Characteristics of oral and written communication in adults living in a long-stay institution

Características da comunicação oral e escrita em sujeitos adultos moradores de instituições de longa duração

Características de la comunicación oral y escrita en sujetos adultos residentes en una institución de larga estancia

Brunna Santana Coutinho* iD
Gabriel Trevizani Depolli** iD
Larissa Helyne Bassan* iD

Abstract

Introduction: The need to change the conception of society about individuals with mental disorders and reinsert them in social spaces is increasingly evident, especially when they live in a long-term care institution (LTCI). **Objective:** To characterize different ways in which individuals living in a LTCI communicate, expressing their uniqueness through the mediation of oral and written language during workshops. **Methods:** Descriptive qualitative study. The Mini Mental State Examination (MMSE) was used for initial screening and oral and written language workshops were held with residents of a LTCI. Data were registered in a field diary and categorized and exemplified with the records made. **Results:** 25 workshops were held, in which the possibilities of communication between participants through oral and written language were sought, with emphasis on the stimulation of cognitive skills of attention and

* Universidade Federal do Espírito Santo, ES – Brazil.
** Universidade Federal de São Paulo, SP – Brazil.

Brunna Santana Coutinho, Gabriel Trevizani Depolli, Larissa Helyne Bassan

memory. Facts were extracted that allowed them to be divided into six categories, demonstrating that individuals with mental disorders can communicate in different ways, be understood and belong to the space they are inserted in, providing a collective construction of knowledge and experiences. **Conclusions:** Through communication, it is possible to develop cognitive, social and oral language, contributing to the improvement of quality of life, valuing those involved as social and historical subjects. In multi and interdisciplinary work in LTCI for adults with mental disorders, Speech-Language Therapy finds favorable shapes for the work on the cognitive and linguistic aspects of the subjects in question.

Keywords: Mental health; Aged; Homes for the Aged.

Resumo

Introdução: A necessidade de modificar a concepção da sociedade com relação aos sujeitos com transtorno mental e reinseri-los em espaços sociais fica cada dia mais evidente, principalmente quando passam a viver em uma instituição de longa permanência (ILP). **Objetivo:** Caracterizar diferentes formas pelas quais indivíduos moradores de uma ILP se comunicam, expressando a sua singularidade através da mediação da linguagem oral e escrita durante a realização de oficinas. Métodos: Estudo qualitativo descritivo. Utilizou-se o Mini Exame do Estado Mental (MEEM) para rastreio inicial e realizaram-se oficinas de linguagem oral e escrita com os residentes de uma ILP. Os dados foram registrados em um diário de campo e categorizados e exemplificados com os registros realizados. **Resultados:** Foram realizadas 25 oficinas, em que se buscaram as possibilidades de comunicação entre os participantes através da linguagem oral e escrita, com ênfase na estimulação das habilidades cognitivas de atenção e memória. Extraiu-se fatos que permitiram dividi-las em seis categorias, demonstrando que os sujeitos com transtorno mental podem se comunicar de diferentes formas, serem entendidos e pertencentes ao espaço que estão inseridos, proporcionando uma construção coletiva de saberes, conhecimentos e vivências. **Conclusões:** Através da comunicação, é possível desenvolver o cognitivo, o social e a linguagem oral, contribuindo com a melhora da qualidade de vida, valoração dos envolvidos como sujeitos sociais e históricos. Na atuação multi e interdisciplinar em ILP para pessoas adultas com transtornos mentais, a Fonoaudiologia encontra formas favoráveis para o trabalho acerca dos aspectos cognitivos e linguísticos dos sujeitos em questão.

Palavras-chave: Saúde mental; Idosos; Instituição de Longa Permanência para Idosos.

