

Creative Expression of Grief in Adults with Dementia

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ABSTRACT

An increasing number of older adults face the confusion and loss that accompanies neurocognitive disorders with diminishing capacity to communicate their distress. Agitated behaviors may originate in communication difficulties. Art therapy transcends verbal communication and has demonstrated efficacy in the treatment of neurocognitive disorders. This study aimed to answer the question: Does participation in a grief art therapy group decrease the prevalence of agitated behaviors? The Cohen-Mansfield Agitation Inventory Short Form (CMAI) was used to compare agitation level at various times in the study. Four grief-related directives were adapted for use with the population. Thematic qualitative data was gleaned from verbalizations and artwork produced in sessions and analyzed using a phenomenological approach. Some participants experienced a decrease in agitation at the post-test. These results support further research on the efficacy of art therapy with this population, grief expression and neurocognitive disorders.

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CHAPTER I

INTRODUCTION**Problem Statement**

Grief is an important clinical issue for older adults. Later life is accompanied by significant losses in multiple domains including career, independence and interpersonal relationships. Loss is so relevant to older adulthood that coping with grief may be considered a developmental task of this stage of life (American Psychological Association, 2014). People with dementia face additional losses especially early in the disease process when they retain insight of their cognitive and functional deficits. This awareness of losses and perceived helplessness to stop the disease process may lead to agitation and behavioral disturbances as well as mental health issues such as anxiety and depression (American Psychological Association, 2014). Processing of grief issues is complicated further by communication difficulties such as aphasia seen in individuals with neurocognitive disorders (American Psychiatric Association (APA), 2013).

Significance of Problem

Prevalence of dementia is expected to sharply increase as the population ages and issues of older adulthood will become more pressing as these clients and their caregivers seek treatment. According to a report shared by the Alzheimer's Association, by the year 2040, "more than twice as many Baby Boomers will have Alzheimer's disease (N=10.3 million) compared with the equivalent age group in 2015 (N=4.7 million)," (Alexih & Bredfeldt, 2015). The strain on the healthcare system by 2040 will be significant and projected Medicare costs will increase to 24.2% of total Medicare spending (Alexih & Bredfeldt, 2015). These numbers are generated for the prevalence of Alzheimer's disease

only, and do not factor in the impact of other types of neurocognitive disorders on this generation.

Pharmacological treatments seem to be the most common type of intervention for this population but demonstrate only mild to moderate effectiveness (Rentz, 2002; Cowl & Gaugler, 2014). Expressive modalities such as art, music, drama and dance therapies offer a valuable supplement to pharmacological interventions (Cowl & Gaugler, 2014). Expressive therapies have been used to improve behavioral and psychological symptoms of the disease process, improve quality of life, and provide a sense of control and social support (Cowl & Gaugler, 2014; Musha, Kimura, Kaneko, Nishida & Sekine, 2000; Rusted, Sheppard & Waller, 2006).

Definition of Terms

Neurocognitive disorders. For the purposes of this study, neurocognitive disorders (NCDs) were defined as those in which a cognitive decline was the main feature (APA, 2013). These disorders, also referred to as dementias, impact attention, executive functioning, memory, language, perceptual-motor functioning and social cognition (APA, 2013).

Aphasia. Aphasia in this context was defined as a language deficit in both expression, such as effortful speech, and comprehension of complex sentences (Poole, Brodtmann, Darby, & Vogel, 2017). Aphasia may impact object knowledge, word retrieval and speech rate (Poole et al., 2017). These language changes are often seen in Alzheimer's disease and frontotemporal dementia, which impacts the frontal and/ or temporal lobes of the brain that are responsible for language and personality functioning (APA, 2013).

Agitation. Agitation was documented as a behavioral disturbance that may accompany cognitive decline and includes “disruptive motor or vocal activity” (APA, 2013, p. 606).

Grief and loss issues. Grief and loss issues may encompass a variety of normative and abnormal changes that individuals must cope with as they age. Examples of grief issues relevant to this pilot study include retirement, residential relocations, social and relational changes such as widowhood and loneliness and a loss of identity related to dementia (American Psychological Association, 2014).

