Independent Project – ADAA6007

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Depression into Dementia

12th December 2025

Word count 6007 words

I confirm that I have not used AI in any of my work

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Abstract

I briefly looked at the history of Dementia and Depression and then focussed on new research, including looking at how diabetes, hearing loss and isolation, family history and depression can add risk factors in gaining dementia. This will be looked at through my own experiences of family dementia and my own struggles with depression and now possible early onset dementia. I will also be looking into the work of photographers and artists work, such as Franchesca Woodman and Michael Bach, as well Dana Stirling as who have themselves struggled with either depression or dementia and /or family members with these disorders, to see how they have used their art as therapy, whether self-help for themselves or others. Throughout the theses I will look at my own story, looking after my mother and sharing my own concerns of getting Dementia.

Introduction

The aim of this thesis is to look at depression and the additional medical factors that can have a link to dementia. These include Hearing Loss/isolation, a family history of dementia and diabetes.

I will be undertaken this by looking at current research, taken from books, on-line articles and academic papers.

I will be looking at how different photographic artists have used images to portray their struggles with depression, along with other health issues linking to dementia within themselves and others. The artists I have looked at include Franchesca Woodman, Dana Stirling and Michael Bach, along with Diane Arbus whose work evolves around depression. Patricia Voulgaris work being linked to isolation, Karl Smith whose work looks at Diabetes and additional artists Maja Daniells, Dr. Hugh Welch Diamond and Bill Viola. As well as looking at Norma CordovaIn and William Miller's work around self-help through photography. I will also show some of my own work, looking at dementia.

I will also be looking at my own personal experience of losing my mother and other family members to dementia.

Images of suffering and sadness can be difficult to create but authentic photography can be the means of telling a powerful story, one that can be seen as a pivotal talking point to raise awareness around mental health, as well as personal and group therapy.

All this work will be based around the theory that art therapy aids depression and dementia. This will be summed up by looking at the book 'The creative arts in Dementia care by Jill and Sarah Povey' (2010).

Historical Factors

Historical treatments for mental health and dementia patients have varied from the drastic practices in the Middle Ages, which included practices such as exorcism and bloodletting, as individuals were seen to be under the influences of demonic possession and witchcraft, so we must add being burned at the stake as part of these practices.

Institutionalization was commonplace, these places were more like run down prisons, they were dark and cold, food, water and cleanliness were poor and acts of violence by the guard's commonplace, here patients were left to die.

This thankfully ceased and led to more humane practices, if we can call them humane practices, like physical restraints, water and electric shock therapy and padded cells, with isolation being an everyday occurrence.

Luckily, in the late 18th century treatment shifted from a form of punishment to attempts at care, although some cures were still horrific, like electric shock treatment and lobotomies. In the Uk these practices continued into the mid 19th Century (my grandmother had electric shock treatment in her early 20's for chronic depression).

Around this time (1848 to 1858) the superintendent of the female department at the Surrey County Asylum, Dr. Hugh Welch Diamond photographed the facial expressions of patients suffering from mental disorders. He believed that the images taken of his patients could aid their diagnosis. Unfortunately, not a lot is known of his research, but what we do know is the results of these photographic experiments are unknown. What

it does leave us is a fascinating insight into the lives of individuals in asylums 200 years ago.



Fig 1



Fig 2



Fig 3

Things thankfully did start to change for the positive in 1976, as this was the date when pharmaceutical companies started to produce medication to slow down dementia, which included cholinesterase inhibitors like the medication donepezil and memantine, which manage the behavioural symptoms of the disease. Although new medications are continuing to be researched, to date no medical developments have been made to prevent its progress.

New Research

However, even in the late 20th century and to date our care for mentally ill patients is still not perfect by any stretch. Maja Daniells work 'Into Oblivion' captures Alzheimer's patients within an 'old people's home'.

I, like Daniels, believe that these institutions are important, as they enable individuals and families to live semi normal lives, and in certain cases, in safety. However, like Daniels I have witnessed neglect in care homes, having spent thirteen years, in the care system looking after adults with learning disabilities and autism.

Lack of funds can cause a decaying, oppressive environment due poor décor, limited activities and staff shortages, meaning patients do not receive the care they fully deserve.

In Daniells's words, this is 'Heart Wrenching', which I fully understand.

Daniells produced work for her piece depicting the real-life conditions of homes. With bland food, lukewarm jugs of water and peeling wallpaper and flaking paint were common. In addition to this Daniells photographed patients waiting by doors, wishing to 'escape' their unwanted home.

Daniells goes on to state:
'We have no way of knowing/seeing how certain institutions function and that makes it very easy to turn a blind eye to certain things if we are not confronted with them.' Feinstein, J. (2020).