Resumen

Introducción: La necesidad de cambiar la concepción de sociedad en relación a las personas con trastornos mentales y reinsertarlas en los espacios sociales es cada vez más evidente, especialmente en una institución de larga duración (ILD). **Objetivo:** Caracterizar las diferentes formas en las que los individuos que viven en un ILD se comunican, expresando su singularidad a través de la mediación del lenguaje oral y escrito durante los talleres. Métodos: Estudio descriptivo cualitativo. El Mini Examen del Estado Mental (MMSE) se utilizó para la evaluación inicial y se llevaron a cabo talleres de lenguaje oral y escrito con residentes de un ILD. Los datos se registraron en un diario de campo y se categorizaron y ejemplificaron con los registros realizados. **Resultados:** se realizaron 25 talleres, en los que se buscaron las posibilidades de comunicación entre los participantes a través del lenguaje oral y escrito, con énfasis en las habilidades cognitivas de atención y memoria. Se extrajeron hechos que permitieron dividirlos en seis categorías, demostrando que los individuos con trastornos mentales pueden comunicarse de diferentes formas, ser comprendidos y pertenecer al espacio en el que se insertan. **Conclusiones:** Através de la comunicación es posible desarrollar el lenguaje cognitivo, social y oral, contribuyendo a la mejora de la calidad de vida, valorando a los involucrados como sujetos sociales e históricos. En el trabajo pluridisciplinario e interdisciplinario en ILD para adultos con trastornos mentales, la Logopedia encuentra formas favorables para el trabajo sobre los aspectos cognitivos y lingüísticos de los sujetos en cuestión.

Palabras clave: Salud Mental, Ancianos, Hogares para Ancianos.

Introduction

Over the years, the history of mental health has gone through several changes until it reached the picture of what it is today. There have been critical and practical reformulations of the classical model and paradigm of psychiatry. In Brazil, this movement was called the Brazilian Psychiatric Reform and arrived only in the 1970s[1].

In addition to this movement, the 1st Brazilian Conference on Mental Health and the 2nd Brazilian Meeting of Workers in Mental Health provided a new perspective for psychiatric reform, becoming a social movement, which involved family members, participants and supporters of the movement. It seeks, to this day, for improvements in the system and in the way of treating individuals with mental disorders[1].

Until there were these movements in Brazil, many were the methods used to treat people who had some type of mental disorder, focusing intervention on medicalization and the principles of alienism, in addition to inhumane conditions, in which hospitalized individuals were neglected, suffered bad -treatment and various forms of violence, legitimizing their social exclusion[2].

In 2001, with the approval of Law nº 10,216/2001, considerable changes occurred in the Brazilian context regarding the rights of people in psychological distress, reorienting the health care model[3].

Incorporated into the context, the World Health Organization (WHO) states that health is a state of complete physical, mental and social well-being and not just the mere absence of disease or infirmity[4]. In this way, the performance model must be centered on the individual, conceptualizing the subject as a complex and unique being, which encompasses several issues beyond the pathology[4].

Faced with the scenarios mentioned above and constructed over the years, it was necessary to modify the conception of people with mental disorders and their insertion in social spaces. Considering that interpersonal relationships, the need for more specific, comprehensive and qualified care for people with mental disorders are essentials in human life[5], currently, the fate of many is to reside in long stay institution (LSI), sharing the environment with other people who have similar conditions[6]. These institutions assist people who are in a situation of social vulnerability and who need specialized care in the various segments of life, including the biological, the social, the emotional and the psychological[6].

The creation of these spaces, which welcome people with mental disorders, provide humanization in care and treatment and the search for their reintegration into society. It also provides the Speech-Language Therapists (SLT) to add their work to that of other professionals in the health area, aiming to stimulate interpersonal relationships and communication between participating members with assistance activities in the area of Speech-Language Therapy[8].

Based on the above, this study aimed to characterize the different ways in which participants communicate and express their uniqueness, through the mediation of the oral and written language used in the workshops.

Methods

This was a qualitative and descriptive study, approved by the Ethics and Research Committee under nº 3,227,360, meeting the standards established by National Health Council Resolutions 466/12 and 510/2016.

15 participants, adults and elderly, of both sexes, 10 women (66.66%) and 5 men (33.33%), aged between 22 and 80 years old (mean = 46.06), which presented some type of mental disorder, according to the classification present in the Diagnostic and Statistical Manual of mental disorders (DSM-V)[7].

