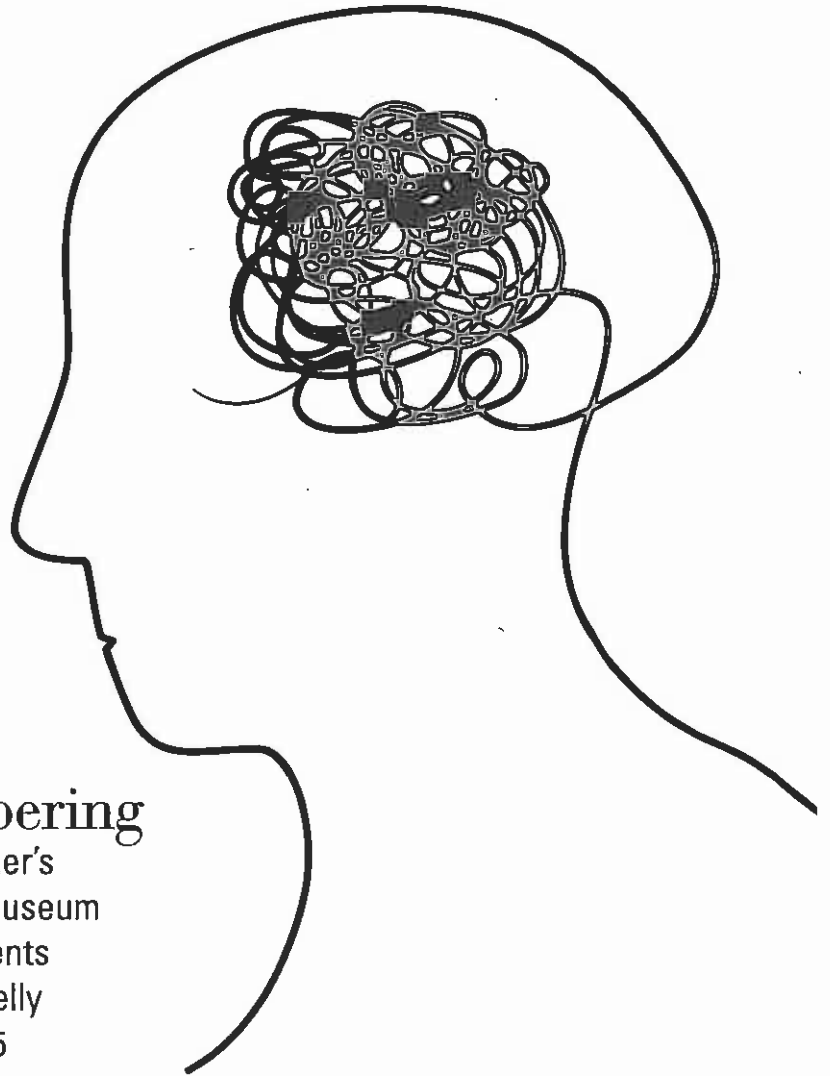


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Art of remembering
Groundbreaking Alzheimer's
program at the Morris Museum
of Art gives back to patients
what the disease so cruelly
took — their past page 15



A FORMER ARTIST MARY JO PETERS SMILES AT THE PRAISE HER PORTRAIT GARNERS.

Memory served

Groundbreaking Alzheimer's program at the Morris Museum of Art gives back to patients what the disease so cruelly took — their past

BY STACEY HUDSON STACEY.HUDSON@METROSPIRIT.COM

Mary Jo Peters pulled a brush carefully over blank art paper, tracing with a delicate touch the profile of Kathy Tuckey. "I like to do portraits," she comments. Peters calls it a hobby, but in her prime, the former artist was featured in several one-woman shows in the Washington, D.C., area. She painted portraits and landscapes, including the snow scene that now hangs on her apartment wall.

"I used to sell mine just as fast as I could paint them," she said, and then invested the money back into her art supplies, making a little money but only concerned about breaking even. "I always thought, 'Oh, I can paint another one.' I wish I'd kept more of them. I don't do it so much anymore."

