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Running head: ART THERAPY AND DEMENTIA

**Art Therapy and Its Impact upon Marital Communication with Geriatric Adults
Suffering from Dementia and Their Spousal Caregivers: An Exploratory Review
and Research Study**

An Honors Thesis submitted in partial fulfillment of the requirements for Honors Studies
in Social Work

By

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Social Work

J. William Fulbright College of Arts and Sciences

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Abstract

The World Health Organization estimated that 47.5 million people across the globe were living with dementia in 2015, and this number is expected to increase and eventually double by 2030. The cost of caregiving for someone who has dementia is substantial, with estimated federal costs fluctuating between 157 billion and 215 billion dollars annually. Sixty percent of caregivers rate the emotional strain of caregiving to be “high to extremely high”, and 40% of caregivers are diagnosed with depression. It is therefore important to provide support not only for those persons with dementia, but also for their caregivers in order to reduce emotional distress. Art therapy has been recognized as a profession since the mid-1900s, and since then has been used with various populations, including older adults with dementia, in order to improve quality of life. The study in this thesis was designed to explore the effects that art therapy can have on older adults with dementia and their spousal caregivers after they complete a two-week therapeutic art group. We hypothesized that art therapy would improve communication satisfaction and overall marital satisfaction between the spouses. Unfortunately, the study could not be completed due to lack of participation, but improvements for future research were identified.

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Art therapy and its impact upon marital communication with geriatric adults suffering from dementia and their spousal caregivers: An exploratory review and research proposal

Dementia

Dementia is defined as a neurocognitive disorder and directly affects an individual's cognitive ability (Walter, Edwards, Griggs, & Yehle 2014). People suffering from dementia are typically older adults, age sixty-five and older, who exhibit a decline in at least one of the following cognitive domains: attention, executive function, learning and memory, language, or social cognition. As the symptoms of dementia worsen, an individual may experience difficulty performing activities of daily life (ADLs) and many will need a caregiver to provide assistance throughout the day.

Alzheimer's is the most common type of dementia and accounts for approximately sixty to eighty percent of all dementia cases (Alzheimer's Association, 2015). The most prominent cause of Alzheimer's is increasing age, but it should not be considered a normal part of the aging process. It is a progressive and degenerative disease with no known cure. Depending upon the individual's health and emotional support, the person with Alzheimer's can survive from 4 to 20 years after initial diagnosis (Alzheimer's Association, 2015). Research is being conducted to find a cure, but until that point, it is important to assist those individuals and their caregivers and provide the resources necessary to improve their quality of life.

Prevalence of Dementia

The World Health Organization estimated that 47.5 million people across the globe were living with dementia in 2015 (World Health Organization, 2015). This number is expected to increase and eventually double by 2030. Currently, every 67

seconds, someone in the United States develops dementia, and in 2014, it was estimated that 5.2 million Americans are living with dementia (Alzheimer's Association, 2014). In the state of Arkansas, it was projected that fifty-two thousand individuals were living with dementia (Alzheimer's Association, 2014). Age is the main cause of dementia. In 2014, most of the population suffering from dementia were aged sixty-five and older; however, there were approximately two hundred thousand individuals under the age of sixty-five living with dementia (Alzheimer's Association, 2014).

It has been reported that more women suffer from Alzheimer's and other forms of dementia than men, and almost two-thirds of all persons diagnosed with Alzheimer's are women (Alzheimer's Association, 2014). The reason why more women are diagnosed with dementia than men is because women have been proven to live longer, and one of the main causes of dementia is increasing age. More non-Hispanic Caucasian individuals have been diagnosed with dementia than other races (Alzheimer's Association, 2014). However, a recent report showed that older African Americans and Hispanics are more likely to develop dementia than Caucasians. Many non-Caucasian individuals have missed diagnoses which is why there are more reported cases of dementia with Caucasian individuals (Alzheimer's Association, 2014).

Diagnosis and Treatment of Dementia

Early diagnosis of dementia is key to effective treatment and maintaining quality of life. It is important that any individual who may be experiencing mild cognitive impairment is properly assessed for dementia. A dementia diagnosis will generally come from the individual's primary physician. Of the estimated 5.2 million Americans living

with dementia, half of those individuals may not be aware of their diagnosis (Alzheimer's Association, 2014).

Early diagnosis allows health providers the opportunity to create a long-term treatment plan to increase the individual's quality of life and potentially delay the progression of the disease (Ehresman, 2014). Early diagnosis also allows professionals to work with the individual to create advanced directives which guide medical professionals when providing end-of-life care after the individual with dementia is no longer cognitively able to make decisions regarding his or her own health and well-being. Additionally, after an individual is diagnosed with dementia, health care professionals may provide the individual and their family with resources to increase emotional support, promote financial planning, and provide education related to the disorder. With these plans in place, there is less financial and emotional strain on the individual and the family, and a potential to reduce caregiver burden and anxiety.

Early treatment of dementia symptoms can help delay the progression of the disorder. There are many pharmacological treatments for dementia that may reduce symptom severity, but there is no known cure for the disease (Walter et al., 2014). In addition to medications, many professionals incorporate therapeutic treatments that may further reduce symptom severity and progression. For the person with dementia, these therapeutic treatments may provide increased coping skills, improve behavior, strengthen cognitive abilities, and improve overall quality of life. Potential therapeutic treatments may include music therapy, cognitive behavioral therapy, cognitive rehabilitation, reality orientation therapy, reminiscence therapy, aromatherapy, animal therapy, exercise therapy, and art therapy (H. Hattori, C. Hattori, Hokao, Mizushima, and Mase, 2011).

Caregiving

The cost of caregiving for someone who has dementia is substantial, with estimated federal costs fluctuating between 157 billion and 215 billion dollars annually (Lewy Body Dementia Association, 2015). In fact, dementia care surpasses heart disease and cancer as the most expensive disorder in the United States because the cost of care involves providing institutional and home-based long-term care rather than medical services (Lewy Body Dementia Association, 2015).

Families play a key role when caring for their loved one with dementia. During mild stages, the caregiver is generally a member of the individual's family, usually a spouse or child. According to the National Institute for Clinical Excellence (2004), these caregivers are "lay people in a close supportive role who share in the illness experience of the patient and who undertake vital care work and emotional management" (p. 155). These roles are ambiguous and can include supporting and aiding their loved one with activities of daily living and helping them maintain a relatively independent lifestyle. Caring for their loved one requires compassion and is comprised of emotions and actions. Spouses who serve as caregivers are unique because they consider their caregiving role as an extension of their marital role and an obligation to their loved one (Hennings, Froggatt, & Payne, 2013).

In 2014, caregivers provided approximately 17.9 billion hours of unpaid caregiver services (Alzheimer's Association, 2015). Sixty percent of caregivers rate the emotional strain of caregiving to be "high to extremely high", and 40% of caregivers are diagnosed with depression. The combined emotional and physical stress on caregivers creates additional health care expenses which were estimated to be 9.7 billion in 2014

(Alzheimer's Association, 2015). It is therefore imperative to provide caregivers with systems of emotional support in order to reduce caregiver strain.

Dementia is caused by damage to nerve cells in the brain, which can negatively affect the individual's memory, language, and ability to perform daily tasks (Alzheimer's Association, 2014). Consequently, one of the symptoms of dementia is impaired communication. After an individual's short-term memory and language recollection become impaired, it may be difficult for him or her to remember instructions or communicate their feelings regarding themselves, others, or daily tasks. This decreased level of positive communication directly affects the caregiver and their emotional stability.

In order to provide complete care to persons with dementia, it is important to include their caregivers in the therapeutic process in order to establish positive methods of nonverbal communication. Communication, particularly between persons with dementia and their spousal caregivers, is directly correlated to caregiver burden and depressive symptoms (Watson, Aizawa, Savundranayagam, & Orange, 2012; Braun, Mura, Peter-Wight, Hornung, & Scholz, 2012). When positive communication techniques are established by both parties, caregiver strain may be reduced (Baker et al., 2012; Camic et al., 2014; Murphy & Oliver, 2013; Watson et al., 2012; Braun et al., 2010). It is important to understand how art therapy can specifically impact marital communication between persons with dementia and their spousal caregivers. I believe that art therapy can stimulate nonverbal communication and engagement between persons with dementia and their spousal caregivers through the art-making process and reflection on artwork after it is created.

