Art Therapy with Clients Who have Dementia
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What is This?
Art therapy with clients who have dementia

Introduction

Most people working in dementia care are aware of the benefits of art as a diversional activity. Engagement in art activities is relaxing, encourages concentration, enhances self-esteem through the production of an end result of merit, and offers purposeful and gainful occupation. Furthermore, there are many art and craft activity packs on the market that do not require creative, technical or aesthetic skills to obtain a ‘good’ end result.

However, much less is known about the role of art therapy. I would like to share some of my thoughts, feelings and experiences in regard to my work as an art therapist with clients who have dementia.
What is art therapy?

Art therapy uses art expression on a deeper level than the level of 'production of a good result'. In art therapy, clients are facilitated to create their own spontaneous images. Each individual's personal expression through art reflects a unique expressive style that projects, reflects and reinforces the particular personality that produced it. It is this aspect of art that is important in art therapy. The focus is communication rather than aesthetic merit of images. The aim of art therapy is to enable creative communication and expression of preoccupations and emotions in a trusting therapeutic relationship.

As a psychological therapy, art therapy uses elements of art expression in an interpersonal therapeutic relationship. The development of a positive therapeutic alliance that involves trust, warmth, positive regard, empathy, attention and listening skills is a core element of any psychological therapy. In addition to these, an art therapist facilitates, encourages, responds, views and observes art making processes and attends to these as additional sources of communication in the therapeutic session.

In the United Kingdom, art therapy is a state-registered profession. The requirements for training are a first degree in fine art followed by a two-year full-time postgraduate diploma/master's level clinical training.

Need for sensitivity

Enabling older people to engage in art therapy requires a lot of skill on the part of the art therapist. The sight of art materials often evokes a response in older people of 'Oh no! I can't do that!' For many clients who grew up in the 1930s depression or during the Second World War and its aftermath, art and art materials were a luxury. The three Rs were the primary concern of schooling and there was much less regard for children's creative development. In the north-west of England where I work, many older people left school at 14 to take up manual work - for example, in the cotton mills. Art can therefore be regarded by my clients as a middle-class activity of which they have no knowledge. Self-esteem can become fragile when health and a general sense of competence begin to fail in older age and some clients can be afraid of 'showing themselves up' should they try and not 'succeed'. Others regard the suggestion that they use art as demeaning because it can invoke fears that they are viewed as being in their 'second childhood' and therefore are being offered things that they would regard as more appropriate for their grandchildren.

All of these responses can be attended to and negotiated with sensitivity and understanding in the service of establishing and building a therapeutic
relationship. When sufficient trust is established and clients recognize that
they are respected, their dignity maintained and their confidentiality pro-
tected, they can become sufficiently empowered to begin to take some risks.
Often the initial attempts are very tentative.

Exploring and rediscovering skills
Conversely, there are also those who look at the art materials with interest,
wonder and longing. They may say, ‘I’ve always wanted to do things like
this but there was never the time or money’. I find it deeply touching to
see the relish and pleasure with which such people will begin exploring
various media. I am impressed by the courage that enables them to risk
something new at an advanced stage of life. Often, while exploring a certain
medium, they will recall in meticulous detail, from 70 or 80 years ago, a
particular drawing they did or an object modelled at school. I regard it a
privilege to witness the rediscovery of the seeds of a particular creative
endeavour that have lain dormant through so many years. The client will
often go on to unpack many forgotten memories embedded in the same
context as the memory evoked by engagement with art materials.

Balancing the past, present and future
Each time I meet a client, I am very aware that she or he has lived a particu-
lar life that has included skills and abilities, strengths, weaknesses, pleasures,
joys, grief and loss. For staff working with the client, individualized remi-
niscence and life story work can help to preserve a client’s identity and
enhance insight and understanding. This improves the quality of overall
personalized care. But in working with people who have dementia I am also
very aware that I am working in a context of deteriorating functional ability
and that my clients are in the final phase of their lives.

I would like to share an insight offered to me by my mother. She had
dementia and was in frail care in South Africa. I knew that there would be
no one to represent her as she became more disabled and I asked her if she
would mind if I created a ‘Book of Life’ so that the staff could know what
a wonderful woman she is. She said, ‘Oh no! Don’t do that!’ I asked, ‘Why
not’? She replied, ‘Because then I will have to live up to it’.

I caught a glimpse of a wonderful freedom just to ‘be’ – a freedom from
striving and endeavouring to meet external demands. I realized how we are
all more than the sum of our parts and that my view of my mother could
only ever be partial and therefore potentially limiting of her. I also realized
that by focusing on the past I was potentially circumscribing her present,
hers future and her preparation for her death.
Processes and dynamics in art therapy with people with dementia

Despite physical deterioration, failing language and communication skills, I endeavour to be careful not to underestimate my client's needs and abilities to share and explore the many and varied aspects of herself or himself, some of which may never have been shared nor explored before. Nor do I assume that because of progressive deterioration she or he can no longer benefit from the basic human processes of expression, externalization, reflection and reintegation of significant intra-psychic content that are formalized in the psychological therapies. The particular intra-psychic content that is expressed may pertain to the past, the present, the future or the approach of death. It may also be a reflection from all of these in a complex multi-layered symbolical communication.