Peters recently rekindled her love of painting, although what used to be her avocation now serves a higher purpose: Art helps preserve her memory and

mental function as she struggles against Alzheimer's disease. Peters and other Alzheimer's patients in the area are part of a pilot program at the Morris Museum of Art that examines the link between art and brain function.

As she paints, she and I talk and I notice that, like many sufferers of this disease, she repeats herself often.

> continued on next page



A. SPECIALLY TRAINED DOCENTS GUIDE ELM CROFT RESIDENTS, MARY JO PETERS PAINTS A PORTRAIT OF KATHY TUCKEY.

Memory served

continued from page 15

"You know, I used to paint," she tells me again. "I didn't do that stuff where you can't tell what it is. I did people and portraiture and landscapes, mostly."

But we also talk about other aspects of her life.

Her French ancestors, for example, came to the New World in the 16th century and settled in Norfolk, where they encountered English wrath. They moved to Maryland where Lord Calvert was governor, and, because they could read and write, found themselves in his employ. Some of her relatives fought at Valley Forge in Washington's army. Later, they traveled west to Texas when it was still a part of Mexico. She has a plaque on her wall designating her as a Daughter of the Republic of Texas.

Peters, I also discover, is a world traveler. She visited Cuba before Castro. She's been through the Panama Canal and all over Europe. She can tell you what she saw when she visited the Louvre.

And I find out that I shouldn't be fooled by Peters tendency to repeat herself.

"What brought you to all these places?" I ask. The question searches for a military or government connection in her life, something that would offer an opportunity to travel so extensively.

"Well, I'd fly," she returns.
Touché.

Peters' disease is the most common form of dementia, affecting up to 10 percent of adults over the age of 65, and 50 percent over the age of 85, according to the Alzheimer's Association. It causes the brain's function to deteriorate slowly, destroying memory and eventually all other mental functions. But evidence from recent studies show that working the mind as a muscle can be as important to preventing dementia as regular exercise is to preventing heart disease. It's "use it or lose it" in the fight, because there is no cure.

The Morris Museum has pulled on the gloves. Community and Public Programs Coordinator Emma Wilson had an idea about how to bring back some of what sufferers have lost through visual art.

"That part of your brain remains somewhat intact, the visual part, so you can offer them a key to unlock some of those memories for just a little while," Wilson explained.

Wilson comes from a background in social work, and worked with children and families for a number of years in a variety of settings: outreach services, psychiatric hospitals, public programs. When she read an article in the *New York Times* about a similar program at the Museum of Modern Art in New York City, the enterprising coordinator saw an opportunity to help people locally.

"The whole idea around it was to stimulate connections between family members and their caregivers," Wilson said. "It's also about connection with the group."

It just so happened that Kathy Tuckey heard a similar story on the radio the same morning. Tuckey is the director of programs and services and development for the East Central Regional Office of the Alzheimer's

Association. The two set up a pilot program through a grant the museum received from the Grassroots Arts Program, part of the Georgia Council for the Arts and the Greater Augusta Arts Council.

Docents at the museum trained in communication styles and local artist Elizabeth Barnes jumped in to offer art instruction. They held tours for residents of Elm Croft Nursing Home in Columbia County and in partnership with the Augusta chapter of the Alzheimer's Association on Mondays, when the museum is closed to the public, to keep the atmosphere as calm as possible. The response has been as touching as it has been effective.

"You can see the expression on their faces," said Smith, about the change in her patients after their sessions at the Morris. "They really feel like they've done something."

"Sometimes it's hard for them to put the right words together," said Teresa Smith, activities director for Elm Croft Nursing Home on The Pass in Columbia County. "They know what they want to say, but their brain won't help them to say the right thing... They can get really frustrated."

That's what Alzheimer's does to people. But most of the memories sufferers forget are short-term. "You'd be surprised what they can remember from long ago," Smith said.

Alzheimer's is cruel, slowly diminishing one's ability to function. To have a conversation. To ask for water. To tie their shoes. And ultimately, even to breathe.

"Eventually, it breaks down those basic functions," Tuckey explained. "You lose the ability to swallow. For some the disease progresses quickly, and, for others, it's a

longer journey. Truly, if you know one person with Alzheimer's disease, you know one person because everybody is unique."