Fig 4

I have seen scenes like this firsthand, working at Ely hospital in Cardiff and Hensol Castle, in Llanharan, both of which were ‘Mental Hospitals’, prior to their closure as part of the ‘Care in the Community’ Act. Here I saw firsthand a staff member light a cigarette and throw it on the floor, to watch maybe five patients fight to get it. This being no better that 18th century standards.

I personally have an unfortunate history with depression and dementia. There is a lot of depression within my family, and my wife has bipolar. I

have myself battled with depression on and off since my early 20s, which has become more prevalent since my back pain stopped me working and undertaking some daily tasks, my veil of invincibility has failed.

My uncle John died of Altheimer's at 76 years old, he ended up in an institution called Coity Clinic, in Bridgend, because he became very aggressive due to his confusion and frustration.

I also nursed my mother at home for two years until her death in 2020. She had Lewe body dementia and died only three years after her diagnosis.

I have depression, Type 2 diabetes, I am certainly not as fit as I should be due to my back and mobility issues and have hearing loss, where I should wear hearing aids. All these health problems, along with my family history of depression and dementia make me a high risk of getting dementia myself. I can say this with confidence, as my research, which will be addressed within this thesis has proven.

With that in mind, I have had a few memory issues over the past few years, having had tests for dementia two years ago, with the results being inconclusive. My memory, especially short term seems to be getting worse and as such I am now awaiting tests through the hospital for early onset dementia.

Depression

Looking at all the evidence through medical research, it proves highly convincing in the fact that depression does indeed prove to be a risk factor for later life dementia. In a study called, 'The association between a history of clinical depression and dementia, and the role of sociodemographic

factors: population-based cohort study', which took place between 2001 – 2018, it concluded that a history of clinical depression does increase the risk of dementia across all areas of gender, regardless of education levels and living standards. This result supported that depression is an aetiological factor for contracting dementia.

All this data was added to the Cox proportional hazards model, which is used to evaluate the effect of several influences on survival. 'It examines how specified factors influence the rate of a particular event happening at a particular point in time.' Sthda.com. (2024).

This research is backed in the book Dementia, Stigma and Stories by Shadhvika Nandhakumar, in 2024.

In the book Nandhakumar states that in the early stages of dementia, patients experience problems with short- term memory, and then in the later stages, problems with cognitive functions such as memory loss, comprehension, language, judgment, attention, and reasoning (Kumar et al., 2022).

The book goes on to state there are several risk factors for individuals with Lewy bodies dementia, many of which overlap with risk factors for other dementias, such as Altheimer's. In one study, patients with Lewy bodies dementia were found to have a history of anxiety, depression and have a family history of either depression and/or dementia.

Our understanding of dementia has evolved leaps and bounds over the past 100 years, but we continue to grapple with many of the same

questions as we did back then. As the English journalist Suzanne Moore wrote late last year, ‘The problems are clear to see…. You can read the stats, or you could just open your eyes.’ (Campbell, tara 2019)

With the increased attention around mental health issues, a new generation of photographers have emerged to document and confront their experience of living with mental illness. We need to look no further than famous artists such as Vincent Van Gogh, Diane Arbus, and Francesca Woodman who are just three examples of artists whose work is soaked in their reflections of inner demons.

Vincent Van Gogh suffered from mental health issues all his life and famously cut off part of his ear following an argument with a friend. It was when he was in an asylum that he produced one of his most famous pieces of work ‘Starry Night’.



Fig 5

In the 1960's Diane Arbus used medium format cameras to produce unusual images of what she called the 'Freaks' of society' no one knows why this interested her or even if it was somehow linked to her own depression, Arbus took her own life in 1971.

In 2011 art critic Sean O'Hagan reduced Arbus's vigorous life and personality to a woman that was deeply troubled and suffered with a fragile state of mind.



Fig 6

For me personally, Franchesca Woodman was one of the best photographers of the 20th century, her work was bold, dramatic, eerie, and controversial. Her mental health and depression were shown in her photographs, nobody can say if this was her way of coping with her mental health issues. But if it was it most certainly is one of the earlier forms of Art therapy. Tragically she took her own life in 1981 at the beginning of her career, aged 22.



Fig 7 - Franchesca Woodman



Fig 8



Fig 9

Photographer and artist, Bill Viola has produced a number of deeply disturbing short videos, that for me link into Woodman's style of blurred imagery. In 2007 Viola made an installation piece in the church of San Gallo in Venice, called 'Ocean without a shore'. Here he used flowing water and individuals walking through it to depict death and rebirth. It is not

documented if he himself has a mental health issue, but his work is inspirational for people who do.