Art therapy. Art therapy was defined as a treatment modality that utilizes art-making techniques to facilitate communication that transcends verbal expression (American Art Therapy Association, 2017).

Expressive Therapies Continuum. The Expressive Therapies Continuum (ETC) is a system of classifying experiences with art media “in order to process information and form images,” (Hinz, 2009, p. 4). The ETC relates to a developmental framework ranging from simple to complex (Hinz, 2009). There are four hierarchical levels of the ETC, of which, the first three are bipolar: kinesthetic/ sensory, perceptual/ affective and cognitive/ symbolic (Hinz, 2009; Kagin & Lusebrink, 1978). The art experiential used in this pilot study corresponds to the final bipolar level of the ETC, the cognitive/ symbolic level (Hinz, 2009).

Snuzelen interventions. Snuzelen interventions are multi-sensory experiences initially created by Jan Hulsegge and Ad Verheul in the late 1970’s to treat learning disabilities ("History. Snuzelen multi-sensory environments," 2018; Letts et al., 2011). These interventions are increasingly being used to treat individuals with NCDs (Letts et

al., 2011). Stimulation of each of the senses is coupled with low cognitive demands placed on the participant and may involve light, colors, sounds, scents, textures and other stimuli (Letts et al., 2011).

Basic Assumptions

Certain assumptions were made by the researcher in order to move forward with the study. The researcher assumed that making art was inherently expressive and therapeutic, that participants retained the ability to think symbolically and that expression of grief would reduce agitation.

Research Question

The purpose of this pilot study was to understand the relationship between expression of grief and agitated behaviors within the given population. The pilot study aimed to answer the question: Can art therapy be an effective intervention to process grief issues with older adults with dementia?

Hypothesis

It was expected that participation in an art-based grief-processing group would be correlated with a decrease in observable agitated behaviors.

CHAPTER II

REVIEW OF LITERATURE**Neurocognitive Disorders**

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM5), neurocognitive disorders (NCDs) were diagnosed when an individual experienced “significant cognitive decline” in at least one domain (APA, 2013, p. 602). The etiology of a NCD can vary and include Alzheimer’s disease, frontotemporal lobar degeneration, Lewy body disease, vascular disease, traumatic brain injury, substance/ medication-induced conditions, Human Immunodeficiency Virus (HIV) infection, Prion disease, Huntington’s disease and other medical conditions (APA, 2013). The prevalence of NCDs varied by age; about 1-2% of individuals aged 65 experienced dementia, however, by age 85 the prevalence rate increased to 30% (APA, 2013, p. 608). The Centers for Disease Control and Prevention (CDC) reported that half of nursing home residents were diagnosed with some form of dementia (2016). Agitation was a common feature of many NCD’s, especially “major NCD of moderate to severe severity” and was often triggered by an emotional state such as depression, confusion or frustration (APA, 2013, p. 606; Van der Musselle et al., 2015).

Pharmacological treatment of agitation in individuals with NCDs was common but displayed limited efficacy and negative side effects such as an increase in cognitive decline seen with benzodiazepines and antipsychotics (Livingston et al., 2014). Efficacious non-pharmacological treatments included activities, music therapy, sensory interventions such as massage and Snoezelen sensory rooms, person-centered care and dementia care mapping (Livingston et al., 2014). Light therapy, aroma therapy and

caregiver training in behavioral management were also used to treat agitation in individuals with NCDs but these approaches were not strongly empirically supported and it was unclear if improved behavior was a result of multisensory interventions or empathetic human interaction (Bauer, Rayner, Koch, & Chenco, 2012; Livingston et al., 2014).

Art Therapy

Research was lacking in the areas of grief processing for older adulthood and the use of art therapy with individuals experiencing NCDs. Existing literature suggested that a transitional object, such as the therapeutic relationship or the artwork itself, could help older adults with dementia cope with feelings of grief (Loboprabhu, Molinari & Lomax, 2007).

