

L4 Ways of Thinking (ADAD4018)

This essay is about the unforgiving and progressive deterioration of Dementia sufferers. Research has shown how art can be a critical tool to help uncover an individuals' mental decline and how art therapy can be a creative outlet to help dementia sufferers communicate and express themselves. I have been subjected to how the disease presents itself in differently in different people as both my grandmothers have been affected by dementia.

According to the NHS (2020), it is estimated that there are more than 850,000 dementia sufferers in the UK: 1 in 14 people over 65, and 1 in 6 people over 80. They have also suggested that because of the increasing average life span, we will see an estimate of 1 million dementia sufferers by 2025.

My inspiration for this topic is my maternal Grandma and paternal Granny. As mentioned, both had dementia, but it affected them very differently. My granny was diagnosed with dementia only a few years before her death and she already suffered from poor eyesight and hearing. In her case, with decreased audio and visual stimulation the effects of dementia progressed quickly. She was a very proud, strong, and strict woman and the dementia presented itself in ways that made her a confused and angry sufferer. She did not like being unable to look after herself, she was possibly embarrassed and irritated at those helping her.

My Grandma, however, was diagnosed around 15 years ago, and her mental decline has been very slow. In her life she was a very creative woman and a "free spirit". The effects of dementia make her seem quite "crazy" at times, she likes to be the centre of attention and loves to stop and appreciate the beauty in everything she encounters. She has continued to collect artistic items and create art throughout her illness despite gradually losing the ability to convey her thoughts and ideas into practice and having difficulty in making sense of shapes and colours.

Picture A (Hembury, 1998) illustrated below is my chosen artifact. It is an embroidered piece created by my grandma in 1998 – a decade before her dementia diagnosis.

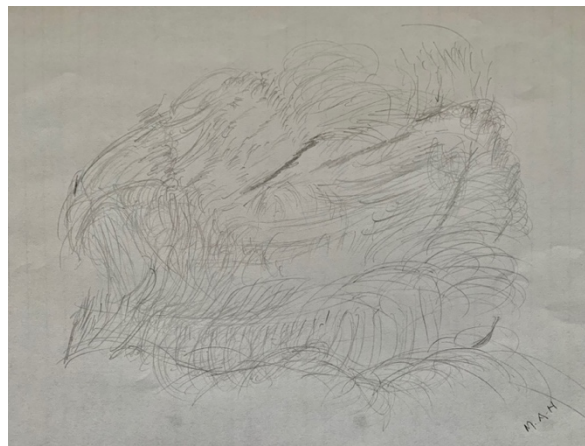


Picture A

It was embroidered freehand and took her three years to complete. It has always been my grandma's most treasured artwork, and it was hung above the fireplace in her house. She looked after me a lot when I was little because my parents were working and made creative exercises for us to do together which helped encourage my innovativeness and creativity. This is the reason why I have taken the artistic route in my studies.

Often, she would recreate her embroidered piece, either by sketching, painting, or by creating a collage. However, now she looks at it in awe as if it is the first time she has seen it, despite it once being her most valued artwork.

Now, roughly 15 years after her diagnosis, the effects of dementia are excruciatingly clear. I asked her to recreate her beloved piece on paper which can be seen in picture B (Hembury, 2020). I believe this is a perfect visual example of how dementia effects the brain, and the victim's ability to comprehend shapes and transfer this to a hard copy.



Picture B

I already knew my Grandma's mental stability had declined, since she scored poorly on the cognitive assessments and is now unable to depict simple things like clocks. Although seeing her recently recreate her embroidered piece, something she enjoyed recreating over the years, has been very eye opening to me, and it lets us see how dementia affects people from my grandma's perspective. It's quite hard to truly understand how devastating these effects are, possibly because it's hard to grasp someone being unable to draw a clock, but picture B shows how dementia can erase who someone is and how they perceive the world around them.

