

## Awareness of 'Psychosocial Restraint': A Proper Caring Attitude and Truly Listening to People with Dementia in the Hong Kong'S Residential Care Homes

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**Abstract :** Background: In Chinese culture, the traditional equivalent term for English dementia is chi dai zheng, which, whether translated as 'insanity' or 'idiocy' carries a sharply negative connotation. In fact, even though the traditional name for dementia has evolved, from chi dai zheng to shi zhi zheng, nao tui hua zheng or ren zhi zhang ai zheng, educating the population about more respectful terms for the condition and promoting a positive understanding about people with dementia in society have proven to be time-intensive endeavors. By extension, the use of such terms promotes the perception that people with dementia undergo a 'total loss of self' or experience a 'living death' or 'social death'. Both in Asia and elsewhere, the appropriate nomenclature for dementia remains controversial, and different medical and healthcare professionals in Hong Kong have taken various stances on how to refer to the condition there. Indeed, how this negative perception affects the interaction between people with dementia and the surrounding others? Methodology: Qualitative research with the concept of postmodernism, interpretivism, and Foucauldian theory was adopted as frameworks in applying participatory observations, in-depth interviews, and other qualitative methods. First, ten people with dementia—one man and nine women—living in two residential care homes in Hong Kong were interviewed, as were ten members of the care staff, all of whom were women. Next, to coach the staff in understanding the feelings and self-perceptions of people with dementia, two reflective training sessions were provided. Afterward, to assess the impact of the training sessions on the staff, two focus groups were held. Findings: The findings revealed that residents with dementia did not perceive themselves as being 'demented' and were confused by not getting responses from the others. From the understanding of care staff, they perceived the residents as being 'demented', desolate troublemakers. They described people with dementia as 'naughty children' who should be controlled and be punished while treated them as 'psychiatric patients' who could be ignored and be mute. "Psychosocial restraint" happened regarding the discrepancy of perception between people with dementia and the care staff. People with dementia did not think that their confusion of memory was related to dementia or, frankly speaking, they did not know what dementia was. When others treated them as 'demented patients, the residents with mild to moderate dementia fiercely rejected that designation and reported a host of negative feelings, hence the fluctuations of mood and emotion noted by the care staff. Conclusion: As the findings revealed, the people with dementia were also discontent with the care arrangements in the care homes, felt abandoned by others and worried about bothering others. Their shifting emotional states and moods were treated as the Behavioral and Psychological symptoms of Dementia (BPSD), which nothing can do reported by the care staff in the residential care homes. People with dementia become social withdrawal or isolated in daily living, which should be alert and be changed by the social work professionals about the occurrence of "psychosocial restraint" in dementia care.

**Keywords :** psychosocial restraint, qualitative research, social work with dementitude, voice of people with dementia

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