Fig 10

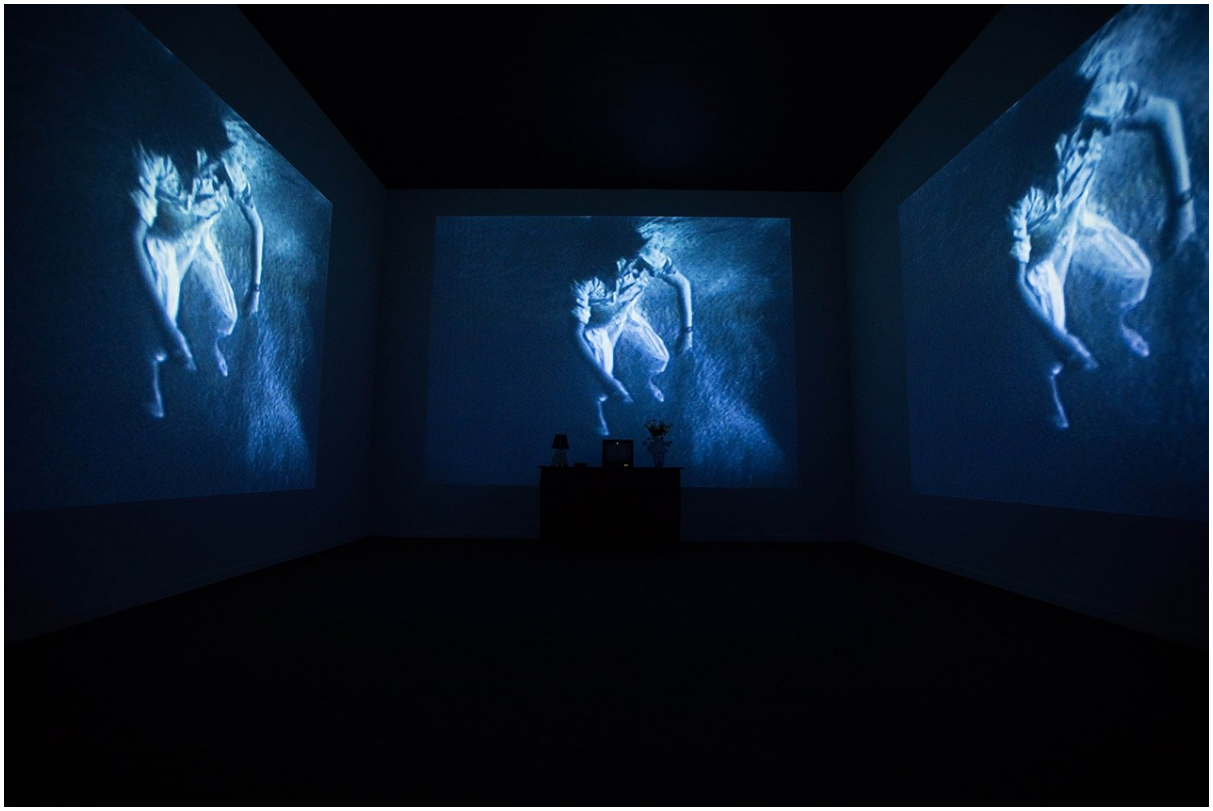


Fig 11

In 2015, the London based photographer Daniel Regan created ‘frahmentary.org’ a website devoted entirely to exploring mental health through photography and related media.

He stated that, ‘photography is an accessible medium for people to explore, document and conceptualise inner states in a therapeutic manner.’ He goes on to say, ‘It opens the door for more artists to make work about their personal experiences and share it with a wider audience. Since photography is a relatively democratic and accessible medium, now it means that there are greater opportunities for people to explore photography as a medium to process, document, and conceptualise inner states in a therapeutic m Photojournalist.’ (Squarespace)

Daniel Regans statement, ‘that photography is an accessible medium for people to explore, document and conceptualise their inner states in a therapeutic manner.’ (Squarespace) For me is a little dangerous, as it allows free documentation of images without control from a councillor or therapist, which could lead to further negative thoughts and ideas.

With therapy in mind, photographer Leah Freed highlights her depression, by using creative techniques with film and darkroom chemicals to understand her daily struggles with depression.

Stating that the images she produces visualize her “feeling” of incapacitating gravity. Which backs up my previous statement about the possible negative issues of art therapy without safety. This again is highlighted by Michael Bach’s troubles.