Alzheimers.org.uk, (2019) states that it is common for people with dementia to have "visuoperceptual difficulties", which is when a person has both vision and perception difficulties. This contributes to misperceptions such as mistaking a blue floor as water or as paintings of fruit as real fruit. The website says the difficulties come with "problems with the recognition of objects, faces and colours", and being "less sensitive to differences in contrast", which explains why my Grandma could not at least draw the simple triangular shaped outline of the ship in the embroidered piece.

As a creative person, this comparison has opened my eyes and made me more aware of how everyone may perceive artwork differently depending on who they are, their life experiences and their mental health. If people with dementia struggle to connect what they are seeing with what they know (e.g, my Grandma seeing the ship but not realising what it is) then how will someone with schizophrenia respond to certain shapes and contrasts? Research shows that art can be therapeutic for schizophrenic people as well as dementia sufferers, as it can help them communicate what they see or feel. A person with schizophrenia may associate swirling flowing lines with chaotic energy and panic, while a person with dementia may associate those lines with a calming energy and a relaxing flow. Sarra (1998) proposes that art therapy for those with schizophrenia allows them to communicate “both the rational and the irrational and can fine acceptance interpersonally that need not threaten the integrity of the maker”.

While patients with Schizophrenia have freedom with what they create in order to help them communicate, Rubin J. A. (1998, p.194-195) states that art therapy for dementia patients should be divided into two forms: Structural and non-structural. In order to evaluate how severe a patient is or perhaps in order to ease them into art therapy, structural therapy is best, where the patient is given mediums to use and a theme, so are essentially told what to draw while still having the choice and some independence depending on how broad the theme is. To give a dementia patient more independence during art therapy, non-structural is best as patients can choose their own theme and mediums, which can help build their confidence and feeling of self-control, as suffering with dementia often stops patients from being completely independent which can affect their mental wellbeing.

The comparison between my Grandma’s embroidery piece and her recreation of it might not seem to reflect societal themes at first, but an analysis of the comparison and common misconceptions of dementia may suggest there are themes present. In the journal ‘Timely diagnosis for Alzheimer’s disease: a literature review on benefits and challenges’ (2016), their study finds that the most common misconception of dementia is that it’s a typical part of aging and cannot be prevented. These misconceptions “have been documented for decades even among health professionals who diagnose and treat dementia”. This common unawareness goes hand in hand with the belief that dementia is nothing more than forgetfulness. The artifact I have chosen can be perceived as proof that dementia attacks the brain and leaves patients unable to comprehend things that non-dementia sufferers would see as easy to grasp.

William Utermohlen was an artist who suffered from Alzheimer's disease. After his death, an exhibition was curated in conjunction with a program that uses art to help Alzheimer's patients and their carers; this exhibition was called 'William Utermohlen: A Persistence of Memory'. (Ref)



Picture C



Picture D



Picture E

Picture C shows a self-portrait Utermohlen had drawn before he developed Alzheimer's disease. Pictures D and E show his self-portraits which were created ten years after his diagnosis, and five years before his death. This comparison, much like the comparison between my Grandma's artwork, shows the mental decline of Utermohlen and is visual proof of his inability to recognise facial features, shapes, or contrast.

Looking back on my reflective process, and the research I undertaken, I believe I have learnt how one can broaden the possibilities of the perceptions of one's work. As a creative thinker, I have become to understand how there is no single way of observing, interpreting and recognising creative work. As my societal analysis of my artifact implies the misrepresentation and lack of knowledge results in the misunderstanding of dementia patients, I have come to learn that misrepresentation, lack of knowledge and lack of experience could result in the misunderstanding of messages that I am trying to portray within my own work. It has made me recognise that in order to successfully depict meaning to my work, I must research the common misunderstandings around it. As a filmmaker, it is crucial for me to educate myself by researching topics before creating a film. However, before my reflective research process, I was unaware of the importance of reviewing the possibilities that some people may not interpret my work in the way I intend. While incorporating research on misconceptions of the topic into my work may help reduce the chance of misinterpretations of my work, I have also come to learn and accept that I cannot control the creative processes of others, as everyone's experiences and social situations are different and this affects how they perceive art, or in my case, film.

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