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Abstract. This case study describes an art therapy intervention with a client diagnosed with Alzheimer's disease who was coping with grief. The course of fifteen sessions included three phases: body awareness, grief emotions, and grief acceptance. The positive changes parallel ways that art therapy can benefit older adults by promoting communication, accessing memories, reconstructing identity, and supporting creativity

Keywords: Art therapy, Bereavement, Alzheimer's Disease, Older adults

1. Introduction

The loss of a loved one can be one of the most stressful vital events, influencing people's quality of life (Bui & Okereke, 2018). The chronic stress of the grieving process has been associated with impaired cognitive performance, especially in older adults (Mason & Duffy, 2019) and elevated dementia risk (Ouanes & Popp, 2019). Prolonged exposure to cortisol, caused by chronic stress, has also been associated with atrophy of different brain regions, such as the hippocampus or prefrontal cortex, leading to a decline in cognition, especially in memory and executive functions (Ouanes & Popp, 2019). This case study reports on art therapy (AT) with a woman diagnosed with Alzheimer's Disease (AD) who was coping with grief related to her husband's death.

2. AT in the process of cognitive impairment and bereavement

In older adults, integrative mind-body approaches combined with bereavement treatment could prevent cognitive decline (Bui & Okereke, 2018). This therapeutic approach aims to address both somatic and psychological manifestations of the grief response as a way to promote resilience and a more adaptive response to loss. AT is especially recommended as a non-pharmacological intervention tool for degenerative diseases, such as AD, and as a preventive strategy for age-related cognitive decline (Lin et al., 2021; Masika, Doris & Li, 2021). By serving as an active communication tool (Emblad & Mukaetova-Ladinska, 2021), AT contributes to the reduction of psychological (depression and anxiety) and behavioral symptoms and to the promotion of socialization (Savazzi et al., 2020), self-esteem, and reminiscence (Lin et al., 2021). Recent studies of AT in older people with Mild Cognitive Impairment (MCI) reported improvements in general cognitive function (Lee et al., 2019; Savazzi et al., 2020), working and immediate memory (Yu et al., 2021), executive functioning, and psychosocial well-being (Brown et al., 2020). As a result, participants can regain their sense of identity by exploring new skills in a safe space (Emblad & Mukaetova-Ladinska, 2021) that contributes to coping with personal and lifestyle losses (Marco, Redolat & Saez, 2021).

In general, AT approaches for people with AD or MCI are conducted with a clear treatment goal and based on structured activities (Lee et al., 2019; Savazzi et al., 2020; Yu et al., 2021). However, Lin et al. (2021) propose that the activities should be in line with the needs presented by older people. Activities proposed in these studies use cognitive evaluation of artworks since artistic creation involve different cognitive processes (Brown et al., 2020; Lee et al., 2019; Savazzi et al., 2020). Furthermore, Lee et

al. (2019) included a 5-minute mindful relaxation exercise at the start of the session to help participants focus on art activity.

Furthermore, creative and meaning-making approaches are likely one of the best approaches to address grief, due to the opportunity to process emotions and thoughts that cannot be easily expressed in words (Strouse, Hass-Cohen & Bokoch, 2021). Garti and Bat-Or (2019) proposed that art therapy helps grief by facilitating creative experiences, activating communication, and offering the client a space for work with bereavement. Additionally, art therapy promotes the client's emotional expression (Green, Karafa & Wilson, 2020; MacWilliam et al., 2017) and reduces stress (Strouse et al., 2021). AT in the bereavement process may combine structured and self-directed artworks (Green et al., 2020; Strouse et al., 2021) with activities directed to a specific purpose (Hagg, 2018) although the materials and techniques can vary: collage, memory books, doll making, photography, scrapbooking, pre-structured art elements, etc.

Prior AT studies have mainly focused either on bereavement in different populations (Kohut, 2011; Strouse et al., 2021) or in cognitive impairment (Lee et al., 2019; Yu et al., 2021) without addressing the joint manifestation of these two symptoms in older adults. Therefore, in the present case study, we integrated aforementioned approaches for bereavement (Hagg, 2018; MacWilliam et al., 2017) and people with MCI (Lee et al., 2019; Yu et al., 2021) or AD (Savazzi et al., 2020). Each session began with mindful attention to the body (through breathing), and to heighten cognitive stimulation, in each session, earlier created artworks were reviewed and in order to work on short-term memory, in addition to conducting the sessions in a shorter time interval; two days a week for an hour and a half. Pre-structured material (cut paper, cardboard boxes, natural elements) was used as it offers a formal structure of familiar and playful visual and material stimuli (Hagg, 2018). The sessions were semi-directed and were conducted in Spanish.

