Arts-based and creative approaches to dementia care

Jessica McGreevy describes the benefits of using music, dance and movement to improve people’s wellbeing

Abstract

This article presents a review of arts-based and creative approaches to dementia care as an alternative to antipsychotic medications. While use of antipsychotics may be appropriate for some people, the literature highlights the success of creative approaches and the benefits of their lack of negative side effects associated with antipsychotics. The focus is the use of biographical approaches, music, dance and movement to improve wellbeing, enhance social networks, support inclusive practice and enable participation. Staff must be trained to use these approaches. A case study is presented to demonstrate how creative approaches can be implemented in practice and the outcomes that can be expected when used appropriately.

Keywords

antipsychotic medications, arts, creative approaches, dementia, non-pharmacological interventions, older people
Creative approaches
Arts-based and creative approaches to dementia care include drama, art, music, reminiscence, life story work, doll therapy, pet therapy, horticultural therapy and validation therapy (Douglas et al 2004, Cohen-Mansfield 2005, Hulme et al 2010, Bidwell and Chang 2011, Fell and de Klerk-Rubin 2012) (Box 1).

When deciding what creative approaches may work, remember that people with dementia can change as they become different versions of themselves; it is important to see people both as they were and as they are (Kitwood 1997). People with dementia may embrace art therapy, for example, but would have declined it previously. Approaches will also depend on factors such as the person’s stage of illness, comorbidities, ability to communicate and personal choice (Lee and Adams 2011).

Biographical approaches The first creative approach to be adopted should be biographical information gathering through the use of narratives, life story work and reminiscence. Biographical approaches help carers understand the person with dementia and identify what other creative approaches may be successful (Baker 2015). Schweitzer and Bruce (2008) suggested that biographical approaches enable the person with dementia to be sociable and form relationships. These approaches also have the potential ‘to redress the imbalances of dementia and overcome the marginalisation that many individuals feel’ (Craig and Killick 2004). An understanding of a person’s life can remove the stigma often associated with dementia, in turn leading to increased opportunities for the development of social networks. However, carers must consider ethical issues such as consent, confidentiality and freedom of opinion/beliefs without discrimination. Lack of attention to ethical considerations can lead to loss of trust, distress and destruction of a person’s social networks (Coleman 1986).

Murphy (2004) suggested that life story work enables the individual to be seen beyond the diagnosis. This can result in a more holistic approach to care, rather than a one-dimensional attitude that sees only the dementia. Keady et al (2007) introduced a form of life story work called co-constructed inquiry, which focuses on co-authorship between the person with dementia and their healthcare practitioner, emphasising co-learning. The life story is a ‘script’ used to build a set, be in a performance and bring down the curtain at the end of life. The performance needs a director, with the person with dementia encouraged to take the lead, guiding and influencing the healthcare professionals who are those creating the performance. This approach encourages inclusive practice, as the person with dementia is able to set the care priorities and parameters (Keady et al 2007).

As dementia progresses, implementing biographical approaches can be challenging because of difficulties with verbal communication. However, implementing creative approaches such as music, dance, drama and art enables narratives and life stories to be gathered and reminiscence to occur as fun and sociable activities without necessarily requiring verbal communication (Bowlby Sifton 2000).

Music Music in a group setting can provide a bridge for the world of the person with dementia, where meaningful communication occurs and emotions are articulated without dependency on words (Craig and Killick 2004). It can lead to the development of social networks that create a sense of fun, belonging and inclusion (Lee and Adams 2011). Robertson-Gillam (2011) postulated that singing can be a potent communication tool when speech is lost, allowing for the development of significant relationships and social networks.

Miller et al (2001) explained that songs and tunes become attached to memories and that for music to be most effective, it should relate to the person’s life story/narrative. Sacks (2007) suggested that a carer’s lack of knowledge about the individual’s life may inadvertently reawaken

<table>
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<th>Approach/therapy</th>
<th>Explanation</th>
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<tr>
<td>Drama</td>
<td>Structured use of movement, mirroring, puppets, storytelling and play</td>
</tr>
<tr>
<td>Art</td>
<td>Drawing, painting, sketching, collage and photography</td>
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<tr>
<td>Music</td>
<td>Sensory, group or one-to-one and receptive or participatory</td>
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<td>Dance and movement</td>
<td>Movement alongside music</td>
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<td>Reminiscence</td>
<td>Reliving past positive experiences; organised or arising through natural conversation</td>
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<td>Life story work</td>
<td>Gathering of life history through communication between the person and family</td>
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<td>Doll therapy</td>
<td>Use of an empathy doll, usually led by the person with dementia and often unstructured</td>
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<td>Pet therapy</td>
<td>Use of animals, organised or unorganised, focuses on importance of relationships</td>
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<tr>
<td>Horticultural therapy</td>
<td>Use of outdoor space, working or being in or around a garden</td>
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<tr>
<td>Validation therapy</td>
<td>Being accepting of another’s reality</td>
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a negative memory with an inappropriate song choice, resulting in emotional distress. In turn, the individual might avoid activities involving music, which would deprive them of the opportunity to develop significant social networks.

