

The Effect of Art Therapy on Behavioral and Psychological Symptoms of Dementia among the Elderly People

— A Case of Elderly Dementia —

認知症高齢者の周辺症状におけるアートセラピーの効果

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I. Introduction

The use of art therapy began when Adrian Hill, a British painter and a doctor, born in 1842 made practical use of it, when he was recovering from his own physical illness.

At that time, he had a sense of hopelessness in his life. Being a doctor, he devoted his time in helping others to recover from their illnesses, the same way he healed himself through art therapy. Though he's a doctor, he has been scrutinized by other physicians for the methods he used in his work. With a special treatment which he proved to be a successful one, he stole the acclaim of many physicians that doubted him. He found both physical and mental healing in his paintings.

His treatment was based on his experience with this type therapy which laid the foundations for the physical and mental therapy that was later developed. He had reasons that it did well for people who were chronically-ill. And he considered using it as a mean of extending their lives as well. Therefore, art therapy is now being carried out as a general experimental treatment for all types of illnesses, which included many creative arts such as music, psychodrama, pottery, and dance. Today, the treatment is also being introduced to children. Generally, all people with mental disabilities and conditions such as schizophrenia can be included for such treatment.

In fact, before Adrian Hill started to apply art therapy, similar therapeutic treatment existed also in Western Europe¹⁾.

Many people had been subjected to therapies including adults with mental and physical diseases. Children are now also included as subjects of these type of therapies.

In the study of art therapy among elderly people with mental disabilities and illnesses such as dementia and schizophrenia, the difficult situation of treating patients still persists, and there are many case studies on this matter. Treatment with art therapy means a lot of image representations with cognition activities. The non-verbal communication in the patient's body language plays a very important role in this therapy.

Therefore in my experience, I can expect significant influence in the effects of this therapy. This will help establish a significant report or relationship between me and the patients for further references.

This art of using paintings for therapeutic benefit is named as art-psychotherapy. This may be done in groups or carried out in one-on-one sessions in accordance with the characteristics of the patient.

II. Experimental

Thirteen (13) senior Citizens with heavy dementia were selected randomly from the population of T welfare institution in A prefecture.

According to the subject's medical records, they were diagnosed with Alzheimer's diseases or dementia, when they entered the institution. Moreover, the subjects scored 10 points or less on the HDS-R scale,^{3),4)} a score, which indicates the senior citizens have heavy dementia.

The subject's age fell the range of 82.08 ± 9.19 years. There were 8 women and 5 men. They met as a closed group once a week for a total of 12 times over 3 months.

Occupational therapists, nurses and institution staff members helped the author run the sessions. Family members have also participated sometimes.

In the segment, I will closely focus on an elderly dementia case study.

Table 1. Flow of Art therapy session

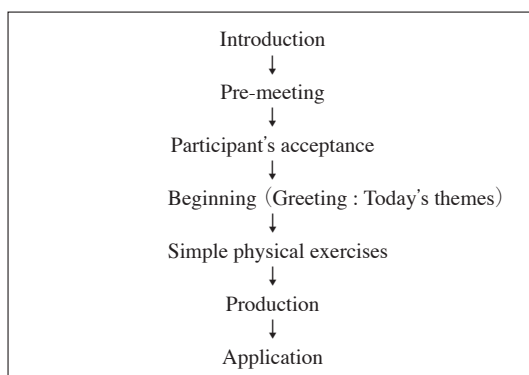


Table 2. Themes of Art therapy

| | |
|----|--|
| 1 | Summertime greeting Post cards of strange marbling |
| 2 | Frottage |
| 3 | Folk craft |
| 4 | The tree is drawn with stamping |
| 5 | Collage box |
| 6 | Collage box |
| 7 | Collage box |
| 8 | Flower pot of Cray |
| 9 | Flower pot of Cray |
| 10 | Coloring paper |
| 11 | Calendar |
| 12 | Calendar |

III. Practice about A's case study

This paper presents the case studies of patient with moderate dementia who participated in the session. With the consent of their families for ethical consideration in making this case report, details were changed to protect the rights and privacy of the patients.

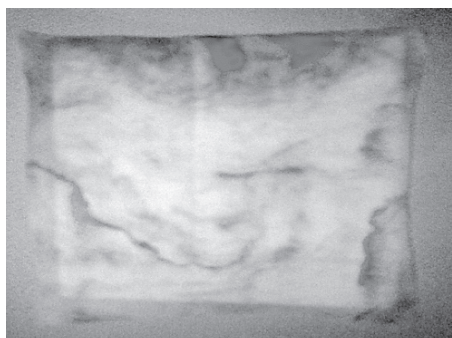
Case A, a 76-year old female, with moderate dementia, was born in X-prefecture and relocated to Y-prefecture, graduated junior high school and worked at the post office soon after.

