

THE ROLE THE ARTS CAN PLAY IN THE WELLBEING OF OLDER INDIVIDUALS LIVING IN THE COMMUNITY AND IN CARE

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KEYWORDS

MAC.ART: McAdam Aged Care Art Recreation Therapy. An art as recreation therapy program developed for, and introduced into, the Australian aged care sector in 2001.

Dementia: Umbrella term used to describe the eighty or more incurable neurological dysfunctions that result in progressive and irreversible decline of cognitive function, the most common being Alzheimer's disease.

Art as recreation therapy: Structured non-psychotherapeutic art activities designed to enhance wellbeing and quality of life.

Non-pharmacological interventions: Assortment of therapies and interventions in dementia care, such as art and music, that do not incorporate the use of pharmacological substances.

Person-centred care: Care that focuses on fulfilling the needs of the individual.

Psychosocial needs: Basic human psychological and social needs that must be met to sustain emotional wellbeing and an acceptable quality of life.

ABSTRACT

This paper aims to draw people's attention to the growing awareness of the role of the arts in the wellbeing of elderly individuals living in care and in the community. It draws on personal experiences and indicates the theories that have influenced the development of an original art as recreation therapy program for a large and diverse range of participants with special needs. It also speaks more generally to the huge potential that the creative arts can play, in the area of dementia-specific care.

The stereotypical notion of a residential aged care facility is one of inactivity, a centre of passivity where staff lack vitality and enthusiasm and the residents seem to have little interest in life.

The MAC.ART program – it stands for McAdam Aged Care Art Recreation Therapy was devised to reverse that stereotype. MAC.ART was conceived to incorporate a person-centred design concept, and was introduced into the Australian aged care sector in 2001 (www.macart.com.au). The program was developed because of the lack of genuinely 'all inclusive' art as recreation therapy programs in aged and in particular dementia-specific care. A steadily growing body of research, especially from North America confirms, that it is possible to invigorate and revitalize the human capital of any aged care facility, dementia specific unit, or community setting through the implementation of appropriate art projects (Bernfeld & Fritsch 2006).

The MAC.ART program primarily explores the limits of creativity and wellbeing, and offers participants the opportunity to take part in the creation of large scale community artworks. It can also offer valuable insight into the minds of those living with dementia.

Dementia is an umbrella term used to describe the eighty or more incurable neurological dysfunctions that result in progressive and irreversible decline of cognitive function. Alzheimer's disease is the most common. The Access Economics report, *Dementia Estimates and Projections* (Alzheimer's Australia 2005), indicates that dementia in Australia is currently the second largest disability burden after depression. Access Economics predicts that the next decade will see dementia become the largest disease burden in Australia's history. Over the next fifteen years the number of individuals living with dementia will increase by 60 per cent and the future cost, both in financial and human terms, will be enormous. Dementia, it is estimated, currently costs the Australian economy \$6 billion per annum (Alzheimer's Australia 2003).

So far, the MAC.ART program has engaged more than two thousand individuals from different ethnic, religious and sociological backgrounds, and they have produced fifteen major artworks, each of which showcase the hidden creative ability of older individuals, particularly those living with dementia, in residential aged care and in the community.

Through painting, and creative endeavour, the psychological and social (psychosocial) needs of each individual in care can be addressed. Participation in a creative activity, such as painting, produces both a sense of pride and a feeling of self worth. This in turn leads to a feeling of achievement, inclusion and, on completion, a sense of ownership of the whole community artwork. Needless to add, the wellbeing of all involved is increased in the process.

Perrin and May (2000) maintain that wellbeing for those living with dementia is best understood 'in the context of novel and varied experience'. They further believe that 'the seat of wellbeing' in dementia is reliant on 'critical partnerships', and 'can only be understood in the context of the interface between therapist and client' (Perrin & May 2000, pp.27-8). Art as recreation therapy, conducted by an experienced therapist, offers the possibility of both a novel and varied experience for the participant, as well as providing a unique opportunity for the therapist to gain scientifically valuable insights into the application of art in care and the emotional world of those living with dementia.

With this in mind, the continuing evolution of the MAC.ART program has been particularly inspired by a group of special individuals and their unique contribution to the world of knowledge. In particular they are Abraham Maslow, Carl Rogers and Tom Kitwood.