With the researched LSI population defined, where all residents were included in the study, there was a meeting to present the work proposal, the researchers (professors and academics of the SLP graduation at a Brazilian public higher education institution) and the Terms of Free and Informed Consent, Secrecy and Confidentiality and Assent. The latter was intended for those who had a legal representative (in this case, the institutional coordinator).

The Mini Mental State Examination (MMSE) test was used, which aims to identify the initial mental state of adults and the elderly, and can be used alone or as a complement in a cognitive assessment. Among the cognitive skills tracked, there are: orientation (spatial and temporal), processing, attention, calculation, memory and language[9]. The MMSE score can vary from 0 to 30 points and for each correct answer, the person receive the score for

Brunna Santana Coutinho, Gabriel Trevizani Depolli, Larissa Helyne Bassan

the question asked by the researcher. The MMSE has cutoff scores of: 20 points for illiterates; 25 points for people with 1 to 4 years of schooling; 26.5 for 5 to 8 years; 28 for 9 to 11 years and 29 for over 11 years[10]. We chose to use the MMSE because it is a quick and easy-to-apply test, an aspect that streamlined the development of the proposed work.

Subsequently, workshops were developed in groups, lasting one hour each, once a week, totaling 25 meetings. In these meetings, we sought to experience the collective and the possibilities of communication between the participants, considering them as active subjects, authors of their development process. All workshops took place as planned and agreed with the local team. When unforeseen events occurred, the meetings were rescheduled.

The information raised in the workshops was recorded in a field diary, which is considered an instrument through which the researchers explored the data that were relevant to the study, analyzing them. The reflective records of the workshops permeated from the perspective of the researchers, taking into account what was observed, heard and obtained from experience, attributing meaning to the tasks performed, especially to the different ways in which participants communicated, expressed themselves, valuing uniqueness.

Based on the data collected in the observations and recorded in the diary, the records were organized into 6 categories of analysis: (1) evocation of memory with verbal expression, (2) association, (3) difficulty in interpreting the metaphor, (4) exploration lexical with semantic criteria, (5) expression through non-verbal language and, finally, (6) vocabulary expansion. This method was used in order to classify and characterize the collected content, reducing the characteristics of the speeches to key elements, so that they are comparable with each other and with the others[11].

Results and Discussion

The MMSE was applied to 14 of the 15 people surveyed in this study, as 1 (one) was unable to verbalize and, therefore, it was not possible to include them in this step. With the information acquired on schooling in the registers of the Federal System, it was known that most of the interviewees have already attended school at some point in their lives, but it is not known precisely when or for how long.

According to the cutoff values proposed by Brucki et al (2003)[10], for the MMSE, only 2 of the subjects showed a good cognitive performance in the researched areas, taking into account the score for illiterates (Figure 1). In view of the overall score, the average was 14 points (Standard Deviation (SD) ±6.50).

The other participants had results below expectations, an aspect that can be explained by the presence of disorders and the prevalence of negative symptoms, which led them to not complete their studies in their academic life trajectory and, consequently, perform less in tasks cognitive[12].
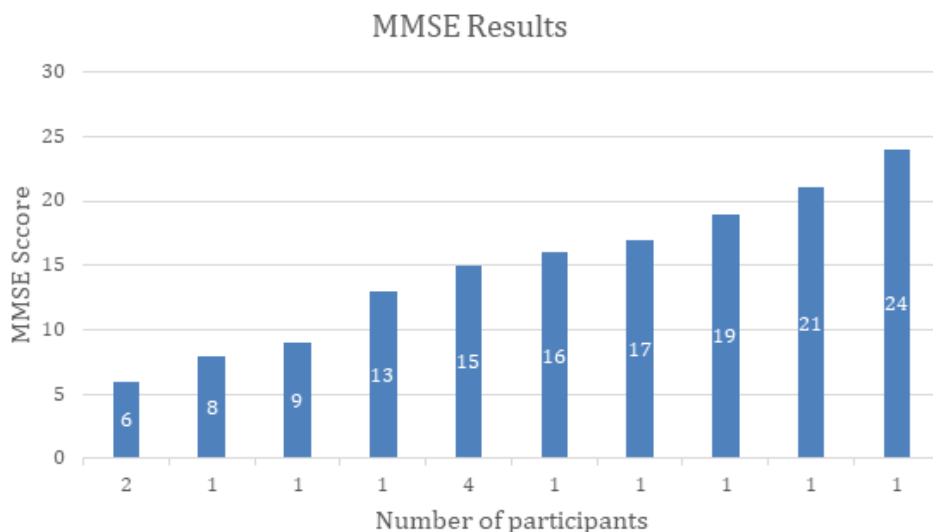
Figure 1. Results obtained after applying the Mini Mental State Examination (MMSE) (n=14).