Cowl and Gaugler (2014) conducted a literature review of studies using expressive therapies with participants that have NCDs. Evidence suggested that areas of the brain used for motor skills, personality and emotional control were preserved longer through the disease process, which made individuals with NCDs capable of creative activities that utilize procedural memory (Cowl & Gaugler, 2014; Ehresman, 2013; Safar & Press, 2011). Engaging in art therapy provided an opportunity for individuals with NCDs to experience “competence, mastery and self-worth” (Abraham, 2005, p. 33). It fostered an artist identity in participants with NCDs, helped integrate past experiences, and reinforced a sense of purpose and motivation (Chapin Stephenson, 2013; Ehresman, 2013).

Art therapy with older adults was a strength-based, multisensory approach and has been shown to improve quality of life (Hattori, Hattori, Hokao, Mizushima, & Mase,

2011; Jensen, 1997; Jonas-Simpson & Mitchell, 2005). The use of art therapy as a treatment modality for NCDs was a natural extension of existing empirical evidence for approaches that transcend communication barriers of the disease process, offer empowerment through personal choice and productive, meaningful activity, and reinforced an otherwise deteriorating sense of self through reminiscence and emotional expression (Beard, 2011; Ehresman, 2013). Much of the research was focused on reduction of behavioral symptoms of NCDs although there was some research on the use of art therapy to improve quality of life and achieve integrity as a developmental task of older adulthood (Beard, 2011). There was also evidence that suggested that visual art-making could impact brain connectivity and psychological resilience in a nonclinical sample of older adults (Bolwerk, Mack-Andrick, Lang, Dörfler & Maihöfner, 2014).

Art therapy research with this population was largely qualitative and difficult to be replicated or validated (Beard, 2011). The literature also lacked clear research design with theoretical framework and tended to use small sample sizes without control group comparison (Beard, 2011). This trend in the research may have been due to the biomedical perspective of the cognitive decline seen in NCDs that prevents some people with dementia from reporting their subjective experiences; or it may have been due to the perceived incompatibility of creative modalities and objective psychological measures used in related social sciences research (Beard, 2011). Qualitative research designs utilized in existing literature seem to lend more therapeutic value to the outcome over the process of making art for people with dementia (Beard, 2011).

Collage

“Collages are visual artworks that are created by selecting magazine images,

textured papers, or ephemera; cutting or altering these elements; and arranging or attaching them to a support such as paper or cardboard,” (Chilton & Scotti, 2014, p. 163). Collage media has included a variety of sensory- rich materials such as natural materials, fabrics, glitter, sand, buttons and potpourri. Images and ephemera can act as a stimulus for reminiscing (Woolhiser Stallings, 2010). Meguro, Ishizaki, and Meguro found that participants with Alzheimer’s Disease spontaneously created collages that conveyed themes related to some “special memory” in their lives such as family life and career (2009, p. 301). Collage may also act as a type of visual narrative that expresses various self-statements and may act as a life review (Woolhiser Stallings, 2010).

Topic directed collage making like the art directive used in this pilot study could be classified as a cognitive/symbolic experience on the ETC (Hinz, 2009). The structure inherent in using precut images related to a theme coupled with the underlying emotional charge of images used created an opportunity for participants to externalize emotions through the artwork (Hinz, 2009).

Collage was a non-threatening expressive exercise and participants have felt a sense of relief or relaxation after organizing their images (Buchalter, 2011). Seifert and Baker found that participants with Alzheimer type dementia often retained and expressed the desire to organize components of their collage images in an orderly way, asking if items are “straight” or in the “right” places (2002, p. 11). Collage has been considered an appropriate outlet for rummaging and hoarding tendencies and participants have enjoyed the selection process (Woolhiser Stallings, 2010).

