break the silence and talk about their experiences lived in the private context of their homes, suggests that, for them, the suffering was extreme. In general, these caregivers have no social support and feel weak, powerless and unable to defend themselves. Because of that, fearing the worst, and given the unsustainability of the situation, they denounced the aggressions suffered.

Although the aggressive behavior of some elderly often destabilizes the caregivers emotionally, leading even to the denunciation of the violence, they do not cease to be solidary in care and are sorry for not having the recognition deserved for the effort they make to provide care⁽⁶⁾.

Although all aggressor elderly were male, given the previous history of harmonious relationship, there was no evidence of cultural practice of violence.

Experiencing the expectation of a solution to the aggression suffered

Because they do not know the purpose of the violence suffered, the caregivers call for help and bring up all the fragility of a network of services that could support the caring for the elderly.

I'm old too and don't deserve it, there must be a solution, someone has to control this man ... (Caregiver, 68 years old; Aggressor, 78 years old)

I wanted somebody to ask him not to attack me anymore; maybe he could undergo a psychological treatment. (Caregiver, 72 years old; Aggressor, 72 years old)

The literature reports that dementias significantly alter family dynamics. Such changes can be attributed to the characteristics of the disease themselves and, thus, directly interfere with the quality of life of the families involved⁽¹⁰⁾.

It is noteworthy that in Brazil, there is still little dissemination of information on dementias, their forms of treatment and guidance; there is also a lack of a support network that can take care of the people involved in this issue⁽¹¹⁾. This can lead to unfavorable outcomes, as the domestic violence situations. With regard to

caregivers, they may suffer physical and psychological imbalances, expressing feelings of anxiety, guilt, role reversal and aggressiveness⁽¹⁷⁾.

Thus, whatever the action planned and implemented to support and treat the elderly with dementia, it must also consider the inclusion of the caregiver and the family as a whole, as providers of the care the elderly need⁽¹⁴⁾.

Despite the unique importance of the caregivers in the scenario of the dementia, it is known that many of them do not have a minimum level of information about the disease nor the support needed for the care⁽¹¹⁾. Since they have insufficient knowledge on dementia's peculiarities, its evolution and management of everyday problems experienced with the ill elderly, the physical and emotional stress can appear as a result of not being prepared to cope with such a situation⁽¹⁸⁾.

FURTHER CONSIDERATIONS

Being attacked by their loved ones, to whom every resource available to their well-being is offered, was of so immense annoyance, frustration and nonconformist for the caregivers, that they denounced the violence. At the same time, they did not want to move away from the elderly, but get rid of unintentional aggressions that caused them to suffer physically and psycho-emotionally.

In this study, it became evident that the caregivers are not prepared to this task and need formal training and support. Thus, health care institutions and professionals, especially nurses, should be more incisive in disclosing information about the symptoms of dementias, where and how to seek treatment and support for the elderly and the family caregiver. In addition, the caregivers should be oriented on how to avoid aggressive behavior, what to do in case it occurs and need support to overcome the trauma suffered.

The training of the professionals working for the Family Health Strategy can be very useful to identify and refer suspected cases and bring about a greater involvement between the elderly and their caregivers. It is also necessary to implement a higher number of Health Care

Network for the Elderly, with reference system for the elderly diagnosed with dementia, cared for at the services.

The limitation of this study was the small number of cases investigated in the capital of Bahia. Thus, it is recommended the

development of further researches on the relationship between elderly and their family caregiver in different contexts, for a better understanding of the diversity of realities and needs resulting from the home care of dependent elderly.

COMPORTAMENTO AGRESSIVO NA RELAÇÃO ENTRE IDOSO E CUIDADOR FAMILIAR EM DOENÇAS DEMENCIAIS

RESUMO

Este estudo tem como objetivo analisar o comportamento agressivo ocorrido na relação entre idoso e cuidador familiar, registrado por meio de denúncia, em delegacias de Salvador-BA. Os dados foram coletados através de levantamento em boletins de ocorrências e de entrevistas semi-estruturadas realizadas nos domicílios dos cuidadores, vítimas de agressão dos idosos cuidados, e foram analisados mediante a técnica de análise de conteúdo, a partir da qual emergiram as seguintes categorias: percebendo a mudança de comportamento do idoso cuidado, buscando uma explicação para o comportamento agressivo do idoso cuidado, relatando a agressão sofrida, vivenciando a expectativa de uma solução para a agressão sofrida. Concluiu-se que tanto as agressões verbais como as físicas foram de natureza não intencional. O cuidador mostrou-se despreparado para sua prática, necessitando de apoio formal. Nesse sentido, é importante estruturar uma Rede de Atenção à Saúde da Pessoa Idosa, com sistema de referência para os idosos com diagnóstico de demência.

Palavras-chave: Saúde do Idoso. Idoso. Cuidadores. Violência Doméstica.

COMPORTAMIENTO AGRESIVO EN LA RELACIÓN ENTRE UN MAYOR Y EL CUIDADOR FAMILIAR EM DEMENCIAS

RESUMEN

Este estudio tiene como objetivo analizar el comportamiento agresivo ocurrido en la relación entre un anciano y el cuidador familiar, registrado por medio de denuncias en comisarías de Salvador-BA. Los datos fueron recolectados a través de análisis de atestados policiales y de entrevistas semiestructuradas realizadas en los domicilios de los cuidadores, víctimas de agresión de los ancianos cuidados; y se analizaron por la técnica de análisis de contenido, emergiendo así las siguientes categorías: Percibiendo el cambio de comportamiento del anciano cuidado; Buscando una explicación para el comportamiento agresivo del anciano cuidado; Relatando la agresión sufrida; y Viviendo la expectativa de una solución para la agresión sufrida. Se concluyó que tanto las agresiones verbales como las físicas fueron de naturaleza no intencional. El cuidador no se mostró preparado para su práctica, requiriendo apoyo formal. En este sentido, es importante estructurar una Red de Atención a la Salud de la Personas Anciana, con sistema de referencia para los ancianos con diagnóstico de demencia.

Palabras clave: Salud del Anciano. Anciano. Cuidadores. Violencia Doméstica.

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