After reading the collected data, the categories for systematizing the information were listed. In general, the purpose of categorization is to unite aspects or characteristics that correlate with each other, interconnecting facts or ideas of a particular class[13].

The first category is **memory evocation with verbal expression**. The memory function is related to the processes of appropriation, conservation and evocation of information[14]. There is memory that keeps information for a short period, allowing the individual to analyze the knowledge acquired at the time and manipulate it quickly, called short-term memory[15]. Moreover, there is long-term memory, where information is stored based on previous knowledge, which can be elucidated at other times[16]. At this stage, the focus of attention was the long-term memory, related to the search for information about facts experienced and possibly memorized by the participants, with the possibility of rescue in the present time. In this way, memory is related to the way the subject got involved in the communication situation, how he emotionally related to a certain fact or event, whether positive or negative[16].

This aspect was observed in the workshop entitled "*Recognize the voice*". The leader of the group put on a song to play and the participants had to say the name of the singer or song or sing part of the lyrics. In a second moment, images of singers were projected, and the participants had to say who the artist was and, later, sing one of their songs.

Participant 6 (P6) proved to be very quick to associate the name of the singers with the photo or the lyrics of the song, anticipating the beginning of the lyrics of the song, only with the touch of the instruments (rhythm, melody), getting the name right of the singer or song quickly and correctly. As we can see in the cut below:

> "SLT: I'm going to play the song and you'll have to tell me who's singing it, okay?
> The first song is this."
> Song Excerpt: Como é grande o meu amor por você
> P6: "Roberto Carlos".
> Song Excerpt: Pelados em Santos
> P6: "Mamonas assassinas".
> Song Excerpt: Você me vira a cabeça
> P6: "Alcione".
> Song Excerpt: Alma gêmea
> P6: "Fábio Júnior".
> Song Excerpt: Festa
> P6: "Ivete"

Another example that illustrates this category can be observed during the workshop "*Memories of childhood*", in which, through images, music and cartoons, with the purpose of providing cognitive stimulation, the participants externalized through oral language their childhood memories and narratives of that time in their lives.

ARTICLES

Below are excerpts from the dialogue held with the participants (P), the social caregivers (C) and the SLT team (SLT):

> SLT: *"Does anyone remember any games you played as a child or something you did in childhood?"*
> P1: *"I used to play foods…"*
> C: *"I used to play with making food in those old aluminum cans… Did you play like that too P1?"*
> U1: *"Yes, I used to do it in those cans… I played with dolls too."*
> SLT: *"What did you do in childhood, P13?"*
> P13: *"I cleaned the house, used a floor polisher, my brother helped, fed the dog."*
> C: *"In the old days, there was that red floor, you had to wax it, P13, I remember it too."*
> SLT: *"Do you remember where you lived at this time P13?"*
> P13: *"I lived with my foster mother, watched Sílvio Santos"* (participant started to sing a song from the Sílvio Santos program that could no characterized).

