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The Reborn of Affective Pleasure at 83 with Alzheimer. A Look from the Inside Out!

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Abstract

This work demonstrates how an Alzheimer's patient rediscovers the powerful feelings of pleasure, laughter, feeling good about herself and being with her family, at age 83. Their main objectives are to identify family and professional failures that occurred before the disease and after the medical diagnosis confirmed Alzheimer's disease. The method chosen was qualitative and exploratory action research, based on a case study carried out in loco. Intensive sessions were held, with two hours daily of Body Therapies along the lines of Alexander Lowen [1], in the first months, complemented with Psychopedagogical, Geriatric and Nutritional activities. Monitoring, observations and daily interventions, lasting six hours, five days a week, for two and a half years. An elderly woman aged 81 to 83 years old with Alzheimer's disease participated in this study. She had suffered a stroke (Cerebral Vascular Accident), with an initial, daily prescription of more than ten drugs. Through this study and the psychotherapeutic techniques, centered on affectivity, I was able to perceive the attitudinal changes generated in this elderly woman, involving her family environment. After six months of intervention, she showed her first smile, moving from an unstable homeostatic situation to an involving heterostatic action, interacting with family members. The theoretical basis, which involves this proposed theme, is centered on the concepts of Bioenergetic Theory, among others, focusing on the influence and effects of feelings that evoke displeasure, facilitating their release and, rescuing the psycho-organic pleasure, which mobilizes body and mind.

Keywords: *Pleasure; Alzheimer's; Affective Function; Changes; Family Reintegration*

Introduction

Pleasure is a source of satisfaction, joy, bodily and psychological sensation, fluid and vibrant. According to Doron and Parot [2], it is pleasant affect that interests physical sensitivity (bodily pleasure), and «moral» sensitivity (pleasure of thinking), and poses the problem to sublimation (aesthetic pleasure), would be the necessary origin of the activity.: the experience of satisfaction puts an end to excitement. For Lowen [1], the pleasure of being fully alive is based on the vibratory state of the body, being perceived in the expansion and contraction of the organism and in its organic component systems - respiratory, circulatory and digestive. It is felt as sensations that flow through the body reflecting the flow of arousal. It is the sweet sensation of softening, in sexual desire, the clear speed of intuition, the longing for closeness and contact.

According to Irala [3], the psychic symptoms of insufficient control in affectivity manifest irritability, fears or excessive and persistent desires. According to Ballone (2004), affectivity is the psychic part responsible for the sentimental meaning of everything we experience: pleasant, pleasurable, suffering, distressing, fear or panic, satisfaction, etc., all these values are attributed by our affectivity. It can be improved and adequate, with the use of drugs that act on brain neurotransmitters and neuroreceptors and, through psychotherapeutic and psychopedagogical practices of personality improvement.

Taking care of patients with Alzheimer's disease, I learned to cross the painful dark swamp of silent, dark and corrupt pain, which steals memories, experiences, attention and consciousness, unearthing feelings of pleasure. The patient's dysfunction, clinically treated by me, for another two and a half years, is centered on the presence of the domestic affective source (inside the house), under the repetitive derogatory focus in words, gestures, looks, touches, with persecutory feelings of threats, intimidating demands, frustrating impositions followed by abuse of physical sexual power. From 22 to 75 years old, non-stop.

More recent information in Alzheimer's Associaton (2010), images show a brain with Alzheimer's, the cortex shrinks, damaging the regions involved with thoughts, plans and memories. This shrinkage is especially severe in the hippocampus, a region of the cortex that plays an important role in the formation of new memories. Tissue with Alzheimer's has far fewer nerve cells at synapses than a healthy brain. People lose the ability to communicate, to recognize family and loved ones and to take care of themselves.

According to the Portuguese Social Security Institute (2005), Alzheimer's Disease (AD) affects 8 to 15% of the population over 65 years of age, currently, there are 17 to 25% of people with AD in the world, which representing 70% of all diseases that affect the geriatric population. In Portugal, it is estimated that there are 60 thousand patients with AD, and from 1999 to 2000 there was an increase of 24%. According to Corujando [4], in Brazil there are 15 million and in 2020, there will be 32 million. In developed countries, AD is the third leading cause of death. The WHO - UN, 2001, in its report on mental health in the world, states that AD already represents a tremendous burden on society, with direct and indirect costs. Understanding Alzheimer's Disease is realizing that this is a multidimensional phenomenon, that is, there is not just a single factor that explains its etiology, but several. As a chronic disease, it has an average course of 2 to 10 years. There is no preventive or curative treatment for AD. The objective of the existing treatment is only to favor the control of the most uncomfortable symptoms.