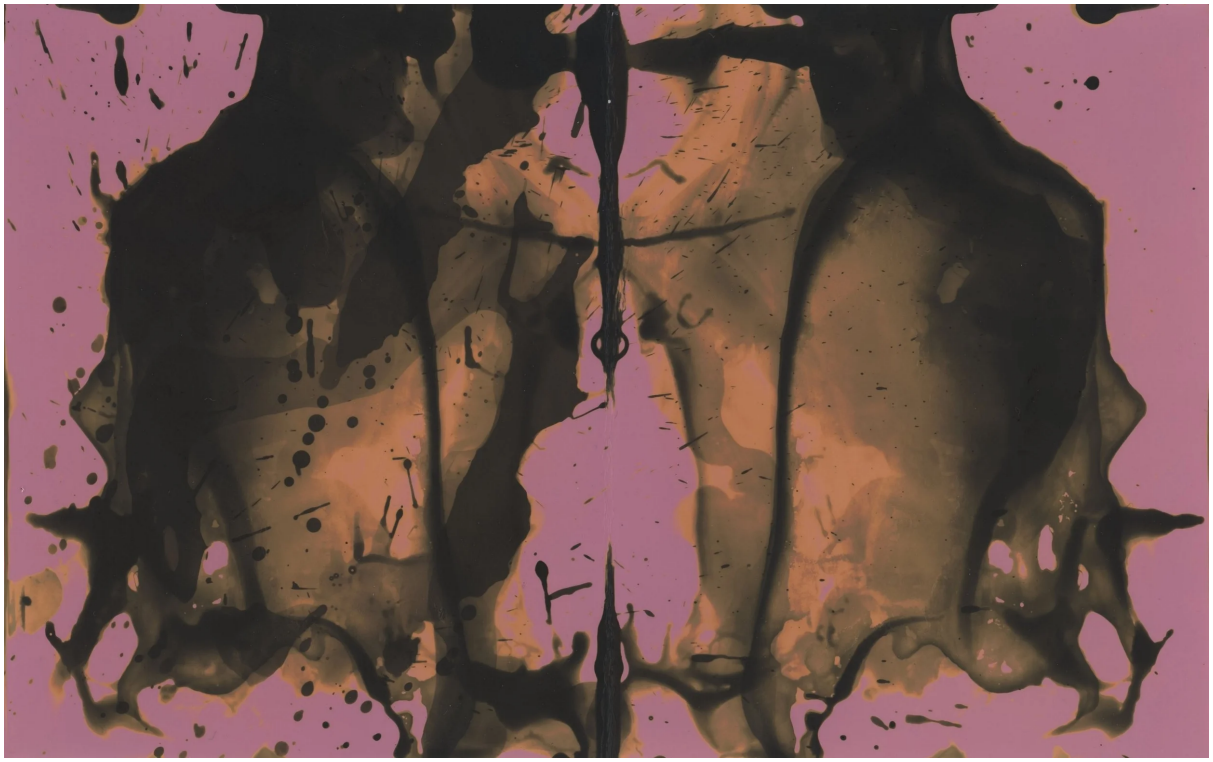


Fig 12

Artist, Michael Bach had been plagued with depression for much of his life. At 30 he suffered a breakdown and destroyed all his work and vowed never to take another photograph. Stating:

‘They dance the fine line between the repulsion and disillusionment I feel toward my own body and the beauty I struggle to find and create in the pictures.’ (a Curator. (2014).



Fig 13



Fig 14

Additionally, artist Yakov Knyazev produced this powerful image for a mental health campaign ‘Fragmentary’.



Fig 15

Several photographers have created books to help their mental health issues, they have used photography as a therapeutic medium to help themselves and in the process, hopefully help others. One such photographer is Nathalie Ghanem-Latour, who stated that every day she questioned aspects of her life, which she felt was unravelling.

She went on to say that she used photography to help her exhale and confront her mental health, this related to her book series ‘The Six Months’.

(Nathalie Ghanem-Latour. 2015).

Additionally, photographer Dana Stirling, who also suffered with her own mental health and family dynamics created the book ‘Why Am I Sad’.

In the book Stirling uses deeply personal and a poetic style of exploration of mental health through the lens of fine art photography. She uses her images to translate emotions that words often fail to capture.



Fig 16

In her book Stirling writes about her struggles with depression and her battles to lose memories of her past family experiences of mental issues.

She states that when she was growing up, she was raised with the belief that certain struggles, especially those surrounding mental health should remain hidden. You did not tell anyone, and no one should know. This I can emphasise with, as growing up with my grandmother, family issues were private and stayed at home behind closed doors.

Stirling goes on to explain how this ethos led her to bottle everything up and then her struggles to learn how to speak freely about them. She states,

'Like my mother. That fear of walking the same path, of inheriting her struggles was paralyzing at times. These feelings are uncomfortable, raw, and deeply challenging. To confront them publicly is even scarier. None of us want to be judged or reduced to our hardships, yet these experiences are undeniably part of who we are.' Stirling's, D. (2025).

This form of therapy in book format is less controversial than unregulated online imagery. It is less likely to be misinterpreted and as such makes it a 'Safer' therapy for the reader.

Hearing Loss and Isolation

In addition to depression, hearing loss, which can also be viewed as isolation has been widely researched and both are linked to the possibility of a dementia risk.

In Shadhvika Nandhakumar's book Dementia, Stigma and Stories, 2024. It states that several studies had been undertaken in the USA, including a major one in 2020 where it found that hearing loss is one of the major risk factors associated with dementia.

There is another theory within the book which concludes that the loss of hearing can create an "impoverished" environment with less stimulation. (Griffiths et al., 2020).