In a workshop, held after the aforementioned one, the SLT team proposed to the participants that they express, through visual arts, what memories they had of their childhood. The information is displayed in figures 2 and 3.
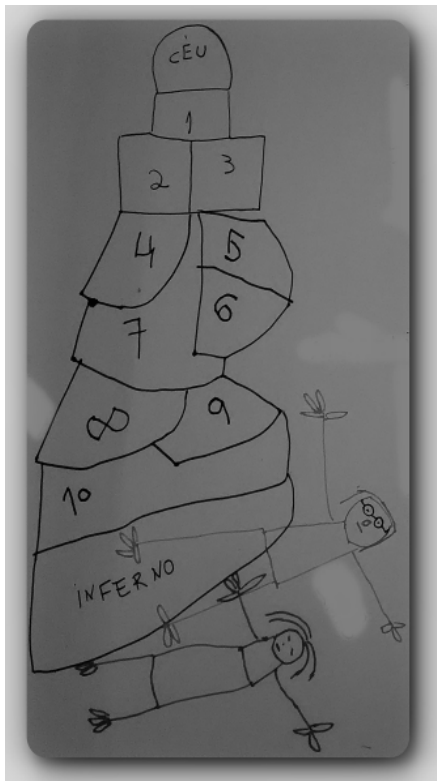
Subtitle: In figure 2, P6 drew a hopscotch, she and her brother, whom she referred to playing as a child: a memory evoked in a workshop that aimed to rescue childhood memories. In the figure, it is possible to observe the numbers, commonly used in the game "hopscotch" and the words "heaven" and "hell" at the ends of the image, something common in the game..

Figure 2. Drawing representation of a childhood memory of one of the participants held in the workshop "*childhood memories*".
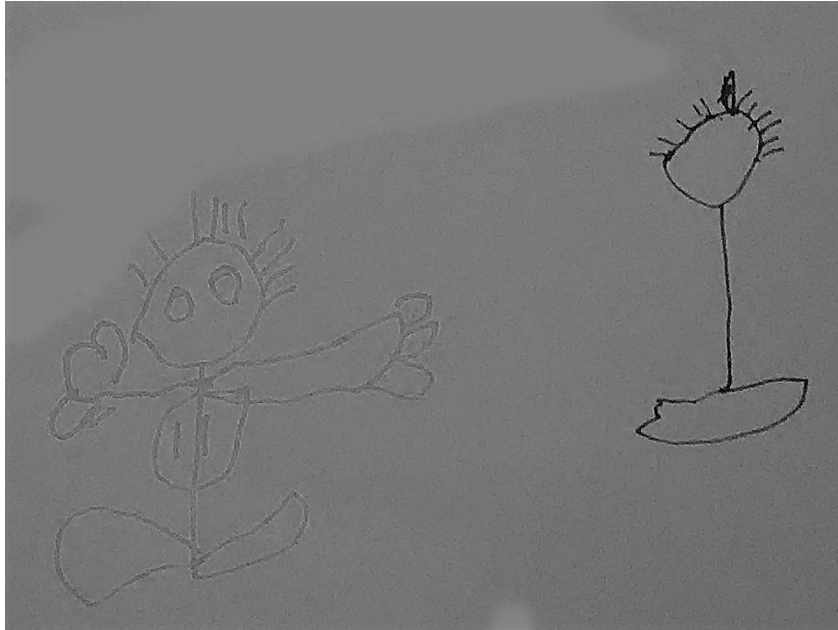
Subtitle: Caption: In figure 3, P13 represented herself and a floor polisher through plastic arts, referring to the memory of the place she lived in as a child, where one of her tasks was to wax the floor.

Figure 3. Representation in drawing of a childhood memory of one of the participants, carried out in the workshop entitled "*Memories of childhood".*

P6 asked to help to start drawing a hopscotch and then continued the drawing. It was noted that its childhood memories referred to playing with its brother (Figure 2). In the second image, P13 drew herself and the floor polisher, an aspect she had mentioned in the dialogue of the previous workshop (Figure 3). Difficulty was observed in relation to tracing and fine motor coordination, a common aspect of people who use different drugs in their daily lives, which can cause different effects[17].

The second category is **association**. The strict meaning of the word associate is the action of uniting, connecting, congregating, linking, relating or concatenating with[18]. Thus, the fact of associating is the way in which the individual will use a base resource (image, word, and drawing) to rescue memories of other facts that are directly or indirectly related to that representation.

In the workshop entitled "*Oral hygiene and its benefits*", videos were shown with illustrations of how to perform correct oral hygiene, with subsequent clarification of doubts. The team at the institution where the study was carried out, since some doubts related to the subject needed to be clarified and reaffirmed, requested this workshop.

