



## ART THERAPY

Expressive arts therapy  
Creative arts therapy

### KEY POINTS

- To stimulate cognitive functioning, improve mood and quality of life, stimulate social interactions and manage behavioural symptoms.
- This intervention involves cognitive, emotional, physical and social processes.
- Observed effects are an improvement in quality of life, well-being and social interactions, a decrease in agitation, depression, anxiety and feelings of loneliness, and a decrease in the use of psychotropic treatments.
- In group, individually or with a family caregiver.
- For people with mild to moderate dementia.

## PRESENTATION

### A. Definition

The psychotherapeutic use of art as an intervention is facilitated by an art therapist to help individuals' gain personal insight while engaging in the act of creativity. This process is designed to promote positive well-being through cognitive, emotional, physical, and social assimilation. Art therapy interventions are based on the principle that art is a form of self-expression for all individuals' mental health and well-being, despite those with memory and cognitive impairments, such as Alzheimer's disease. Through the facilitation process led by a credentialed art therapist, psychotherapeutic sessions support personal and relational treatment goals. Art therapy is used to foster self-esteem and self-awareness, support cognitive, sensorimotor functions, and cultivate emotional resilience, promote insight, enhance social skills, reduce, and resolve conflicts and distress, and advance societal and ecological change<sup>[1]</sup>.

Art therapy is practiced with a medical indication, an adapted therapeutic protocol and specific evaluation tools. Thus, the artistic practice used must be defined with regard to the person's and/or his or her family's tastes and in relation to the therapeutic strategy put in place.

### B. Fundamentals

Art has been used as a form of expression since the beginning of mankind as seen in cave paintings such as in the Lascaux. Art therapy became a form of therapeutic self-expression in the 1940's when it evolved independently throughout certain parts of Europe and America. The first known individual to refer to art therapy as a mental health treatment was Adrian Hill, an artist from England. While undergoing therapy treatments in a sanatorium for tuberculosis, Hill recommended participating in art projects to his fellow patient peers. He later discussed much of his work as an art therapist in his book *Art Versus Illness*<sup>[2]</sup>. Many art therapists' credit Carl Jung, the Swiss psychiatrist and psychoanalyst, as one of the pioneers who helped build the foundation of art therapy. Jung used art as a therapy practice with his clients and engaged in art making himself as a way to resolve inner conflict. He later published *The Red Book*, as a means of illustrating his emotions into images. Since this time, art therapy has vastly grown in multiple disciplines within the mental health and neurology fields. People with dementia have been of particular interest in using art therapy as a form of treatment. There is a growing body of research demonstrating that art therapy for those with memory impairments are able to create, despite cellular disruption, finding meaning and memories that resurface while in the creative process<sup>[3]</sup>.

## THEORETICAL BACKGROUND

### A. Processes involved<sup>[4-5]</sup>

- Cognitive process: attention, spatial, sequence and thought process (imagination building and recollection of memory/life stories), and sensory stimulation.
- Emotional/Behavioural process: self-expression (verbal and non-verbal forms of communication), relaxation, alertness, and self-awareness.
- Physical processes: fine motor skills and sensorimotor integration.
- Social processes: social interactions, social inclusion and social cohesion.

Cultural aspects need be taken into regard in the selection of art mediums and techniques, fine art works exhibited and discussed, and music (if played while creating art). Research studies have found benefit in providing weekly, one-hour sessions, primarily using watercolor as a good medium to use with people with dementia (collage, drawing, sculpture, digital arts and photography are other types of art mediums that can be used), and combined with appropriated music, the act of art making may help deepen the experience in being able to resurface long-term memories and sustain positive mood.

### B. Neurophysiological correlates

Studies validate that art making helps to reduce agitation, anxiety, and depression, and stimulate areas in the brain pertaining to long-term memory and spatial recognition. PET (positron emission tomography) brain scan imaging has demonstrated regions in the brain being activated when engaged in forms of creativity. Art making has been compared to a mindfulness meditation in the same form of brain imaging with the releasing of dopamine, serotonin, oxytocin, endorphin (“feel good” chemicals in the brain that help activate neural signaling), thus reducing levels of challenging behaviours.