In the 1950s, Maslow published his seminal work on man and his hierarchy of needs while exploring the origins of creativity (Maslow 1954). By the 1980s, Boettcher (1983) had identified the basic psychosocial needs of residents in aged care. Boettcher nominated territoriality, communication, self-esteem, safety and security, autonomy, personal identity and cognitive understanding. He argued that these basic needs must be met to sustain emotional wellbeing and an acceptable quality of life (Boettcher 1983, pp.54-8). These psychosocial needs were expanded and incorporated into the guidelines of the American Psychiatric Association (1997). The same year saw the English publication of Kitwood's (1997) person-centred care model, designed specifically for dementia care, and based on Rogers (1957; 1958; 1961) person-centred therapy, his counselling techniques and his theory on creativity.

Kitwood (1937-1998) formulated the first workable dementia-specific, person-centred care model, drawing on the humanistic theories of Maslow and Rogers. He displays a profound understanding of the psychosocial needs of those in dementia-specific care, although it should be acknowledged that aspects of his methodology have come under criticism (Epp 2003; Adams 1996). In his book, *Dementia Reconsidered: The Person Comes First* (1997), Kitwood argues the case for engagement in art making activities, and other forms of the creative arts therapies, as a particularly fruitful way of fulfilling the emotional needs of individuals living with dementia.

Understandably, the impact that Kitwood and others have had on modern healthcare generally is far-reaching, although too often ignored in the area of aged care in some countries. Another influence was one of the great visionaries of his age, the founder of the Victorian Arts and Crafts Movement and a colossus of nineteenth-century aesthetic populism – William Morris. He was arguably one of the most influential figures in the introduction of art and handicrafts into education (MacCarthy 1994). And, the introduction of art into education can be seen to have played a significant role in the development and evolution of modern art therapy (Waller 1984). Morris maintained that it was not enough simply to create. He also believed it was important to educate the wider public of the great value of good design and fine artwork – both in our private lives and in the way we design and decorate public spaces and institutions. His golden rule was as simple as it was revolutionary: 'Have nothing in your houses that you do not know to be useful. Or believe to be beautiful' (Gibson 1999, p.21).

For those who support, indeed advocate, the introduction of creative arts therapy in dementia care, the optimum goal for aged care facilities is to marry beauty with utility, under an umbrella of person-centred care (Bernfeld & Fritsch 2006). These core elements constitute the foundation stones on which best practice quality of care can be constructed. Unlike hospitals, which exist to meet the immediate and transient demands of those in need, aged-care facilities, on the other hand, have a different purpose and role – they are supposed to provide a home for their residents.

When well-designed physical surroundings are combined with enjoyable and fulfilling activities, they provide strong reinforcements for the enhancement of the quality of every individual life. It is also the case that few individuals deliberately and happily choose the option to enter aged care and we must question why. The fact is most individuals are there reluctantly, some have been 'placed' there, but almost everyone eventually concedes the necessity of care.

The creation of an atmosphere and physical environment enabling the individual to feel at ease - and happy to engage fully in life - is of paramount importance, not only to address each individual's health and wellbeing, but also to maintain and strengthen his or her unique sense of personhood.

Although the therapeutic value of creative arts therapies has been known for centuries (Malchiodi 2007), structured art as therapy is very much a modern phenomenon and research in dementia-specific care is still in its infancy (Bernfeld & Fritsch 2006). In our modern technological world, it is regrettable that, as we enter old age, the significant role that the arts can play in our emotional life would seem to have diminished, along with our collective sense of personhood.

Sacks (1985, 1995, 2007) regrets that empirical science has little time for what even skeptics still call 'the soul'. He believes that emotional connections, and their resonance, are created primarily through art and music and, not least, the phenomenon of colour. And, in Sacks's (1985) experience, the combination of colour and art are particularly relevant for those living with neurological disorders. He wonders whether there are not philosophical, as well as clinical, lessons to be learned from dementia and other instances of organic damage to the brain. Above all, he firmly believes in the 'undiminished possibility of reintegration by art'. He maintains much can be learned by 'touching the human spirit' of those living with dementia, and that much 'can be preserved in what seems to be at first a hopeless state of neurological devastation' (Sacks 1985, pp.37-8).