Then, through the plastic arts, the subjects expressed their identity in the drawings distributed by the team related to the subject.

P2 has the diagnosis of West Syndrome*, presented as a triad characterized by spasms, delay or neuropsychomotor decline and hypsarrhythmia[19]. This participant had a reduced vocabulary, used repetitions and, most of the time, did not have a contextualized speech. After several interventions and orientations of the SLT team and other professionals of the institution (psychologist, social worker, caregivers and techniques in nursing), it showed evolution regarding the linguistic issue, expressing contextualized speech at the time of communicative interaction, as can be seen in the example below:

SLT started the video on oral hygiene, in which there was the presence of a dentist (wearing clothes used by this profession - lab coat, cap, gloves, mask)

---

* West syndrome (WS) "is a form of generalized epilepsy that begins in the 1st year of life, with a peak incidence between 5 and 8 months, characterized by a triad composed of spasms or massive myoclonus, regression of neuropsychomotor development and alteration electroencephalogram called hypsarrhythmia"[20].

who explained the correct way to brush your teeth. Then, U2 verbalized the following sentence: "I'm not sick".

At a given moment in the same workshop, the participant made another association, as follows:

P2: "Oh my God, the little mouth is bad? It's bad, auntie".

In the first cut, when the participant saw the image of the dentist in a lab coat in an office, she associated it with coat of professionals in a hospital. In her speech, she said that she was not sick because she mentioned that you only see that professional when you are not in good health.

In the other section, the participant associated the person who was lying in the dentist's chair with a sick person, looking at one of the project collaborators and referring to the situation of the character in question.

Another example of association carried out by this same participant was in a Christmas workshop, in which each user had an image related to the theme in their hands, with the aim of continuing the story that the other had started. She had an image of a house with Christmas decorations, and when she analyzed the picture, she had a spontaneous reaction and said:

P2: HOHOHO

The user used her image of Christmas, associating it with the Christmas character Santa Claus, and then emitted the most well-known main verbal expression of this character.

The **difficulty in interpreting a metaphor** category refers to the interpretation ability related to the figurative or non-literal meaning of metaphors[20]. In the various forms of communication in everyday life, we have some figures of speech that require the individual to analyze the situation and not the literal content of the said sentence. Therefore, subjects who have difficulties in this category possibly have difficulties in continuing some speeches because they do not understand the various other ways of meaning a sentence.

In the activity *"Knowing, recognizing and understanding the meanings and stories of Brazilian proverbs"*, the example of P15 is observed, which was diagnosed with schizophrenia, a diagnosis attributed to the condition presented by most of the participants of the institution. The conductor asked for the meaning of the proverb *"Where there is smoke, there is fire"*. Then, P15 replied *"Water"*. The participant attributed what should be done in the event of a fire, but did not explain what the phrase represents in the metaphorical sense.

The category **lexical exploration with semantic criterion** is related to the capacity of exploration of lexical-semantic memory, evoking words from a previously established categorical semantic criterion[21].

In the workshop *"The meanings created by the organs of the senses"*, participants who were blindfolded were presented with food products with characteristic, common smells that are often used in the institution or in Brazilian daily life. The participants had to guess the name of the food correctly. Some examples are presented below:

SLT: "What is that smell? It is known!"
P10: "I don't know, I don't remember."
SLT: I'll give you a tip: we use it in a drink at the Festa Junina and it starts with the letter G."
P10: "Ginger."
SLT: "Now it's your turn P15."
P15: "It is me." (Participant was excited)
SLT: "What is that smell?"
P15: "I don't remember the name."
SLT: "Are you sure? It is a very common smell and it is used in the kitchen"
P15: "I don't remember the name. I don't know".
SLT: "Look... I will give you a tip: It has 'teeth'"
P15: Is it the garlic?!

It was noted in these examples that the participants were only able to associate the smell when they were presented with tips that were within the food category. Without it, they could not get it right or opine about it.

The **non-verbal language** category is constituted when the individual communicates through gestures, voice tones, body posture, facial expressions, among others, which qualifies human interaction, communicating feelings and emotions, characteristics that allow the subject to establish relationships about the meanings of words and help in understanding the emotional aspects involved[22]. Communication can be expressed in different ways, without the individual necessarily having to present words in a dialogue to be understood. Gestures, touches, expressions are also ways to connect with each other.