Art therapy is a technique that can be tailored to the needs of each participant and can easily be completed in a group setting which allows persons with dementia and their caregivers to work together in a safe, non-threatening environment. After years of research, art therapy has proven to improve quality of life in persons with dementia because it provides a nonverbal method of communication allowing the person with dementia the ability to more easily express their needs and feelings (Hattori et al., 2011; Ehresman, 2014; Stephenson, 2013; Camic et al., 2014).

It is important to understand that adults with dementia can still participate in art therapy because the part of the brain that controls the creative process is not affected by the natural cognitive decline that occurs with dementia (Ehresman, 2014). As stated by Ehresman (2014), dementia mainly affects posterior parietal areas of the brain which results in memory loss, difficulties with language and spatial abilities, mood and personality changes, and confusion. These changes in cognitive functions can affect how the person with dementia completes the art-making process, such as their drawing skills and recollection of art techniques, but it does not impair their ability to appreciate art nor does it hinder the calming aesthetic that artwork may emit.

An Introduction to Art Therapy

Art has been used in therapy for over a century, but the term “art therapy” was first coined by Margaret Naumburg in the 1940s (Junge, 2010). Since then, hundreds of research studies have been performed evaluating art therapy and how it affects various populations. Art therapy techniques have been shown to improve quality of life for individuals who are suffering from dementia (Hattori et al., 2011; Ehresman, 2014; Stephenson, 2013; Camic et al., 2014). Various studies have reported increases in

confidence, connectedness to others, and improvements in cognitive abilities with older adults suffering from dementia (Ehresman, 2014; Stephenson, 2013; Pike, 2013; Camic et al., 2014). Studies have also reported a reduction in apathy and a decrease in overall length of hospital stay (Beauchet et al., 2012; Hattori et al., 2011; Camic et al., 2014).

Art therapy serves as a facilitator for communication by providing opportunities for individuals to express themselves nonverbally when traditional verbal communication is no longer possible (Perryman et al., 2015; Shore, 2014; Stevenson & Orr, 2013; Ehresman, 2014; Stallings, 2010). Additionally, it offers flexibility in sessions in order to meet each individuals' specific needs (E. Lunsford, personal communication, 2016; Hnes, 2000; Stevenson & Orr, 2013; Ehresman, 2014). Art therapy creates opportunities for older adults to become more familiar with themselves and others when conducted in a group setting (Stevenson & Orr, 2013; Ehresman, 2014; Stephenson, 2013). This modality gives participants a sense of purpose and belonging and an element of control in an otherwise uncontrollable medical situation (E. Lunsford, personal communication, 2016; Lee, 2013; Perryman et al., 2015; Hanes, 2000; Hanes, 1997; Stephenson, 2013).

Studies have also been completed to assess art therapy techniques and its ability to reduce caregiver strain in both familial and non-familial caregivers. Studies have also measured caregiver strain, stress burden, and the links between marital communication and depression while providing informal at-home care. However, there is not sufficient literature reporting art therapy and its effects on marital communication between persons with dementia and their spouse. I hypothesize that art therapy can provide increased communication between couples by offering new non-verbal expression techniques which will consequently reduce emotional strain on the caregiving spouse.

History

Art therapy, similar to the visual arts themselves, has been around for centuries. Art as therapy is seen in cultures around the world; Native American art, African sculptures, Renaissance paintings, and the AIDS Quilt are all examples of art used to provide therapeutic benefit (Junge, 2010). However, it was not until the mid-twentieth century that the term art therapy became recognized as a profession. Junge (2010) reported that Freud believed that the symbols and images in our dreams represented latent feelings which had specific messages. He strongly encouraged the concept of “free association” which served as the framework for the beginning of art therapy. Art therapists believed that the images drawn by clients had specific meanings which could be interpreted by the psychoanalyst. Since Freud’s lifetime, Junge (2010) states that art therapy has taken a more nondirective approach which emphasizes the creative process of making art and provides the client a nonthreatening mode for self-expression.

Freud did not employ art therapy techniques himself, but one of his successors, Carl Jung, was reported to have had many of his patients draw their dreams so the meanings could be psychoanalyzed (Junge, 2010). Many psychiatrists and psychologists after Jung had their patients create artwork, but these professionals were more interested in the aesthetic quality of the artwork rather than the therapeutic qualities of the artistic process. Many collected their patients’ artwork over time and published books with the images. A popular example is Hans Prinzhorn, a German psychiatrist and art historian who collected images from his patients at a psychiatric hospital (Junge, 2010).

In 1914, Margaret Naumburg, a psychoanalyst, founded a progressive school in New York called the Walden School. Naumburg’s older sister, Florence Cane, did not

approve of the techniques used to teach art at her sister's school, so Naumburg hired her as the new art teacher in order to improve the school's art education. Florence Cane emphasized "free association" and "free draw" techniques in her classroom. Cane did not consider herself as a therapist, but rather a psychologically-informed art educator. The combination of Cane's art techniques and Naumburg's psychoanalytical theory provided the foundation of the modern art therapy profession.

In 1940, Margaret Naumburg coined the term art therapy as a separate field in the mental health profession, establishing this modality as a different form of psychotherapy (Junge, 2010). Naumburg used art therapy as a form of psychotherapy by having her patients "free draw" their dreams, emotions, and goals. She then had the patient interpret the art by prompting them with questions about certain images, colors, or styles. By having the patient give his or her interpretation of the artwork, the patient was actively involved in the therapy process rather than solely relying on the psychoanalyst for the interpretation. To many, Margaret Naumburg is considered the "mother of art therapy" (Junge, 2010).

However, contrary to Naumburg, whose therapy process relied on the interpretation of the final artwork, Edith Kramer, another contributor to the art therapy profession, is reported to have believed that the creative process of making art was more important than the end results (Junge, 2010). Kramer was trained in the field of art education rather than psychotherapy. She was not a self-proclaimed art therapist, but was rather spontaneously hired as an art therapist by Dr. Viola Bernard despite not having experience in the field of psychology. She viewed her "art therapy" as a unique "art

class” where clients were referred to as students. She insisted that art therapists must be well versed in the field of art, teaching, and therapy.

Kramer believed that the art process itself, not the verbal interpretation at the end of a session, was therapy. She stated that art therapy was a component of psychoanalysis, not a replacement for it. This theory persisted until 1970 when Helen Landgarten coined the term “clinical art therapists” which gave art therapists the ability to work as an equal staff member, not an adjunct therapist. Landgarten stated that art therapists could choose to use either the art psychoanalytic theory or the art as therapy theory depending upon each clients’ specific needs (Junge, 2010). This allowed both Naumburg’s and Kramer’s theories to be integrated into a standardized art therapy clinical treatment.

In 1958, the first government-funded art therapy research began at the National Institute of Health (NIH) under the supervision of Hanna Kwiatkowska (Robb, 2012). It was initially included in the psychodynamic family research agenda and was used to help family members express their internal conflicts in a nonthreatening manner. One of Kwiatkowska’s successors, Harriet Wadeson, led the expansion of art therapy research to more diverse populations. She eventually made several discoveries in the field of art therapy including the impact of television in the creation of delusions, indicators for psychiatric illnesses, the correlation of suicide with created works of art, and conjoint family therapy (Robb, 2012). Wadeson eventually left in 1975 and research into art therapy techniques ceased at the NIH until the 1990s.

Art therapy was eventually reintroduced to the National Institute of Health as a branch of recreational therapy. Esther Epstein was hired in 1996 and used art therapy with children in psychiatric hospital units. It was after her work in the early 2000s that art

therapy was finally recognized by the National Institute of Health not as a purely research-based branch of therapy, but rather as a unit that could provide sustaining care for clients (Robb, 2010).

