

"Chocolate works just as well as art anyway!"

THE CONFERENCE PAPER
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Theme 4. Unlocking the Potential within an Organization

This theme describes how creativity and the arts can support and enhance the vision and culture of an organization.

Chocolate works just as well as art anyway!

The images that accompanied the presentation delivered on 22nd October, 2009 were gathered during the course of the MAC.ART program. MAC.ART stands for McAdam Aged Care Art Recreation Therapy, a program designed and introduced into the Australian aged care sector by Julie Gross McAdam, the paper's presenter, in 2001. Since then, more two thousand five hundred artists have illustrated their traditions and memories by giving voice to over twenty major artworks. The works showcase the often hidden creative ability of Australians living with dementia and each tells a culturally significant story.

The MAC.ART program incorporates a person-centred design concept and is designed to directly involve all of the residents of the facility and their relatives. It includes all staff members and volunteers. The end product is a large scale permanent community artwork. MAC.ART is unlike traditional recreation therapy or mainstream art therapy programs, it is the only genuinely 'all inclusive' art as recreation therapy program in residential aged care in Australia.

The MAC.ART program primarily explores the boundaries of creativity. In essence the process is an exercise in 20th century oral history embodied in a modern "folk art" tradition. MAC.ART does not mirror "folk art" of the past, but instead it aims to inaugurate a new tradition in art by placing and preserving the voice of older people in a new context.

Folklorists (Kirshenblatt-Gimblett, *et al.* 2006) have long understood the place of reminiscence, story telling and memory painting in the lives of those who were born at the same time and navigate the course of history together. Residents who live in facilities, through life-story interviews, shape and develop a unique theme that represents their shared history. In affect, the translation of a common heritage into graphic pictorial images provides each custodian with an important opportunity to share life experiences and to see his and her collective history valued and preserved.

All the themes and colours are chosen by the participants, and the accompanying images graphically illustrate individuals from all walks of life engaged in creativity. The images dispel the notion that those living with dementia “eat paint, get dirty and cannot remember anything”.

Creating and enhancing a climate of cultural change within the aged care sector is dependent on, and driven by, two important factors - management attitudes and individuals who are committed to a person-centred approach and philosophy. This presentation intends to put forward some thoughts on how the creative arts and whole facility projects like MAC.ART have the capacity to contribute to quality of life, which in turn can support and enhance the vision and culture of any organization. But, to meet this goal, some of the negative attitudes that limit potential growth and opportunity at all levels within organizations, must first be outlined.

The title “chocolate works just as well as art anyway” was chosen, because it was an unforgettable comment whispered to me by a director of nursing after I had given an enthusiastic explanation of the value of art as an activity to family members of a potential client during an inspection tour of a facility in 2004. It remains a sad comment on modern dementia-specific care that the link between the creative arts therapies and emotional wellbeing still do not appear obvious to some healthcare professionals, and it is disappointing that this director’s comment illustrates what Kitwood (1997) so aptly described as an “old culture” of care.

Verity and Kuhn (2008) are correct when they say a traditional biomedical outlook mirrors an “old culture” of care and is marred by negative thinking and low expectations. They make the point that dementia from this perspective, is an “irreversible, progressive and hopeless disorder” and a medical problem. As a result, all the so called “symptoms” commonly associated with dementia are due to brain damage and, it stands to reason, if there is no cure, then little can be done for the unfortunate ‘patients’. Verity and Kuhn (ibid) argue correctly that a biomedical approach is pessimistic because it ignores the importance of good care and the affect that good care can have on individual wellbeing.

Another reason why the biomedical school of thought is so pessimistic is because it assumes that recovery, rehabilitation and the elimination of illness are the primary measures of success in the therapeutic progression. It should be noted that the perceived success of the therapeutic outcome is the rehabilitation of the "patient" to full recovery. Retrogression and the inevitability of the progressive deterioration of residents living with dementia, for example is not, for this school of thought, one of the projected outcomes of care. In some quarters, it is still commonly thought because there is no cure for dementia and no chance of achieving a positive therapeutic outcome by this standard, then not much can be done for the "patient" when the rehabilitation option is closed off.

Even with the steady introduction of the creative arts therapies over the past decade, for some healthcare professionals, an entrenched "old culture" of care makes it easy to embrace negative concepts and thus influence not only the culture of an organization, but also the outcomes for those who live and work there. These concepts are embodied in the terms "therapeutic pessimism" and "therapeutic nihilism".

Put simply "therapeutic pessimism" is based on the notion that dementia is a normal part of ageing. Whalley writes (Whalley, 2001, p. 125), even in the 21st century "the association between cognitive impairment and advanced age is so well established that for many such impairment is inseparable from ageing... [and] this view probably underpins much of the therapeutic pessimism encountered in the management of Alzheimer's disease".