That's a fact that Elm Croft Residence Director John Bowles struggles to explain to patients' families.

"They ask us for a prediction, and I tell them we just don't know," Bowles said. He's seen patients decline rapidly when they were functioning well. Some, for whom he predicted a rapid descent, function well much longer than expected. Occasionally, he's seen some who have worsened and then improved.

But research has shown that art therapy can positively impact Alzheimer's patients. Art gives them a language of pictures when words fail them. Images trigger memories that may have been buried under disease debris. Because the visual cortex remains active in the brain even after verbal communication is diminished, viewing familiar images assists those suffering from Alzheimer's to remember how to communicate.

"Music and art stay with you," Bowles said. "It just kind of brings people to life. You see them reenergized."

I visit Dot Richmond's tidy room in Heartland Village, Elm Croft's dementia care unit. Dot was a secretary who lived in Switzerland for long enough to receive the Swiss equivalent of Social Security, but she does not choose to surround herself with pictures of the Alps. She is surrounded with paintings of her Dachshunds, magnolias that remind her of childhood in Camden, S.C., and family pictures.

"That's a beautiful lady. Who is that picture of?" Bowles asks her, pointing out



A RESIDENTS IN THE DEMENTIA UNIT DISCUSS THE ARTWORK IN A BOOK DONATED BY THE MORRIS MUSEUM.

a striking black and white portrait on her dressing table.

"C'est moi!" she smiles in response.

But she sometimes can't remember why she's in Elm Croft.

"I'm here because my daughter lives in Augusta," she explained with a content smile.

"And why else are you here?" Bowles prompts her gently.

"Because of the disease I have... I can't remember what's it's called right now," she pauses thoughtfully for a few moments before it comes to her. "Oh! Alzheimer's."

Her daughter does live nearby and often brings her dog to visit. But the dog has "personality issues," as Bowles cheerfully describes it, and can't visit for long periods of time. While pet therapy is a staple in geriatrics, therapists generally prefer dogs who keep their teeth to themselves. And for many, art is better than a wagging, slobbering Labrador.

"Art is still," explained Tuckey. "Art's not like a movie or a television program that you have to follow a storyline."

Art also builds a bridge between the past and present. One gentleman had been a professor at a local university and a practicing artist in an abstract style. He had given it up a few years ago as the disease took its toll. But after a discussion and viewing of work by artist Jasper Johns, he painted a scene clearly reminiscent of the images he had just seen.

"His daughter was very touched by that, because she didn't think she'd ever see him paint again," Wilson said. "She took pictures to share with her mom, and he left in a very good mood."

For many patients, caregivers attend to their every need. But some caregivers know very little about their patients. A nonverbal patient, you see, has a very difficult time communicating needs. But after encountering a large canvas of horses, one gentleman talked for about 15 minutes about his farm and what it had meant to him. His caretaker from Elm Croft had never heard those stories. The experience at the Morris handed her a key to unlock parts of his brain that stored memories of younger years.

"The history of the individual is so important, and they're so limited in being able to tell us their history," Tuckey said. "They now know some way to make a connection with this gentleman that they didn't know before. They can open up ways of communication for him that will give him a better quality of life."

That is key to the comfort of Elm Croft's patients, who are often lost in time. Bowles and his staff individualize each patient's schedule as much as possible, to meet their expectations of life as they know it. If their mother bathed them in the evening when they were children, that is when they will expect to be washed. It's not just that patients often remember happier times with their families, their children. The past is present and there is dinner to get on the table and homework to be done.

"You have to relate to someone based on what they think reality is, as opposed to what you think reality is," Bowles said. "Some people get very active around 3 o'clock because it's time for the kids to come home."

Peters is not so far along that she cannot

to many residents. Alzheimer's patients often forget to eat, or forget how to cook, especially when they live by themselves. When they arrive at Elm Croft, however, they find that meals are served in the communal dining room. Residents are presented a simple menu with a few choices. Too many and the patients may become confused. Right now, the dementia unit houses only women — women tend to live longer in general than men — and their confusion can be easily mistaken for ladylike patience and courtesy.

Wilson, who has since left the Morris Museum for other horizons, hesitates to call this "art therapy," preferring to call it simply "therapeutic."