Coinciding with Kramer's emphasis on art education, modern art therapy is conducted by certified art therapists who are trained in both the fields of psychology and art (E. Lunsford, personal communication, 2016). This therapeutic modality is a helpful tool for clients who may have trouble verbalizing their true thoughts and emotions because art therapy does not rely on spoken communication (Stevenson & Orr, 2013). It has a therapeutic effect on clients due to its ability to provide them with an appropriate outlet for frustration and stress relief. Currently, art therapists use the integrated approach of art as therapy and psychotherapy in order to provide complete care for their clients.

Art Therapy with Various Populations

Over time, therapists have used art therapy techniques with a variety of populations in differing stages of development and various environmental situations. It has commonly been used with trauma-exposed children, war veterans, families, and older adults with dementia. Isolated studies have been conducted recently to understand how art therapy can help immigrant families relate to one another (Lee, 2013). It is important to understand how art therapy has impacted previous populations in order to accurately predict how it will affect marital communication with older adults and their spousal caregivers.

Children. Children were one of the first populations to reap the benefits of art therapy. In recent years, art therapy has been used with children from a variety of backgrounds and mental health disorders. Art therapy has proven to be beneficial when

providing therapeutic services to children because it allows the child to be actively engaged in the therapy process. Art therapy provides children and adolescents unique methods for creativity and individual expression (Perryman, Moss, & Cochran, 2015).

Art therapy has been proven particularly effective when providing services to children who have been abused physically or sexually (Hanes, 1997; Hanes, 2000; Shore, 2014). Children with a history of trauma can have more difficulties expressing themselves verbally due to a lack of trust with adults. By using art therapy, therapists provide these children with non-threatening forms of nonverbal communication which allow the child to express themselves and build rapport with the therapist. According to Elise Lunsford, a certified art therapist in Fayetteville, Arkansas, rapport is critical when providing services to children. Creating an environment in which the children feel safe is extremely important, and art allows the therapist to “break the ice” by providing structured art projects that create connections between the client, the therapist, and the art work (E. Lunsford, personal communication, 2016).

Many times, there are latent feelings of hurt and guilt that are present in survivors of childhood abuse and trauma, and children have difficulty expressing these emotions. In order to provide children with appropriate means of communication, Hanes (2000) explored art therapy and how it helps release repressed feelings and purge unhealthy emotions through the use of catharsis. There are cases of children creating messes which represent their inner emotions and others who have drawn figures to represent their attackers. In these cases, the children have either destroyed the artwork, thereby releasing pent-up emotions, or they have given the art work to the therapists, therefore, admitting they need help when controlling their feelings (Hanes, 1999 & 2000).

Many children with histories of abuse feel that they do not have control over their life and actions. Lunsford stated that by providing these children with a variety of art mediums with which they can work, children and adolescents are slowly gaining back their ability to control their environment and make decisions (E. Lunsford, personal communication, 2016). In Lunsford's experience, the therapist and the client will create art together, and the client is given the choice at the end to either keep the art or give it away to someone else. This is called transition art, and it has been shown to give the child a sense of control over their work (E. Lunsford, personal communication, 2016).

Perryman et al. (2015), conducted a research study with at-risk adolescent girls and how art therapy and play therapy can help them better express themselves and create a personal identity. Their findings indicated that art therapy gave the girls alternative channels for communication which were more easily understood by adults who could therefore become emotional supports for them. As the girls underwent the five week study, the researchers noted eight themes: (1) initial feelings of insecurity, (2) exploration of characteristics of selves and families, (3) increased expression of feeling, (4) sense of accomplishment and pride, (5) stress relief, (6) increased self-awareness, (7) increased group cohesion, and (8) awareness of behavioral changes outside the group.

In 2008, Epp studied art therapy and its effects on children and adolescents with autism spectrum disorder (ASDs). Children with ASD can be socially disengaged from others and are frequently stressed by social interaction or intimacy. In Epp's (2008) study, art therapy provided children with ASD a nonthreatening method of dealing with social rejection and acceptable means of discharging aggression. In the study, children with ASDs were reported to have improved social skills after the art therapy intervention.

Art therapy has been used to help other populations of children and adolescents such as immigrants, youth in the juvenile justice system, and children in the mental health system. Recently, Lee (2013) conducted an art therapy group in order to provide children of Korean immigrant families an opportunity to connect with other immigrant children in a safe, nonthreatening group environment. Art provided these children with control over their environment which was particularly beneficial due to the lack of control they learned while immigrating to the United States with their families.

Lunsford frequently works with children in the mental health system, and one of her clients was recently detained at a local juvenile delinquent center. Thankfully, she was able to continue services and art therapy sessions while he was being detained. Body art, a form of art therapy where the client draws on themselves, was particularly helpful with this client. Body art was his way of interacting with his environment; it decreased the psychological negative effects of isolation (Lunsford, 2015). Lunsford also reported that it was beneficial for the client to take the artwork with him after therapy sessions. It served as a physical reminder of the progress he had made during therapy.

Art therapy and its benefits for children and adolescent populations has been studied for decades. This modality has given therapists new techniques for connecting with youth which is important when helping to establish coping skills and increasing self-esteem. It has been particularly useful with children who have difficulty communicating with other adolescents or adults, and further research is needed to understand if art therapy has the ability to help other populations overcome communication barriers.

Adults. With adult populations, art therapy has been used in a variety of settings: psychiatric hospitals, cancer wards, incarceration, veterans' hospitals, and many others.

Art therapy can be used to address issues including low self-esteem, physical and/or sexual trauma and/or abuse, depression, anxiety, eating disorders, and grief (Chandraiah, Anand, & Avent, 2012). A qualitative study conducted by Chandraiah et al. (2012) was conducted to determine art therapy and its effects on depressive symptoms in a psychiatric outpatient setting. The study included four successive art groups with ten participants. Themes of the study included discovering patient strengths and weaknesses, exploring the self in relation to the world, grief and loss, effects of illness on lives, family issues, independence versus dependence, and trauma.

The research study confirmed the predicted outcome; art therapy did in fact reduce depressive symptoms in a heterogeneous sample of psychiatric outpatients. However, participants also reported additional positive results such as an increase in interpersonal communication, increased assertiveness, greater appreciation of latent themes of hope and loss, joy when using art media, and successful completion of projects that reflected personal meaning for each participant. Researchers indicate that these additional improvements were the products of positive group dynamics and connections resulting from the art-making process (Chandraiah et al., 2012).

Maujean, Pepping, and Kendall (2014) conducted a systematic review of 8 separate research studies on the effects of art therapy in various adult populations. Seven of the eight randomized controlled studies reported beneficial effects of art therapy. The seven populations included in the review which benefited from art therapy techniques are as follows: war veterans, adults with developmental disabilities, male and female inmates, Japanese adults with Alzheimer's disease, Korean-Americans immigrants, and women with breast cancer. War veterans with stress-related disorders reported lower

depression and hostility subscale scores, a reduction in their Integrative Anxiety Test (IAT) scores, improvement on their General Condition-Activity-Mood Test (GCAMT) score, and reported improved emotional content, self-image, and cognitive functioning. The parents of the adults with developmental disabilities reported improvement on social interaction and language comprehension after the intervention. The male and female inmates showed significant decreases in depression levels and improvements in locus of control. The Japanese adults with Alzheimer's disease reported improvements on the Apathy Scale and the Wechsler Memory Scale-Revised (WMS-R). This study is reviewed in more depth in the Geriatrics portion of this thesis. The older Korean-American immigrants reported reduced anxiety and negative affect as well as increased self-esteem. Finally, two different studies examined the effect of art therapy on women with breast cancer. In one study, participants reported increased scores on the World Health Organization Quality of Life-Brief (WHO-QoL). In another study, participants showed significant decreases in depression, anxiety, and somatic and general symptoms. These studies reported that art therapy interventions may have both short-term and long-term effects with a wide variety of participants who are experiencing intense emotions.