The use of pre-cut collage images may allow people with perceptual and motor control deficits common in dementia to create an aesthetically understandable and

satisfying product (Chilton & Scotti, 2014; Seifert & Baker, 2002). Collage may be easier for individuals with NCDs than alternative media such as drawing because it utilizes semantic and procedural memory, which has stayed relatively intact through the disease process (Meguro, Ishizaki, & Meguro, 2009). Using collage media provides participants a stimulus yet offers an opportunity to make choices and create unique, recognizable images (Woolhiser Stallings, 2010).

Collage was chosen as the media for this pilot study due to its achievability for individuals with impaired cognitive functioning, its potential to trigger memories and reminiscing and its sensory properties. This pilot study sought to add to the existing body of literature on the use of collage media in art therapy, particularly with elders with dementia.

Cohen- Mansfield Agitation Inventory

The Cohen- Mansfield Agitation Inventory (CMAI) measures a common behavioral disturbance seen in individuals with NCDs and was developed in 1991 to measure the prevalence and frequency over the last two weeks of agitated behaviors in elderly populations by asking caregivers to rate behavioral items on a seven point scale ranging from “never” to “several times per hour” (Cohen-Mansfield, 1991, p. 5). A disruptiveness scale was added to the CMAI that rated each item on the level of disruption each behavior causes, however, psychometric data was not included for this scale (Cohen-Mansfield, 1991). Inter-rater reliability for the CMAI was high (average of .91) and data on validity revealed the 29 items fit into three factors including aggressive behaviors, physically nonaggressive behaviors, and verbally agitated behaviors (Cohen-Mansfield, 1991). The CMAI was widely used in the literature to

measure behavioral symptoms of participants (Kong, Evans, & Guevara, 2009). The CMAI was selected for the present research because of its focus on observable behaviors, clear operational definitions and thorough examination of various types of behavioral disturbances.

CHAPTER III

METHODOLOGY

Research Design

The current study used a mixed methods design encompassing qualitative exploration of themes of grief as well as quantitative measures of agitation collected at three points during the course of the research (Creswell, 2014). Participants were invited to create topic- directed collages using pre-cut magazine images and were offered four art-making sessions. Each session related to a theme including home, family, work and identity. The directive chosen for the pilot study was selected due to its level of structure and achievability for participants that may have perceptual and motor impairments. Pre-cut images of people, objects, animals and nature were used in the current study. It was hypothesized that participants who created artwork related to the themes of home, family, work and identity would experience decreased agitation as measured by scores on the CMAI.

Research Technique

A convenience sample of five participants was selected by social services staff from all residents living on the memory care unit of a nursing facility. The convenience sample used in the present study was small and homogenous, made up almost entirely of Caucasians in middle stages of cognitive decline. This researcher obtained consent of primary caregivers of each participant as well as assent of the participants themselves prior to the initial session by collaborating with facility social services staff to contact Power of Attorney for Healthcare of each potential participant. Both caregivers and participants were informed that participation was voluntary and that participants could

withdraw from the study at any time without repercussion.

Only participants of high to mid-level functioning that displayed agitated behaviors on the pre-test of the CMAI were approached for participation in the art-making portion of the study. Other residents that desired to participate in the groups were welcome to create artwork but their information, verbalizations and artwork were not included in the data.

The CMAI was completed by social services staff of the facility after obtaining consent to participate in the study and before the initial art-making session to acquire a baseline measure of agitation. It was completed again after the second session and once more following the fourth and final session.

Each 45-minute art-making session was completed in the common activity area of the unit with care taken to minimize distractions and interruptions from other residents and staff. Participants were given the option to attend four weekly group sessions, each beginning with a brief discussion to introduce the directive and ending with an optional sharing portion to close the group. At the completion of the study participants and their caregivers were provided with a summary of the results and had an opportunity to discuss the study with the researcher and supervisor.

Materials and Directive

Participants were invited by facility staff to take part in the art-making group and told the topic before being escorted to the art table where materials were set out and available to each participant including 9 x 12" white multi-media paper, precut collage images, and glue sticks. The pre-cut collage images that were provided for participants included images of animals and nature, people, and objects. A brief introduction to the

group and topic for that session was presented to the group by the researcher and the researcher assisted participants as necessary in the completion of their collage images by verbally cuing them to select images they are drawn to and in some cases, applying glue to the back of the images. All participants selected the placement of images on the paper themselves. One topic was presented to the group at each session and related to significant relationships, home, career, and identity. Pre-cut collage images available to the participants were related to the proposed theme at each session.