"We look for those moments where the lights are bright, and that's what happens with the program that the Morris Museum has embarked on," Tuckey said. "It gives us multiple moments of light. As far as we know, there's not another museum in Georgia that is doing this."

But other venues have come begging the Morris for their help. The Breman Jewish Home in Atlanta got wind of the program and invited Wilson to meet with them in concert with the High Museum and the Museum of Contemporary Art of Georgia, both in Atlanta, and the Booth Museum of Western Art in Cartersville, Ga. The organizations are looking to implement a similar program in the metro-Atlanta area. And the Morris is branching out with new programs for the visually impaired.

"Now there is a conversation," Wilson

Wilson stressed that it is important to explore these kinds of programs for a museum to matter and be relevant. It brings in part of the community that may not think about attending.

And there is one more benefit for patients. Studies in England have shown that art therapy can relieve symptoms of related depression. A study in Brighton indicated that half of Alzheimer's sufferers who took part in a course showed a significant improvement in 10 weeks. It is believed that the therapy assists with releasing trapped emotions and with communicating important desires.

"But for the most part, we have a lot of fun," Smith said. "We do a variety of things just to make them happy, to put a smile on their face each and every day."

Peters' portrait of Tuckey is complete. The hilly line drawing sparks the idea to hold an exhibition of the patients' works. Perhaps a fundraiser. The grant runs out at the end of the year and art supplies are expensive. Peters would paint more, she said, if she had some.

"The oil paints are expensive," Peters said. "I don't have anything to do it with. If I had the right kind of pencils or paper, I could do portraiture. But I don't know where to buy them."

And then, the familiar refrain.

"I used to sell them," she said, "as far as I could paint them."

41. Caring for someone with Alzheimer's can be difficult.

42. Caregivers need to ask for help from family and friends.



43. Help is also available from the Alzheimer's Association, senior centers and government programs.

44. Understanding the disease helps caregivers cope.

45. Support groups can help caregivers deal with tough times.



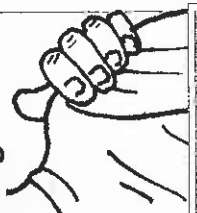
46. Caregivers need to eat right, exercise and get enough rest.

47. Respite care, home health care or adult day care can give caregivers much-needed breaks.

48. It's important to treat a person with Alzheimer's with dignity and compassion.

49. Caregivers need to treat themselves with dignity and compassion too.

50. You don't have to go it alone. If Alzheimer's disease is affecting your life, you can take steps to ease the suffering this disease can cause.



Have you wondered about Alzheimer's disease? What is it? Who gets it? Are you worried about yourself or a loved one? Here are 50 important facts about Alzheimer's disease. If you would like more information, talk with your health care provider or contact a local Alzheimer's support group.

ABOUT ALZHEIMER'S DISEASE

Alzheimer's Association
Georgia Chapter-Augusta Office
1899 Central Avenue
Augusta, GA 30904
(706) 731-9060 or (800) 272-3900

This pamphlet is not a substitute for professional medical care. If you have questions or concerns, please talk with a health care provider.

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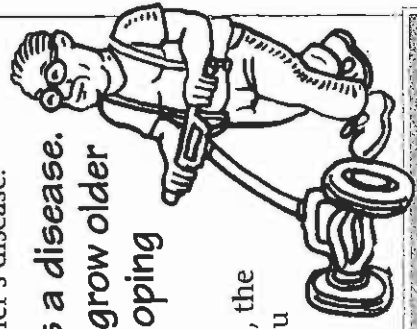
50 Things You Should Know About Alzheimer's Disease

1. Alzheimer's disease impairs a person's memory, thinking, learning and judgment.

2. About four million people in the U.S. have Alzheimer's disease.

3. Alzheimer's is a disease. Most people grow older without developing Alzheimer's.

4. The older you get, the greater chance you have of getting Alzheimer's.



5. **Most people with Alzheimer's are over 65.**

6. About 25 to 35 percent of people over 85 have Alzheimer's disease.
 7. Many people misplace items or forget people's names. This is normal, age-related memory loss.