Engagement in community artworks, and the creation of a legacy that lives on after us, is important for the elderly for another reason. Robert Jay Lifton (1971, 1979), whose work centres on the human ability to overcome trauma, describes the development of his concept of 'symbolic immortality' as 'central to his work'. Lifton describes each individual's quest for immortality as a way of 'living on through larger groups and images to which one is attached' (Lifton 1971, pp.156-7). He argues that this is part of a 'compelling universal urge, and [is] in fact man's only way of coping with the fact of death' (Lifton 1971, p.204).

One of Lifton's models – the creation of 'works' that live on after us - is particularly significant in understanding the place and importance of creative engagement by the elderly in community artworks. As Lifton (1971) reminds us, 'man's quest for "eternal survival" can be seen as symbolically realised by artistic and other cultural "works" he transmits to future generations' (Lifton 1971, p.253). In aged care, in particular dementia-specific care, the MAC.ART program has demonstrated that these 'works', in the form of communal artworks, can be easily and inexpensively realised. The added realisation that individuals living with dementia can actively engage in, and truly enjoy creative activity, speaks for the wider possibilities in this area. We can see the potential with the creation of other programs, such as *TAPPS* (Levine-Madori 2007) and *Timeslip* (Basting 2006; www.timeslips.org), the *Spark of Life* (Kuhn & Verity 2007; www.dementiacareaustralia.com) and *Memories in the Making* (Kinney & Rentz 2005; www.alzheimersartspeaks.com).

We are particularly fortunate in Australia that the provision of fulfilling activities are linked to the legislative requirements of aged care, where each accredited facility has a mandate to provide lifestyle programming and services as part of their charter to maintain minimum standards of care (Commonwealth of Australia 1997a, 1997b, 1998, 1999). That greater imagination is needed by some aged care providers goes without saying.

For almost all individuals, the artworks produced as part of these programs are of special significance, their meaning should not be underestimated. This is particularly so for those who, for whatever reason, have little or no spiritual faith, or have not been parents and thus cannot 'live on' through their biological offspring. For these

individuals, the act of contemplation and participation can result in an immersion in the activity itself, resulting in what Read (1961) once described as a sublimation or a 'losing of oneself'.

Responses vary enormously, there can be a wide range as the residents of some facilities have had easier lives than residents of others. Often, there are clear sociological differences in the resident mix. At other times and other places, the ethnic and gender mix is quite distinctive. But the ethereal experience prompted by the creation of artistic works, and in particular group artworks and community murals, assures each individual, no matter their age or personal circumstance, is provided with the opportunity to leave his or her mark and tell their story.

Translating such stories into graphic pictorial images on communal artworks provides the individual with a chance to explore his or her story through painting. In this way creative self-expressive experiences can be the catalyst for great change, both for the individual and society. The emergence over the last few years of a new folk art movement focused on the creation of community artworks, works that record community stories, is an exciting prospect.

The American psychiatrist, Dr Gene Cohen (2006a), has written that folk art makes a 'profoundly powerful statement about the inherent capacity for creative expression throughout the entire life cycle'(Cohen 2006a, p.8). For the elderly individual, who almost invariably experiences a sense of loss from the erosion of his or her traditional position of respect in society, the opportunity to contribute to communal folk art - art that tells a story, and leaves a lasting legacy - is of immense value. The benefits to society are no less so.

Cohen has spent almost two decades researching and studying 'positive ageing' and the creativity of older Americans. In his groundbreaking *Creativity and Aging Study* (Cohen 2006b), Cohen observes that every time an individual attends an art activity he or she experiences a high level of social engagement, culminating in a 'renewed sense of control' and an 'ongoing individual mastery' (Cohen 2006b, p.3). In his 2001 book *The Creative Age*, Cohen writes persuasively about this mastery and the hidden creative ability of older individuals. He notes (Cohen 2006a) the latest research on human development reinforces the notion that each of us has an 'inner drive' that fosters psychological growth across our lifetime. But, sadly, he also observes that 'often when older people are recognised for outstanding work they are typically regarded as exceptions to the rule – as if creativity and outstanding performance were not a significant part of ageing' (Cohen 2006a, p.8).