Time reminders were given throughout the session to allow for clean up and time to share images with other members.

Finished artwork was kept in a locked file cabinet, accessible only to the researcher and her supervisor, until the conclusion of the research when it was returned to the participants.

Data Processing

The CMAI was completed at three points in the study by social services staff at the facility, once after initial consent was obtained to establish a baseline score, again after the second art-making session and once more following the fourth and final art-making session. Upon completion of the four group art-making sessions, the scores on the CMAI were grouped using the factor analysis outlined in the CMAI manual and were analyzed using two chi square tests using Statistical Package for the Social Sciences (SPSS).

Verbalizations made in reference to the images and during art-making were noted and examined for themes using a phenomenological approach proposed by Kidd and Kidd called the Experiential Method (1990). These verbalizations and other relevant

notes were transcribed by the researcher and supervisor using a password-protected tablet that was secured in a locked office to maintain confidentiality.

Observational data was examined for “tonal qualities” that expressed emotion and considered the context in relation to the participant (Kidd & Kidd, 1990, p. 1). This method of phenomenological analysis was chosen for work with individuals with NCDs in this pilot study because of its emphasis on preserving the participant’s subjective meaning. It is important to realize that many people with dementia are experiencing their world through a lens of the past, and that experience is very real to them. For example, one may speak of their parents as if they are alive. The first step of this method honors the unique social and cultural context of the participant by noting the words chosen, the tonal expression that accompanies the words and observations related to the context in which the words are spoken (Kidd & Kidd, 1990).

The next step of the method seeks to group the expressions “according to tone, mood, thematic content and gestural meaning,” (Kidd & Kidd, 1990, p. 5). This step is also compatible with the given population because it considers non-verbal forms of communication that become more important as the disease process advances.

The third step of the Experiential Method synthesizes the information utilized in the first two steps and seeks to articulate the findings within the context of the “overall projects, goals or objectives,” (Kidd & Kidd, 1990; p. 6). Applying the third step to this pilot study clarified how the participants related to the experience of making a topic-directed collage and the content of their artwork.

The Experiential Method will inform whether or not the art-making groups facilitated grief expression. The exploratory variable of grief expression was coded as

present or not and was used to determine a relationship between presence of grief expression and participant's scores on the CMAI.

CHAPTER IV

RESULTS**Quantitative Data Results**

Three factors were measured by the CMAI: aggressive behaviors, physically nonaggressive behaviors and verbally agitated behaviors (Cohen-Mansfield, 1991). Aggressive and physically nonaggressive behaviors were the most prevalent in this sample. For the purposes of this study the three specific factors were combined to examine if any type of agitation was present in the sample. Participant's scores were coded as present or not present according a frequency level of greater than once on any of the items.

Participation for each measure was defined as the number of participants in the two sessions that took place over the two weeks each CMAI measure covered (from baseline to mid-point after the second session and from mid-point to final measure). A chi square test was used to determine the relationship between participation in the art therapy groups and presence of agitated behaviors.

Data from the pre and mid-tests displayed presence of agitated behaviors as a constant for all participants. Two participants at the post-test measure had no agitated behaviors. These data can be seen in Figure 1.

The r^2 value for the post-test was .44 indicating the predictor variable of grief expression in art therapy groups may have accounted for 44% of the variance seen in agitation scores at the conclusion of the study. Given an alpha of .05, the overall regression has a significance level of .136, meaning the predictor variable did not influence agitation prevalence to a degree greater than chance. Due to the small sample

size, results from the study are not generalizable.