P14 has a history of several cerebrovascular accidents (CVAs), which brought consequences that made it impossible for her to express herself verbally. For this reason, non-verbal language is used (gestures, facial expressions, emission of words, crying, and different smiles) so that all the questions asked have a coherent answer, enabling the interlocutor to understand that she has a clear perception.

An example that highlighted this aspect was in the workshop "Memories of childhood", in which excerpts from drawings, series ("Trapalhões" (a famous comic serie in Brazil), Woody Woodpecker, and The Pink Panther) were projected, aiming to rescue the memory of moments experienced in childhood. It was possible to perceive the involvement and enthusiasm of the user through smiles, gestures (thumbs up sign), expressions, animation, babbling, in which it was understood that she knew and had already attended, at some stage of her life, those parts.

In the workshop "*The meanings created by the organs of the senses*", the participant was blindfolded, and the SLT team presented a soap to her. Despite not communicating verbally, through indicative gestures, she acted as if she were taking a shower and washing the head. That is, in addition to matching the presented smell, she had understood the requested task, representing the meaning of the presented object by the gesture.

The last category, entitled **vocabulary expansion**, is characterized by an increase in the number of words in a given language. Human development occurs through the process of humanization, that is, the development of genuinely human characteristics. These characteristics are also called higher psychological functions (attention, memory, oral language, written language, logical mathematical reasoning, control of one's own conduct)[23].

Among these, there is the oral language, which, like the others, has its formation and development through interpersonal relationships[22]. Considering these assumptions, it can be pointed out that through communicative situations between people, man will be able to improve his variety of combinations in the language, configuring it in the expansion of vocabulary.

In a previous category, P2 showed advances in vocabulary expansion, in which the workshop team noticed the first perception of this increase in the fifth meeting, when the topic of childhood was addressed. The user gave indications of using words different from those that were common for her to use ("nail", "dress", "ball").

In the eighteenth meeting, in which we addressed the theme *"soap operas"*, the same participant was able to contextualize several words in the interactive moments of the workshops. For example, when the institution team was unable to connect the equipment, she would shout "Help", signaling help for a possible difficulty presented by the team and noticed by her. It was noted that during this period, she expressed herself with different words, reduced repetitions and began to utter words within the context of the situation experienced, aspects also noted by the institution's interdisciplinary team. In the twentieth workshop, data suggestive of an increase in vocabulary were observed, and the participant constantly uttered words that were in context, suggesting evolution.

Conclusion

It was possible to identify categories present in the ways in which participants communicated during the workshops. The evaluated aspects made it possible to recognize and respect each person's way of communicating, allowing those involved (participants and teams) to re-signify their role in the communicative process, in a collective construction of knowledge and experiences.

Within this context, the work carried out at the institution proved to be important with regard to the cognitive, social and oral language development. In addition, the study helped to expand the form of communication and expression of opinions, desires and feelings of the participants, signaling the contribution in relation to quality of life, valuing those involved as social and historical subjects, towards the achievement of autonomy and social (re)insertion.

Speech Language Therapy needs to be instituted in these environments, since the SLT is qualified to work involved in human communication. As in the cases explained in this text, it is possible to note the evolution of some participants, their involvement in the workshops, the contribution of working with memory, in addition to demystifying some preconceptions about the capabilities of people with mental disorders.

Based on the texts studied, we can point out that published SLT experiences in the context of

ARTICLES

adult mental health are occasional, almost scarce. This professional field constitutes an enriching environment for SLT work with inter and multi-disciplinary team, in a process of collective professional construction with the aim of providing greater meaning to the lives of people with mental disorders.

References

1. Amarante P, Nunes MO. A reforma psiquiátrica no SUS e a luta por uma sociedade sem manicômios. Ciênc. Saúde Colet. 2018; 23(6): 2067-74.

2. Martins RCA. Reformas psiquiátricas e o processo de ressignificação do trabalho na saúde mental. Rev. Nufen: Phenom. Interd. 2019;11(2): 96-116.