In offering art therapy, I endeavour to offer a space where thoughts, emotions and interactions can be expressed safely. I hold an awareness of life history and offer art activities that are compatible with the lifelong skills of the individual but I resist urges to close gaps in communication based on my knowledge of the client as this may foreclose what the client wants to express. I attend to the client's quality of contact with me and with the image, in the 'here and now', and by so doing endeavour to hold an open creative space where the client can 'be'. Actions, expressions, articulations and silent withdrawals constellate to form multi-layered communicative content. I am aware that in my session with a client I am only privileged to see a tiny section of her or his inner world. Usually, because of the illness and shortened concentration span, this tiny section is not contextualized. Many clients have reduced ability in verbal communication and this limits explanation and exploration of images that are created in art therapy. I hold my lack of knowing through a belief in the significance of the effort of expression for my client. Because intra-psychic content has been externalized, viewed, received and acknowledged, the possibility exists for assimilation and integration back into the client's inner world in a more comfortable manner.

Three vignettes

By way of illustration of these processes and dynamics, I offer three vignettes drawn from my clinical work:

Marjorie
Marjorie readily picks up a felt-tip pen. She quickly makes random marks. Periods of activity and mark-making are punctuated with withdrawals. I
observe that she remains visually engaged with her image during withdrawal phases. It is clear to me that she is thinking and considering, both actively and passively. Slowly she begins to focus intensely and then quickly creates an image of a house, a pool, hills. She sits back and says: ‘A villa in France... space, no people’.

As a businesswoman she had taken regular holidays in an isolated part of France. The image can be seen as a memory of good times, but she is currently in the process of moving into residential care. Perhaps she is also expressing her concern over her need for solitude and mourning her loss of isolated autonomy because of increasing dependency.

**John**

John is a charming gentleman. He draws slowly, perseveratively and methodically. The lines he makes progress steadily, getting longer and bigger. While drawing, he talks continuously. He tells me a rambling story about his first love, their innocent kisses and concurrently his drawing, in the here and now, becomes explicitly sexual. At the end of the phallic shape he has created, he makes a few dots. He is silent and his expression is wistful and sad. He sighs deeply and tells me how the tender relationship was ended by over-concerned parents. In this complex communication there are expressions of innocence, sexuality, loss and ending.

**Mary**

Mary is very anxious. She takes a long time to settle. She produces marks slowly and tentatively. She needs a lot of encouragement to continue. She draws two small and barely visible figures that are lost on the vastness of the page. Then she reaches for the blue pen that she has been eyeing throughout. She colours in the clothes of one of the figures and she states, ‘it’s a blue dress’. She tells me in stilted sentences of a blue dress that her mother made for her when she was 18. Everyone in her village said she was the prettiest girl when she wore it. Looking into Mary’s eyes I can see the joy and pleasure of the pretty girl in her now.

**Closing thoughts**

A need for others and for solitude, innocence and sexuality, pleasure in affirmation from others, these are all deep human concerns. Despite the obvious and progressive debilitation of their condition, I regard my clients’ communications as creative expressions of particular preoccupations that they are endeavouring to evaluate and resolve so that they can withdraw peacefully when the time comes.
I should like to conclude with an extract from D.H. Lawrence's poem, *Shadows*:

And if, in the changing phases of man's life
I fall in sickness and in misery
My wrists seem broken and my heart seems dead
And strength is gone, and my life
Is only the leavings of a life:
And still, among it all, snatches of lovely oblivion, and snatches of renewal
odd, wintry flowers upon the withered stem, yet new strange flowers
such as my life has not brought forth before, new blossoms of me
then I must know that still
I am in the hands of the unknown God,
He is breaking me down to his own oblivion
To send me forth on a new morning, a new man.

(Lawrence, 1986)

Reference


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**Activating potential for communication through all the senses**

The name Sonas aPc™ consists of the Irish word ‘sonas’ (pronounced sunnus), meaning wellbeing, joy and contentment, and the abbreviation ‘aPc’ standing for ‘activating potential to communicate’. The concept was pioneered by Sister Mary Threadgold, a speech and language therapist and member of the Sisters of Charity, an order of nuns founded by Mary Aikenhead in the 19th century.

The origins of the order were partly a response to the poor conditions experienced by the majority of people living in Ireland at the time and the nuns took an additional vow of ‘service to the poor’. The Sisters of Charity were also to become one of the creators of the hospice movement.

There are many different types of poverty and Sister Mary Threadgold became aware that many people with dementia living in long-term care were receiving physical care but that much less attention was being given to their emotional and psychological needs. Her work as a speech and language therapist working with children with intellectual disabilities had suggested to her that music was an effective way of reaching people with...