"Therapeutic pessimism" is closely linked with "dementia literacy". In Australia, Low & Anstey (2009) conducted a community based dementia literacy study to determine dementia awareness, knowledge and beliefs. This research found most people do not recognize the early signs of dementia, and do not fully understand that there are as many as eighty different diseases that may result in dementia. Whilst most of those interviewed could identify some contributing factors, alarmingly 32% thought dementia risk factors might include "personal characteristics such as weakness of character" and 22% thought "laziness" might contribute. Carers are not particularly well informed either as many still attribute memory loss to "a normal part of ageing". Sadly, carers

generally do not seek early assessment because of “the stigma associated with dementia and the belief that little can be done”.

The other inherent difficulty and equally important factor faced by those who create and facilitate the creative arts therapies and engage in research in dementia-specific care is the prominence of a form of ageism first described as “therapeutic nihilism” in the early 1980s (Wasylenki, 1982). Like “therapeutic pessimism” it has the potential to profoundly influence both staff attitudes and dramatically alter therapeutic outcomes for those in care.

Malone and Camp (2007, p. 151) believe “the single greatest barrier to the provision of high quality care for persons with dementia is not a lack of resources, but a belief”. They maintain some healthcare professionals advance “therapeutic nihilism” in dementia care, by maintaining a general climate of negativity and perpetrating the myth that individuals living with dementia are incapable of learning new things or showing anything but decline. They argue “therapeutic nihilism” is “learned helplessness on a system-wide scale”, and sum up this destructive phenomenon by saying, “therapeutic nihilism is insidious because it destroys hope and condones acceptance of the status quo”. After all, if a resident can’t remember an activity why would anyone be bothered wasting time and money putting one on anyway?

Kitwood (1997) believed such self-fulfilling prophecies are created and flourish in a climate of negative attitudes and expectations and in mainstream publications that go unchallenged. There is a creeping trend in current literature (Semel, 2006) with underlying ageist perceptions that echo negative readings of dementia-specific aged care. Such publications present warnings about the futility of treatment and the hopelessness of those living with dementia and are not useful in a holistic progression toward person-centred change and must be challenged.

The perceived cost of mounting art programs in aged care is perhaps the most common objection to their introduction. The MAC.ART program is a working example to dispel this myth. The first MAC.ART project cost \$90 to produce, involved 95 participants at a unit cost of under \$1 per head. Other international programs such as *Memories in the*

Making, and *Timeslips* and the *TAPPS* program were created on a shoestring and philanthropic funding is not difficult to access.

Another common myth centres on the belief because some participants with dementia may not remember the art activity, then it must be true they take nothing away from the experience. But, many living with Alzheimer's disease relish inclusion in creative activity, and research has shown many participants continue to enjoy the confluence of colour and retain good colour sense until very late into the disease (Wijk, 2001 & Wijk *et al.*, 1999). One reason for this enjoyment may be because the areas of the brain that process colour are rarely affected by Alzheimer's disease (Whalley, 2001).

The extent to which an "old culture" of care exists in Australia and elsewhere, and how far management attitudes are influenced by pessimism and nihilism and dementia illiteracy and whether or not these factors prevent the possibility of various professions working in harmony toward cultural change and a common goal, are worthy of serious debate at another time. But, it is my observation that professional hierarchy, task-oriented organizational rigidity and existing policies and procedures seem to work against individual creativity, making it a challenge for lone individuals to work within an organization to create programs designed to enhance that culture. This may be one of the reasons why every major dementia-specific art activity program has been designed and developed by individuals who work independently and outside mainstream aged care.

Webster (2002) argues, most challenges arise because individuals within organizations often have "little understanding of each other's roles" and few actually acknowledge each other's "expertise and professional contribution to the team". He maintains the functionality of a multidisciplinary team depends primarily on individual members who work together well as a team with a clear understanding of the "different methods" that each discipline employs. And, unification can occur in a climate where individuals work uncompetitively together towards a common goal.

My experience and research over the past decade has shown me community art is both a good leveler and an ideal instrument to institute change. Put simply, even though it is relatively rare to find people in aged care who are experienced artists, everyone is

creative. Most individuals, staff and residents alike, are happy to be directed by an art facilitator, particularly when that person values and appreciates each contribution, no matter how small. And, participation in art activity relies on a simple principle - each of us has a compelling universal urge to belong in a group and to "make our mark". Lifton (1971 & 1979) describes this quest as "symbolic immortality", or an attempt to live on after death through images of the groups to which we belong. He argues that this is our only way of coping with the inevitability of death.