Given the close connection between hearing loss and loneliness, research has shown that loneliness itself can significantly increase the risk of developing dementia, as the brain receives less stimulation.

This is supported by numerous studies, including 'Loneliness and Risk of Dementia-Free' by Angelina R. Sutin, PhD (2018).

In this study, Sutin goes on to say that loneliness may be intertwined with other risk factors for the onset of dementia. Such as hearing loss which can increase the risk of dementia as people tend to become lonelier when their hearing declines.

'It has also been recognized that social isolation is a significant health issue because it is associated with increased risk of poor health outcomes, including Alzheimer's disease and related dementias' (Kuiper et al., 2015).

This is summed up as:

‘A distressing feeling that accompanies the perception that one’s social needs are not being met by the quantity or especially the quality of one’s social relationships.’ Hawkley & Cacioppo, 2010 (p. 218)

Another Photographer, Kate Disher-Quill started a project called ‘Earshot’ to help herself overcome these feelings and come to terms with her own hearing loss. The project gives an intimate insight into the world of deafness through a constellation of experimental portraits and personal stories.



Fig 17

On the other hand, photographer Marcus Schaefer stated for an article in ‘Document Journal’, that he thought isolation was a good thing as it helped

self-reflection and created a catalyst for creativity due to the dispensation of various distractions and pressure. Although I believe he means short term, rather than long term isolation, but his words do indicate the lack of knowledge of artists, who should research ideals before commenting upon them.



Fig 18

In the same article, photographer Patricia Voulgaris shared her thoughts on her isolation due to the Coronavirus outbreak, which led her to produce works, such as ‘Apocalyptic Mask’.



Fig 19

Voulgaris goes on to say that for her piece, she was inspired by the tagline ‘Pandemic but make it fashion’, which looked at everything that was happening around her, such as the lack of interaction between people and the loneliness within an isolated state.

These two pieces of work are directly linked to a form of self-help therapy to overcome aspects of our lives which we cannot control.

‘Art therapy’ by Diane Waller in 2000, looks at art therapy through a psychological perspective. Although aimed at professionals, there are several bold statements. One such statement on page 93 is regarding the term ‘Senile dementia’ is:

‘The term is not derogatory and more over it is a useful label to describe the severe and debilitating memory loss brought on by organic brain deterioration in elderly people.’ (Walled. D 2000). Personally, I believe that the term ‘senile’ is derogatory in this day and age.

That said, my personal issue with this statement is that she classifies all dementia patients as over the age of 65. She does not include individuals under that age of 65 years, which fall into the category of early onset dementia.

Another issue, I have with the writing within the book is that not everyone likes art therapy. A person can be described as awkward if they do not participate, as my mother was on occasions. The fact that my mother had

never liked art of any form throughout her life was almost seen as irrelevant.

Diabetes

In addition to these other conditions, diabetes (both Type 1 and Type 2) is also a contributing factor for gaining dementia according to various studies.

As diabetes is a chronic metabolic disorder which results in the inadequate control of blood glucose and/or an increase in the glucose levels in the blood which 'thickens the blood'. This thickening of the blood can lead to damage of the arteries and blood vessels, including the blood vessels in the brain. This damage to the brain's blood vessels can directly cause a type of dementia known as vascular dementia, it can also lead to strokes.

Alzheimer's research UK states:

'Type 2 diabetes can cause the brain cells not to respond to the insulin, which regulates our blood sugar levels. Insulin resistance can cause the build-up of proteins called amyloid and tau that are thought to damage our brain cells and cause Alzheimer's disease.' Alzheimer's Research UK. (2018).

With this in mind, the organisation also admits that far more research is needed to further understand the complex relationship between diabetes and dementia risk.

Photographer Karl Smith showcased an exhibition ‘Punctuation: 35 years of Diabetic Debris’ depicting his battle with diabetes. In the exhibition Smith depicted images of himself and the medical supplies (syringes, glucose testers, insulin bottles and hospital wristbands) he has needed to use in the 35 years of living with the condition.

He stated:

‘There are several things’ people can take away from this exhibit. Most people don't realize what is involved in maintaining and treating a chronic disease. Looking at the sheer quantity of syringe caps and insulin pen needles, I estimate I have given myself over 22,000 shots, which doesn't even include going in for blood work’. Sxu.edu. (2021).



Fig 20

Self Help

Artist, Norma CordovaIn created a series called ‘Fictitious Family’, in which she created images to help her and her father (who had dementia) cope, using self-help art therapy



Fig 21

Cordovan’s pictures are dark and dreamy. They are often printed as reverse/negative images and are made to reflect the horror and confusion of living with the disease.

She goes on to remark that each image is full of a kind of visual anxiety. Whether that be painting in paint, blood or ink, ‘it’s not only the degeneration of the disease and that blurriness of the memory, but also individuals struggle to find answers and their own sense of clarity’. Feinstein, J. (2020).