Use of music in a group setting creates a naturally inclusive environment as it takes the emphasis away from the dementia diagnosis towards sharing an enjoyable, creative and expressive experience (Stokes 2008). Götell et al (2000) suggested that carer-assisted music events for people with dementia are a way to improve relationships. Singing for the Brain, a service introduced by the Alzheimer’s Society in 2003, combines music and reminiscence in a group setting to improve quality of life, communication and social engagement (Osman et al 2014). Montgomery-Smith (2006) found that musical exercises had the potential to stimulate physical and emotional participation that was beneficial for people with dementia and their carers.

The exercises resulted in a more inclusive attitude, as bonds were formed with those they previously may have thought they could not relate to.

Dance and movement The bodies of people with dementia may come under pressure from institutionalised regimens and controls (Kontos and Martin 2013). For example, sexual expression may be suppressed or punished and sleep patterns dictated by organisational regimens (Martin and Bartlett 2007). Movement should be encouraged (London 2009), as it enables people with dementia to be involved in care. Use of movement alongside music helps those with dementia to see what they can still achieve, reducing the significance of the diagnosis for them personally (Exiner and Kelynack 1994). Hill (2009) explained that while a person’s name usually reinforces identity, the body and movement can also influence identity and individuality. During group dance sessions, for example, the facilitator ‘can pick up on a person’s movement – “let’s do Mary’s stretch” – emphasising to Mary and the other participants whose the stretch is’, and thus the participants’ movements lead the session (Hill 2009).

During the dementia trajectory, relationships with family members are often lost, as they perceive their relative to be non-communicative. However, Hill (2009) proposed that ‘the experiences of the

Case study

A 95-year-old woman was admitted to the care home following hospital admission to repair a fractured neck of femur. Betty was single, with no family in the area and a history of Alzheimer’s disease, depression and acute pain following her recent fracture. While in hospital, Betty was commenced on risperidone and citalopram as she was declining personal care, becoming continually distressed and at times shouting or hitting staff. Although the medication reduced her level of distress, it also caused her to become withdrawn, isolated and reduced her ability to communicate verbally – she would be more muddled and unsure of her words, which caused some distress – leading to decreased wellbeing.

All the care home staff were trained in the importance of life story work and meaningful activities. Through informal discussions, reminiscence and one-to-one time with Betty, they established an in-depth life story. They discovered that Betty used to be in a church choir, enjoyed walking and went to a tea dance every week, where she loved dancing the waltz.

This information was used to introduce therapies such as dancing and singing, initially on a one-to-one basis and, when Betty became more confident, in group sessions. Church music was played daily in the lounge, with Betty encouraged to lead the singing, conducting residents and staff. After a few months Betty had formed friendships, her speech had improved and she spent most of the day in the lounge or helping staff by making beds and washing medicine cups, for example. Staff also used Betty’s love of dancing to improve her mobility. Each day, they played music of Betty’s choice and they would do physiotherapy in time with the music. Within a month of taking this creative approach, Betty was able to mobilise independently with a Zimmer frame around the home. This in turn led to increased wellbeing which allowed her to discontinue the risperidone and citalopram.

The case study shows the positive effect of creative approaches. Through the use of life story work, dance and music, Betty was able to ‘find’ herself again and establish herself as a valuable and influential presence in the care home. However, it could be argued that this success should be credited to the staff’s training and understanding. Staff who are not trained in dementia care are more likely to continue to provide institutionalised care, neglecting psychosocial needs (Baker 2015). Trained staff will see beyond the dementia and use of medication, and strive to understand and respond to the behaviours people display.
world and ourselves is mediated through our bodies’, not through verbal abilities. Through the use of dance alongside music therapy, a sense of unity and connection can be discovered (Caplow-Linder et al 1979). Exiner and Kelynack (1994) proposed that dance can increase social networks and a sense of inclusion, as it is suitable for all abilities. It is therefore devoid of the discrimination people with dementia often experience (Exiner and Kelynack 1994). These life-affirming approaches also provide a connection to the outside world (Fraleigh 1987).

The case study opposite highlights the effectiveness of creative approaches in practice and the importance of identifying those that are appropriate.

**Conclusion**

Use of antipsychotic medications in dementia care continues. For some people these medications are vital to maintain wellbeing.

However, the research literature highlights the success of creative approaches in dementia care and their lack of negative side effects compared with antipsychotic medications.

The most successful way of implementing and identifying the right creative and arts therapies approaches for individuals is to first adopt a biographical approach and learn about the person’s life history. The discussion and case study show that by using a combination of approaches, wellbeing can be improved, social networks increased, inclusive practice implemented and participation increased. Communication and self-expression are vital to increase wellbeing.

As dementia progresses, verbal communication is altered and memories become disjointed. But the use of art, music and dance can reignite memories and lead to new means of communication, enabling people to become active contributors to their environment with some control over their lives.

**References**