After collecting the data with the psychotherapeutic and psychopedagogical techniques used in the interventions, the results obtained based on the Bioenergetic theories, we sought to understand the hidden subject in a rigid, tense and demented body. Wrapped in a confused, anxious fog, dominated by worries, afflictions and parental attachments, in primary feelings (shame, fears, sadness, anger, resentment, frustration, etc.). The main objective is to launch new bases for the understanding of the Alzheimer's patient in affective family bonds. With specific objectives of: identifying character traits, background personality structure, historical-family-socio-cultural path and, awakening new affective bonds of family proximity, ability to manage sleep and the simple pleasure of daily family life.

Method

The method chosen is Action Research which, according to Valentim [5], in Action Research there is always intervention by the researcher, in a planned way. Action research is focused on modification and not on the study of reality, considered as a qualitative study methodology. It is an empirical investigation that investigates a contemporary phenomenon within its real-life context, in terms of boundaries between the phenomenon and the context, when these are not clearly defined, whose main characteristics are: deep analysis of the object and, analysis of the situation in the real context.

Participant

The participant is Maria, 83 years old, with Alzheimer's disease, she lives in her own house with her maid Malvina, fictitious names to preserve her identity. Her family nucleus is composed of three members, her husband Expedito (deceased), and two adult children, each with three children: Paulo and Míriam. Observations, open interviews, survey of clinical data in medical examinations, in a daily life, five

days a week, with an average duration of 6 hours, distributed in geriatric activities (hygiene), food, physical and mental exercises (Play Therapy and Psychopedagogy), Bioenergetic Exercises (Lowen) and two night shifts with observations and alternative interventions (Japanese method of meditation) obtaining the rescue of restful sleep and, with the children and grandchildren, open interviews, aiming to recover the history of the experiences and parental affective bonds throughout the research, naturally and spontaneously, centered on Maria's residence.

The psychotherapeutic and psychopedagogical interventions and the observed changes took place within the scope of clinical experience and affective re-education, with previously reflected sessions, according to Maria's psychological availability. Centered on the theoretical approach of Bioenergetics, which, according to Lowen [1], body and mind are functionally identical, at the unconscious level, both thinking and feeling are conditioned by energy factors and, in Freire's pedagogy (1992), change is difficult but possible. It is not in silence that men are made, but in words, in work, in action and reflection.

In bodily interventions, a more qualitative interrelationship between the patient and herself and, psychologically more open, flexible, with her physical environment and family relationships was observed. There was a considerable and valuable rescue in terms of family rapprochement, spontaneous affective bonds, nocturnal serenity, in a relaxing model, which according to Lowen [1], represents a state of expansion of the organism in contrast to tension, evidencing the anxiety of background, which according to Varella [6], is an emotional reaction, little controllable by the individual, which can manifest itself in three fields: thought, physiology and conduct.

An authorization term was used with the Informative Consent, model U. Porto, where the children expressed their agreement. The procedures performed in the form of clinical reports were filtered, providing more information and clarification to family members.

Collection and analysis procedures

My geriatric services, psychological and psychopedagogical support were requested by his son Paulo, to the Institution, to which I provided home services. On the way to his mother's house, I asked Paulo to talk about his habits and how serious his problem was. He told me that he had suffered a stroke two days earlier, a widow, under the care of a maid, for over a year. In the house I found Maria in bed and, Malvina tense, looking suspicious; Paulo passed on the necessary recommendations. Later, with Míriam's presence, the social phase took place, where I became aware of each member and Maria's biographical data and her relational context. Then came the phase of surveying the problem -ALZHEIMER, the knowledge that each one had and how they felt about the disease.

Initially, it was essential to intervene with Bioenergetic exercises, walks in the vicinity where he lived, aiming at rescuing the mobility of the limbs on the left side of the body, spontaneous expression of crying and verbalizations that, according to Lowen [1], help breathing more than than any other exercise. As Maria interacted, her verbal fluidity emerged in regrets, complaints, fears, insecurities.

At the same time, Malvina informed me how the symptoms were evolving and the attitudinal reactions inside and outside the house, with increasingly stronger and frustrating symptoms. According to Damásio [7], in the first stages the conscience is kept intact; but as the disease worsens, there is a progressive degradation of consciousness.

According to I.P. (Instituto de Segurança Social -2005, PT), «Around Alzheimer's» there is still a helpless silence. Maria, protagonist of this story, with attitudes and behaviors that are understood as resulting from the dysfunctions of her psychic and organic system, in this present context, sick. However, as an adult woman, she spent her life from office to doctor, masseurs, among others, without any of these professionals showing a more refined sensitivity, with a psychiatric and psychological referral. I ask myself: What is hidden behind Maria's dementia phenomenon?

My role was to provide the patient and her family with understanding, dialogue, elaboration and expression of basic, primary feelings (fears, guilt, sadness, anger, remorse, etc.), which inhibit functional affective responses. My biggest challenge was to investigate and locate references of affective and food subsystems to support a possible change and new adaptation to the present reality: AD.