Fig 22

Artist William Miller's creative work is different from many other artists work, as it is about himself and his own struggles with Huntington's disease, which is very different from Alzheimer's, but under the same umbrella as it effects the brain function, resulting in loss of motor control and balance and memory.

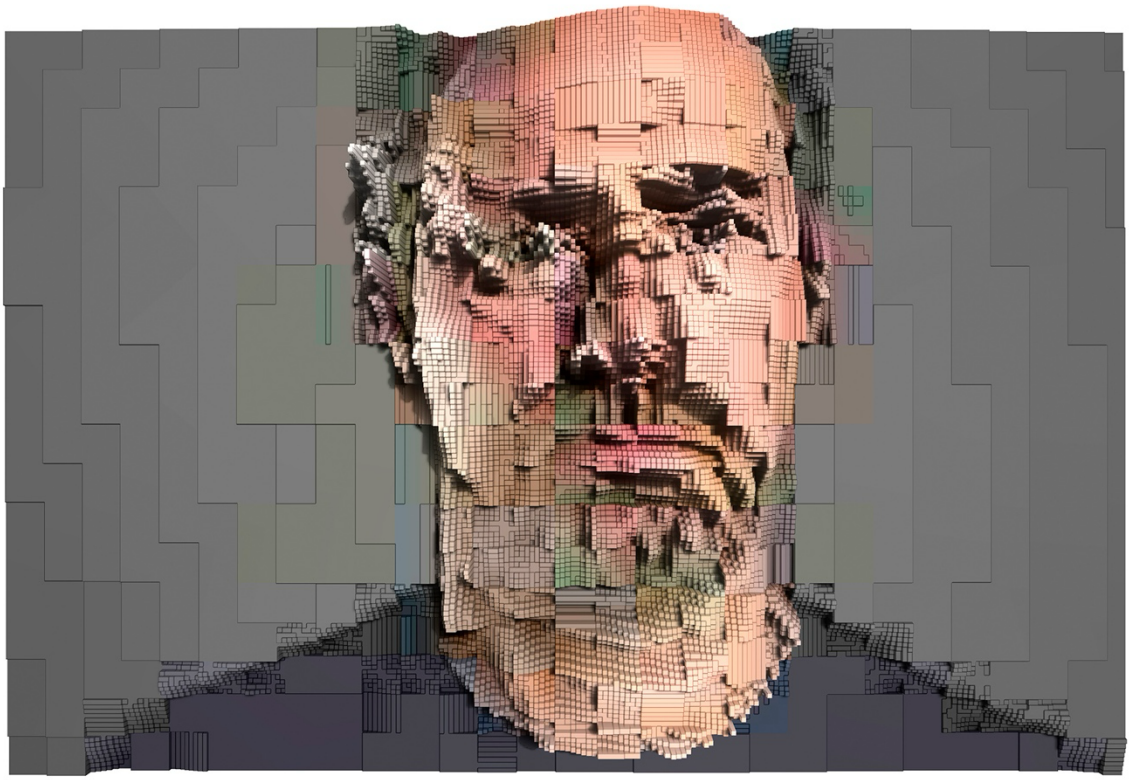


Fig 23

To help deal with his diagnosis, Miller began 'We Travel To, and Shall Be Lost in Always', which is a series of videos, sculptures, and photography responding to his experience living with the Huntington's disease and its inherent progression leading to his loss of short-term memory.

Miller uses visual representations of expiring digital technology and ‘bit rot’ which is the glitchy decay and corruptibility of digit files, he uses this to symbolize what it feels like have his mind uncontrollably scrambling.

Miller’s play with technological degradation is an unsettling reminder of the fragility of our mind and our memories, it also emphasises the importance of appreciating every day of life.

The statement ‘appreciating every day of life’, is not always as easy as it should be. This in part is due to the fact that the stigma around dementia is still here.

Family History

As I have a family history of both Altheimer’s and vascular dementia, does this increase my chances of getting the disease?

In short, Yes…

Numerous studies have been undertaken regarding this subject, and the evidence is conclusive, two bodies that have undertaken these studies are below, along with their findings.

Harvard Health Education conducted studies of dementia and family history and concluded that if an individual has a close relative who has been diagnosed with Alzheimer's disease, your risk of that individual getting the disease increases by about 30%. (Harvard Health Publishing, 2019)

This is backed up by the Alzheimer's society, who state:

'If somebody has developed Alzheimer's disease at an earlier age (for example, less than 60 years-old) there is a greater chance that it may be a type of Alzheimer's disease that can be passed on.' (Alzheimer's Society, n.d.)

