

Visual Arts in Age-Friendly Dementia Care



GWEP ECHO Program

UND UNIVERSITY OF
NORTH DAKOTA.

Pretest



Question 1 (multiple response)

The visual arts are used in age-friendly health care to:

- a) Engage the imagination
- b) Encourage physical activity
- c) Promote social isolation
- d) Support emotional responses

Pretest



Question 2 (true/false)

Group activities are preferable to individual interventions when using the visual arts to engage people with dementia.

- a) True
- b) False

Pretest



Question 3 (multiple choice)

When engaging people with dementia in visual arts participatory activities, which of the following is NOT recommended?

- a) Engage participants in one art-making activity
- b) Use a facilitator to make the enjoyable and comfortable for participants
- c) Ensure the art-making activity lasts less than 60 minutes
- d) Involve carers in the activity to encourage social engagement

Learning Outcomes



- Understand the ways visual art is used in age-friendly health care.
- Explore passive and participatory age-friendly visual art activities.
- Explore the use of the visual arts in age-friendly dementia treatment.

Visual Arts in Age-friendly Care

- Fragmented literature

- World Health Organization – What is the evidence on the role of the arts in improving health and well-being? (Fancourt & Finn, 2019)
- Impact of visual arts on hospital patients' well-being (Timonen & Timonen, 2021)
- Visual art and the design of long-term care facilities (Van Steenwinkel et al., 2017)
- Passive and participatory interventions (Hathorn, 2013)
- Multi-sensory interventions (Staal et al., 2007)
- Arts engagement, personal growth, meaningful social interactions
- Increased social participation (Gjernes, 2017)
- Connect with personal interests (Tay et al., 2018)
- Benefits of art therapy in healthcare contexts (Vickhoff, 2023)



What is Art?

An object

Utility versus value

Imaginative experiences

Emotional responses

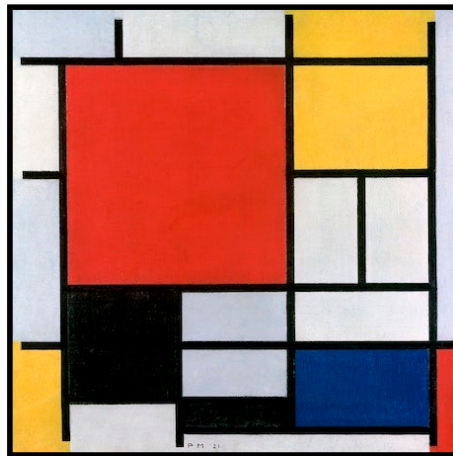
Novelty, originality, specialized skill

Form, composition, expression,

Patronage

Crafts, design, painting,
photography, sculpture, textiles

Fancourt, D., & Finn, S. (2019).
What is the evidence on the role of
the arts in improving health and
well-being? A scoping review. WHO
Regional Office for Europe.
<http://www.ncbi.nlm.nih.gov/books/NBK553773/>