Only one study included in the Maujean et al. (2014) systematic review did not provide evidence of art therapy benefits in comparison to a control group which was Crawford's study concerning art therapy and its effects on psychological and physical health with adults with schizophrenia. Crawford et al. (2012) conducted a single-blind randomized control trial exploring the effect of art therapy on adults with schizophrenia by assigning 140 individuals to an art group, 140 individuals to an activity group, and 137 individuals to standardized care. Data was collected after the twelve-month

intervention program and once again a year after the group had concluded. There were no notable benefits recorded, and the researchers determined that this intervention was not effective when providing therapeutic treatment for persons with schizophrenia. The researchers, however, noted that few participants attended the group regularly, and there were only 2 to 3 participants on average at each art session. This could have reduced benefits normally gained from group socialization and discussion. Additionally, the short-term benefits were not assessed because measurements were not taken during the intervention.

Geriatrics. Studies have been conducted to determine if and how art therapy impacts quality of life in older adults (Hattori et al., 2011; Beauchet et al., 2010; Ehresman, 2014; Stallings, 2010; Pike, 2013; Stephenson, 2013). Art therapy is frequently used with older adults who are suffering from various forms of dementia. Adults with dementia have increased difficulty when attempting to express themselves verbally, and art therapy provides an opportunity for them to communicate with their families, caregivers, and the therapist with a safe, nonverbal method (Stevenson & Orr, 2013). Similar to children, art therapy seems to provide adults with dementia control over their environment in an otherwise uncontrollable situation.

Stevenson and Orr (2013) have identified other benefits of group art therapy for older adults including improved creativity skills, improved communication, expression of feelings of anxiety or depression, exploration of grief and loss, remembering past events or memories, reduction in feelings of isolation, aids in relaxation, and allows participants to consider positive changes in their personal lifestyles. Art therapy is flexible and may

be used in either a group setting or individually which is beneficial for older adults who may be bed-ridden or suffer from extreme social anxiety.

Hattori et al. (2011)¹ conducted a randomized controlled study that examined the effects of art therapy with older Japanese adults suffering from Alzheimer's disease. They split forty-three participants, accompanied by family members, into two groups: a control group that completed simple calculations at their own pace and an intervention group where participants were asked to draw familiar objects such as animals, children, or family members based upon memories. Participants in the art therapy group revealed significant improvements as recorded by their Apathy Scale and the Mini-Mental State Examination scores. No significant changes were recorded regarding participants' mood, vitality, and quality of life. However, direct comparisons were made and reported improvement in the mental quality of life with participants in the art therapy group. Hattori et al. (2011) concluded that art therapy group improved vitality while the calculation group improved cognitive function. Based upon their findings, it can be stated that art therapy improves quality of life and vitality with older adults with Alzheimer's disease when used in a group, nondirective setting.

In a study performed by Stallings (2010), the use of collage techniques in group art therapy settings served as a facilitator for communication. Stallings (2010) hypothesized that the collage process would allow persons with dementia the opportunity to convey information that they would otherwise be unable to communicate verbally. The collage-making process gave adults with dementia the opportunity to reminisce about

¹ This study was one of the studies previously mentioned in the systematic review by Maujean et al., 2014

their lives and recall latent memories. They then had the opportunity to share their collage with other members of the art group which allowed participants the chance to connect with each other and increase positive social interactions. Stallings (2010) noted that each participant organized his or her collage in a specific manner, reflecting their desire for control in an otherwise uncontrollable situation. She also noted that one of her participants did not want to complete the second session whereas other participants were eager to reminisce. It is important to understand that some participants may not wish to reflect upon their past due to potential negative memories. Her hypothesis was confirmed in this study, and collage techniques can serve as a beneficial tool when conducting art therapy groups because it serves as an opportunity to reminisce, which is essential to the life review process.

It is important to note that art therapy has positive impacts on older adults from a variety of ethnic backgrounds. Amanda Pike (2013) conducted a research study that included participants who identified as Caucasian, American Indian/Indigenous, Latino/Hispanic, and Black (including African American, Hattian, and Dominican). She hypothesized that art therapy would positively impact the participants after ten weeks of art therapy intervention. This hypothesis was supported by an increase in cognitive performance in the experimental group. Art therapy can be used as an intervention with older adults with dementia from different cultures, as also reported in children and adult immigrant art therapy studies.

During a research study performed by Stephenson (2013) which studied art therapy and older adults, participants stated that art therapy provided them with motivation and the will to continue living. Many of the participants also discussed their

feelings of liberation because they were encouraged to freely create art together. Stephenson (2013) identified four goals of art therapy with older adults: foster artistic identity, activate a sense of purpose and motivation through creative work, use art as a bridge to connect with others, and support movement toward the attainment of gerotranscendence. Gerotranscendence is defined as a developmental stage that occurs when older individuals shift their perspective from a materialistic view of the world to a more cosmic and transcendent one, which is normally accompanied by an increase in life satisfaction (McCloy, 2009). Art therapy helps older adults move toward the attainment of gerotranscendence and therefore improve their overall quality of life and satisfaction with their living situation (Stephenson, 2013).

Research with Caregivers

Caregivers report some positive side-effects of caring for their loved one with dementia such as increased togetherness and satisfaction in helping others (Alzheimer's Association, 2014). However, many caregivers additionally report negative effects of caregiving including high levels of chronic stress concerning, financial costs, the well-being of the individual with dementia, and their own health (Alzheimer's Association, 2014). Several studies were performed in order to assess caregiver burden and what steps are helpful to alleviate some of the emotional strain that is normally seen in caregivers.

Watson et al. (2012) documented observed links between communication, dementia, and caregiver burden. Communication of any type allows people to interact with others, express their feelings concerning their environments, and maintain relationships. After memory recollection and language are impaired due to dementia, communication techniques are interrupted which causes significant changes in

relationships. As dementia progresses, communication becomes increasingly difficult, and Watson et al. (2012) reported that many caregivers felt ill-prepared for the challenges associated with communication decline. In their report, it was suggested that communication deficits may trigger problem behaviors such as yelling, which can in turn increase caregiver strain.

In a qualitative study (Hennings, Froggatt, & Payne, 2013), caregivers reported living with high levels of anxiety, depression, grief, and guilt stemming from their roles as carers. Caregivers reported that they felt trapped between two worlds: the world of the nursing home with their loved one, and the world of wider society. In both of these worlds, the caregiver's role is ambiguous, and the caregiver needed emotional support and resources in order to alleviate their emotional stress.

McEvoy and Plant (2014) conducted two case studies which explored the use of empathic curiosity as a form of communication. Empathic curiosity is a form of nondirective verbal communication designed to foster more conversational engagement with persons with dementia by using open-ended questions which allow the person with dementia the opportunity to lead conversations. They found that by using empathic curiosity communication techniques, the person with dementia felt more valued and understood by others. This increase in positive communication techniques leads to improved quality of life with persons with dementia and increased positive interactions with caregivers.

Murphy and Oliver (2013) explored the use of Talking Mats, which are picture representations of daily activities, and how they affected communication and relationships between persons with dementia and their caregivers. They hypothesized that

the use of Talking Mats would help persons with dementia communicate with their carers regarding their decisions and opinions concerning daily routines and activities. Their results indicated that all participants felt more involved and more satisfied concerning daily discussions and decisions when Talking Mats were utilized. In the study, persons with dementia reported that the images on the Talking Mats helped them remember the conversation topics which increased their ability to follow along with the conversation. This conversation technique was also reported as enjoyable and therefore used more often in order to increase positive communication between persons with dementia and their caregivers.

In the same study, the caregivers reported improved understanding between them and their loved ones, and a decrease in confrontation and arguments. They reported feelings of increased happiness because they felt that they were listened to and appreciated by the person with dementia. The use of Talking Mats supported the original hypothesis, and reported an increase in overall quality of life for both the persons with dementia and their carers.