Stigma

I still recall people staring and making comments to themselves when my mother visited a café she had attended on and off for over 60 years. Here she ate her favourite meal, beans and chips, although in her latter stages albeit with her fingers. One could ask why did I not get her to use her knife and fork? A simple explanation is, she had lost these skills and was out to create good memories and feelings, or at lease ones that put her in a good frame of mind and less stressed for a short period time and not ones where she would have become additionally stressed.

Unfortunately, this type of scenario is not uncommon, but it is getting better, with the aid of dementia schemes and Dementia Hubs.

Dementia has been described as, 'not living' with no quality of life. As well as 'losing the person long before their body dies.' It is also incarnated as 'cruel' and 'deadly' that 'ravages', 'strikes', 'kills' and 'robs' its victims.

I, myself witnessed this first hand caring for my mother, slowly losing her memory to the point where she could no longer remember people or even

words. This was then surpassed by a decline and then the stopping of communication totally.

Seeing her motor neuron skills deteriorate, not being able to use cutlery and eating everything with her fingers, losing the ability to walk and eventually forgetting how to swallow, this leading to her tragic but thankful death as her body ravaged by thirst and hunger gave out. I said thankful, not because I wanted her to die, but because I wished her terrible and tragic suffering to end, and in the end it did.

This is better summed up in the book, ‘Beyond loss: dementia, identity, parenthood’ 2014. In the book several contributors add their own personal experiences of family dementia.

It generalises that in all dementia, a point is reached when speech begins to misfire, then becoming clumsy and garbled, and finally vanishes altogether.

It goes on to reflect that Individuals can no longer read other people’s bodily expressions or their feelings, desires, or intentions, and so their ability to make sense of them means that they can no longer respond to them properly. As such the disease destroys their second nature, and with it themselves.

The book goes on to say:

‘Persons suffering from dementia gradually lose their ability to orient themselves in time and space, suffer memory losses, and to lose their ability to communicate. They can act in ways that may be understood as irrational or even absurd.’ (Lucius-Hoene, Holmberg and Meyer, 2018)

Their general clumsy, slow and unusual behaviour makes them easy targets for victimisation, names like Mad and wierdo are not uncommon, and people can become fearful of these strangers who portray some very strange behaviours.



‘We aren’t to be feared’ illustration (Josh Mallalieu, artist).

John Bayley writes about his late wife, Dame Iris Murdoch, the famous British novelist and philosopher, during her Alzheimer’s disease.

‘Well, she was gone now. I could not be the person I had been, the one who was part of her when she died of Alzheimer’s disease. She had taken our two selves with her. I could see my old self clearly enough, but only as a fact of history, unrelated to what I seemed to have become.’ (Hydén, Lindemann and Brockmeier, 2014)

A story from an Alzheimer's publication sums people's reactions to an unseeing disease perfectly.

'One day I was struggling to pay for something in a shop. I said to the lady behind the cash register, 'I'm sorry, I have dementia.'
She said, 'No you haven't.'
I said, 'Yes I have, I remember the MRI scan!' My dementia is an invisible disability.'
(Alzheimer's Society, 2024)

And

'A person with dementia present behaviour deviating from that of the vast majority of humans, and from what is considered to be ideal or desirable for a human being'. (Hydén, Lindemann and Brockmeier, 2014)

There have been many writings around dignity, and a person's loss of that dignity due to dementia,

I fully agree with this statement, which I discussed earlier with the experience of my mother in the café. However, I believe we must be careful about how we contribute this factor to the individual. My mother for instance, did not understand that her dignity was being diminished by her actions, it was only that others 'felt' that she was not being dignified. To me if a person at that stage of their life was feeling happy and contented, feeling unstressed in possible familiar surroundings, then a little loss of

dignity was well worth the outcome. Others of course will greatly disagree with my comments.

A few years ago, a campaign called, ‘Time to Change’ started to work to combat mental health discrimination. The project was designed to change the way the media depicts mental health issues. The initiative challenged stereotypical and inaccurate representations in the news.

The campaign drew attention to the prevalence of what they termed “the ‘headclutcher’ photo. A picture of a person holding their head in their hands. They stated that ‘although this image can be an outward expression of despair, when poorly executed, it can come across as a mocking and reductive depiction of depression.’ (Campbell, 2019)



Fig 24

Alzheimer's disease is also described by Dr's and in numerous books as 'the dread disease afflicting an ageing society'. However, this is misleading terminology as I am only 55 and having tests for early onset dementia and my brother-in-law, Mike Lynch was only 62 when he was diagnosed with Alzheimer's, though he was starting to lose his short-term memory a few years prior to this. It was during his early years with Altheimer's, when he had all his understanding, speech and cognitive abilities that I undertook a series of images depicting him walking away from the camera, until he disappears, the images were used in an exhibition called 'Losing Oneself to Dementia'.