At the beginning of every one of the MAC.ART projects in aged care there is at least one staff member who will confidently say "you will never get our people to take part in that" and, "only one or two of our people will be able to do that". Interestingly, it is usually those individuals who watch in disbelief as the person, whom everyone thinks is past active engagement, spends hours absorbed in the art activity.

It is well documented that a person-centred approach can produce positive outcomes such as increased staff morale and work satisfaction. Workplaces that adopt a person-centred philosophy have less absenteeism, less turnover and less staff burnout (Cohen-Mansfield & Bester, 2006). All that an art facilitator appears to have to do is to practice the gentle art of person-centred care. My observation working on over twenty communal artworks in aged care and the community, with an average participation rate of 97%, is that art, like no other intervention, plays a positive and pivotal role in fostering the self-worth of all contributors. Art seems to add that extra dimension, it draws staff together in a common purpose, and allows the development of new insights into each resident and each other. It is this element above all, that generates mutual respect and unity across a whole facility.

McNiff (2007, pp. 32-33) sums up the unique role that artists and imagination can play to influence change in the workplace when he writes, "the arts help us improve the way we interact with others". The arts help "individuals let go of negative attitudes and excessive needs for control". The arts "foster more open and original ways" of problem solving. McNiff assures us that "nothing happens in creative expression unless we show up and start working on a project", and the outcome may include new ways of solving problems "that are simply not possible through descriptive and linear language".

If we are to further establish the credibility of creativity and the arts and properly validate its role in supporting and enhancing the vision and culture of an organization then we cannot continue to escape the responsibility of researching and documenting our work. Given the obstacles and “isms” outlined, each of us has a moral obligation to our residents, and to ourselves, to promote our work and disseminate our findings. As baby-boomers looking toward the future, we do not have a moment to lose, given one in nine of our generation will live to be 100 (Shenk, 2003), and one in four of us, who lives beyond the age of 85, has the likelihood of developing dementia (Alzheimer’s Australia, 2005).

Whilst cultural change may not happen quickly, all is not lost when one reflects on the unique insights of Maria Montessori (1870-1952) and Isaiah Berlin (1909-1997)- two outstanding thinkers of the 20th Century. Montessori (Montessori, 1966, p. 207) wrote social change “cannot come from the ideas or energies of individual reformers alone”, but change must come from, and with, “a slow and steady emergence of a new world in the midst of the old”. And, there is comfort in Berlin’s (1969) certainty that within free and democratic societies, tolerance and open debate affords the individual a unique freedom to express his or her philosophical beliefs. Berlin could never have imagined or predicted how rapidly technology would have the capacity to influence cultural change in the 21st century.

The dementia revolution has begun quietly and we may yet see momentous consequences, but this will only occur with a slow and steady dismantling of the twentieth century derivative of the seventeenth century Cartesian mind-body dualism that dominates biomedical thinking and dementia-specific research.

Researchers over the past fifty years, (Beveridge, 1953) have recommended we explore previously separate domains to bridge the link between art and science, and the North American men and women researchers, such as Dalia Gottlieb-Tanaka and John Zeisel and Cameron Camp and Jiska Cohen-Mansfield and Gene Cohen and Anne Basting, and others, are leading the way by pointing us in a new direction.

A bridge between art-based research and scientific enquiry exists, but in the rush to find a “cure” for dementia some biomedical researchers appear to devalue the findings of studies into art and dementia and favour other studies that they erroneously consider to be more in line with the “core principles” of scientific research. They seem to have lost sight of the fact that the essence of traditional scientific research, and indeed of the much hallowed “scientific method” itself, is to remain open to the truth no matter from which quarter it comes. In short, the “core principles” of scientific research are not to close off avenues to new discovery and knowledge. Using this tried and true research precept, widely considered the core value of the Enlightenment, it stands to reason, on the eve of the biggest healthcare challenge the world has ever seen, that the *a priori* dismissal of research into the arts and other non-pharmacological interventions is in itself “unscientific” (Gross McAdam, 2007).

Photographic evidence of individuals living with dementia engaged in creative pursuits has been presented. The primary obstacles that stand in the way of cultural change within organizations have been outlined. Some personal observations from the MAC.ART program have been detailed to illustrate a beginning point that hints at what may be possible using art as a tool in the future.

In conclusion, to unlock the potential within an organization, we must be prepared to place ideas in new relationships with each other to overcome the obstacles that have been constructed between them. We must use dementia-specific research tools such as the Creative Expressive Abilities Assessment tool, designed and tested in Canada and Australia, to explore and establish a much stronger research link between art and dementia. And, to enhance the vision and culture of any organization, we must use published findings to promote the value of the arts in dementia-specific care, even if only in the beginning to counter negative stereotypes and the “old cultural” notion that “chocolate works just as well as art anyway!” Lastly, we must take every opportunity available to bring the joy of creative endeavour to all.

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