## SCIENTIFIC EVALUATION

Art therapy as a psychosocial and psychotherapy intervention for people with dementia has been shown to have positive effects on quality of life, social interactions, mood and improved psychological symptoms<sup>[6]</sup>. However, the lack of scientific clinical trials in art therapy does not support an evidence-based effect of art therapy, although there is empirical evidence in the academic literature and field observations. Further studies are needed to strengthen the evidence base for the effectiveness of this type of intervention.

No large-scale cost studies to date about cost-effectiveness. However, smaller studies conducted in the US and UK indicate a significant reduction in dementia care costs in using art therapy as an effective means to enhance quality of life. Current research in art therapy demonstrates an increase in positive mood and behaviour with depressive, anxiety and agitation symptoms lessened, a reduction in sundowning, reduction in loneliness, decrease usage in psychotropic drugs and a decrease in caregiver stress. Additionally, a larger study funded by The National Endowment of the Arts found a significant support in mental and physical performance on elderly people who engaged in the arts as a means for healthy ageing<sup>[7]</sup>.

## IMPLEMENTATION AND PRACTICAL ADVICE

### A. Training and/or knowledge required to provide the intervention

Degree of art therapist or any health professional who has undergone specific training in the practice and teaching of art. Knowledge of neurocognitive disorders such as Alzheimer’s disease and related dementias.

# ART THERAPY

## B. Practical and clinical advice

### THERAPEUTIC INTENTION

#### Participants profile

- People with mild to moderate dementia.
- Family member e.g., spouse, adult child, grandchild and/or other caregiver may also participate along with the person with dementia as a way to strengthen relationship bonds. It is recommended artwork be created together and not having the caregiver take over the person with dementia's work.

#### Indications

- Cognitive support: memory and executive functioning.
- Psychology support: mood, behaviour, social cohesion, and quality of life.
- Neurological support: limiting psychotropic drug usage in neural activity.

#### Contra-indications

- In some cases, severe cognitive disorder and/or late end stage dementia where creating art may not be possible
- Sensory and/or physical limitations.
- Severe chronic pain.
- Severe behavioural disturbances.
- Concurrent major psychiatric disorders with negative hallucinations and other continuous negative preoccupations.

#### Contributors

A college degree and/or registered art therapist, undergraduate or graduate student in an art therapy program, therapist or registered instructor in the arts, activity director; additional staff to facilitate the session with proper training in art therapy. Art therapy must be practiced by a trained professional. If a caregiver uses art for the purpose of care, it is not necessarily art therapy.

#### Setting of intervention

- A quiet space away from noise and other distractions, preferably with windows for fresh light and if possible, with a view of nature.
- A room with close proximity to a sink.
- A room with tables and chairs with enough space to maneuver in between.

#### Dosage

- Period: sessions are conducted on an on-going bases.
- Frequency: at least once a week.
- Duration: usually mid-morning is the more optimal time to hold sessions and lasting anywhere from 45 minutes to an hour (depending on attention span, some may only hold attention for 20 to 30 minutes).

*It is recommended to provide sessions on the same day(s) each week and at the same time(s) for consistency.*

#### Session sequencing

- Art groups can be held in 1:1 independent or in group sessions, ideally between 5-8 participants per 1-2 facilitators (groups no more than 10-15 participants should have three facilitators. Anything over 15 is not recommended and needs to be well staffed).
- Presentation: reviewing an artist from a fine art book and giving some information of the artist's life history, showing two to three images of their artwork, and engaging in a discussion can help "set the stage" in getting creative. The theme of the art group can be based from the featured artist, e.g., Picasso and painting in cubism; O'Keefe and painting a flower up-close. If it is chosen to not feature an artist, a selected directive can be demonstrated e.g., painting a favorite landscape using watercolor, creating a favorite kind of day magazine collage \*a vital component to the artwork is processing it, e.g., what is the title of the art created, what comes to mind when looking at it. (\*paintbrushes should be placed lying flat to dry).
- Processing: writing the memory/story of what the person said on the back of their art or on a notepad to go with the art as a way to capture what the person is thinking and feeling. Sharing art with family members is additionally recommended to have meaningful conversations.
- Storage: artwork can be stored in each participate folder or given to them/family member and art supplies should be cleaned, dried, and stored away in a safe place.