3. Case study

AT was conducted in the client's home, two days a week in the afternoon, for a total of 15 sessions. The work was led by a qualified art therapist (Marco). At the beginning of the intervention, the client and her first-degree relatives (her daughters) provided written informed consent after receiving information about the intervention. Consent was obtained for photographic registration of the artworks and for publication of the case (signed by the eldest daughter, legal guardian of the client).

Mrs P. (pseudonym) is an 80-year-old woman diagnosed with AD at stage 4 of the Global Deterioration Scale (GDS). According to GDS 4 (moderate cognitive impairment) this stage is characterized by difficulty in planning and managing activities of daily living and in recalling recent events, and confusion about details of one's personal history (Reisberg et al., 1982). Mrs P. has previous artistic experiences in a neighbourhood center although she recently stopped attending. Upon review of Mrs. P.'s AT process, three phases can be identified: 1) improvement of her body awareness, 2) tolerance of grief emotions and 3) accepting her losses.

3.1. Body awareness

In the first session, Mrs. P. mentioned that when she is left alone at home, she finds it difficult to breathe and has a sensation of suffocation. Direct breathing exercises alleviated her somatic complaint. To address dispersion and apathy, olfactory resources (jasmine and orange blossom) were used as components of a game, hidden in boxes and used as stimuli to find out what images these smells could generate in her and how she could represent them. The two scents reminded Mrs. P. of her villa, which she described specific aspects of the house and drew each element on the paper (Figure 1A). However, when Mrs. P. distanced herself from the artwork she had difficulty in recognizing what she had drawn. When she smelled the boxes she remembered again. "Imagine what my head looks like," she said, because she feels that her thinking is confusing, and she finds it is hard to remember anything without clues or aids. For the following sessions, pre-structured material such as prefabricated cut-outs and cardboard of different colors were used, so that she could start creating and adding different elements. Mrs. P. would choose a figure (already cut out), place it on the support and tell a story, followed by drawings made with markers (Figure 1B).

Figure 1. (A) I've never seen this before. (B) Untitled

3.2. Grief emotions

In the following sessions, she began to transform the cut-outs she had selected into the figure of a person (with this aim she added eyes, hair and mouth to the figure). In her description of the artworks, there was always a common element, a woman standing alone. Mrs. P. was able to verbalize the pain caused by the loss of her husband (about 4 years ago) although she tried not to express the emotions related to this loss. During art making, she found it difficult to concentrate and describe the artwork. For this reason, the art therapist recovered the artworks made in previous sessions so she could be able to elaborate them again. Figure 2 shows the changes to her artworks over different sessions. As the sessions progressed, fear and judgment appeared with every detail she wanted to add. However, Mrs. P. added more elements from different materials to the artwork, and she even added three-dimensional elements such as a raising arm to cover all the flowers with a hose.

Figure 2. Flower Garden

3.3. Loss acceptance

In Mrs. P's discourse, there was always one element that was repeated: her villa that was built by her husband. Therefore, it was proposed to her to create her own villa. The art therapist offered Mrs. P different types of cardboard boxes. She chose a shoe box that reminded her of her first job when she was young. She looked at the box and said that she could not imagine that as her villa, so she was encouraged to locate and draw the door and windows (Figure 3). During the creative process, Mrs. P. was very concentrated and focused. This shift could be indicative of a change from her previous difficulties of attention and concentration on the task that she presented at the beginning of the therapy. She completed this artwork with acrylic paint.

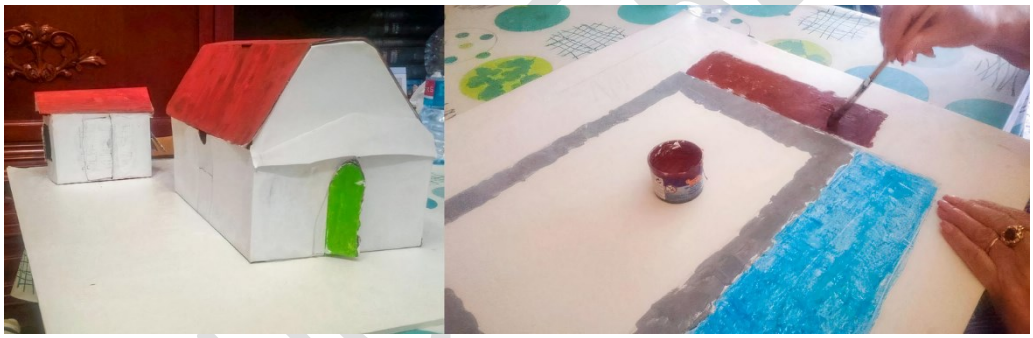

Figure 3. The villa art process

In a later session near the Catholic celebration of "All Saints' Day," Mrs. P. was very sad because, traditionally, on that day people remember the loved ones who are no longer with them. The art therapist asked her if she wanted to make an artwork in memory of her loved ones and she agreed (Figure 4). This artwork was very emotional for her because it expressed the deepest feelings of her childhood, such as the separation from her parents and subsequent enrolment in boarding school (of her and her sister). Mrs. P. recalled how, on Sundays, her mother would give the school's caretaker a box of chocolates for them, but they would have to keep it very safe, otherwise, the nuns of the school would take the chocolates away from them. She admitted that those were not easy times for both her and her sister. In this artwork, she tried to represent how the girl gives her mother chocolates as a token of appreciation together with a bouquet of flowers (of her mother's favorite color) for their loved ones.

