

Collage as a Therapeutic Modality for Reminiscence in Patients With Dementia

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Abstract

Traditional therapy, with its emphasis on verbal communication between therapist and client, may not be appropriate for patients with dementia due to impaired cognitive and verbal abilities. This brief report presents a qualitative study on the use of collage in art therapy to aid in the process of reminiscence in individuals with dementia. Data were collected and analyzed using a modified Magazine Photo Collage assessment (Landgarten, 1993) with three participants. Findings support the hypothesis that collage allows older adults with dementia an opportunity to convey information that they might not be fully capable of verbalizing. Participants' interactions with collage as a therapeutic modality also were examined, as well as their interactions with the art therapist researcher.

Introduction

Medical advances and lifestyle choices have helped to increase the lifespan of many adults in the United States, with unprecedented numbers living well into their 80s and 90s. As the population of older adults continues to grow, so will the demand for medical and psychological treatment. Traditional therapy, with its emphasis on verbal communication between therapist and client, may not be appropriate for patients with dementia due to impaired cognitive and verbal abilities. Although some art therapists recommend the use of collage with this population (Abraham, 2004; Magniant, 2004; Malchiodi, 2003; Queen-Daugherty, 2002; Ravid-Horesch, 2004), few researchers have documented its success. This study investigated the effectiveness of collage making as a therapeutic approach for adults who have dementia.

Dementia involves the development of multiple cognitive deficits as a result of any of a number of underlying medical conditions, which include but are not limited to head trauma, HIV/AIDS, substance use, Huntington's disease, Parkinson's disease, and Alzheimer's disease (American Psychiatric Association, 2000). The American Psychiatric Association (2000) defines dementia as a gradual and continuing cognitive decline that is manifested in memory impairment, aphasia, apraxia, agnosia, and/or an inability

to plan, organize, sequence, or abstract information. Patients with dementia experience losses in speech, memory, and other cognitive functions, which ultimately result in an inability to care for themselves and a consequential loss of a sense of self and dignity. Couch (1997) observed that "choice is an issue with this population, as most decisions are made by others due to declines in comprehension, judgment, and/or verbal communication" (p. 188). Art therapy offers freedom of choice in media and subject matter as well as a sense of control (Berardi, 1997; Wald, 1983).

According to Andrew Duxbury, a specialist in geriatric medicine, the impulse to create is always with us. He stated that in a brain that is developing dementia, the artistic impulse usually is not damaged and remains intact (University of Alabama Birmingham Magazine, 2009).

Art therapy's potential for slowing the progress of dementia with respect to a person's artistic impulse and activity is promising; however, several challenges exist with this population. As the disease progresses, recognizable forms become harder to produce and may disappear completely from drawings (Kahn-Denis, 1997). Drawings often become simplified and rotated, with portions omitted. Images may overlap or be fragmented. Perseveration and short sketchy lines also are typical. Individuals with dementia may mistake art material for food, may place glue on the wrong side of the paper, or may have difficulty cutting or adding water to water color paints (Wald, 1983). Several clinicians have reported that these patients may respond well if a stimulus such as a circle, square, wavy line, or house is provided on the drawing paper (Couch, 1997; Harlan, 1990; Shore, 1997).

Shore (1997) approached working with older adults from a psychosocial developmental art therapy perspective. In consideration of their cognitive, physical, and emotional needs, she offered art production as a self-reflexive means to confront, heal, and provide closure to developmental and previous life issues. Art making ultimately allowed her clients to address Erikson's stage of integrity versus despair, widely regarded as the fundamental conflict of late life (Shore, 1997).

Reminiscence and life review have been used with older adults and terminally ill patients for more than five decades, and are particularly amenable for use in art therapy (Zeigler, 1976). Reminiscing is a way of thinking and talking about one's life. According to Buchanan et al. (2002), reminiscence is an unstructured or structured process that occurs alone, with another person, or in a group, and "can be done for the process alone or can lead

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to conclusions about a person's life, life's meaning and significance" (pp. 134–135).

Zeigler (1976) reported signs of successful personality reorganization in older clients with severe mental impairments as a result of life review in her art therapy groups. Life review allowed them to revisit and finally work through previous life incidents. Other art therapists have had similar success. Ravid-Horesh (2004) described the case of an 89-year-old woman who viewed her life more positively after completing a life review. Weishaar (1999) found a visual life review to be especially effective in art therapy with older patients who have short term memory loss, as well as for youth who are at risk for dropping out of school, outpatient clients with severe mental illness, and patients at the end stage of AIDS.