I made changes in Maria's daily habits with a neutral, objective dialogue with clear guidelines, a higher quality of food, gradual elimination of coffee (there is current literature defending coffee as a preventive element against AD, which in this case study proves otherwise, Maria drank coffee compulsively), black teas and derivatives, swapping white sugar for brown sugar, sweet cakes for saltine crackers. I introduced: wholemeal bread, dried seeds, honey, assorted fruits, more green vegetables, more fish and poultry.

Wine, in syrup - a mixture of ¼ of water with half of wine boiled with honey and ginger preventively at the beginning of winter and, a clove of garlic beaten with milk and apple, in case of colds (Maria manifested cold symptoms once, in winter 2009 due to negligence by the maid). More precise schedules for daily medication, sleeping, hygiene with the full collaboration of Maria and, according to the doctors, the daily consumption of medicines has been reduced, today 6.

The successive return phases occurred according to Maria's affective manifestation and, to the family members, whenever they visited her. As for the maid, guidelines, suggestions, confrontations were followed in parallel, with the support of the children.

Attentive to the resonances, convergences and divergences between the history of the therapist, the maid and the patient's history, transforming them into excellent work tools. Knowledge, sensitivity and self-knowledge, in a natural environment, with the aim of demystifying the stigma of Alzheimer's disease, the patient and those who provide basic care.

Results and Discussion

Who was it and what is maria like?

According to her children, she worked all her life until she retired from public service, she suffered a lot at home. Born in the Porto Council, her father was a goldsmith and her mother was a homemaker, she had a brother. In the early stages of childhood and adolescence, she lived with her grandparents, paternal and maternal, with good bonds, with a very strong attachment to her mother. She married at age 22 to Expedito, an accountant, died in 2002 of Parkinson's disease, with whom she had two children. Paulo, the 1st child, studied up to high school as an accountant, 60 years old, father of three. The 2nd is Míriam, attended college until the penultimate year, Bank manager, 57 years old, mother of three children (2 F and 1 M) live in the Porto region.

The medical diagnosis, proving Alzheimer's disease, was 5 years ago, but the doctor estimates that Maria has suffered from Alzheimer's for more than 7 years. I started to attend to her, since June 22, 2007, I found bedridden with a stroke, left side of the body compromised, body posture curved forward, semi-matte look, pale skin, rigid body, tense, excoriations on the left side of the body, without any vocal or verbal expression.

History of the disease in Maria's life.

Social-Cultural Background: it was born in 1926, at the time of the Military Dictatorship to Democracy (1974), with social and cultural events marked by threats, deaths, diseases, persecutions. It was in this psychosocial environment that he grew up and formed his personality structure. In adolescence, marked by a strong maternal presence and paternal detachment, she triggered deep feelings of relational shyness, closed in on herself. She entered the job market early. The more I delved into Maria's family-historical context, I asked myself: If she had such a happy and harmonious family relationship in childhood, then what led her to develop Alzheimer's disease?

We can identify the signs in the experiences of being married: Why did she get married, I asked her in one of her lucid moments? Spontaneous response: because at the time everyone got married. It was customary. Maria was already working when she met Expedito, had her 1st child at age 23. She lived with his relatives, at first, she even commented that her mother-in-law was a very difficult person (very bad). My hypothesis is that Mary's suffering begins here. Young, bright, cheerful and sensitive, she marries a strong, rigid and jealous young man.

Her memories of being married are traumatic, painful and sometimes violent, she expressed that she enjoyed his company, but not doing certain things, she had traits that she didn't like. In family life, while the children were minors, everything was calm. They used to

take vacations, usually to the countryside. At home, she had many problems, with her husband's attitudes, he was aggressive, dominating with extra-marital relationships, a brief separation from the couple. Her mother went to live in her house when she was widowed, took care of the house, took care of her children and made her lunch. The children left home in adolescence because they disagreed with their father's attitudes. There was a break in ties. According to the daughter's account, she started to support the mother and the son started to support the father with the seduction of money. Structure of codependent affective bonds between, Expedito dominator, Maria passive physical-emotional, triggering mental anxiety. Affectively distant in physical contact, according to Miriam, she was not one to touch, hug, but very close with her grandchildren.

She had few friendships outside the family circle, co-workers. Under Expedito's influence, she put her mother in a nursing home, to go and visit her, sneak out after work. Her complaints were that he wouldn't allow her to go see her mother. She silently suffered the death of her mother, accumulated feelings of guilt, sadness, suppressed anger, fears, anguish. Her social habits were going to clubs with a couple of friends and dancing with Expedito. After the reform she dedicated herself to taking extra courses, driving school, painting on canvas (he exhibited and sold some), cooking in a macrobiotic kitchen, gymnasium, however, with the addition of arguments and conflicts with Expedito who, according to his granddaughters, was even jealous of the newsboy on the corner; she was not free to talk to anyone, he would hide behind doors to listen to her conversations with friends, etc., he would not buy her macrobiotic foods, they would argue over anything. When Expedito got sick, she suffered a lot, took care of him until he died, 6 months later, from Parkinson's disease.