An art-gallery-based intervention and its effect on caregiver burden and quality of life in persons with dementia was explored in a study by Camic, Tischler, and Pearman (2014). Persons with mild to moderate dementia and their carers traveled together to a local art museum to study art together and discuss the images and the emotions they invoked. After exploring the art gallery, they created artwork together and discussed their creations. Caregivers reported positive reactions to the study, and one caregiver in particular stated, "It has been pleasant doing something together other than taking her to the doctor..." (Camic et al., 2014, p. 164). Another stated, "It was uplifting for me

psychologically and allowed me to do something together with him” (p. 164). In addition to an increase in overall quality of life, an enhanced level of cognitive engagement in the persons with dementia was documented throughout the course of the study. In addition, the participants reported heightened feelings of engagement and purpose because they had the opportunity to network and participate in meaningful conversation with their carers and other individuals with dementia. Caregiver burden was slightly decreased over the course of the study, and there was an increase in overall caregiver enthusiasm, interest, and impact.

Spousal caregivers

In the studies reviewed above, the caregivers could either have been spouses, children, or other family members. However, it is important to understand the role of spouses specifically and how caregiver burden and communication deficits impact marital communication between spousal caregivers and persons with dementia. The aim of the study conducted by Van Den Wijngaart, Vernooij-Dassen, and Felling (2007) was to examine the influences of stressors, caregiver’s appraisal, coping, caregiver’s personal conditions, and social resources on perceived caregiver burden and stress. The spousal caregivers completed a variety of surveys regarding each of the above influences, and the results indicated that coping and appraisal did not impact caregiver burden. However, stressors, personal conditions, and social resources were correlated with increased perceived emotional strain (Van Den Wijngaart et al., 2007). They concluded that it is vital to establish support systems that positively impact each of these influences in order to alleviate spousal caregiver stress.

Music therapy has been used to increase positive relations between spousal caregivers and the persons with dementia. Baker, Grocke, and Pachana (2012) used a home-based music therapy intervention program to stimulate meaningful interactions between the spouses, increase the quality of the spousal relationship, and improve satisfaction with caregiving and caregiver wellbeing. The music therapy intervention lasted six weeks and was performed with five couples. Pre-intervention data was gathered in order to determine the level of spousal caregiver anxiety and depression, their perception of the quality of the marital relationship, and their satisfaction with the caregiving role. This data was then compared to the post-intervention results from the same questionnaires. Although quantitative data did not indicate significant change, the caregivers reported that engaging in the music therapy intervention enhanced their enjoyment and relaxation. Caregivers also reported enhanced quality of the spousal relationship, strengthened reciprocity, and increased satisfaction with caregiving role.

The study by Baker et al. (2012) is important because it demonstrates how creative based interventions can affect spousal relationships when one person is suffering from dementia. Therapeutic techniques are needed in order to increase positive communication techniques and interactions between spousal caregivers and their loved ones. Braun et al. (2010) asked 37 couples, with one spouse suffering from dementia, to self-report and complete surveys which would identify communication patterns in couples and how these patterns related to each other's well-being. Caregivers reported high depression scores revealing the psychological stress resulting from caregiving. Additionally, they discovered a strong, positive relationship between the mental health of wives caring for their husbands with dementia and the husbands' positive communication

techniques. More research is needed to determine the exact correlation between positive communication techniques and caregiver mental health.

It has been reported in numerous research studies that art therapy has the ability to improve communication techniques with children, adults, and geriatric participants. There are also studies showing that communication barriers may increase caregiver stress and burden when caring for individuals with dementia. Spousal caregivers have unique roles as carers, and therefore, may require distinctive therapeutic techniques. No available research explores the relationship between art therapy and marital communication with older adults with dementia and their spousal caregivers. This research study examines how art therapy in a group setting may influence marital communication techniques and its effect on the couples' well-being.

Research Study

Establishing support systems and methods of communication for adults with dementia and their spousal caregivers may decrease caregiver burden and increase quality of life for the individual with dementia. Spousal caregivers have an increased risk for psychiatric morbidity and mortality due to chronic stress (Van Den Wijngaart, Vernooij-Dassen, & Felling, 2007). As suggested by Braun et al. (2010), there could be a positive correlation between communication techniques and caregiver mental health, and the relationship needs further exploration.

In many populations, including older adults, art therapy has proven to be a helpful nonverbal communication technique. It provides individuals with a means to communicate with others in a non-threatening method. Additionally, it has been shown to improve quality of life and socialization in older adults. However, there is not sufficient

research available to determine if art therapy in a group setting could influence marital communication and marital satisfaction with older adult couples where one spouse is suffering from mild to moderate dementia.

The study in this thesis was designed to explore the relationship between a therapeutic art group and marital communication satisfaction in older adults with dementia and his or her spousal caregivers. One couple responded to the initial recruitment flier, but they did not complete the study due to personal stressors.

Methodology

This study was a serial single subject design. Participants were scheduled to participate in a two week program. I planned to take data measurements once during the week before the first art session, once a week during each art session, and once during the week after the group had concluded.

Participants acted as their own control to determine if the therapeutic art classes improved communication satisfaction and increased overall marital satisfaction. These results were scheduled to be gathered from survey results and from my observations during the art sessions.

Participants. Participants were recruited by sending out information regarding the research study to each qualifying couple at a local retirement community. Eligible participants were married couples, aged sixty-five and older. One spouse needed to have mild to moderate symptoms of dementia, and his or her primary informal caregiver had to be the other spouse. Participants were reported to have had no co-morbid mental illnesses because this could have affected the results of the study. The spousal caregiver did not show evidence of declining cognitive function or memory deficits. Only after signing the

consent form were participants eligible to participate in the study. A copy of the consent form may be found in Appendix A.

Research Instruments. Each participants was administered three separate survey instruments. These instruments were the Feelings of Understanding/Misunderstand Scale, Interpersonal Solidarity Scale, and the Quality Marriage Index. The Feelings of Understanding/Misunderstanding Scale is designed to measure participants' perceived understanding when communicating with their spouse (Rubin, Palmgreen, & Sypher, 1994). In 1984, Cahn and Shulman reported that the scale had a test-retest reliability of .90 and a Cronbach alpha of .89 for the State version (as cited in Rubin et al., 1994, p. 165).

The Interpersonal Solidarity Scale will measure feelings of closeness between spousal caregivers and their partners (Rubin et al., 1994). These feelings are a result of shared sentiments, similarities, and intimate behavior. The scale is reported to be internally consistent and reliable, and there is sufficient evidence of concurrent and criterion-related validity (Rubin et al., 1994; Wheelless, 1978). The Marriage Quality Index is designed to assess a person's happiness and satisfaction with the overall state of their marriage and relationship (Norton, 1983). According to Baxter and Bullis (1986) and Van-Lear (1991), the Quality Marriage Index has a high reliability score (as cited in Rubin et al., 1994, p. 302). Additionally, Norton (1983) reports a high level of construct validity for the scale.

These survey instruments are designed to provide the researchers with an accurate assessment of how art can impact marital communication and well-being with spousal

caregivers and their partner with dementia. A copy of all research instruments may be found in Appendix B.

Art Therapy Project Guidelines. Art therapy projects were scheduled to be completed in a group setting and facilitated by myself, an honors undergraduate social work student. The art intervention group was planned to last 2 weeks, meeting three times a week, completing a total of 6 group art activities. The activities I planned were designed to facilitate discussion between the spousal caregiver and the partner with dementia. Many of these activities will allow participants the opportunity to reminisce and share memories from their past. A full list of activities can be found in Appendix C.

Data Analysis

In order to chart the participants' progress throughout the stages of the study, an ABA scatter plot was planned to be used to document the results of each survey. Each participant would have 3 different ABA plots: one documenting his or her results from the Feelings of Understanding/Misunderstanding, one for the Interpersonal Solidarity Scale, and one for the Quality Marriage Index. At the end of the study, the results would have been compiled into 2 sets of 3 separate ABA plots. One of the sets will document the caregiver results and the other will document the progress of the spouse with dementia.