Sezaki and Bloomgarden (2000) found that collage is an effective vehicle for the process of reminiscence. Collage making with precut items is possibly one of the best media for life review because it addresses the need for stimulus in creating art while still allowing choice (Couch, 1997; Harlan, 1990; Shore, 1997). Collage also may be perceived as less threatening than other media because it does not demand an ability to draw. Sifting through and selecting pictures can be invigorating and can stimulate memories (Johnson & Sullivan-Marx, 2006) as well as build rapport (Stewart, 2004). Successfully creating a tangible product may help patients to maintain a sense of dignity lost in other areas of their lives (Berardi, 1997; Wald, 1983). Magniant (2004) encouraged collage for clients with dementia as a means for telling their stories. The following study expands on these uses of collage and evaluates its potential as a facilitator of reminiscence to promote self-expression, a sense of dignity, and feelings of control.

Method

Participants were three older adults with dementia living in a care center in a small Midwestern city in the United States. Qualitative data were collected from clinical observation, case notes, and the Landgarten (1993) Magazine Photo Collage (MPC) assessment. The MPC includes four tasks: (a) completing a collage with pictures selected from a box of miscellaneous, precut magazine images and writing about each image; (b) completing a collage comprised of four to six pictures of people selected from a box of precut images and writing what the people may be thinking or saying; (c) selecting "good" and "bad" images from either or both boxes; and (d) selecting one image from the people box and describing what is happening in the picture and whether or not what is happening may change (Landgarten, 1993, p. 11).

All participants attended two individual sessions and were given a glue stick, 16" x 24" white paper, and scissors to complete their collages. In the first session, I asked the participants to "make a collage of things you like"; in the second session I requested that they "make a collage about yourself." Participants selected images of people from one box of precut collage images and images of things (various images that did not depict people) from another box. These

directives were a modification of Landgarten's (1993) MPC in order to evaluate collage as a medium for personal reminiscence, self-expression, and the recovery of dignity and control. I hypothesized that the MPC would allow older adults with dementia an opportunity to convey information that they might not be fully capable of verbalizing.

Landgarten's (1993) description of the MPC assessment process was used as a guideline for data collection: I documented how each client looked through the box, how he or she handled the images, the amount of time it took to complete each collage, how successfully the client was able to glue the images, the placement of the pictures on the page, and the number of images selected. I also identified the content of the images, including the gender represented, the emotions depicted, the number of people and their ages, and the presence or absence of color. Finally, I recorded what the client said about the images and other responses in the session. Each of the elements of form, content, and verbalization were observed and recorded. I observed each participant's patterns of behavior, thought, and response, both individually and interpersonally. The usefulness of collage with the three older adults in this study was assessed based on their interactions with the medium as well as their responses to it.

Permission to conduct the study was obtained from the Institutional Review Board of a university in the U.S. Midwest. The legal guardians of the participants gave written consent and, after the signed permission slips were returned, the participants were given the option of participating.

Results

Rory

Rory (pseudonym) is a woman in her late 70s with dementia. In the first session Rory worked for 50 minutes on a collage in response to the directive, "make a collage of things you like." She selected eight images from the "people box." When given the paper for the collage, Rory became very concerned that her collage would not fit in a frame and asked for a smaller piece of paper. Although I folded the paper for her because she said it was "too big—can't put it on a wall or in a car," she became dismayed when all the images she had chosen could no longer fit, and so I unfolded the paper. Rory chose not to glue any of the images down; she appeared concerned that the glue would affect the images. She reflected that it would "look different with water," which indicated reminiscence of a previous experience working with art media.

The images Rory chose to use for her first collage were all people, with ages ranging from infancy to old age. All images appeared to depict White individuals. The lack of ethnic diversity is congruent with her current living situation and possibly with other places where she had lived previously. Six of the eight images she chose were of individuals in isolation. This is also congruent with her current living situation and may give some indication of reflection on her past. However, the most significant evidence that the collage fostered reminiscence occurred with the verbal-



Figure 1 Rory's Second Collage

izations that Rory made throughout the session. She made more than 15 statements related to her process of creating the collage and several of these comments likened the images to her life, such as “all these fits my kids or people I know” and “look at that girl—isn’t she pretty—she looks like that girl I had in my basement.” Rory called her collage “memory work” near the end of the first session.