Pre-disposing factors of Maria's psychosomatic disorders. With introverted personality traits in an obsessive background structure and manifest obsessive character traits, centered on her inner world, anxious mind, persecutory feeling (in adulthood by husband), strong intellectual abilities. Of generalized complaints, according to Cury (2004), which are the typical depressive symptoms: insomnia, shortness of breath, chest tightness, low blood pressure and high cholesterol, etc. He attended many doctors' offices, massage therapists, changed his religion, started going to meet groups of the Spiritist religion with him, brought cassette tapes with him to listen at home, read many books about Alan Kardec, Chico Xavier, among others on the same subject. Note that her everyday attitudes focused on the mental field without physical emotional contact, and her speech with family and friends focused on complaints about Expedito's behavior.

Medium height, thin, with many pisco-organic disorders, all her life, in the words of her daughter: my mother always had high cholesterol and low blood pressure. Medicated throughout her adult life, including laxatives, medication for tension, cholesterol, anxiolytics, psychotropics, etc., generalized pain, especially in the back (to this day, a hypersensitive body), precarious diet after Expedito's death. According to the daughter, her mother was never referred to a psychiatrist or psychologist. She suppressed feelings. She emotionally isolated herself, did not smile (her photos reveal her, dull look, rigid posture), did not express any sign of happy feelings, nor did she manifest physical or verbal gestures of affection or praise for her children.

Obsessive traits

Washing hands frequently, in tense situations rubbing each other, constant checking if doors and windows were locked, in personal and domestic hygiene repetition of washing, rubbing and drying the same object. Anxious thinking with the daily distress and worry about husband, children, grandchildren, bills, maid, doctors, among others.

The children and daughter-in-law noticed the first signs of the disease, when he started getting lost in the street, losing his house keys, talking to certain objects, thinking it was the dog. They hired a maid to live with her. She violently rejected the maid, despising her, locking her in a room for a day, in which the daughter intervened, convincing her that there was no other way, she began to complain to her daughter, that the maid was bad, but with a hostile, demanding and intimidating attitude, in the maid's words. At this time, Malvina (maid) reports that Maria still did everything in the house, from shopping to going to the bank, among other outings. But that sometimes made her walk all day on the street with her, lost, walking from one side to another until she got tired and sat down. on a park bench, looking for her mother's house. Malvina learned to know the whole city from her.

She didn't elaborate on her bereavements, losses. Officially diagnosed with Alzheimer's in 2005 at the age of 79, through a neurologist, since then, he follows her every two months. She suffered a stroke on 06/21/2007. The children, on the same day (21), contacted the institution where I worked, requesting a specialist technique. On 06/22/2007, when I arrived at 9:00 am, with her son Paulo, who went to pick me up at the institution, I found her in bed, in terrible hygiene conditions. When I took her to the bathroom, I saw her whole body bruised, on the left side, from the breast to the thigh. The maid attributed these injuries to a fall in the hospital. I reactivated the body's circulation with small bioenergetic touches and, in the afternoon, with Malvina's help, I took her for a walk, at the end of the day she was already more present, with a slight embarrassed look. The son and daughter-in-law came to see her, they were amazed to find her sitting on the sofa in the living room and, more surprised, when they learned that she had gone out into the street and taken a walk, at this point she no longer recognized the familiar faces, but she was able to recognize her son, when he asked her, who was he, to which she replies: you are my son. I started to observe, stimulate, listen, interpret and help her to understand her feelings, emotions, enabling her to express them freely, but above all, attentive to Malvina's negative attitudes.

On the 26/06/2007, I accompanied Maria with Míriam, to the neurologist, who praised my work and reinforced by saying that in this phase my body and cognitive stimulation activities were more important than his work. It was a pleasant conversation. He commented that she has two different health problems, which are: Alzheimer's and Cerebral Ischemia, we should redouble care. Miriam, observing a book on the shelf, just like the one she had bought for her mother (Exercicios de Stimulation, 2007), commented that her mother was practicing those exercises, in which the doctor reacts saying: that book is not for her mom; she is no longer able to do those exercises (she was already in an advanced stage, she was totally dependent). When I heard her negative speech, I said: why not! She has already done everything she had in book 1, she has a good command of the left hemisphere. In front of my statements, he expressed praise.

I worked her body with bioenergetic psychotherapeutic techniques every day. As Maria began to feel safe, she said that she had fallen on the street. I started to observe and follow everything in the house. The hardest part was to readjust and change Malvina's rigid and imposing attitudes, who insisted on conditioning Maria to total dependence, feeding her in her mouth, grinding the meat, sitting her on a stool to bathe her, demanding that her children buy a chair. Wheels (they bought the chair, I had it kept, as well as the side bars for the bed), diapers (I managed to avoid this one), etc. She controlled everything, was suspicious, reacted aggressively in her gestures, in her harsh words, manifesting a tense atmosphere in the environment. I took Maria to the dentist. As for the bath, from the 1st day I put her on her feet and encouraged her to use her hands, brush her teeth and eat. I eliminated old habits.