Art and Health

Multimodal interventions

Aesthetic engagement, imagination

Sensory activation

Emotional responses

Physical activity

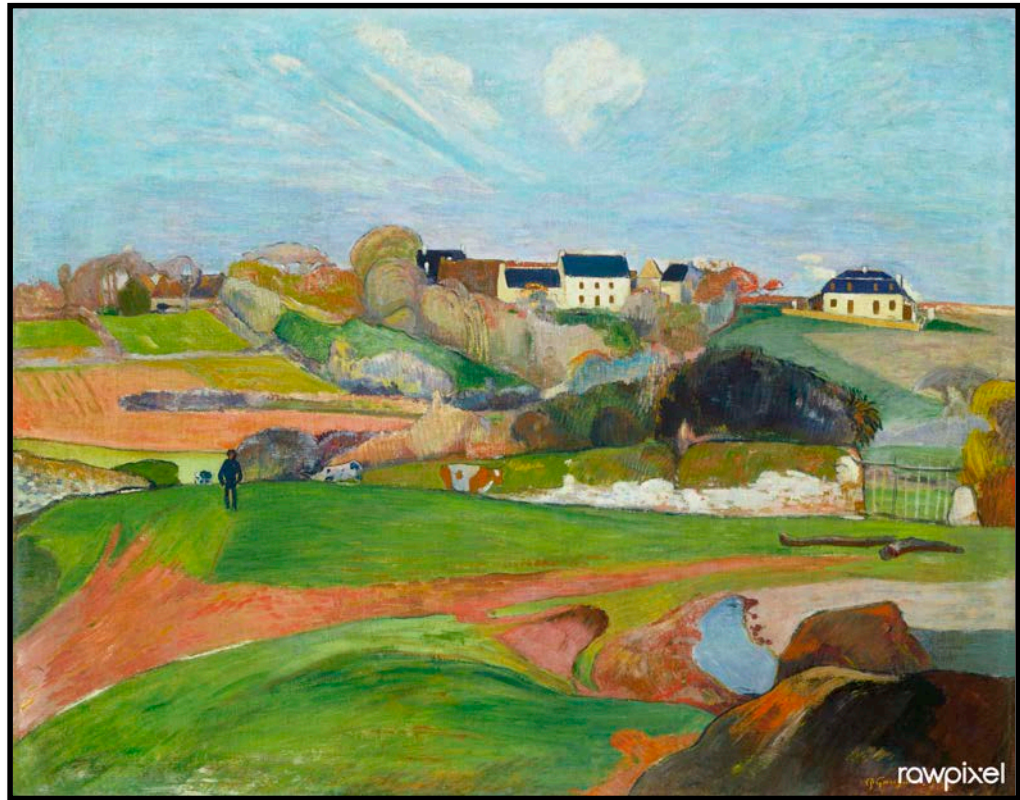
Engagement with nature

Cognitive stimulation

Social interaction

Interaction with health-care settings

Engagement with health care themes



Integrating Visual Arts in Age-friendly Care

- Psychological
 - Enhanced self-efficacy, coping, and emotional regulation)
- Physiological
 - Lower stress hormone response, enhanced immune function, higher cardiovascular activity
- Social
 - Reduced loneliness and isolation, enhanced social support, and improved social behaviors
- Behavioral
 - Increased exercise, adoption of healthier behaviors, skills development



Outcomes of Visual Arts Integration in Age-friendly Health Care

- Prevention and Promotion
 - Social determinants of health
 - Child development
 - Caregiving
 - Prevention of ill health
 - Health-promoting behaviors
- Management and Treatment
 - Mental illness
 - Acute conditions
 - Neurodevelopmental and neurological disorders
 - Dementias
 - Non-communicable diseases



Outcomes of Visual Arts and Age-friendly Dementia Care

Sustained attention

Social isolation

Behaviors

Communications

Security and belonging

Self-esteem

Sense of identity

Music, dance, literature

Mindfulness, memories, reduced
anxiety and agitation

Across levels of dementia



Passive Engagement



- Viewing artwork
 - Learning about artwork
- Professional facilitators
 - Impart expert knowledge
 - Focus on aesthetics
- Promote social exchanges
 - Glare
 - Color vision
 - Emotional state



Participative Engagement



- Making artwork as therapy and in therapy
 - Lack of standardization in interventions and research designs
- Researcher/ provider as facilitator
 - Ensure the comfort of participants
 - Person-centered approach
- Interventions delivered in groups
 - Improve cognition
 - Positive mood
 - Communication and relationship-building
- Diversified activities to sustain attention
 - Painting, drawing, watercolors, coloring



Caregivers and Locations

- Caregiver roles
 - Positive impact on social relationship-building
 - Help promote interest and engagement
 - Foster relationships between carer and people with dementia dyad
 - Especially important for people with severe dementia
 - Allow autonomy in artmaking
 - Stimulate confidence
- Locations
 - Long-term care facilities
 - Galleries
 - Participatory artmaking activities suitable for many locations across levels of dementia



