

# Creativity with Dementia Patients

## Can Creativity and Art Stimulate Dementia Patients Positively?

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### Key Words

Meaning of creativity · Creative strategies · Scientific disposition · International creative projects · Creativity in nursing homes

### Abstract

**Background:** Creative activities could be stimulating for dementia patients. This article gives a review of practical forms of treating dementia patients with art therapeutic indications. It is also a ground for long-term research objective: in brief, I take exception to such a view, contrary to the common belief in the society and some professionals in the healthcare of dementia patients, on the ground that the patients do not have the capacity to improve their own creativity. **Methods:** The theory of cognition tells us about the principle of being creative as a basis for human life. This specific principle is effective for the aged as well. In the long-term, the creative potential of old patients will be unblocked in individual and group therapy sessions. **Results:** Creative activity has been shown to reduce depression and isolation, offering the power of choice and decisions. Towards the end of life, art and creativity offer a path of opening up the windows to people's emotional interiors. **Conclusions:** Creative- and art therapy provides possibilities that are mostly indicated to sharpen the capacity of the senses

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and the patients' propensity to act themselves. Nonverbal therapy methods, such as painting, music, etc., are able to influence the well-being of the patients positively, within the modern healthcare system in nursing homes. The elderly and some of the dementia patients take the initiative to combine creativity and arts and to define his/her feeling for aesthetical matters. Furthermore, group therapy sessions help against isolation and lack of life perspective and hope.

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*An elder is a person who is still growing and learning and still in pursuit of happiness, joy and pleasure and his or her birthright to these remains intact (Maryland, USA).*

### Introduction

#### *What Is the Meaning of Creativity?*

Scientifically creativity could be defined as a procedure which is located opposite to the 'norm'. Creativity generally stands for spontaneity and originality.

For a long time creativity has been treated as part of our intelligence and Marsiske and Willis [1] has suggested an interlinking of intelligence (fluid) and creativity.

The author's professional experience supports the idea that intelligence and creativity are two different kinds of

intellectual power [J.P.Guilford]. Guilford [2] distinguishes intelligence into convergent and divergent thinking.

The three main aspects are:

- Liquidity stands for quantitative aspects of solution, such as the amount of words and ideas.
- Flexibility stands for the quality of a solution and is responsible for affective flexibility, which creates new thoughts and structure, as well as adaptive flexibility. It offers innovative solutions within defined rules like originality.
- Elaboration signifies whether an idea could be applied in a real setting or not. Furthermore, the concept refers to the process of improvement by successive operations (refinement).

The situation or moment in which a person is present, stamps his type of creativity. Kerr and Gehee [3] have shown that during the quality and quantity of creativity will be reduced considerably.

The executive process of being creative is linked with memory and personal competence. Creativity in older age is focused on increase of divergent thinking [4]. Analytic thinking is not favored.

Owing to their usually more extensive experiences in life, old people are often able to develop their ability of improvisation and imagination to a higher degree than younger people. This is contrary to the common belief that the power of creativity is getting weaker in older age. I will clearly underline this point in the following circumstance: in collaboration with individual therapeutic motivation and the rest of patient's productivity, the therapist can encourage the force of divergent thinking (as explained above).

In tests involving the elderly, for managing everyday problems, divergent thinking was the most useful strategy found (e.g., what can we do with a brick stone?). Many individuals showed a remarkable stability and increase in the creative art of thinking [1].

One of the most important aspects by being creative may be the emotional disposition of the patient during the period when treatment is being pursued. We have to determine, which form of creativity is outstanding in elderly art therapeutic care, such as:

- Expressive creativity: Spontaneous and independent acting
- Productive creativity: Visualization of emotion, fantasies; requiring skill and talent (poetry, painting, sculpture, etc.)

These types of creativity are being used frequently by patients.

- Inventive creativity: Operation with uncommon materials and techniques in an unusual form. Inventiveness is the power of creative imagination.
- Innovative creativity: Similar to that above, but the inventor inaugurates a new lifestyle or new living methods etc. e.g., the fathers of depth psychology (C.G. Jung and A. Adler).
- Emergent creativity: Highest intellectual level (which only few are able to reach). Unexpected discovering, events, etc., for example, founding of schools and ideologies (in the visual arts: Leonardo da Vinci and Michelangelo Buonarroti).