There is little doubt that Cohen's published works and research continue to reinforce the link between ageing and social engagement and psychological growth. His work underlines the realisation that creativity, in all its forms, is a valuable and useful tool when working with the elderly. Cohen's writings document the influence creative activity can have on the emotional health, as well as the intellectual life, of older individuals. He describes this whole process as 'a mechanism that can, moment by moment, displace negative feelings, such as anxiety or hopelessness, with positive feelings of engagement and expectation' (Cohen 2000, p.176). When a positive feeling of 'engagement and expectation' combines with each individual's 'inner drive', an opportunity is created to come to terms with grief, loneliness, and the loss of independence and the family home. It may even lessen the pain of the death of a life partner. In short, creative activity, and the self-expression it releases, has the unique ability, at any age, to help each of us come to terms with life events and to enable us to find meaning in our lives.

The introduction of community art projects, such as the MAC.ART program, can contribute enormously to the emotional wellbeing of the individual and that of the whole community. Not only are the resultant artworks things of beauty, but so too is the process itself. Creative expression enables participants to enjoy a most rewarding

personal experience. By the time the artworks are finished, the whole is always wonderfully greater than the sum of its parts. The late Bridie Harlow, sacristan of the chapel at St Paul's Court, spoke of an ethereal experience - one of being 'transported in a way that lifted our hearts and souls' - when commenting on her own and others inclusion in the whole (Cloke, 2002,p.8).

It has been my personal experience that most of the participants in the MAC.ART program actually take comfort in the realisation that the creative process is never perfect. They know there aren't really any 'mistakes', because each contribution, no matter how small, awkward or random, is seen in its own way as a unique and beautiful creation - an integral part of something much larger. My 'artists' are told that the courage to pick up a paintbrush is all it takes to create a lasting legacy.

Fostering self-worth in individual painters, it has been my discovery, can be achieved by the simple act of encouraging individual participants to get involved. Participation in the collective work, and a sense of pride in the artwork's creation, combined with a feeling of inclusion and ownership of the whole artwork at the MAC.ART program's conclusion, best describes the concept of modern folk art and the value of the other creative arts therapies in aged care.

It is easy to extol the virtues and the value of community participation in projects and artworks, but an introduction to the power of creative engagement can be glimpsed through the experience of one particular artist who was struggling with a profound loss of self, accompanied by feelings of isolation that all too frequently characterises life with dementia. Her name was Betty and she had become so bewildered that for a time she was carefully watched, and then, for a brief while, placed on medication. Betty began work on the project on day one and continued to work with remarkable accuracy and dexterity for hours at a time, over the several weeks it took to complete the work. Betty had no formal training and had never painted before, but she talked lucidly about colour combinations and the shape and design of the panels. She made good suggestions and comments throughout and recognised her mistakes when she made them. Every morning Betty was curious about the plan of each day's work, and any anxiety she may have felt quickly dissolved as she became absorbed in her task. Betty had been a champion sportswoman in her day. She knew just how to pose for the newspaper cameraman at the artwork's unveiling, and chat about her experiences to the journalists as they crowded around her. It was one of the last things that Betty did.

Verity (Parliament of Victoria 1997) talks of activities that 'do not have to be big and huge'. She speaks of the 'simple things in life that lift the heart and soul'. The simple act of holding a paintbrush was not big in the overall context of the contribution of ninety other artists who worked on that particular artwork. But, to my mind, for Betty to lift a paintbrush and be transported, even for a short time, from her isolation is an unbelievably huge achievement. It is one of those rare simple things in life that truly lift the heart and soul.

Whitehouse and George (2008) estimate that today as many as twenty-five million people worldwide are living with Alzheimer's disease. In 2010 the first of the baby boomers turns sixty five. The number of baby boomers disabled by Alzheimer's disease will begin to significantly increase. And, Shenk (2003) rather conservatively estimates that by 2050, in America alone, some fifteen million people will have Alzheimer's disease, at an estimated annual cost to society of as much as \$US700 billion. Given these projections, the development of new art programs, and the accompanying research into the effect of art and art making on those living with dementia, is not only relevant to Australia, but has major worldwide implications. The *raison d'être* for the development of new art programs is summed up by Whitehouse and George (2008, p.108) with their assessment that there is a

'need to prioritize the right jobs and get to work, for the task of rising up to the challenges of our aging world is enormous'. There is no better way to meet those challenges than through vibrant community engagement with the arts.

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