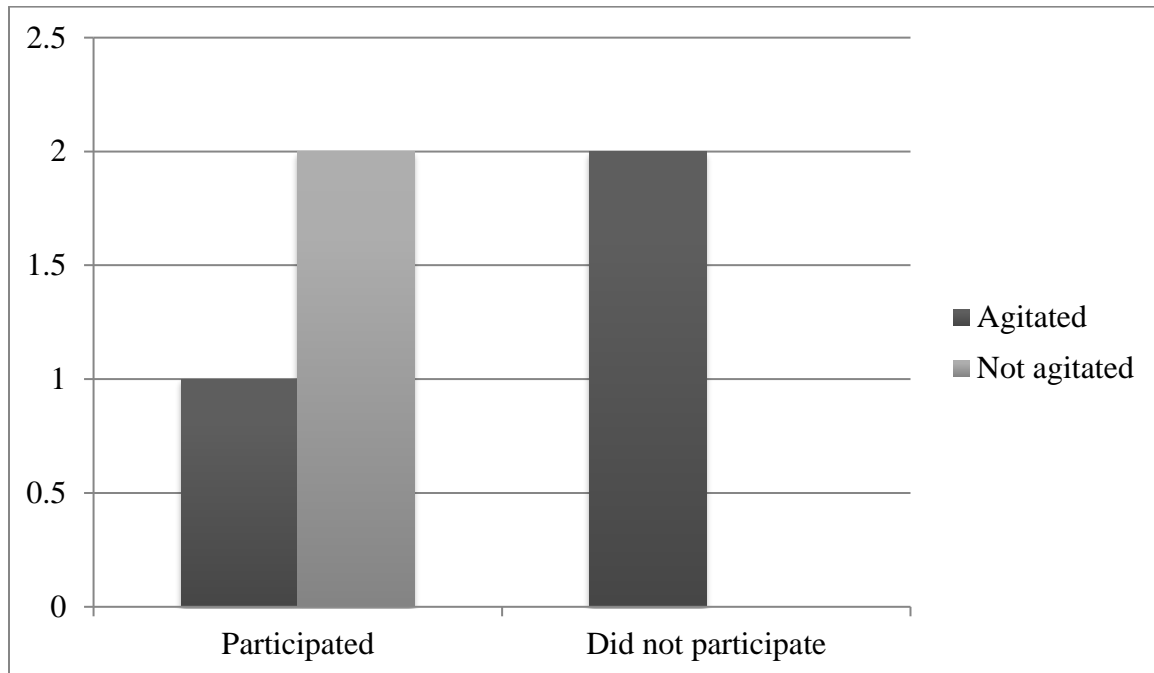


Figure 1. Number of participants and agitated status at post-test. This figure illustrates the amount of participants and presence or absence of agitated behaviors at the time of the post-test measure.

At post-test, one participant that attended the art- making groups continued to display agitated behaviors while two participants that attended the final art- making groups did not display agitated behaviors. Two participants that declined the final two art-making sessions continued to display agitated behaviors.

Qualitative Data Results

Qualitative observations from the four weekly sessions revealed a theme of loss and theme of family in both verbalizations and the artwork made by participants. Special attention was given to themes that facilitated emotional expression and provided a cohesive structure for the groups (Levine-Madori, 2012). These themes related to the topics of each art- making session which represented domains of loss experienced by the

participant, such as loss of identity, home, significant relationships and work. Presenting emotion of the participants and emotional tone conveyed in the artwork also supported the notion that participants had accessed and expressed feelings of grief.

Loss. All participants expressed the theme of loss in all sessions as evidenced by verbalizations and content of artwork. Examples of verbalizations related to loss included statements such as “we used to do that together all the time” and “I don’t do these things anymore, but I loved them”. Participants spontaneously verbalized stories of lost roles and relationships including loss of career and divorce. Verbalizations and content of artwork related to the theme of family was also present in all sessions.

Family. Figure 2 is an example of themes of loss and family seen in the artwork. The participant that created this collage first selected the bottom picture of the man walking through the gate and stated while holding the image that she “worked with daddy on the farm”. She also related the image of the chair to her mother’s garden and the image of the couple standing in front of a house to her husband’s farm. The participant’s affect during the creation of the collage was reflective and nostalgic. She smiled and closed her eyes as she recalled details of her life on the farm.