He went through all the critical and borderline stages of despair, such as crying saying he was going to die, a frustrating situation for the family. She was desperate for the many in the house in search of her mother's house, mobilized by unconscious fears, she said she had a man chasing her. Lonely in the psychic world, it often manifested itself, usually in the early afternoon, with the imminence of a panic attack, with anxiety, lamentations and gestures, it hurts me here (hand on my chest), I'm going to die, etc. (before and after my interventions until March/2008), accompanied by wheezing, facial flushing, sometimes high temperature and sometimes contained with muscle spasms, slight tremors, pale skin, exaggerated sweating in the hands and feet, uncontrollable crying.

She expressed feelings of guilt about the loss of her mother, one afternoon, she got up from bed crying, speaking out loud: it wasn't my fault, it wasn't my fault; I took her hand and asked: what was it not your fault? She, with her hand on her chest crying, says: after my mother died there at Lar do Comércio, I did everything to go and see her, but he wouldn't let me - him, who? My husband. Standing in front of me, she cried deeply, until she gave a sigh and relaxed and then fell asleep. Next day in a good mood, communicative. I didn't know how her mother had died, I confirmed with her daughter, exactly as Maria had said. The other day, she was crying while lying in bed after lunch, I noticed she was restless, she said she had to go home, she was afraid of her stepfather (I don't know if she had a stepfather), she said that her stepfather was severe, that he needed to be with the mother (persecutory confused feelings).

Losses, sadness, anxieties, deep anguish, lamentations, in different attitudes and reactive behaviors, it was manifested in each bioenergetic and psychopedagogical intervention. I felt in his eyes his pain and despair, there were days that it was too heavy, I left there feeling the need to run on the beach, walk in the park to relieve myself of those toxic energies and, in the summer, swim in the sea.

This daily behavior of Maria caused profound instrumental changes in the family, such as the withdrawal of everyone. I identified that the inter-relational bonds, in the face of Maria's toxic energy, triggered hostile, aggressive and estrangement feelings in the people close to her, in the case of the maid, she reacted with repulsive aggressive gestures and words. But as Maria became more serene, receptive and affective, she regained her family rapprochement.

She began to show affectionate gestures of attention, affection and gratitude. I smile, for the first time, in the summer of 2007, when I took her, with a friend and the maid who stayed on her vacation in Malvina, for a walk on the beach. Parallel to all this, drug treatment followed: from morning until bedtime, more than 12 medications a day, with gradual reduction, administered by doctors.

Regular neurological consultations every two months, ophthalmology, cardiology and dentistry, once a year. I accompanied Maria to the doctors, sometimes it was just me who took her. the doctor of family, reinforced my interventions and the cardiologist was surprised, commenting that Maria had a new heart, showing interest in knowing more about my professional experience. At the neurologist, Míriam, observing a book on the shelf, just like the one she had bought for her mother (Exercicios de Stimulation, 2007), commented that her mother was practicing those exercises, in which the doctor reacts saying: that book is not To your mother; she is no longer able to do those exercises (she was already in an advanced stage of the disease, she was totally dependent). When I heard his negative speech, I said: how not! She has already done everything she had in book 1, has a good command of the left hemisphere. In view of my statements, he expressed praise and was favorable in the continuity.

I identified that doctors, in general, are unaware of their patients' psychological potentials and unconscious contents, they ignore the power and influence of the beneficial affective mechanisms of touch, hug, praise. Shortly after, I took some of Maria's writing material and scribbles, explaining that this was how I helped her to express anger, anguish and sadness.

At the same time, I noticed at home that the maid did not follow the medical guidelines when giving the medicines to Maria, whose daughter blamed her. Sometimes she forgot, other times she missed medication. There were days when Maria complained of generalized body aches, she was slow, staggering, as if she was intoxicated or drunk, until April/2008. Along the way, there were some more negligences on the part of Malvina, on my days off. One day Maria left the house after lunch, without Malvina noticing (she used to leave the door unlocked). There was a 2nd violent fall, on the same side (November/2007). Again Maria had bruises on the left side from top to bottom, she could barely walk. Malvina, mobilized by her fears, insecurities and feelings of threats, defended herself saying that she was not to blame. Sharing the same physical working space with Malvina has been a laboratory for the study of explosive behavior or, in professional terms, in short-circuit Organizational Psychology, according to Bell and Smith [8]: this difficult person learned early on that most people prefers to avoid highly emotional confrontations, we can set limits and strategies, not let the Short Circuit gain special advantages under the threat of a tantrum. Only with scientific knowledge was it possible for me to agree with Malvina to make her realize that it was she who had to adapt to Maria's needs and not the other way around.