Session No. 1

Because of the negative response in the session, we moved to another location. However, we still received a negative response from Mrs. A with the question, "What would you do?" unlike others in the group. My question was able to connect well. When asked to perform a simple exercise, the participant responded, "I don't know, so I am just looking".

From time to time, starting with other participants, gestures are referred to as "something that was able to connect with look-alikes which was actually good". She did not show any interest at all in art therapy. The response was rather negative in the session. So without participation in art therapy, the session ended.

Picture 1. Summertime greeting Post cards of strange marbling



Session No. 2 and No. 3

"I do not have much strength" was the sentence which the patient said during an exercise; and before the session was over, the patient experienced "shoulder fatigue". Then Mrs. A said things like, she was not experienced or capable of making such comments. Then I noticed that she said, "I was able to clean". I could not see any changes in her facial expression. I did not notice any reaction.

Session No. 4 to 10

Mrs. A wondered why "I came here to observe and be with those strange people". She added "this is the first time I saw so many people all around me". As such, she could not concentrate on her activities and kept asking herself. "What am I doing here? When can I finish my task?" Mrs. A could have stayed in her own "comfort zone".

However, she was still worried about the people around her. She said "I am interested to know more about these people". Mrs. A said, "Those people do not know me." "I wondered where they came from." Although, one of the staff told her that those people are living with her, still, Mrs. A kept wondering about the first question more and more until she finished her task.

During the sessions, Mrs. A wanted to quit the painting activity. However, every time she wanted to quit, one of the staff told her, “Mrs. A, do your best. You can do it”. But, Mrs. A insisted on quitting the activity.

Further, during the sessions, she kept repeating about wanting to quit. She could not ignore the voices of the staff, who requested her to do at least something. She continued to ignore the request of the staff by attempting to quit the activity.

Mrs. A was worried and felt restless during the sessions, as some of the activities ended half –way through.

Even though Mrs. A complained about having a headache and a cold, she felt that she was not involved in the activity. She only kept going on with the activity due to the continuous advice of the staff.

As she proceeded with the sessions, it was only after the third session that she finally stopped making negative remarks about quitting the activity. It was not spontaneous though, but due to the continued advice of the staff, she had overcome the feeling of negativity.

Session No. 11 and 12

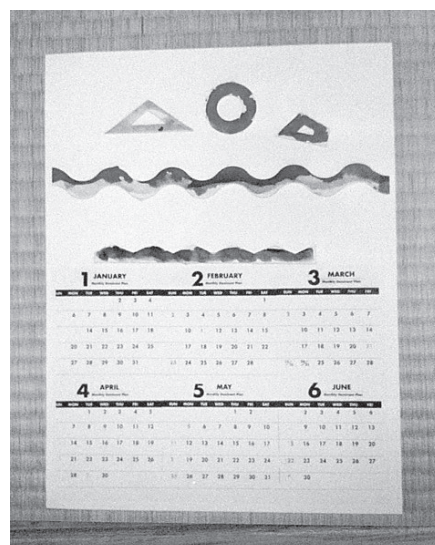
Before the gymnastic session, there was a remark, “Another one, quit” she said. The remark was said in a loud voice repeatedly. The staff advised Mrs. A as she was able to move her body till the end, “How do I do it, like this?” “I may put it on the top of this”, and “It’s not good.” Another one said, “You are beautiful.” Look at how others work and show the exercise tools. The tools made by others were seen. It was beautifully made, wasn't it?

It was possible for the patient to do exercises without others' advice from sessions 6 to 10. The situation which shows a smiling face to others was also judged from session 7.

During the art therapy sessions at the group home, Mrs. A would start talking when she saw other people. She would ask, “Who is that person?” and “I have never seen that person”. The staff would however explain to her that she already knew those people.

In addition, it has become common to talk a lot about everyday life in a group home, while pointing at the people who are admitted to the same home. Statements like “Who is that person?” and “I have never seen that person” were frequently said. The staff would keep on explaining to her that she already knew those people. At times, she gets to be loquacious in the widest of her therapy sessions.

Picture 2. Calendar



She would say that she is tired and that she needs a little break. However, she went on with her therapy sessions until her last exercise which apparently was a simple exercise. The staff had to work hard and regularly advise her during her activities because she could not make decisions between colors and shapes. With determined intention for smooth cooperation and session, she could ultimately make her own decision about colors.

Some people who were around felt worried about the loquacious situation in the T welfare institution. Simple tasks during the session, like joining pieces together with a glue, and painting colors on various objects were done. There was no need for advices from The staff: it was possible to carry out tasks just by watching what is being shown to them. In doing simple exercises, the patient always requests to stop in the middle of the session. Patient kept on complaining in a loud voice by saying that she has a bad headache. Then patient B is seen sitting next to patient A. The session was continued while both patients were seated apart.