Results

Data could not be gathered because the participants did not complete the study. Based upon previous research, it was hypothesized that after the art intervention, couples would have perceive greater understanding and feelings of satisfaction within their marriage due to increased positive interactions and participation in nonthreatening group

activities. Previous studies have shown that therapeutic art techniques help individuals improve their self-expression techniques and nonverbal communication skills. It was hypothesized that this intervention could have yielded similar results with this population.

Discussion

This study could not be completed because the participants withdrew before the first art session began. While this study had the potential to fill significant research gaps concerning marital caregiving and communication satisfaction, certain factors prevented effective recruitment and did not allow participants to easily complete the study.

Limitations. When working with individuals who are suffering from dementia, it is important to understand that they may become easily overwhelmed with new tasks, such as the surveys and the art activities. In future studies, the researcher should actively help the participants complete each survey by explaining the instructions often and clearly. Some individuals may need one-to-one assistance when completing the survey. These steps were not taken in this study and could have prevented the participants from becoming too overwhelmed which caused them to withdraw from the study.

Recommendations for future research. In future research studies, the recruitment process should be begin at least three weeks before the study begins. Participants should also be recruited from more than one location in order to inform additional eligible couples about study. It's also important to recruit from more than one location in order to increase generalizability.

To ensure that the caregiver does not develop symptoms of dementia or experience cognitive loss during the study, the Mini Mental State Examination (MMSE) should be administered weekly alongside the original three surveys. The MMSE is

designed to evaluate cognitive functioning and will be used to ensure that one spouse is suffering from mild to moderate dementia and that the spousal caregiver shows no sign of cognitive decline. Its reliability and construct validity were judged to be satisfactory (Tombaugh & McIntyre, 1992). In order to document changes in depressive symptoms, each participant should also fill out the Patient Health Questionnaire (PHQ-9). The PHQ-9 will screen participants for depression or symptoms of depression. It has been determined to be a reliable and valid measure for depression severity (Kroenke, Spitzer & Williams, 2001). A copy of the MMSE and the PHQ-9 can be found in Appendix B.

In order to determine the long-term effects of this study, the duration of the art group should be extended from two weeks to at least seven weeks. Participants and their spouses should meet as a group twice a week for seven weeks rather than three times a week for two weeks. This could also prevent participants from feeling too overwhelmed because meeting three times each week is more demanding. If participants meet for an extended period of time, the long-term benefits from the intervention could be more easily tracked. After the seven weeks has ended, data should be gathered once during the week after the intervention and again one month and three months after the group has concluded. These data sets could better report the long-term effects of the art group.

Implications for Social Work

This thesis represents an important area of study for social workers. Social workers are committed to serving others and providing individualized, complete care in order to best meet the needs of their clients. It is their responsibility to pay particular attention to populations who are vulnerable or oppressed. Older adults with dementia and their caregivers are considered vulnerable populations. Many adults with dementia lack

the capacity to advocate for themselves, and due to chronic stress and emotional strain, their caregivers are at a higher risk for developing mental or physical health issues.

Social workers have a commitment to serve these populations, and art therapy has been proven to help older adults with dementia. Communication barriers have been identified as causes for unhappiness and marital dissatisfaction between adults with dementia and their spousal caregivers. This can increase strain within the marital relationship, and social workers strive to address all needs of an individual's life. It is the hope of this research study to provide social workers and other health care providers the information needed in order to adequately assess which services are most beneficial to improve marital communication between older adults with dementia and their spousal caregivers.

Conclusion

Dementia affects over 47.5 million people in the world, and costs the United States around 157 to 215 billion dollars in health care services each year (World Health Organization, 2015; Lewy Body Dementia Association, 2015). Caregivers of dementia, most of whom are related to the person with dementia, can incur mental and physical health issues due to the added stress and burden from caregiving responsibilities. These additional health problems cost the United States over 9.7 billion health care fees (Alzheimer's Association, 2014).

Due to the rising numbers of persons with dementia and their caregivers, health care costs will only increase unless therapeutic services can be employed at early stages in order to establish positive routines and communication. Dementia affects parts of the brain associated with memory and language impairment, but it does not affect creative

ability or appreciation. Because of this, art therapy has been identified as a potential therapeutic treatment for older adults with dementia. Art therapy throughout the years has been proven to be successful with a variety of populations and with individuals from different ages and ethnic backgrounds. Art therapy has the ability to provide participants with improved communication techniques and modes of self-expression. It can facilitate interpersonal relationships and decrease feelings of isolation.

With older adults, art therapy has been shown to increase quality of life and feelings of gerotranscendence. For caregivers, it has been used to decrease emotional strain and symptoms of depression. It is my intent to explore if art therapy can be used to improve marital communication satisfaction between persons with dementia and their spousal caregivers. If communication satisfaction can be improved, couples may more clearly express their needs and desires in nonthreatening and more positive manners. If these techniques can be learned in the earlier stages of dementia, it is the hope of this study that those techniques will persist as cognitive ability declines. If the relationship between a person with dementia and their caregiver improves, it is hypothesized that health care costs could decline in the United States.

At the conclusion of this study, it is important to examine the long-term effects of the intervention group. It is also necessary to determine generalizability to the whole population of adults with dementia and their caregivers. Further research will be needed in order to confirm results from this study and discover improved therapeutic techniques with older adults with dementia and their caregivers.

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Appendix A

Dear (Insert Resident's Name Here),

You have been selected to participate in a research study conducted by an undergraduate social work student at the University of Arkansas. This study will determine how art can affect communication between spouses. If you are selected and consent to do so, you and your spouse will participate in an art group and complete various art projects together to strengthen your communication and self-expression. Before the art group sessions begin, you will be asked a few questions that will assess your current communication patterns with your spouse. These questions will again be asked once per week during the art group, and once after the group has ended to determine if your responses have changed as a result of your participation.

Because you have been selected to participate, the researcher will contact you prior to the February 1, 2016, start date of the project to set up meeting times for the first week of the project. The researcher will meet with you one time during the first week and will complete two brief questionnaires with you. For the following two weeks, we will meet as a group each Monday, Wednesday, and Friday in the Villa Room at 2pm here at Butterfield Trail Village. During these meetings, you will be joined by other residents participating in the same study, and the researcher will lead an art group that will last approximately one hour. The final week of study will be conducted in a similar fashion to the first week. The researcher will contact you individually to set up a time to complete the same brief questionnaires.

The dates for the study will be as follows:

- Week 1: Questionnaires at your home
- Weeks 2 & 3: Meet every Monday, Tuesday, and Wednesday at 2pm in the Villa Room
- Week 4: Questionnaires at your home

The only foreseeable risk by participating in this study is risk of confidentiality loss. However, we will actively reduce this risk by excluding names from the final data entries and results. The benefits which may reasonably be expected to result from this study are an increase in effective communication and self-expression with your spouse. You may also find a new hobby that you and your spouse can complete independently once the study has ended. You will not receive any payment for your participation, and your decision whether or not to participate in this study will not affect your services at Butterfield Trail Village.

Please understand your participation is voluntary and you have the right to withdraw your consent or discontinue participation at any time without penalty. You have the right to refuse to answer particular questions. The results of this research study will only be reported in aggregate or group form, either written or verbal, and the study will be

presented in front of a panel of professors at the University of Arkansas, but all participant names and identifying information will be excluded from the data and the results of the study. All data will be stored in locked offices or on secure computers, and it will only be kept for as long as required by the law. All information will be kept confidential to the extent required by the law and university policy.