Working in groups could be stimulating for each one of the old patients. Furthermore, we should be more aware of the use of imagination in our life. For the elderly, creative art expression might play a major role in expression of their unspeakable emotions. It is very important how we structure activities therapeutically to improve relationships in groups as well as individuals. This might be the basis for a nonpharmacological treatment matrix, especially for Alzheimer's disease. The main treatment therapy should use activities to keep the cognition that remains. The frontal lobe of the Alzheimer's brain is dysfunctional with consequent loss of impulses, control, and social norms.

### **Creative Strategies**

The theory of cognition tells us about the principle of creativeness being a basis for human life (Koestler 1964, see [5] for citation). This specific principle is effective for the aged as well. In the long-term process, the creative potential of old patients will be unblocked in individual and group therapy sessions.

Handling different creative media for painting can be very stimulating. This might open a new way or strategy too, to get emotionally closer to ourselves. This may result in an important feeling that we are 'a social' part of our surrounding (preventing isolation and loneliness). Within a long-term therapeutic process the patient gets opportunity to reactivate his wishes and demands for finding practical input to transform ideas into a real visual form (self-knowledge, integration into a social context, and development of own personality).

There are some rules that are valid for all creative and artistic realizations:

- No focus on the final product (result). The process of creation is much more important (simply, everything is possible!).

- The aim and meaning of creative projects with elderly. Provide the opportunity for them to get into contact with their inner self and current living place.
- Try to develop new forms of expressions and alternative procedures.
- Try to support openness and inquisitiveness for unusual solutions and the ability of improvisation and flexibility.

We as therapists and caregivers have to think about strategies to avoid negative behaviors – agitation, confusion, and hallucination. We should react positively to negative behaviors and support positive behaviors. We have to react positively if we have to prevent causing problematic behaviors in dementia patients. We cannot change their behavior with words; we have to change ourselves. The patients, especially those with Alzheimer's disease, have lost their ability to attribute meaning to life and their sense of reality and they have no ability to calm themselves down.

### **Creativity Encourages the Well-Being of the Elderly**

Since the early age human beings have used the art of music, dance and theatre, painting, and sculpturing to express and symbolize in a nonverbal manner.

The genius of creativity enlightens individual situation, self-reflection, and absorption in the questioning of the (art-) creator himself. As professionals we should be able to coordinate the creative work with the individual patient's constitution.

Being artistic and creative opens up a new direction of feeling, willing and acting. My aim here is to describe practical details and use of artistic materials and media in a therapeutic long-term process within elderly health-care. D.W. Winnicott, for instance, believes that everyday creativity, the creative art of managing problems which arises daily, is highly responsible for emotional health.

The patients not only bring in age-related problems and questions during the individual therapy session, but also existential questions, which might help the therapist to understand their thoughts, feelings, and reactions. It allowed me to stimulate the patients individually.

In the following section I shall give an example of how an old man is able to find more quality of life and meaning in life by being artistic and creatively active.

### **Scientific Disposition for Theme 'Creativity'**

Creativity should always play an important role in improving creativity in its various forms throughout our entire life, as a vehicle to extend our own competence. It might be easier to elaborate a convenient strategy for the older people as well.

Some studies of possible links between creativity and childhood have been published.

Orwoll & Kelley (1998) have observed that the childhood of very creative and successful female painters and sculptors were not happy at all. Loneliness and unhappiness have burdened them from the very beginning. On the other hand most of these ladies had grown up in very inspiring cultural and artistic atmosphere.

Usually their parents trained them in arts and crafts very early in life. The same happened to Michelangelo. He was only 5 years old when he started to trim little stones and be trained by the stone masons, members of his wet-nurse's family. He always used to return to the place of his early life, working with the stone masons temporarily and feeling the 'soul' of each stone which he trimmed.

Michelangelo, as an outstanding example, shows us that creativity in its highest quality can be active till the last period of life. Creativity is by no means limited to artists. It is something that all of us can draw upon to refresh, invigorate, heal, and connect.

Many geriatric and gerontological publications nowadays have short paragraphs about creativity, especially about finding strategy for everyday activities. Creativity and its diverse forms are boundless. Creative art forms are valid tools for dealing with life issues in any period of life. Creative research supports the idea that social and creative deprivation can actually impair brain function. One of the leading proponents of this theory is Cohen [5], the author of *'Welcome to the Creative Age'*. Cohen is the leading researcher of a 25-year study on creativity and aging in more than 200 elders.