Rory's second session took place one week later. Although initially she chose to watch another participant work, after approximately 30 minutes, when that person had finished, Rory accepted the invitation to make a collage in response to the directive to “make a collage about yourself.” I presented her with the two boxes of precut images and she again chose the “people box.” Rory selected nine images, all of which depicted people ranging in age from adolescence to old age. In this second collage (Figure 1), four of the nine images depict individuals in isolation. The other five images are composed of two or more people. She selected images of people who appeared to be Black, Asian, and White for this collage. The collage is bottom heavy, with eight of the nine images placed at least partially on the lower half of the paper and loosely arranged in columns.

Rory reminisced in this session as well. Her choice to wait for the other participant to complete his collage might have indicated a desire to let him share in the enjoyable experience she had had the week before. This time Rory featured images from adolescence to old age and suggested a timeline about her life. Unlike Rory's first collage, this collage included various ethnicities and races; however, she spent only a fifth as much time creating the collage as she had the week before. This suggested either a preference for the activities that were occurring in the images rather than attention to the people who were doing them, or that she had little interest in reflecting on the images. Rory's exclusive use of images from the people box in both of her collages suggested a current or previous desire for interaction with others.

Rory's collage once again elicited verbalizations of reminiscence. For example, in reference to an image of Leonardo DiCaprio she said, “He's a handsome man; he's clean like we used to be.”



Figure 2 Kyle's First Collage

Kyle

Kyle (pseudonym) is a man in his early 80s with dementia. In response to the directive “make a collage of things you like,” he chose seven images and organized them on the table before carefully placing them one at a time on the paper. Kyle rearranged the images several times before gluing them down. He completed his collage in 50 minutes (Figure 2). The images Kyle chose for his first collage all were from the box of “things.” These images included a teddy bear with white fur and a building with U.S. flags on it.

I showed Kyle how to use the glue stick and observed that he started out gluing very neatly, carefully placing lines of glue on the back of an image. After several minutes he began to have trouble deciding which side of the image to place the glue. I demonstrated that the glue should go on the back of the image; however, Kyle repeatedly placed the glue on the front side and seemed confused when the pictures would not stick to the paper. After several tries, he realized his mistake and began to place the glue the back of the images. Kyle glued the top row of images from left to right but then glued the bottom row randomly. There was no obvious relationship in the placement of the images. The images were placed in three columns vertically.

Kyle has aphasia and spoke very little; when he did speak, he was difficult to understand. His statements were associated with the images that he selected or the collage process. When placing glue on the building with American flags, he initially placed the glue on the front of the image and then said to himself, “No, has to be turned over.” The flag image may have prompted reminiscence for Kyle of being a veteran or merely that he was American. Nonetheless, the images seemed to help Kyle reminisce about his life as well as tell others about himself. His verbalizations and interactions with the images indicated support for the process of reminiscence.

Kyle's second session took place one week later and involved the directive, “make a collage about yourself.” Presented with the two boxes of precut images, he chose the “people box.” Kyle grabbed a handful of images from

“memory work.” Kyle’s picture of eight people evoked reminiscence about his children even though he no longer had the verbal ability to do so.

Limitations of this study include the fact that participants engaged in only two sessions, which may not be enough time to thoroughly observe and analyze their interactions with collage, art-making sessions, and the researcher. The participants interacted with and observed one another as they worked, which also may have influenced their interaction with the media. However, collage seemed to function as a facilitator for communication. Finally, only two of the three participants were seen in two sessions; a complete picture of the third participant’s interaction with the collage media was not obtained because of the lack of a second session.

Collage making appeared to be a good avenue of expression for the three participants. Collage provided a nonverbal mode of communication and allowed for expression beyond the verbal and cognitive abilities of the clients. All three participants engaged in reminiscence as observed in their images and in verbalizations during the collage process.

There are many avenues for further research related to this project. Although a large sample is not required for qualitative research, expanding the project with more participants would provide further information demonstrating the usefulness of collage in therapy with older adults with dementia. A comparative study might also compare collage with another art medium or activity with older adults with dementia.

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