Affective and instrumental changes that involved Maria, her context and bonds due to Alzheimer's disease

Maria, imprisoned in the psychic world, often manifested herself, usually in the early afternoon, with the imminence of a panic attack, with anxiety, lamentations and gestures: it hurts me here (hand on chest), I am going to die, etc., accompanied by panting, facial flushing, sometimes high temperature and sometimes contained with muscle spasms, slight tremors, pale skin, exaggerated sweating of hands and feet, uncontrollable crying.

My initial interventions were more of observation, silence, listening, physical touches and psycho-pedagogical activities, in a playful performance, such as reading poetry aloud, reciting verses, she listened to me, in silence and sometimes smiled, until, one day, at the end of the afternoon, she asks me: I would like to hear those songs of yours again. Perceiving her interest, it motivates her to hum with me, in a musical voice, I started to dance with her humming, she imitating me; little by little I went through her drawers and discovered her musical and literary tastes, with the help of her daughter. From the moment I felt familiarized with the maid's context, I would sit with her

and comment on the facts and the way around it, that everything is resolved by dialoguing and with total present attention, encouraging her to walk, read the manuals about the disease, making new friends, so that she would also feel more comfortable and calm, as I detected that Malvina's psychological instability triggered Maria's anxiety.

We experienced a magnificent Christmas with the whole family (2007). I accompanied Maria to her daughter's house, for a dinner with other family members. She manifested a calm behavior, slightly insecure, in furtive glances but natural when sitting at the table, still with her left hand, slightly closed. The next day, we had lunch at the house of the son and the young grandchildren. She was natural at lunch, but at the end of the afternoon, in the presence of an elderly friend, remembering the time when they both walked, she presented recurrent anguish, with crying, lamentations and respiratory changes. I took her to the bedroom, massaged her feet, legs and back. When we boarded home she was already calm.

At Easter, families came together again. We spent Easter Sunday with our son, our grandchildren, our daughter-in-law's family. This day was particularly bright (23/03/2008). After lunch, Maria sat next to her grandson, an adult, talking (his usual way of complaining), but in a calm voice, with the computer on, he paid her attention. The son, Paulo, who was at the table, stopped looking at his mother and son talking naturally, commented: as the mother was talkative, leaving where she was, she went to sit on the rug in front of her, looking at her, chatted happily, in a unique affective family interaction. There, there was a rescue of the good affective moments lived as a family. On this day she manifested a totally normal behavior for her age of 81 years and her dysfunctions.

The maid, with her world marked by mistreatment, gradually expressed her pain, releasing her sentimental weight, contributing precious information. In a moment of fear and low vigilance, persecutory daily behavior, she tells me, that the medicines made Maia sicker, she made the decision to withdraw some (which actually led Maria to present more agitated and unstable behavior). It was this usual attitude of Malvina. In the early hours of 04/30/2008, Maria was seriously injured in the face, close to her right eye, according to Malvina, she fell out of bed and pierced her eye. That day, at 10:00 am, we had an appointment with the family doctor. I took care of her hygiene, fed her and we went to the doctor, who sent us to the emergency room. Everything happened very fast.

I spent the whole day in the emergency room. In communicating the results, I had the opportunity to talk to a Spanish neurologist, he showed me the CAT images on the computer, where signs of Alzheimer's and a small angioma could be seen, on the right side of the brain, he commented, that because of his age advanced, could not undergo surgery, the angioma was interfering with speech mechanisms. Miriam went to the hospital, on the way out, while she went to get the car, I walked hand in hand with Maria, she talking to me in these terms: Your father was very bad (as if I were his daughter), I asked: what do you mean? She: he hit me, he can see my eye, it hurts. I began to reflect on what made Maria fall, next to Malvina.

The truth emerged: "Malvina, traveled on an early Sunday, on her way back she received a form from the trains to fill in and be entitled to half the ticket price, for the delay of more than half an hour. She asked me to fill in the form, I noticed that her departure time was at 5:47 am and not 8:00 am as she had said. I realized there the problems of frequent falls Maria. I went looking for information from the family doctor. He informed that any medication change alters the behavior. At a meeting I told the children. The son expressed to me that he did not doubt my techniques, as they worked, which both he and his sister trusted and were grateful for. He was firm with Malvina pointing out the differences in her roles and determined that she would follow my guidelines regarding the treatment of her mother. Paulo was a master at articulating and weighing up the maid's complaints. And as for the falls, since 08/30/2008, he has not suffered any kind of violent fall.

Maria, had the habit of waking up around 2:00 am to go to the bathroom, after I worked on her nocturnal fears, she walked around without sleeping, whose complaints from the maid were exhausting. During the employee's vacation (2008, August) I was still linked to the institution that was experiencing serious legal problems with the tax authorities. A lady was referred to us, with no ability to deal with Alzheimer's disease; in the first week, Maria tried to put her out, she was tense, rigid, not sleeping at night; in turn, the maid got scared, resigning, the institution didn't find another to replace, asked me to cover the month. I stayed direct with Maria 24 nights and 23 days, I

trained her helping her to release her fears with meditation, prayer and, vocal expression of fears. On 12/26/2008, Maria started sleeping through the night. We had spent Christmas night at Miriam and her guests. By the time we got back to his house, I was tired, needing an uninterrupted night's sleep. I sat on the sofa next to Maria, with two cups of tea, I gave her one, I drank the other, after drinking I took her hands, telling her how I felt and that she wants to sleep all night and only wake up in the morning, in the morning. to which she answers me: yes ma'am let's sleep all night. In fact, it was the 1st night that she slept straight until the next day and, from that day onwards, her sleep returned to normal.