#### Observance / Attendance

- Participants reluctant to attend sessions should be encouraged to attend, and continued to be invited, a call for re-evaluation of appropriateness of intervention may be needed.
- Engage various individuals to attend, even those who seem shy or avoidant of art.
- Keep sessions consistent to the same individuals for consistency and include others as needed.
- Ensure hearing aids are in place, eye glasses are clean and clothes are appropriately on e.g., shoes are on the correct foot.

#### Assessment

Cognitive and behavioural.

## FOR MORE INFORMATION

- Duncan, A. (2010). *MIM Modalities; Facilitators Manual. Memories in the Making: a creative art activity for people with Alzheimer's dementia*. (Ed La Doris "Sam" Heinly). Alzheimer's Association Orange County, CA.
- Cognitive Dynamics, Bringing Art to Life: <https://www.cognitivedynamics.org/therapy/>
- Presentation: "Searching for Personhood: Unlocking the Self through Expressive Arts": [www.dmh.ms.gov/pdf/Searching%20for%20Personhood.pdf](http://www.dmh.ms.gov/pdf/Searching%20for%20Personhood.pdf)

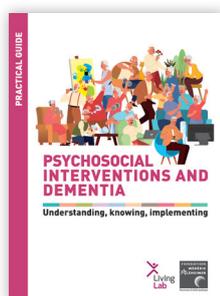
## ABOUT THE AUTHOR

**Angel C. Duncan**, PhD Candidate, MA, MFT, ATR, is a marriage and family therapist, art therapist and neuroscientist in Alzheimer's disease clinical research. She is a professor at the University of Tampa and Albertus Magnus College. Additionally, she is the founder and director of the Arts in MIND art therapy program at the Yale University Art Gallery, in partnership with the Yale Alzheimer's Disease Research Unit.



## References

- [1] American Art Therapy Association. (2020). *About Art Therapy*. <https://arttherapy.org/about-art-therapy/>
- [2] Art Therapy Journal. (2020). *The History of Art Therapy*.
- [3] Chancellor, B., Duncan, A., & Chatterjee, A. (2013). Art Therapy for Alzheimer's Disease and Other Dementias. *Journal of Alzheimer's Disease*, 39(1), 1-11.
- [4] Witkoski, S. A., & Chaves, M. L. F. (2007). Evaluation of artwork produced by Alzheimer's disease outpatients in a pilot art therapy program. *Dementia & Neuropsychologica*, 1(2), 217-221.
- [5] Duncan, A. (2019). Art Therapy in Neurocognitive Disorders: Why the Arts Matter in Brain Health. *Surgical Medicine Open Access Journal*, 2(3), 1-4.
- [6] Duncan, A. C. (2018). Identity in memory: Ascertaining consciousness beyond dementia. *Journal of Neurology and Neurological Disorders*, 4(3), 302.
- [7] Summit on Creativity and Aging in America. (2016). *National Endowment of the Arts, National Center for Creative Aging: Report*. <https://www.arts.gov/sites/default/files/summit-on-creative-aging-feb2016.pdf>



This sheet corresponds to a chapter of the guide *Psychosocial interventions and dementia: understanding, knowing, implementing* directed by the Fondation Médéric Alzheimer.

**Fondation Médéric Alzheimer**  
30 rue de Prony 75017 Paris  
[www.fondation-mederic-alzheimer.org](http://www.fondation-mederic-alzheimer.org)  
contact : [fondation@med-alz.org](mailto:fondation@med-alz.org)

© Fondation Médéric Alzheimer  
Communication – June 2021  
Design Philippe Lagorce