3. Brasil. Lei nº 10.216, de 6 de abril de 2001. Código Civil. Diário Oficial da União 9 abr 2001; seção 1, p.2.

4. ONU. Declaração Universal dos Direitos Humanos. Assembleia Geral das Nações Unidas. Brasil, Rio de Janeiro, 2009. Disponível em: Acesso em: 10 mar. 2020.

5. Nascimento LA, Leão A. Estigma social e estigma internalizado: a voz das pessoas com transtorno mental e os enfrentamentos necessários. História, Ciências, Saúde–Manguinhos. 2019; 26(1): 103-21.

6. Pretto DS, Tisott ZL, Freitas FG, Terra MG, Mello AL, Pires FB, et al. Cuidado às pessoas com transtorno mental: significados atribuídos por trabalhadores de uma instituição de longa permanência. Res., Soc. Dev. 2019; 8(11): 1-16.

7. DSM-V. Manual diagnóstico e estatístico de transtornos mentais. 5ª ed. Porto Alegre: Artmed; 2014.

8. Almeida BPB, Cunha MC, de Paula Souza LA. Speech Therapy and Mental Health: Service Group to Institutionalized Individuals with Mental Disorders. GKA revMEDICA [Internet]. 2015; 4(2).

9. Folstein M, Folstein S, McHugh P. "Mini-mental state". A practical method for grading the cognitive state of patients for the clinician. J Psychiatr Res 1975; 12(3):189-198.

10. Brucki SMD, Nitrini R, Caramelli P, Bertolucci PHF, Okamoto IH. Sugestões para o uso do mini-exame do estado mental no Brasil. Arq Neuropsiquiatr. 2003; 61(3-B): 777-81.

11. Carlomagno MC, Rocha LC. Como criar e classificar categorias para fazer análise de conteúdo: Uma questão metodológica. Revista Eletrônica de Ciência Política. 2016; 7(1): 173-88.

12. Santos AE, Pedrão LJ, Amorim NEZ, Carvalho AMP, Bárbaro AM. Comportamento comunicativo de indivíduos com diagnóstico em esquizofrenia. Rev. CEFAC. 2014;16(4):1283-93.

13. Soares SJ, Fonseca VM. Pesquisa científica: uma abordagem sobre a complementaridade do método qualitativo. Quaestio [Internet]. 2019; 21(3): 865-81.

14. Carvalho AFT, Peixoto ERS. Memória na Prática da Terapia Ocupacional e da Fonoaudiologia. Rio de janeiro: Editora Rubio; 2012.

15. Izquierdo I. Memória. 2ª ed. rev. e ampl. Porto Alegre: Artmed, 2011.

16. Vygotski LS. A formação social da mente. São Paulo: Martins Fontes, 1984.

17. Falci DM, Mambrini JVM, Costa EC, Firmo JOA, Costa MFL, Filho AIL. Uso de psicofármacos prediz incapacidade funcional entre idosos. Rev. Saúde Pública. 2019; 53(21):1-12.

18. Léxico. Dicionário de português onlin [Acesso em 18 abr 2020]. Disponível em: https://www.lexico.pt/associar/.

19. Matta APC, Chiacchio SVB, Leyser M. Possíveis etiologias da síndrome de West Avaliação de 95 pacientes. Arq neuropsiquiatr. 2007;v. 65(3): 659- 62.

20. Gonçalves DLC. Investigações sobre o conceito de metáfora. Revista Eletrônica de Filosofia. 2018;15(1): 83-95.

21. Koehler C, Gindri G, Bós ANG, Mancopes R. Alterações de linguagem em pacientes idosos portadores de demência avaliados com a Bateria MAC. Rev Soc Bras Fonoaudiol. 2012;17(1): 15-22.

22. Mantovani MS, Ribeiro MCP. A influência da comunicação não verbal na interação humana. Rev. Univ. Vale Rio Verde (Online). 2018; 16(2):1-10.

23. Paes PCD. Superior psychological functions and the rooting of culture in individuality. Braz. J. of Develop. 2020; 6(7): 43489-500.