IV. Result and Discussion

I would say that Mrs. A was suffering from moderate dementia. She was 76 years old. She was born in X-prefecture and subsequently moved to Y prefecture. She graduated from junior high school and worked at the post office. Mrs. A is always worried about people around her regardless of where they come from. She is always keen to know more about those people.

One of the staff told her that those people are going to be living with her. She always wondered why she is there to observe those strange people, and she kept saying it repeatedly. Mrs. A also asked pointing to a group of people who were admitted to the T welfare institution for a long time. She repeated the statement as to why she was with them. In spite of her own well-being, and having negative feelings and troubles with other people, the staff was puzzled with her. From the first to the third session, Mrs. A's dementia appeared vividly in her life. She almost terminated her sessions.

Most patients with dementia found it difficult to join the therapy sessions themselves. In spite of her negative opinions and passive remarks about it, she proceeded with sessions 4 and 5 as according to the advice of the staff.

In addition, a negative opinion at the beginning was "I will stop it". However, she changed her attitude amid the session. Even though, without the advice of the staff, her attitude changed from the seventh session.

In the midst of the session, she could smile and communicate well with other people around her. From the sixth session, the symptom of dementia was noticed to have reduced. She was seen a little calm in her daily life. During session No. 8, Mrs. A quickly noticed a visitor to the home and pointed at the visitor. The staff smiled at her heartwarming gesture.

"Thank you" was the remark that came after session NO. 8. In session No 10, Mrs. A asked, "Is this a man or woman?" as she looked at the picture. She started to point something at first, but continually questioned the given picture. Then, suddenly, she said "I wonder if it is that person, Mrs.?" She

reminisced about Mrs. B, playing near the river in their neighborhood. Just because of the photograph that she had of Mrs. B, it brought back memories while she was in the art therapy session.

In addition, Clinical psychologist, Beaton also had obsessive negative and integrative reminiscence, which was indication of the existence of dementia.

Dementia among elderly people is rather unique, as patients only recall early parts of their lives, and they seem to be less in touch with their short-term memories. Such art therapy incorporated the science of affirmative reminiscing to help reconfigure the mind and memories of daily life as experienced in youth.

Being in this group home with many strangers, Mrs. A, actually could communicate in a stable manner and totally forgot about her dementia condition. She mingled around as a normal person in a normal world.

She was asked normally without interrupting the activities she does on a daily basis. Mrs. A also forgot a close bond she shared with the staff. She sure can remember her life history again. The staff had a complete knowledge about Mrs. A's reminiscence. In addition, Mrs. A smiled and also told a joke during the session No.11.

V. Conclusions

In conclusion of Mrs. A's story, it was clear that she had adapted well to the therapy and there were no more jeering at the other people. Everyone felt good.

It was observed that even though she had been negative, at first, she slowly changed from the fifth session onwards and she voluntarily participated in the art therapy from then on.

This article is one of the cases of BPSD (behavioral and psychological symptoms of dementia) for patients whose symptoms have been alleviated.

Through art therapy had many symptoms of elderly-dementia patients had reduced. Such situation is called BPSD.

Additionally, there is a change in behavior and personality, together with a variety of negative complications. Because of the physical and mental ability, the continuity of medical care is required.

Furthermore, in addition to symptoms such as this, the mental state was rapidly changed on a daily basis and creative impulses were reduced at certain times. In accordance with the analysis, there was also a pattern that was related to the projection of the symptoms, and understanding the contents of the picture which was difficult at times as the patient's mood would change.

This study comes in many parts and divisions.

Therefore, it is also necessary to have medical and medical support when carrying out art therapy for dementia patients. It is a complementary relationship between the medication and art therapy.

This research paper is intended for Mrs. A, who experienced moderate dementia. It will summarize the case individually in terms of behavioral and psychological symptoms, and results of therapies used. In the fields of nursing dementia patients, certain people can care for such patients. It has proven that art

therapy students are far better compared to patients using the BPSD treatment. Everyone grows old, and wants to live a normal ordinary life instead of suffering an ailment.

Art therapy has helped patients regain normal living and has proven very effective. It has been recognized as one of the most effective therapies available. This study comes in many parts and divisions.

Further studies will be well considered in the future, as it is necessary to have an overview of the long-term effects of this therapy. Furthermore, it is should be referred that not only the quality of research should be improved, but also music therapy, drug therapy and other methods that need improving. Art therapy methods had objectively shown improved cognitive function in patients with dementia.

It can be said that art therapy is effective in the behavioral and psychological symptoms of moderate dementia among the elderly people. A further study is required in order to affirm the improvements of cognitive functions for elderly people with dementia.

In addition, we are aware of 13 other people that could not have been included in this report at this point. For treatments of other degrees in mild dementia and severe dementia cases, further research should be done so we could provide more concrete and stable results.

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