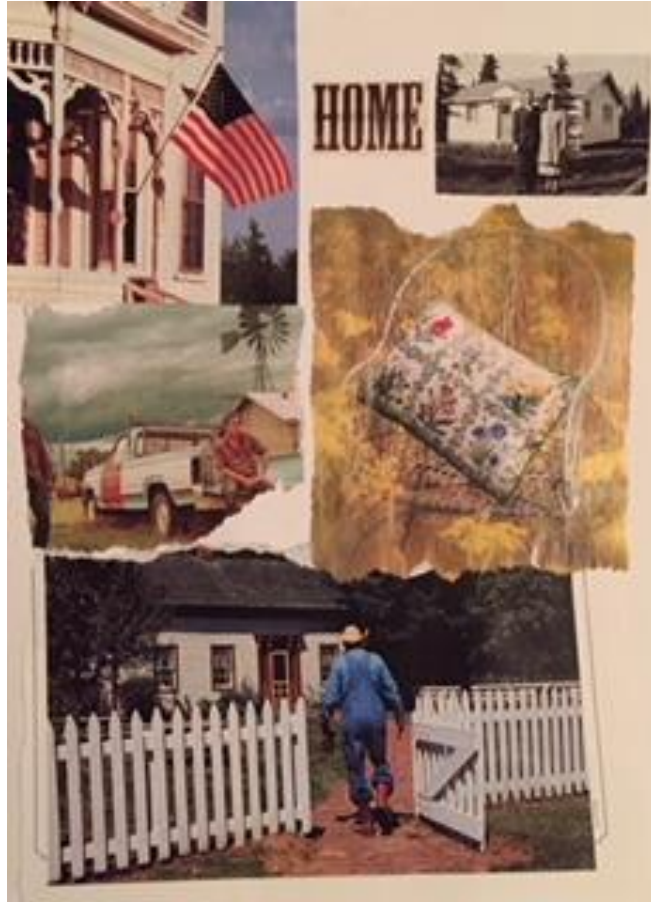


Figure 2. Home collage. The artwork depicts the loss of the participant’s farming lifestyle and the family members that shared in this lifestyle. The participant lived on a farm throughout her entire life and verbalized memories related to each image selected for the collage.

Participants also reflected on physical or emotional distance from adult children, expressed longing for the comfort of their parents and described the social network that has become noticeably smaller. Statements such as “my kids are too busy to help me” and “we don’t have family gatherings anymore” were noted in all art-making sessions.

Although themes of grief were evident in each of the sessions and verbalizations included information regarding death, divorce and frustration with the aging process, the participants also shared many positive memories and the emotional tone of the groups

stayed relatively positive. One participant came only to the last session related to identity and spent much of the time speaking about the integration of their life experiences. The participant shared many losses but spoke of how they grew from those experiences. They were able to identify personal strengths including the ability to help others. The artwork seen in Figure 3 depicts the fullness of this participant's remaining sense of identity.



Figure 3. Identity collage. This image depicts a long-standing hobby of the artist: collecting and fixing watches and clocks. The image represents a personal strength and an activity that supported the individual's sense of identity.

CHAPTER V

DISCUSSION

Discussion

This study produced no statistically significant evidence that meta-verbal expression of grief reduced behavioral agitation in this population. The results of the present study are not consistent with existing literature on the use of creative modalities that improve behavioral and psychological symptoms of the disease process (Beard, 2011; Cowl & Gaugler, 2014; Seifert & Baker, 2002).

Although the quantitative results are not statistically significant, the post-test does display a change in presence of agitated behaviors (Figure 1). The qualitative results also suggested that art therapy was an effective means of accessing and expressing grief related memories for this population.