This study has been approved by the University of Arkansas Institutional Review Board. If at any time throughout the study you have any questions or concerns regarding the study please contact one of the following persons:

- Ashlyn Kubacak, Principal Researcher
 - 501-773-9218
 - akubacak@uark.edu
- Patricia Poertner, LSW
 - 479-695-8032
 - ppoertner@btvillage.org
- Alishia Ferguson, PhD, Faculty Advisor
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 - 479-575-4572
 - rruff@uark.edu

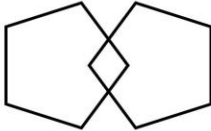
Signature:

Date:

Appendix B

MINI MENTAL STATE EXAMINATION (MMSE)

Name:
DOB:
Hospital Number:

One point for each answer	DATE:		
ORIENTATION Year Season Month Date Time	...../ 5	...../ 5	...../ 5
Country Town District Hospital Ward/Floor	...../ 5	...../ 5	...../ 5
REGISTRATION Examiner names three objects (e.g. apple, table, penny) and asks the patient to repeat (1 point for each correct. THEN the patient learns the 3 names repeating until correct).	...../ 3	...../ 3	...../ 3
ATTENTION AND CALCULATION Subtract 7 from 100, then repeat from result. Continue five times: 100, 93, 86, 79, 65. (Alternative: spell "WORLD" backwards: DLROW).	...../ 5	...../ 5	...../ 5
RECALL Ask for the names of the three objects learned earlier.	...../ 3	...../ 3	...../ 3
LANGUAGE Name two objects (e.g. pen, watch).	...../ 2	...../ 2	...../ 2
Repeat "No ifs, ands, or buts".	...../ 1	...../ 1	...../ 1
Give a three-stage command. Score 1 for each stage. (e.g. "Place index finger of right hand on your nose and then on your left ear").	...../ 3	...../ 3	...../ 3
Ask the patient to read and obey a written command on a piece of paper. The written instruction is: "Close your eyes".	...../ 1	...../ 1	...../ 1
Ask the patient to write a sentence. Score 1 if it is sensible and has a subject and a verb.	...../ 1	...../ 1	...../ 1
COPYING: Ask the patient to copy a pair of intersecting pentagons			
	...../ 1	...../ 1	...../ 1
TOTAL:	...../ 30	...../ 30	...../ 30

MMSE scoring
 24-30: no cognitive impairment
 18-23: mild cognitive impairment
 0-17: severe cognitive impairment



The Patient Health Questionnaire (PHQ-9)

Patient Name _____ Date of Visit _____

Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not At all	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
3. Trouble falling asleep, staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself - or that you're a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or, the opposite - being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

Column Totals _____ + _____ + _____

Add Totals Together _____

10. If you checked off any problems, how difficult have those problems made it for you to Do your work, take care of things at home, or get along with other people?
- Not difficult at all Somewhat difficult Very difficult Extremely difficult

(Center for Quality Assessment and Improvement in Mental Health, 1999)

Feelings of Understanding/Misunderstanding Scale:

Trait – Relationship Version

Instructions: Recall how you generally feel when talking with (or listening to) _____ (spouse's name) _____. The following terms refer to feelings that may be relevant when people attempt to make themselves understood by others. Please indicate to the extent to which each term describes how you generally feel when and immediately after trying to make yourself understood by the person you specified above.

Respond to each term according to the following scale:

(1) Very Little

(2) Little

(3) Some

(4) Great

(5) Very Great

_____ 1. Annoyance

_____ 2. Satisfaction

_____ 3. Self - Reliance

_____ 4. Discomfort

_____ 5. Relaxation

_____ 6. Shyness

_____ 7. Dissatisfaction

_____ 8. Pleasure

_____ 9. Enviousness

_____ 10. Insecurity

_____ 11. Good

_____ 12. Attentiveness

_____ 13. Sadness

_____ 14. Acceptance

_____ 15. Humbleness

_____ 16. Failure

_____ 17. Comfortableness

_____ 18. Hostility

_____ 19. Incompleteness

_____ 20. Happiness

_____ 21. Compassion

_____ 22. Uninterestingness

_____ 23. Importance

_____ 24. Assertiveness

Interpersonal Solidarity Scale

Instructions: Please mark these scales to indicate how you relate to _ (spouse's name) _.
Please make the following statements to indicate whether you:

- (7) Strongly Agree
 (6) Agree
 (5) Moderately Agree
 (4) Undecided
 (3) Moderately Disagree
 (2) Disagree
 (1) Strongly Disagree

Record the number of your responses in the blank beside each statement.

1. We are very close to each other. _____
2. This persona has a great deal of influence over my behavior. _____
3. I trust this person completely. _____
4. We feel very differently about most things. _____
5. I willingly disclose a great deal of positive and negative things about myself, honestly, and fully (in depth) to this person. _____
6. We do not really understand each other. _____
7. This person willingly discloses a great deal of positive and negative things about him/herself honestly and fully (in depth) to me. _____
8. I distrust this person. _____
9. I like this person much more than most people I know. _____
10. I seldom interact/communicate with this person. _____
11. I love this person. _____
12. I understand this person and who she/he really is. _____
13. I dislike this person. _____
14. I interact/communicate with this person much more than with most people I know. _____
15. We are not very close at all. _____
16. We share a lot in common. _____
17. We do a lot of helpful things for each other. _____
18. I have little in common with this person. _____
19. I feel very close to this person. _____
20. We share some private way(s) of communicating with each other. _____

Quality Marriage Index

Instructions: For Items 1 through 5, use the following scale:

- (1) Very Strong Disagreement
- (2) Moderate Disagreement
- (3) Slight Disagreement
- (4) Neutral
- (5) Slight Agreement
- (6) Moderate Agreement
- (7) Very Strong Agreement

1. We have a good marriage. _____
2. My relationship with my partner is very stable. _____
3. Our marriage is strong. _____
4. My relationship with my partner makes me happy. _____
5. I really feel like part of a team with my partner. _____

For Item 6, please indicate how happy you are by using the following scale:

6. The degree of happiness, everything considered, in your marriage.

Very Unhappy 2 3 4 5 6 7 8 9 Very Happy

Appendix C

When choosing art activities, the safety of the participants should be kept in mind. When using paint, be sure to label water cups as “water for painting” so that participants do not become confused and accidentally mistake the cup for a beverage. It is also preferred to use oil pastels rather than crayons because crayons may seem too juvenile, and participants could feel embarrassed or become upset. During the sessions, the facilitator must remain vigilant in order to ensure that all materials are being used properly so as to avoid potentially uncomfortable or embarrassing situations for the participants.

In each session, the facilitator should create a welcoming environment. Their demeanor should be nonthreatening and nonjudgmental. Facilitators should encourage positive behaviors from participants, but also remember to not react adversely to negative behaviors. Each participant and spousal caregiver will be at different stages of cognitive ability, and it is important to fulfill the needs of each participant. For this reason, it may be helpful for the facilitator to have assistants in order to monitor and interact with each participant equally.

Below is a list of 14 different therapeutic group art activities that could be used with older adults with dementia and their spousal caregivers.

Activity 1: “Life is Always Changing”: This is a good first activity because it helps break down social barriers and allows participants the chance to feel at ease in the art environment. Materials needed include: plates, whole milk, food coloring, dish soap, toothpicks, acrylic paint, cups for paint water, brushes, and paper. To begin, give one plate to each couple. Pour the whole milk onto the plate and fill it up enough in order to cover the plate. Then, have the couples choose which food coloring colors they would like to use. Drop a few drops of food coloring into the whole milk on the plate. Finally, have the participants take a toothpick dipped in dish soap and swirl it through the food coloring in the whole milk.

The food coloring will whirl through the milk as it reacts to the dish soap. Encourage participants to watch the colors swirl and change. Allow the participants multiple opportunities to complete this project if they are not happy with the outcome of their color combinations. After they are done watching the colors swirl, have them paint on paper the colors they see in the milk. This can be abstract and allows for creative freedom. Once they are done painting the colors, allow participants the opportunity to share their paintings if they feel comfortable.

Activity 2: The second activity should also help ease participants’ fears in regards to art therapy and decrease anxiety regarding group dynamics. Materials needed: acrylic paint, cups for paint water, brushes, paper. Ask the participants to discuss with their spouse what makes them calm. Then, allow them to share these thoughts and calming activities with other participants if they feel comfortable.

