Chapter 9

Art, Drawing Task Processes, and Identity Awareness: A Case Study on the Retro-Genesis Phenomenon as an Indicator of the Progress of Dementia

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ABSTRACT

Non-pharmacological treatments for dementia include a variety of approaches, including art and drawing therapy, that aim to develop new connections between neural circuits through non-verbal memory systems. The current chapter presents a pilot study of an art therapy and reminiscence program in which drawings made by persons with dementia attending a day care center in Spain were compiled and analyzed to identify features that remain constant and those that evolve during progression of this dementia. For illustrative purposes, the chapter presents the case study of a 92-year-old woman who participated in all nine art therapy and reminiscence sessions conducted as part of this pilot study. Her drawings clearly illustrated the “retro-genesis” phenomenon. Modifications in the elements of her drawings are presented as an example of the degeneration in drawing processes that can be a marker for the evolution of cognitive decline. Despite the changes in this participant’s drawings, her reminiscences reflected a retained sense of identity.

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INTRODUCTION

Art Therapy for Dementia: In Search of Self-Identity

Creativity in any of its forms – visual musical, literary or performing arts – involves a variety of cognitive abilities and should be actively explored in persons with Alzheimer disease (AD) and related dementias, even when loss of language does not allow us to communicate with affected individuals in traditional ways (Fornazzari, 2005). According to Serrano, Allegri, Martelli, Taragano and Rinalli (2005), visual art is an expression of neurological function and how it organizes and interprets perception. Thus, art is predominantly a function of the right hemisphere. In contrast, the left hemisphere has inhibitory effects on artistic expression. According to Serrano et al. (2005), in cognitively normal individuals, inhibitory and excitatory mechanisms interact in complex harmony, reflecting a paradoxical functional facilitation. Neurodegenerative conditions such as dementia could change this harmony and alter artistic abilities. Recent studies (Chancellor, Duncan, & Chatterjee, 2014) found that, when provided with appropriate structure, dementia patients can produce and appreciate visual art. Case studies and several small trials reviewed by these authors have suggested that art therapy engages attention, provides pleasure, and improves neuropsychiatric symptoms, social behavior and self-esteem. Vernooij-dassen (2007) noted that the activities persons with dementia engage in become meaningful through feelings of pleasure, involvement, connection, and belonging as well as a sense of autonomy and self-identity.

Sterrit and Pokorny (1994) stated that the goal of art activities for persons with dementia is to provide pleasure and meaning. In this context, art therapy is an assistive occupation that uses artistic creation as a tool to facilitate emotional or psychological conflict expression and resolution. It can help reduce anxiety, provide meaningful activity, encourage interaction with others, lessen isolation and marginalization, and ultimately improve quality of life and vital involvement in old age (Ginn, 1999). It has also reportedly been useful to preserve a sense of identity and support self-expression through use of paints and other materials, enabling older persons with dementia to draw on their remaining strengths (Harlan, 1993; Jensen, & Wheaton, 1997; Stewart, 2004). In the same vein, studies reviewed by Gilroy (2006) showed how art therapy might facilitate adjustment to changes in health, improve self-esteem and quality of life, and maintain identity. According to Hannemann (2006), art therapy seems to be effective as it deals directly with the vitality of the participants through use of vivid colors, a wide range of shapes, and various materials. Furthermore, the interaction between the participants in group art therapy sessions plays a significant role in strengthening self-confidence and identification with the individual’s own artwork as well as with others. This is highly relevant since, according to Small, Geldart, Gutman and Scott (1998), the manner in which others interact with the person who has dementia can have a significant impact on the individual’s own sense of well-being. In this respect, self-identity is considered to be constituted by and through social interaction. Art therapy may offer persons with dementia an uncharted territory that they can explore and a welcome source of involvement and pleasure, particularly when done in groups that provide increased opportunities for socialization.

Art therapy focuses predominantly on visual and somatosensory information, that is, on how (a) images and their expression reflect emotional experiences, and (b) emotional experiences affect thoughts and behavior. Literature reviewed by Lusebrink (2004) suggested that art therapy interventions benefit predominantly the following general areas: (a) reconstitution and rehabilitation of physical impairments; (b) promotion of mental, emotional and physical healing; and (c) enhancement of cognitive and emotional growth. For all these reasons, art therapy is indicated for people who, due to their circumstances or the