Figure 4. Flowers and a box of chocolates

In the last three sessions, she continued the construction of the villa (Figure 5). She was offered different materials to represent the garden (cardboard, flowers and ornaments, plasticine…) and she finally chose the flowers. She asked the art therapist for help to place them but, as she narrated her stories about the villa, she finally placed them herself. On the last day, the works created were reviewed, recalling the difficulties she encountered during the creation process and reviewing the lessons learned from the experience.

Figure 5. The villa

4. Implications

The overall progression of this case fits with prior literature on the ways in which AT can address issues of older adults with or without cognitive impairment, and the grief/loss they frequently face as aging progresses (Lin et al., 2021). In particular, Mrs. P's process and progression of her artworks reinforced her sense of identity and acceptance of her grief. Some of these changes have been related to the fact that art can help clients to narrate the story of their life and/or loss, becoming a visual source for further reflection (Kohut, 2011). The changes observed in Mrs. P. demonstrated several ways in which AT can benefit older people with cognitive declines and bereavement concerns.

4.1. Promoting Communication

AT can act as an alternative communication channel (Lin et al., 2021), allow symbolization and processing (Marco et al., 2021), and express stressful emotions (Kohut, 2011). Expression can be exacerbated by cognitive impairment in AD clients as it makes it difficult to manage emotions (Lin et al., 2021). Moreover, it has been suggested that metaphorical communication through artistic materials can help the client to become aware of their inner capacities and ability to change (Bat-Or & Garti, 2019). We can hypothesize that a similar situation may have arisen in the present case study in which, the transformation of the boxes into symbolic structures representing her own home, could have served as a metaphor for the recovery process itself. Furthermore, in line with previous suggestions, artistic creation may be useful for recalling and processing painful memories (Marco et al., 2021).

4.2. Accessing memories

The reminiscence and art-based intervention helped Ms. P. remember prior sessions and lived memories, which promoted a continuity of her visual narrative through new artworks in following sessions (Hagg, 2018; Savazzi et al., 2020). Session after session, previous artworks were retrieved to promote short-term memory. In this way, Mrs. P. could continue building the artwork, as she had difficulty concentrating. During the grieving process, the ability to concentrate and control of the situation may be impaired (Hagg, 2018). However, it is suggested that the repetition in art production and evaluation sessions may provide clients with the opportunity to achieve a state of flow, associated with improved focus and sustained engagement (Yu et al., 2021) an aspect that was observed in Ms. P. in her last art productions. Several authors have proposed that the use of intensive approaches (several days per week) has greater treatment efficacy and could lead to improved cognitive functioning (Savazzi et al., 2020; Yu et al., 2021).

4.3. Reconstructing identity

Identity is constructed through dynamic interaction with others. For example, in some cases, one’s spouse may be a key figure in one's life and their loss can cause a partner to lose his or her identity (MacWilliam et al., 2017). Ms. P.'s artwork frequently depicted a woman alone (as she narrated). She also often put aside her artwork to talk about her life. Garti and Bat-Or (2019) posited that these moments of reduced art making may be related to "the client's attempt to communicate lack of continuity, loss of meaning, and

emptiness" (p. 73). In this sense, MacWilliam et al. (2017) suggest that the use of breathing exercises and paying attention to bodily sensations and thoughts can help clients to be present, connecting mind-body and identifying emotions that arise. In addition, it has been suggested that AT provides a flexible space where the person can reconstruct his or her identity (Bat-Or & Garti, 2019) and promote a continuous process of change, creating and transforming previous artwork, and contributing to finding new solutions (Strouse et al., 2021).

4.4. Supporting creativity

In this case, art therapist actively supported Mrs. P.'s creative process due to her difficulty with concentration and fear during artmaking. Insecurity can be related to difficulties in coping with the grieving process. Therefore, encouraging the person to create can help regain control and coping strategies in new and/or stressful situations (MacWilliam et al., 2017; Strouse et al., 2021).

5. Conclusion

Bereavement can be considered a risk factor for cognitive impairment. This case study demonstrates that AT was able to help Mrs. P. to express emotions related to her losses and provide her with a therapeutic space in which to reconstruct her fragmented identity. By integrating mind-body and cognitive stimulation in treatment, art therapists may be able to assist older clients with the numerous losses they face.

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