8. **Age-related memory loss does not turn into Alzheimer's disease.**

9. People with age-related memory loss may lose their eyeglasses. People with Alzheimer's may not know what glasses are for.

10. Alzheimer's is the most common cause of brain impairment among seniors.

11. **Another word for brain impairment is dementia.**

12. No one knows for sure what causes Alzheimer's disease.

13. Studies show that children, siblings, and parents of people with Alzheimer's have only a slightly higher chance of getting it.

14. **At this time, there is no cure for Alzheimer's disease.**

15. Scientists think ways to treat Alzheimer's disease may be found in the near future.

16. **If you suspect a loved one has Alzheimer's disease, he or she should get evaluated.**

17. It is important to see a doctor who specializes in brain impairment.

18. Doctors diagnose Alzheimer's disease by eliminating other causes of brain impairment.

19. Other causes of brain impairment include Parkinson's disease, multiple sclerosis, stroke and brain injuries.

20. Depression, stress and medication reactions can also cause memory loss and confusion.

21. **Many conditions that cause memory loss and confusion can be treated or reversed.**

22. Alzheimer's disease is progressive – it gets worse over time.

23. Symptoms vary from person to person.

24. In the early stages, symptoms may come and go.

25. **Early symptoms of Alzheimer's disease may include forgetfulness and confusion.**

26. Another early symptom is forgetting things that have just happened.

27. Personality changes, such as anger, anxiety, and depression are also common.

28. As the disease progresses, people often have trouble with the concept of time and numbers.

29. People with Alzheimer's may get lost driving to familiar places.

30. They may have problems doing routine tasks.

31. People in the later stages of Alzheimer's may wander and not recognize loved ones.

32. They may also lose bladder and bowel control and be unable to care for themselves.

33. You will need to change what you expect from a person with Alzheimer's disease.

34. **People with Alzheimer's can still do meaningful activities, but you will need to match activities with their abilities.**

35. They may forget how to play the piano but can still sing.

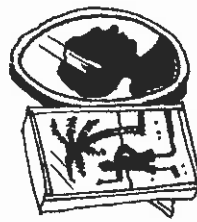
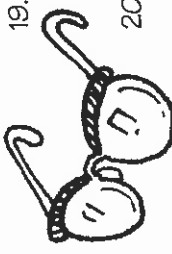
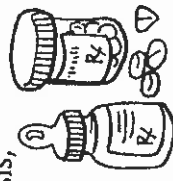
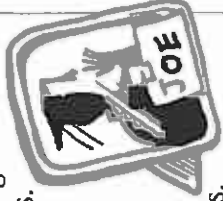
36. They may not recognize loved ones but still enjoy visitors.

37. The average length of Alzheimer's disease from diagnosis to death is about seven years.

38. It can run its course in two years or take as long as 20.

39. **People with Alzheimer's will need a power of attorney for financial and medical decisions.**

40. They may also want to have a will and a medical directive.





THE TEN ABSOLUTES

1. Never Argue instead, AGREE
2. Never Reason instead, DIVERT
3. Never Shame instead, DISTRACT
4. Never Lecture instead, REASSURE
5. Never say “Remember” instead, REMINISCE
6. Never say “I Told You”, instead, REPEAT
7. Never say “You Can’t”, instead say “DO WHAT YOU CAN”
8. Never Command or Demand instead, ASK or MODEL
9. Never Condescend instead, ENCOURAGE & PRAISE
10. Never Force instead, REINFORCE

By Jo Huey
Greater New Orleans
Alzheimer’s Association

"DO" AND "DON'T" FOR THE CAREGIVER OF AN ALZHEIMER'S PATIENT

DO

Keep everything as simple as possible.

Expect them to ask the same questions repeatedly.

Give them only simple tasks to perform.

Hug them.

Remember, they will follow you and want to know where you are at all times.

Hold their hand.

Be gentle.

Give instructions one step at a time.

Ignore things the patient does which annoy you.

Remain calm and pleasant.

Get ample rest.

Keep them occupied (if possible) with simple chores.

Maintain your sense of humor.

DON'T

Expect the answers to your questions to be accurate.

Get irritated when they ask the same questions over and over.

Give them instructions or directions and expect them to be carried out perfectly.

Fuss at them.