Maria used to have moments of profound lucidity, as follows: one morning the maid enters the room (we were writing, I was dictating and she was writing), and with gestures and words, she expressed herself with aggressive words, expressing her dissatisfaction with her work. and goes straight to the kitchen slamming the door; I, in silence, looked, Maria looking, expressed, with these words: "This lady is not prepared to work in this house", I looked at her in amazement, agreeing.

For Chabot, (1998): personality and personality traits function as a set of behavioral patterns that (including thoughts and emotions) characterize the way each individual adapts to situations in his life. He calls personality trait any particular aspect of an individual that distinguishes him from others. In Maria's case, the dominant trait I identified is the pathological, unconscious and persecutory fear of strong people, who somehow, in the memories of her physical/emotional structure, resembled the physical and psychological structure of her late husband, in the case of Maria. employs, tall and strong and rigid, evoked her deep, unconscious fears.

For her children, grandchildren, friends and doctors, Maria's changes in behavior and attitudes were evident, beyond any doubt. João encouraged his sisters, especially Ívena, who was more shy, to take her grandmother's hand, hug her and sit next to her. With time the granddaughters reconnected, they visited more frequently. On the anniversary of 2008, June/17, they took Maria to lunch at a restaurant close to home, sometimes I took her to a cafe. At Christmas 2008, it was sunny and João took us to the city park. Easter 2009 arrived, at Miriam's house, we spent a festive and joyful day. Maria dancing and playing with her grandchildren happily smiling and cheering up the guests.

I reorganized his daily space with regular habits, food, hygiene, leisure. She started to have happy and joyful days, produced a lot, scribbled, tried to paint again, remembered some strokes, on cardboard, wrote everything I dictated, slept peacefully all night, it was the best summer of her present life. Paulo, with the difficulties of the institution, made the decision to hire my services directly, since I acted as an independent professional, I accepted. With this change of professional bond, I felt more relaxed, dedicating myself to the study of the disease, writing Maria's story and, observing closely the progress of the disease and how she reacted courageously, and, as my interventions kept her active, sometimes he said to me: I want to live, I want peace. On Sundays I used to take her to church, where I saw her pay attention, sit and get up according to the ritual, pray and sing. I recognize that all these interventions, rescuing her healthy habits, contributed to calming her mind and improving her quality of life with herself and the rediscovery of her noble loving feelings, contributing to the family rapprochement.

I started to practice Holford's [9-21] guidelines on Alzheimer's prevention with Malvina, I realized that her psychological instability interfered with the environment, altering Maria's nocturnal behavior. Malvina, 63 years old, divorced, without children, accepted to take the test suggested by the author, I detected some memory failures, I suggested some changes in her habits, such as drinking a lot of pure coffee, living isolated, without any friendship, being financially exploited by her siblings and nephews. She agreed to take a multi-vitamin, passion fruit leaf teas, sleep during the day and, making new friends, started traveling with groups of elderly people.

In 2009, Maria was emotionally stabilized. However, she was manifesting other issues, such as refusing to take the medication, she no longer swallowed the pills and capsules, the solution was to change the capsules for pills and crush them. During the holidays in Malvina, the children hired the services of a company, sent two employees, one for the nights and the other to cover my days off. In the first week everything went very well, Maria, the new employee was surprised, but she was calm and thoughtful. On my day off, a young, insecure woman entered an employee. Maria reacted negatively, completely changed her habits, manifested behaviors that I had not yet witnessed,

such as refusing to eat anything, going to the bathroom, taking medication, sleeping, and a tense, rigid body, with generalized complaints, protests, retching, withholding urine and feces; he went four days without defecating and a whole day without urinating, we had to contact his doctors, intervene with medication. It was the hardest summer of her life. She expressed revolt, anger, sorrows. One Sunday morning while I was making lunch, with her sitting next to me, I see her crying, I crouched down touching her knee, I asked her what she felt, what she says: in this house everyone treats me badly, I commented that if someone was being harsher to her, it was not with the intention of treating her badly, but because she was having difficulty understanding her, to which she responds: I know that no one does evil, but I don't like it. After crying, she took a deep breath, relieved, relaxing and feeling relaxed.