Regarding the relationship between creativity and health, Cohen says, 'Expressing ourselves creatively can actually improve health, both mentally and physically. Creativity is a natural, vibrant force throughout our lives; a catalyst for growth, excitement and forging a meaningful legacy':

Some key points regarding the importance of creativity to wellness (after Cohen):

- Creativity reinforces essential connections between brain cells, including those responsible for memory.
- Keeping a fresh perspective makes us emotionally resilient.

- Capitalizing on creativity promotes a positive outlook and sense of well-being; that could boost the immune system, which fights disease.
- Reading, writing, and word games increase one's working vocabulary and help to defend against memory loss.

Creative activity has been shown to reduce depression and isolation, offering the power of choice and decisions. There are two aspects that dementia patients may feel they are losing. People with physical or mental challenges due to stroke, heart attack, dementia, or other serious factors have reported improved mood and self-esteem through artwork. Creative activities also offer a new way of communication and accessibility. Patients with Alzheimer's disease wake up and communicate through collage work. The art gives them back a new power of choice, a vehicle for the expression of feelings. Towards the end of life, art and creativity offer a path of opening up the windows to people's emotional interiors.

The study of Cohen reminds us of the importance of keeping mentally active during one's lifetime in order to ensure mental and physical wellness in later life. When addressing the longevity of elders, especially dementia patients, we have to analyze more than the current needs of food, shelter, and physical health. Besides emotional and spiritual well-being, creativity, activity, and sharing of some time together are important for the old patients as well. These things can be so meaningful to a person, especially towards the end of their life.

Erich Fromm once wrote:

'Being creative means considering the whole process of life as a process of birth and not interpreting each phase of life as a final phase.'

The current tendency shows that older human beings are no longer willing to create new things in their life. Some studies done throughout Europe proves that many people, after getting retired, do not improve their existing skills/talents nor do they develop new interests or need. The aging process is not the reason for this; factors such as the change of social stature, health, and financial situation are more important.

Professionals who handle creativity in its diverse forms recommend that we put creativity on the same level as our attitude to relations of any kind; more so as creativity in the old person takes the shape of innovation. In this sense, creativity is not a game of fantasy, but the transformation of reality. Old persons are human beings in which the motivation has a central role, even in the cre-

ative act itself (Guiseppe Dal Ferrom, *Creativita e vita anziana*, pp. 13–17).

We can raise the quality of life in the elderly by bringing them in contact with human beings, involving them in events like dancing, singing, etc., and experiencing nature.

It makes sense to stimulate old patients to experiment with new aspects of life by using art therapeutic methods. It happens by careful listening of music, intensive recognition of their own surroundings, and visualization of impressions, which are received from it (painting, sculpturing etc.) Art therapy provides the opportunity to the participant to structure his own progress during a long-term care.

### **International Creative Projects for Elderly**

In Switzerland creativity and art therapy in institutions for the elderly is not popular. It is in its very beginning. It is difficult to evaluate the effectiveness and positive impact of art therapy on dementia patients' creativity. This complementary medical discipline are not given support by the institutions, welfare system, or the local governments. In this case it might be interesting to review the situation in other countries.

I choose four countries, Great Britain, Sweden, Japan, and Brasilia. They represent beside their different mentalities, new and innovative forms of holistic healthcare for elderly, and especially for dementia patients. Some of them could provide a basis for art therapy and creative projects for other countries where dementia patients could participate.

I was the inaugurator and executive manager of several project and studies to exchange practical experience, for example arts in hospitals in Scotland (geriatric wards) and creativity in geriatric clinics in Stockholm, Sweden. Furthermore I have contacts with architects in Japan; the aim of 'The Art, Culture and Hospital Design' in Tokyo and Kyoto is to find a suitable architecture for dementia and Alzheimer's.

In my opinion it is not possible to compare each project because of the difference of mentality and demography. A brief description follows, however.

#### *Great Britain*

Since many years a private organization 'Arts in Hospital' in Glasgow offers different art courses for old and handicapped people. The courses are held in nursing homes and geriatric clinics in and around Glasgow.

Professional artists (painter, craftsmen, printer, etc.) are responsible for the courses and administration. They are independent in their use of materials and techniques. The treatment takes place in groups, three times a week for 2 or 3 h in each institution.

The organization itself is not embodied within the hierarchical structure of institutions. There are no interdisciplinary arrangements. Ten artists and several artists in residence are involved in this program. The whole team works for projects and some of them move from one home to the other as freelancers throughout whole Great Britain.