Give them too much responsibility.

Expect them to identify certain words, names, things, etc.

Take the patient's behavior personally.

Scold them or argue with them.

Try to do it all yourself.

Give them a choice - it's too confusing.

Get upset.

Raise your voice.

10 STEPS TO BETTER COMMUNICATION

How Alzheimer's Disease affects communication will vary with each person. Individuals suffering from dementia may find it increasingly difficult to express themselves in words or have trouble understanding what is being said.

Communicating with a person with Alzheimer's Disease requires patience and understanding. First and foremost, you must be a good listener. When helping the person communicate:

1. **Be Patient And Supportive.** Let the individual know that you're listening and trying to understand what he or she is saying.
2. **Show Your Interest.** Maintain eye contact and show that you care about what is being said.
3. **Offer Comfort And Reassurance.** If the person is having difficulty expressing himself, indicate that it's all right. Encourage the person to continue to explain.
4. **Give The Person Time.** Let the individual think about and describe what he or she wants. Be careful not to interrupt.
5. **Avoid Criticizing Or Correcting.** Don't correct. Rather, listen and try to find meaning in what is being said. Repeat what was said if clarification is needed.
6. **Don't Argue.** If the person is saying something that you don't agree with, let it be. Arguing often only makes things worse.
7. **Offer A Guess.** If the person uses the wrong word or cannot find a word, try helping out. If you understand what is meant, it may not be necessary to provide the correct word. In either case, be careful not to frustrate the person unnecessarily.
8. **Focus On Feelings, Not Facts.** Sometimes, the emotions being expressed are more important than what is being said. Look for the feelings behind the words. At times, tone of voice may help you understand how the person is really feeling.
9. **Limit Distractions.** Find a place that is quiet, so that you won't be interrupted and the person trying to communicate can focus.
10. **Encourage The Person To Communicate Nonverbally.** If you don't understand what is being said, ask the person to point or gesture.

Support an Alzheimer caregiver! Share these ideas with a friend who needs them. Call toll-free, (800) 272-3900, for more valuable tips and ideas.

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A Museum Visit May Open Doors for People with Alzheimer's

[Home](#) ▶ [News](#) ▶ [Treatment](#) ▶ A Museum Visit May Open Doors for People with Alzheimer's

November 14, 2005 (Fisher Center for Alzheimer's Research Foundation) -- Whether it's a Rembrandt self-portrait, a Picasso still life, or a homey country scene by Andrew Wyeth, all of us have been deeply moved at different times in our lives by great works of art. Now, museums across the country are utilizing the therapeutic power of art to bring benefits to the millions of Americans who suffer from Alzheimer's disease.


The Museum of Modern Art in New York and the Museum of Fine Arts in Boston are among the institutions opening their doors to people with Alzheimer's. Each week, small groups of people in the early to middle stages of the disease visit the museum galleries to look at art. Individuals are encouraged to discuss the works and to express whatever thoughts and emotions come to mind. Care partners of those who attend the museum tours notice that their loved ones with Alzheimer's become more alert, emotionally charged, and talkative after a museum visit.

Art appreciation tours are a natural extension of art therapy classes, in which painting, sculpture, and other fine arts are taught to people with Alzheimer's disease. Seeing art and talking about it, like creating art, is thought to release trapped emotions and engage parts of the brain that keep the mind active and the memory intact. A study from Brighton, England in 1999 found that a 10-week art therapy program eased depression in about half of those suffering from Alzheimer's disease. And during an individual art session, researchers observed, participants became more relaxed and sociable.

Earlier this year, the Brooks Museum of Art in Memphis, Tennessee displayed a powerful collection of paintings by local men and women with Alzheimer's disease. The works, inspired by pieces in the museum's collection and created by people with Alzheimer's disease working with an art therapist, are rich in emotions, thoughts, and memories.

For many people with Alzheimer's, the ability to appreciate art, or to create it, does not diminish as the memory fades. In fact, art may prove a vital creative outlet for many with the disease who can no longer read or have trouble speaking or understanding words.