Unfortunately, the last two years have not been kind to Mike, he now cannot communicate very well, his speech is limited and he forgets what he is saying, although his comprehension of what he hears still seems to be okay. He has forgotten how to read and do medial tasks to the point he cannot now do a six-piece jigsaw and now must have help putting on his coat and gloves to go on his daily walk with a kind volunteer, otherwise he would get lost within five minutes (he carries a location tracker on him at all times).



Fig 26 (Set of 6 images)

Relationships

For a caregiver to someone with dementia, the relationship can become blurred between carer and partner, sibling and friend. Supporting my

mother to shower is something a son should never have to do, but when needs must, it is something that must happen. At his stage I was her son but predominantly her career, which does mess with your head unless you have coping measures in place. Luckily for me I had a great family network to rely upon and talk to, as well as the agency nurses who came in three times a day and the nursing staff who treated her, all of whom became friends.

Others, without this support can turn to other support options, such as art therapies.

Photographer Stephen DiRado dealt with this stress by photographing his father Gene, for over the 20 years he lived with Alzheimer's. During this time, he captured his father's progression and their shifting relationship. DiRado implied that this process helped him to accept the reality of the cruel and complicated disease.

In 2018 his imagery was put into a series 'With Dad', through Davis publications. (Feinstein, 2020)



Fig 25

Art Therapy

As therapy is constantly being delved into, one of the better books that I read was, ‘The creative arts in Dementia care by Jill and Sarah Povey’ (2010).

This book was written for care professionals and care givers alike. The book is broken down into easy-to-read examples and case studies, showing the importance of keeping dementia individuals engaged and using their memory in positive, ‘Enjoyable’ ways.

As the arts and therapy, whether self-care or sessional has gained increasing popularity over the last few years, through the eyes of numerous individuals previously mentioned and many more with this book. It seems only fitting to end discussing therapy and in consequence this book.

The Canadian Art Therapy Association, write about the book and art therapies as ‘a unique approach that demonstrates the ability to work with individuals to ensure no one is left isolated. As well as ensuring unique alternative communication methods.’ (Hayes and Povey, 2011)

The authors also reflect on the often-ignored aspect of giving care givers a safe space to reflect and an area to self-heal.

There are numerous books about Art therapy and dementia, as well as online research. On such online provider is Science Direct, who reviewed an academic article: ‘Art therapy in the improvement of cognitive well-being in patients with dementia’. The article looked at art therapy in general and concluded that although it seemed that the therapy was good for the patient and caregiver, it seemed limited to well organised, structured sessions.

It went on to say that that there was some benefit in cognitive and psychological well-being, however it concluded that far more research was needed to quantify this properly.

Interestingly, in another book, ‘Art therapy for people with dementia’, which looked at controlled groups undertaking art therapy as an ‘adjunctive’ treatment over a twelve week and a forty-week period. It also

concluded that there were no clear changes between the two groups and stated that it believed there was not enough evidence to determine if art therapy for individuals with dementia helped in any way. They went on to say for this to be properly determined many more ‘adequately powered’ studies were required. (Deshmukh et al.)

Conclusion

Dementia of any form is a very cruel disease, for the individual and their loved ones. From personal experience and evidence provided, you do indeed lose the person you love and care about long before their death. Leaving death as the only kindness they and you can have.

Throughout the research I have made every effort to find constructive, evidence-based practices and outcomes. There is evidence though sometimes limited to state with confidence that Depression, Family History, Diabetes, and hearing loss are individual risk factors and combined, increase the likelihood of getting dementia incomprehensively.

What the research does show is that many artists and individuals alike are using art therapy and photography as self-help therapy, whether intentionally or not. This said, safeguards are needed to protect vulnerable people misinterpreting the images. Evidence has stated that said art therapies do not necessarily aid dementia, however my feeling is, if it gives the individual even five minutes stress free comfort, then it does work, albeit not for everyone.

Luckily, over the past few years as a society we are learning more about mental health issues, with the support of actors and sports people talking openly about their struggles. As well as famous actors such as Bruce Willis being in the spotlight when it was sadly posted that he had a form of dementia.

With all this evidence available and shown, I am personally at a high risk of getting some form of dementia, as I have a family history of dementia, I am losing my hearing, I am suffering from depression, I am not physically fit or exercise enough and I have uncontrolled type 2 diabetes. Worse still I am currently awaiting tests for early onset dementia.

With the possible threat that I may have early onset dementia. It makes you think about your life and your experiences, both positive and negative. I think about my mum, Sue, a lot more, as remembering how she was in her final years scares me beyond belief.



Fig 27

I do not want to forget the people I love and care about, I do not wish to be a burden to my family. I want people to remember me as me, this happy, sometimes moody, dark humoured, and very childish person.

What is relevant is the fact that mental health support is available and is supportive. Even if evidence suggests it does not seem to make a difference, it does seem to console people and give them an opportunity to release the pressure and stress of living with the condition if only for a short period of time, not forgetting the support it gives to individuals caring for someone living with a mental health issue.

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