

Recurrent Falls In Alzheimer's Disease :

Exploring Their Psychological And Symbolic Dimensions

Developing Topic Poster #13782

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Background: Recurrent falls have been identified as a risk factor for the later development of dementia, including Alzheimer's disease (Li et al., 2026). While typically understood as physical events linked to biomedical factors, their psychological and symbolic dimensions remain underexplored. This limitation is particularly significant in Alzheimer's disease, where cognitive disorganization coincides with a weakening of psychological and narcissistic structures. From a psychoanalytic perspective, dementia may be viewed as a response to death anxiety within societies that deny ageing (Maisondieu, 2011). In this context, a fall may represent a form of collapse in which the body expresses what the psyche cannot process.

Method: A qualitative clinical approach was conducted in a geriatric institutional setting. Six 45-minute individual interviews were carried out with five residents (three women, two men), aged 73 to 97, all with a history of recurrent falls. Projective tools (Rorschach, Thematic Apperception Test, and a narrative task) were used as mediating devices to facilitate psychical elaboration.

Results: For four participants, falls emerged as significant psychological events, staging a conflict between autonomy and dependence and revealing narcissistic vulnerability. In Alzheimer's disease, falls appear within a broader process of psychical disorganization, including disruptions in object relations, diminished symbolic capacity, and impaired mourning processes. They may be understood as "acting-out" phenomena or as expressions of difficulty confronting death anxiety, leading to withdrawal and psychic disengagement. A clinical vignette (Hélène, 97, diagnosed with Alzheimer's disease) illustrates these dynamics.

Image source: Aleksandra Mikhailechko, Purple ribbon icon in flat style isolated on white background. Symbol of dementia awareness, Vecteezy, <https://fr.vecteezy.com/art-vectoriel/8242110->

Bibliography:
Josserand, S.-A. (2003). *La chute du vieillard ou la démence en travail de trépas dépressif*. *L'Information psychiatrique*, 79(9), 773–781.

Li, J., Meng, Z., Zhang, S., Wei, L., Zhang, Q., Lin, Y., William, B., & Zhou, X. (2026). *Falls as a predictor of future dementia in middle-aged and older adults: A systematic review and meta-analysis*. *Journal of the American Medical Directors Association*, 27(4), 106089. <https://doi.org/10.1016/j.jamda.2025.106089>

Maisondieu, J. (2011). *Le crépuscule de la raison* (5e éd. revue et augmentée). Bayard.



Conclusion: Falls occupy a critical intersection between body and psyche. They challenge societal ideals of performance and "successful ageing," potentially intensifying shame and self-devaluation. In dementia, they may be viewed as a manifestation of the approach of death (Josserand, 2023), signaling progressive disengagement and weakening of the Ego. This perspective challenges strictly biomedical models and highlights the need for approaches that integrate the subjective experience of falling. Falls engage the individual as a whole. In Alzheimer's disease, they represent both a bodily collapse and a mode of psychological expression, emphasizing the need for a clinical space that allows their meaning to be heard and elaborated.