After discussion, encourage the participants to paint anything they would like using only colors that are calming to them. Each participant should be allowed to paint individually. These pictures could be abstract or realistic allowing full creative freedom to the participants. After they are finished painting, give them time to share their art with others if they feel inclined.

Activity 3: For activity three, have the participants think of a time when they were the most happy. This could be in a time during their childhood, at the birth of their first child, talking a walk during their favorite season, a memorable birthday, etc... Please be understanding of different levels of memory recollection and allow participants the ability to choose when they were the happiest.

Materials needed for this project include paper and oil pastels or color pencils. Have the participants draw their memory with the best of their ability. After they are finished, have them discuss their drawing with their partner. Then, if they feel comfortable, let them share their art with the group.

Activity 4: Before this activity can be completed, participants must be given the assignment to bring a favorite quote or saying. This assignment can be given at the previous group session. For this activity, participants must choose their favorite quote or saying which could be any quote from a famous leader, a Bible verse, a phrase that a family member used to say, etc... They should then share their saying with their spouse and talk about what the quote means to them and why they consider it important.

After discussion with their spouse, they should be encouraged to draw a representation of their quote. This could be abstract or realistic depending upon how they understand the quote and its meaning to them or the feelings it evokes. This provides the participants another opportunity for creative expression and freedom. After they are finished drawing, they should be offered the chance to share their art with the group if they feel comfortable doing so.

Activity 5: For this activity, have the couples create a timeline of their marriage and the significant events in their lives. It is important to have them create the timeline together because it allows the spouse without cognitive decline the opportunity to help their loved one who may not be able to remember each event. Let them know ahead of time that they will be making a timeline. This way, they have the option to bring photos of the events, and they can include these on their timeline sheet. Other materials needed for this activity include paper and pencil/pens so that participants can write a description of the event

Together, the couple will create a timeline of events in their marriage history that they find important. These events could include when they first met, their first date, their engagement, important anniversaries, vacations, the birth of their children/grandchildren, etc... Please ensure that each participant is able to talk about events they consider important. At the end of the activity, please allow time for group discussion and let participants share an event with the group if they feel comfortable.

Activity 6: For this activity, have couples work together to create a family tree. The materials needed for this activity include paper, colored pencils, and optional photos if the couples would like to include pictures of their family members. Have the couple work together to remember their family and how many people they have impacted throughout their lives.

The family tree will be represented on paper as a tree with roots, branches, and leaves. The couple will be the trunk of the tree, and the couples' parents may be the roots. Have their children, grandchildren, and great-grandchildren complete the branches and leaves of the tree. At the end, allow the couples the opportunity to share their trees with the

group if they feel comfortable. Remind them that even though some trees may be larger than others, each of them have positively impacted their families and have given life to people that have the power to change the world.

Activity 7: For this activity, the therapist will bring in different copies of paintings from artists. Each couple will get a set of paintings/drawings and they will look through each of them. Each participant should say whatever word or feeling initially comes to mind after viewing each artwork. This is a word association exercise.

Have the couples complete this activity together and decide which words or feelings they associate with each artwork. Then, after each couple is finished, the therapist will hold up each painting and the participants can discuss together which words or feelings they decided each painting made them feel. This provides them the opportunity to connect with other couples and observe that other people may experience the same feelings and emotions that they do.

Activity 8: Each participant will need a sheet of paper with a heart drawn on it, colorful band-aids, and a sharpie. Participants should think of different words or phrases that make them feel upset or hurt. They should then write these words inside the heart on their piece of paper. Once they have written all the negative phrases, they should then discuss these phrases with their partner. Hopefully after this conversation, the spouse will understand which phrases to avoid using so that they do not discourage their loved one.

After discussion, they should each discuss positive phrases and words. These positive sayings should be written upon the colorful bandages which will then be placed over the negative words inside the heart. At the end of the exercise, all of the negative phrases will be covered with positive, colorful bandages. These positive phrases should then be discussed in the group setting.

Activity 9: For this exercise, participants will explore emotions that they frequently feel. The materials needed include multiple sheets of paper and oil pastels or colored pencils. Have participants write the name of a frequently felt emotion at the top of each paper. These emotions can include anxiety, grief, joy, sadness, frustration, anger, happiness, confidence, isolation, etc... They should then discuss with their partner when they felt each emotion.

After discussion, have the participants draw their artistic interpretation of the emotion using oil pastels or colored pencils on the corresponding piece of paper. At the end of the exercise, each participant should have completed their drawings. Please allow time for group discussion if possible.

Activity 10: During this activity, participants are encouraged to think of a task or hobby that makes them feel content. This could be anything hobby that brings them personal joy such as gardening, reading, creating art, playing or listening to music, socializing, visiting family, etc... Once each participant has decided upon an activity, they should discuss with their spouse their chosen activity and how it makes them happy. Perhaps they can each try to incorporate this activity more into their daily routines.

After discussion with their spouse, have each participant draw a representation of that activity. Allow them to use their creative expression by encouraging either abstract or realistic style art works. Materials needed include paper and oil pastels or colored pencils.

After each participant is finished drawing, have them share their painting with the group if they feel comfortable.

Activity 11: This activity will allow spouses to have some fun and laugh with each other because they will be sketching each other's portraits. Materials needed for this activity include paper and oil pastels or colored pencils. Have spouses disclose with each other what they believe is their best physical quality. Ensure that each spouse understands what the other finds importance regarding their appearance.

After discussion, have the participants sit across from their spouse and complete a quick artistic rendition of their spouse's portrait. It is important to let the participants know that perfection is not expected, and that they should have fun with this project. After they each are finished drawing the other, have them share their portraits with their spouse.

Activity 12: This activity will utilize collage techniques in order to facilitate positive self-reflection. Materials needed include magazines, photos, paper, glue sticks, and scissors. Because scissors will be used, it is important for the art therapist to remain vigilant to ensure the safety of all participants.

Participants will be encouraged to think about themselves and the qualities that makes them unique. They should then cut out photos or choose pre-cut photos from magazines and pictures that they believe represent them. Allow them to glue these photos to their paper and let them write descriptions under the photos in order to help them remember why they chose each image.

After they have created their collage, let them share their collage with their spouse. Facilitate discussion and let them talk about why they chose each image and how it reflects them. After discussion with their spouse, allow participants to share their collage with the group if they feel comfortable doing so.

Activity 13: For this activity, we will once again be utilizing collage techniques. However, for this session, each couple will create one collage together that they believe best represents their marriage. Materials needed include magazines, photos, paper, glue sticks, and scissors. Once again, because scissors will be used, it is important for the art therapist to remain vigilant to ensure the safety of all participants.

Couples may discuss together what makes them unique as a couple. Encourage them to discuss their strengths and limitations as spouses. Then, have them select photos or pre-cut images from magazines to paste onto their paper. After all couples have finished their collage, allow the participants to share their jointly created collage with the group. They do not have to share if they do not feel comfortable.

Activity 14: For the final session, each couple will create one work of art together using their fingerprints. Material needed for this activity include various colors of ink pads, paper towels, paper, and pencils to trace the drawings. Each couple will decide what image they would like to create using their fingerprints. Images could include a tree, a heart, house, sunset, etc... They should then draw the outline of this image in pencil to help guide them throughout the activity.

Because ink will be used, it may be helpful for the therapist to have additional help when conducting the session in order to assist each couple with the ink process. Each participant will press their fingers into the ink and use their fingerprint as the medium for

the art. They may use different colors of ink in order to complete their artwork, and participants will be encouraged to work together. Paper towels will be used to ensure that all ink is wiped clean once each couple has finished their work.

After all work is completed, each couple should be given the opportunity to share their work with the group. At this time, they may also discuss any influences this group may have had upon their marriage satisfaction and happiness. Please allow enough time for discussion at the end of the session.