The patients with different phases of dementia appreciated the artistic program very much and became very open to new experiences. Each art session ends with 5 o'clock tea – a typical British ceremony. This provides social coherence for further participant groups as well, which is very important.

All patients' work will be exhibited in the area. To present their own artwork to the public seems to be important for the participants. Getting in contact with other people is a cardinal key for the whole program.

St. Luke's Art Therapy Service is an organization in St. Luke's Hospice in Sheffield GB. Since 1992 a graduate art therapist works with the interdisciplinary team of healthcare.

Over the years the service of the therapist became part of the mobile palliative healthcare. The therapeutic sessions were held at home and sometimes the relatives were involved in the therapeutic process of geriatric patients. All kinds of materials and techniques were used and personal creativity plays the main role. There is also an art therapeutic attendance in the relatives' mourning process.

The team (doctor, psychologist, and social worker) is focused on holistic healthcare. In this setting complementary medicine, in general, plays an important role and art therapy is regarded as part of this.

### *Sweden*

In Sweden complementary medicine in elderly healthcare (singing, music therapy, dancing, etc.) over the last years became an important part within the public health system. Art therapy is not even present in any institutions for elderly.

The Karolinska Institute has done a good deal of researching in disciplines that are mentioned above (except for art therapy). Some projects were outstanding with a practical aim, for example, a design project which showed which clothes are definitely suitable for female patients

who suffer with osteoporosis. Afflicted patients were involved and requested to describe their practical experience.

Furthermore, there was collaboration between generations. Design students from the Royal Academy of Arts were responsible for the execution of the unique project.

During several tenures as a professional in nursing homes and clinics I gained some experience on how the whole elderly care system works, especially for patients with serious age-related disease.

Occupation therapy plays an important role in complementary care. In 1997 each patient had one therapist who took care of the therapeutic process. Creativity might be part of a patient's resources that could be important in a more holistic approach. There are some strategies which help the patient to be physically independent as long as possible. At that time group therapy sessions were offered throughout all geriatric institutions. Some patients got a doctor's prescription for the therapies. Music therapy for elderly is common, and is also used for individual therapeutic sessions.

Cultural motivation became more important for elderly in every community. Professionals create special programs in which participants are encouraged to organize their own cultural events.

A study 'Kultur för Äldere/Kultur och Hälsa' Umeå (Kultur I vården I Sverige 2002/Stockholms läns museum) shows us that 90% of elderly living in nursing homes were understimulated. There is a wide range of opportunities to arrange and produce culture activities with the aid of the pensioners' creativity. Some questions, which are important for the creation of any activities:

- Who offers any activities within the institutions or from the outside that might be suitable for dementia patients as well?
- Which kind of activities does the patient request?
- What can the patient offer himself (ideas, skills, connections, material, etc.)?
- Who can offer any culture activities within the region (for example professional artists, other elders with artistic skills, etc.)?
- How can we build up a network system for cultural activities and events, which is independent of institutions and the local government?

The World Health Organization (WHO) has drawn up a policy framework called 'Active Aging', which has been adopted at a UN meeting in Madrid in the spring of 2002. Beside other points, creating opportunities for cultural

activities is one of the cornerstones of a more humane aging.

The report also calls for improving the quality of life for the disabled and chronically ill in all nations such as Alzheimer's. Groups and activities run especially by older people should be supported to prevent loneliness and isolation. Intergenerational contact in housing environments and everyday life is important, for dementia patients also.

Contrary to my experience in Great Britain, local traditions and social background are less important in everyday care in institutions for elderly, such as nursing homes.

### *Japan*

In Japan, especially in the big cities of Tokyo and Kyoto, geriatric patients are requested to bring in their ideas for the interior designing of their nursing home (similar to milieu therapy).

The synthesis between art and nature is very important for the patient's aesthetical feeling. With the aid of patients a world of experience grows, which we are able to discover by using all our senses. There are places where generations meet each other, speaking about culture and arts.

Local artists teach participants traditional arts and crafts, like calligraphy, ikebana, etc. When Japanese folds a crane, he wishes the best for all of his family's health and a long life. Hidden talents are discovered through creativity.

The caregivers are requested to treat their patients gently and with the highest respect, to develop a good relationship.