On Malvina's return, after the August/2009 vacation, she found Maria, hyperactive, sleep disturbed, she did not tolerate it, and, without any authorization, removed part of Maria's daily medication. days, until Malvina told me that she had withdrawn certain medicines, I immediately contacted her children and, Malvina at the height of her anxiety and fear, four days later, she returned to give all the medicines to Maria, who at lunchtime (that day), in my presence, forces him to drink wine, in which Maria immediately shows symptoms of exaggerated sweating and faints inertly, I helped in time, avoiding more serious consequences. In the presence of the children, Malvina assumes what she did, committing herself not to intervene anymore. After a week, Maria is reborn happy, smiling and more active, from there she resumed her calm behavior, with slight anxious moments, in the face of Malvina's attitudes.

What was Maria hiding behind Alzheimer's disease? An obsessive personality structure. And what did you spend your whole life hiding from? Of her feelings about her sexual needs obstructed by religious beliefs and values. I identified that crying with the opportunity to clarify her primary feelings, provided her with a deep psychological reorganization and body relaxation.

Final Considerations

In the course of this work, I tried to be as faithful as possible, within scientific limits, providing a new look at Alzheimer's disease, the subject with the disease and its historical-social context, which I believe will be very useful to other professionals and families with patients with this problem.

Today Maria (83 years old), is an elderly woman with pink skin, with beautiful white hair, at peace with her feelings and emotions, happy and kind. She knows how to say words of thanks, gestures of affection with children, grandchildren, me and the maid. Sleep peacefully all night. She has sphincter control. She gets out of bed and walks around the house naturally. She uses her hands to brush her teeth, bathe and feed herself, with me next to her coordinating the direction, which sometimes doesn't associate hand and mouth. He already shows the signs of the baby stage, exploring the environment with his mouth, such as: passing his hand on everything that is close and taking his mouth, usually, before meals, an indication that he feels hungry or thirsty, but cannot say.

All the current literature on Alzheimer's disease presents a rather dismal prognosis, both for patients and caregivers. Still impregnated with ignorance about affective psychological contents. They express concerns with caregivers, within the scope of personal or group psychotherapy, but do not point out the needs of the patient with Alzheimer's disease to need psychological support. My question is: does every patient with this disease have to languish, in isolation and, in the deepest ignorance and affective lack? And, will medical professionals continue to keep their patients and families stuck only to pharmacology? My observations and studies with this patient proved to me that the greatest benefit is to use a vast field of knowledge, having as a central axis the psychological follow-up based on the body. Maria was reborn, relearned to smile and to enchant, like a beautiful child that everyone wants to hug and play with. Added with my sensitive interventions, with knowledge and self-knowledge.

Psychological follow-up to patients is essential, as soon as the diagnosis is confirmed, because generally, they are sensitive, emotional and closed people in their subjective world. Damásio [7], reports the suffering of a friend with Alzheimer's disease, he was a great philosopher and, Tina, lost an uncle, a brilliant and educated musician, in her words, and her mother-in-law Maria, brilliant, genius, an artist plastic on the rise. What did they all have in common? An affective trait, markedly sensitive, predominant in subjects with artistic, philosophical and musical abilities.

I reinforce the need for psychological support for all those involved, whose reactions and projections are inadequate, ignoring their affective dimension: feelings and emotions. Learning to manage feelings to know how to express emotions and intervene with gestures, words and attitudes. The maid, hired to attend to Maria's needs, acted in a way to make her adapt to her demands without discerning about the disease. She aggressively complained to Maria about her frustrations at work, compromising her. The Alzheimer's patient, in an advanced stage, manifests itself in the oral fixation (mouth), which is the first zone of organization of the libido (pleasure), after birth. A careful reading of Freudian theory, it is possible to identify all phases, from oral, anal, phallic to genital. One must act firmly in the re-education of affections and reorganization of the patient's libido, channeling it to pleasurable activities such as dancing, poetry, singing, laughter, movement, which are sensations of the perceptual field, in the words of Lowen [1], all feeling begins with the sense of self, being in contact (corporeal ground) is to be aware of what is happening inside and around you, and pleasure is a bodily response.

This work was, without a doubt, one of my biggest challenges, given its contextualization, limitations, tools, but it was also one of my biggest professional learnings, a passion aside. When I thought she was on the final stretch and I was tired with the impulsive negative attitudes of the maid, behold, she surprised me by revitalizing me and winning me back. I leave here some reflections, which I will undoubtedly be working on in my doctorate: Is Alzheimer's disease, predominantly affective at home, whose evidence points, in this case study, surrounded by blunted, negative, repressed and suppressed affective psychological contents?

Throughout this intersubjective journey, I saw myself as a sailor diving into the depths of an ocean, in search of a sunken submarine. Back to reality, inspiring me and paraphrasing José Saramago (1999) - A researcher here is a woman like the others: she dreams. - Also from the rubble of a human brain erased by the so-called 'Alzheimer' one can rescue, what still remained of the remains of a stolen treasure, like a precious stone, a rare flower. Or a flag signaling new territory. Finally, here I am, once again dreaming of a better future, where all people over 70 can enjoy the health of their memories and past and present life experiences with joy, pleasure and contemplative serenity!

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