Qualitative results supported the notion that grief issues in this population are both prevalent and seek expression. Themes of loss were evident for all participants and in all sessions, the most common being family related losses. Many participants expressed a longing for spouses, siblings and parents that have passed away as well as their children and friends that are less involved in their day-to-day lives. Many of the memories shared during the art-making sessions supported the notion that creating artwork was helpful to integrate past experiences such as those connected to parenthood or marriage (Chapin Stephenson, 2013; Ehresman, 2013). The participants engaged with the collage-making process in ways that supported personal choice through image selection and facilitated reminiscing and personal expression (Beard, 2011; Ehresman, 2013; Meguro, Ishizaki, & Meguro, 2009; Woolhiser Stallings, 2010).

Future Directions

The study may be a starting point for further research on the subject of grief processing in older adults with NCDs. The implications of results using larger samples and more sensitive behavioral measures would support the use of art therapy as a strength-based, non-pharmacological treatment for agitation in individuals with NCDs. Among obvious benefits to the participants and their caregivers, reducing behavioral agitation improves quality of life, social functioning and decreases fall risk (Livingston et al., 2014; Van der Mussele et al., 2015). This research may also support further examination of reminiscing and identity strength within this population.

Limitations

The scope of the present study was extremely limited. Due to available resources and time constraints, the present study only allowed for four weekly sessions. The demographic make-up of the convenience sample used was very narrow, representing participants that were entirely Caucasian and in the early to middle stages of dementia. These constraints prevent generalization to other populations. Another limitation was that the CMAI was completed using behavioral documentation noted by nursing staff within the time frame for each measure, which may not be an accurate representation of the behaviors actually exhibited by each participant.

Recommendations

It is recommended that future studies include a control group, utilize random selection and assignment to treatment or control group and include participants of differing gender, ethnicity and stage of cognitive decline. Replication of this research in different settings such as day programs and for participants still living at home would

lend additional support to the use of art therapy with this population.

Conclusion

The results suggested that personal expression of grief through art-making may have helped decrease agitated behaviors, though statistical significance was not reached in the present study. These results suggested that agitation level may be effected by the participant's inability to express and therefore process grief. Grief issues have been a major concern for individuals in older adulthood and more research is needed on treatment options for grief issues, especially with this population. Behavioral agitation is often among the most distressing and exhausting symptoms for individuals and their caregivers to manage. The poor efficacy of pharmacological interventions used to treat agitation coupled with their negative side effects adds to the need to identify and empirically support alternate, non-pharmacological treatment options such as art therapy.

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Appendix A

THE COHEN-MANSFIELD AGITATION INVENTORY - short form 1986

Please read each of the agitated behaviors, and check how often (from 1-5) they were manifested by the participant over the last 2 weeks; if more than one occurred within a group, add the occurrences, e.g., if hitting occurred on 3 days a week, and kicking occurred on 4 days a week, $3 + 4 = 7$ days; circle 4, once or several times a day.

1 Never

2 Less than once

3 Once or several times a week

4 Once or several times a day

5 A few times an hour or continuous for half an hour or more

1. Cursing or verbal aggression

1 2 3 4 5

2. Hitting (including self), Kicking, Pushing, Biting, Scratching, Aggressive Spitting (include at meals)

1 2 3 4 5

3. Grabbing onto people, throwing things, tearing things or destroying property

1 2 3 4 5

4. Other aggressive behaviors or self abuse including: Intentional falling, making verbal or physical sexual advances, eating/drinking/ chewing inappropriate substances, hurting self or others

1 2 3 4 5

5. Pace, aimless wandering, trying to get to a different place (e.g., out of the room, building)

1 2 3 4 5

6. General restlessness, performing repetitious mannerisms, tapping, strange movements

1 2 3 4 5

7. Inappropriate dress or disrobing

1 2 3 4 5

8. Handling things inappropriately

1 2 3 4 5

9. Constant request for attention or help

1 2 3 4 5

10. Repetitive sentences, calls, questions or words

1 2 3 4 5

11. Complaining, Negativism, Refusal to follow directions

1 2 3 4 5

12. Strange noises, (weird laughter or crying)

1 2 3 4 5

13. Hiding things, hoarding things

1 2 3 4 5

14. Screaming

1 2 3 4 5