The art input for the environment of geriatric clinics and nursing homes generally starts near the end of the architectural design process. Artworks have been produced by artists, and sometimes by patients as well, and the selection covered for categories:

- 1 Patients are able to touch artwork (sensorial stimulation), such as ceramics in the entrance
- 2 Signs and landmarks (orientation)
- 3 A site story using, for example branches gathered locally
- 4 Reflecting regional and national cultural background, which should be touched upon in the conversation

Art Factory Gen Corp. Tokyo, Osaka and Kanagawa, manages some projects. This company has specialized on developing art projects and interior design with elderly and geriatric patients in clinics and nursing homes.

Illness is a major stress for mankind. Hospital and clinics cause additional stress reactions, reflected in elevated blood pressure and heart rate, as well as the 'fight' or 'flight' sympathetic system. They may also result in a 'frozen' response, which appears like a passive reaction to stress. This can have serious physiological effects, which need a healing environment. Culture in all shapes or forms has a positive effect on health.

The creative act is connected with religious matters and their traditional rites.

*'Peace of mind, stimulated through nature and arts, is the real healthy compensation for patients.'*

The professionals are keen on taking care of the well-being of the aged, not only in western countries but also in developing countries such as Brazil.

### *Brazil*

A colleague works as art- and dance therapist in São Paulo with elderly and early stage dementia patients from the district. She also works with old homeless subjects. The center is named 'Forum da Terceira Idade São Paulo'. Volunteers founded the non profit organization in 1992.

The therapist's aim is to offer free art- and cultural activities to the poor and neglected as well. There is a pronounced deprivation of social support. The elderly population creates demands for services of all kinds in all areas of São Paulo.

The prophylactic therapies and activities play a very important role and are recognized over the years by old people themselves, their relatives, and social workers. The art therapy seems to be effective and deals directly with the vitality of the participants by use of vivid colors, a wide range of shapes, and various materials. Furthermore the interaction between the participants plays a significant role in strengthening self-confidence and identification with their own artwork and with the group.

Both the act of creative expression and social context are vital to the mental and physical well-being of the participants. Without these two key aspects in older life, the days may become monotonous and depression may result. The identity of the groups mediates safety and sinful discussions starts and strengthen tolerance acceptance between each other.

Mostly the participants bring their own recycling material for creating artistic work, because there is no financial support from the social welfare or local government. They produce their own paint from low-cost pigments, eggs, or glue. They paint on surfaces of used carton boxes.

We see clearly the demand of recycling human resources after a productive life.

The old people do not want to waste material. Unconsciously the aged (mainly Indian natives) try to find their ethnological roots by dancing, playing music, and painting (adapting patterns of folk art etc.). After the sessions people come together to discuss the creative and artistic process and aesthetical aspects and demands. Creativity is the key to find the way from our inside to the outside.

Although most of the participants are in contact with art for the first time, they seem to develop their artistic skills very quickly, and also a specific sort of visual sensitivity by means of other activities, such as crafts. Many of them used to work as craftsmen before.

### Creativity in Nursing Homes

To clarify why art therapy is indicated as suitable treatment for geriatric patients, I have described many situations in this chapter.

Creative- and art therapy provides possibilities that are mostly indicated to sharpen the capacity of the senses and patients' propensity to act themselves.

Nonverbal therapy methods, such as painting, music, etc., are able to influence the well-being of the patients positively within the modern healthcare system in nursing homes.

The motto 'Arts and creativity in nursing homes' corresponds to the manual and intellectual exposure to artistic media.

The elderly person takes the initiative to combine creativity and arts and define his feeling for aesthetical mat-

ters. (The aesthetic dimension is a very important fact for elderly.) There is an opportunity to recognize the beauty of each existence and improve one's sense of life by getting more independent.

Furthermore, a group therapy session helps against isolation and lack of perspective of life and hope.

### Discussion

The belief that the elderly are trapped in their lifestyle and are not open to change of skills or creativity is a widely existing opinion in our western societies. But several researchers have found that creativity exists throughout the whole lifespan and is not related to any particular age or biological process, nor is it a privileged resort for professional artists.

The reduction in creativity with increasing age could be explained by the lack of motivation and stimulating occasions. Improving creativity may be the cardinal factor in renewing the personal capacity in older age.

Individual and societal influences may block opportunities for creative thinking. Illness, such as arthritis, may limit the execution of certain activities. A poor economical status can also inhibit the access to programs (art therapies and other social activities).

Problems with ethnicity can make it very difficult to start being creative (sex, culture, rites, etc. in a multicultural context). Cultural differences especially, can interrupt the exploration of new ways and strategies.

The author sees the need of intensive research to evaluate the effect of creativity on patients' long-term care.

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