Art Therapy

- Art as therapy (Beard, 2012)
 - Versus art as a leisure activity
 - Interactive
- Focus on treatment outcomes
 - Reduction of symptoms, behavioral improvements
 - Therapeutic, treat the whole person, not just the illness
 - Focus on enriching the lives of people with dementia
- Key measures
 - Social support, aliveness, emancipatory potential
 - Greater Cincinnati Chapter Wellbeing Observation Tool (GCWBT) for short, continuous observations to measure engagement, cognition, social domains
 - Interviews and qualitative measures
 - Few controlled, systematic, evidence-based studies (Cavalcanti Barroso et al., 2022)



Participatory Art-making – Best Practices

- Apply frequent sessions (less than 60 minutes)
 - Benefits last length of session
- Vary participatory activities in a single session
- Facilitators support participants and make it enjoyable
- Carers support social relationships, interest, engagement
- Gallery visits may help improve the self-esteem and social status of people with dementia

Case Study

“A neurologist and I integrated neurological and psychiatric care, art therapy, and verbal psychotherapy in the treatment of one of our patients, a professional artist who developed corticobasal degeneration in her fifties [15]. While hers was a case of early-onset dementia, many of the principles we used in her treatment can be applied to patients with late-onset presentation. She came to our cognitive and behavioral neurology clinic due to gradually progressive difficulties in her visuospatial functioning. Her parietal lobes—especially on the right hemisphere—were significantly affected. In consequence, her dorsal visual pathway, which is fundamental in perceiving and depicting space and in making art, was clearly impaired.” -- (Safar, 2014)



Case Study

“By the time she first saw us, she had completely stopped making art, which was a source of great distress for her. I met with her periodically at her home-based art studio. With a neurological understanding of her illness, her neurologist and I were able to design specific art therapy interventions that contributed to her preserved functioning and helped develop compensatory strategies for her deficits. The therapeutic benefits of this interdisciplinary approach could not have been achieved otherwise. Our interventions, while not able to alter the ultimate course of the illness, significantly improved her quality of life, reawakened her capacity to exercise her identity as an artist, brought back her enjoyment of art making, and provided a sense of hope.” -- (Safar, 2014)



Case Study



I didn't know my grandmother very well before she was diagnosed. She lived in Canada, and we moved away when I was only three years old.

We moved around a lot because of my father's work, from Japan to Singapore to the UK. From what my dad told me about my grandmother, she was someone who kept everyone together, worked every day of her life, and sadly didn't get to enjoy her retirement because of her Alzheimer's diagnosis.

By the time I was old enough to understand what was happening, I could feel that something was amiss with Nana. If I'm honest, it scared me.

My parents tried to explain what was going on. They said she was sick and might not be able to hear or remember me very well. But no longer being able to hold a conversation was really scary.

I felt I wanted to apologise to her, to correct all of the years of misunderstanding, of fear and confusion and distrust I felt towards her because of something that wasn't her fault.

We didn't see the day-to-day slow progress of her disease. What we saw were snapshots, sometimes up to two years apart, so it felt like the illness jumped in huge leaps. I had it easy in a way - I didn't see the slow deterioration that a lot of people have to witness.

After learning more about dementia, I wanted to use my art pieces to say, 'I see you now, Nana. I'm sorry. I see you now. I hear you now.' I wanted to make amends with my misunderstanding of Alzheimer's disease, and my years of feeling afraid of the condition.

The pieces are for her. I've felt honoured that they've touched other people, too.

--(Alzheimer's Society, 2019)

[Art therapy and dementia](#)
[Art as expression](#)

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Future Directions



- Consensus on future directions for research on visual arts in age-friendly dementia care is uncertain (Young et al., 2016)
 - Challenges in measurement
 - Methodological flexibility
 - Disagreement in theoretical concepts
 - Measurement and evaluation tools (subjective meaning versus biomedical)
- Things to consider
 - Does the impact of an intervention vary depending on the cognitive ability of the person with dementia?
 - How to assess if interventions can be of use across dementia stages?

Post-test



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Thank you!

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