When painter and high school art teacher Wanda Lu (not her real name) was forced to retire in 1995 at age 52 because of Alzheimer's disease, she could no longer remember her students' names. But as her mental capacities declined, her artistic talent seemed to blossom. "We typically don't think that something could be getting better, we only think about what's getting worse," said Bruce L. Miller, MD, of the University of California, San Francisco, who treated Ms. Lu. "Now I always ask if there's anything patients are doing very well, or better than before." See the alzinfo.org story, "[Nurturing Inner Strengths When Dementia Strikes](#)".

Art, like music, seems to touch areas deep in the brain that are vital for well-being and emotional health, regardless of age or mental capacities. That's one reason why Snoezelen therapy, using rooms filled with soft colored lights, gentle music, pleasing aromas, and plush pillows, has become increasingly popular across the U.S. as well. This potentially fun and peaceful approach to stimulating the senses appears to ease the agitation, wandering, and other disturbing symptoms that so commonly afflict those with serious **dementia** . See the alzinfo.org story "[Snoezelen Rooms May Offer Benefits for those with Dementia](#)".

Art therapists who work with people with Alzheimer's disease recommend that art projects be kept on an adult level, avoiding crayons or other child-like instruments that might appear demeaning. Scissors or other sharp tools should also be avoided. In addition, it's important to engage the person in conversation, encouraging them to discuss what they are creating and to tell stories and reminisce. It may be necessary to aid the person as well, guiding the paintbrush, for example, to get the project started. Allow plenty of time, and remember the project need not be completed in one session or may be complete when the person with Alzheimer's says it is.

By alzinfo.org, The Alzheimer's Information Site. Reviewed by William J. Netzer, Ph.D., Fisher Center for Alzheimer's Research Foundation at The Rockefeller University.

Sources: Randy Kennedy: The New York Times, "The Pablo Picasso Alzheimer's therapy," October 30, 2005

Alzheimer's disease

Alzheimer's (*AHLZ-high-merz*) disease is a progressive brain disorder that gradually destroys a person's memory and ability to learn, reason, make judgments, communicate and carry out daily activities. As Alzheimer's progresses, individuals may also experience changes in personality and behavior, such as anxiety, suspiciousness or agitation, as well as delusions or hallucinations.

In late stages of the disease, individuals need help with dressing, personal hygiene, eating and other basic functions. People with Alzheimer's die an average of eight years after first experiencing symptoms, but the duration of the disease can vary from three to 20 years.

Although there is currently no cure for Alzheimer's, new treatments are on the horizon as a result of accelerating insight into the biology of the disease. Research has also shown that effective care and support can improve quality of life for individuals and their caregivers over the course of the disease from diagnosis to the end of life.

Causes of Alzheimer's disease

Alzheimer's disease has no known single cause, but in the last 15 years scientists have learned a great deal about factors that may play a role.

Late-onset Alzheimer's, which chiefly affects individuals over age 65, is the more common form of the illness that is most often associated with the term "Alzheimer's disease." The greatest known risk factors for late-onset Alzheimer's are increasing age and a family history of the disease. The likelihood of developing late-onset Alzheimer's approximately doubles every five years after age 65. By age 85, the risk reaches nearly 50 percent. Scientists have so far discovered one gene that increases risk for late-onset disease.

Rare, familial types of Alzheimer's found in a few hundred families worldwide have been linked to specific genes. Individuals who inherit these genes are virtually certain to

develop the disease, usually before age 65, and sometimes as early as their 30s or 40s.

Researchers are working to discover other factors that affect Alzheimer risk. Some of the most exciting preliminary evidence suggests that strategies for general healthy aging may also help reduce the risk of developing Alzheimer's. These measures include controlling blood pressure, weight and cholesterol levels; exercising both body and mind; and staying socially active.

How Alzheimer's disease affects the brain

Scientists believe that whatever triggers Alzheimer's begins to damage the brain years before symptoms appear. When symptoms emerge, nerve cells that process, store and retrieve information have already begun to degenerate and die. Scientists regard two abnormal microscopic structures called "plaques" and "tangles" as the hallmarks of Alzheimer's disease. Amyloid plaques (*AM-uh-loyd plaks*) are clumps of protein fragments that accumulate outside of the brain's nerve cells. Tangles are twisted strands of another protein that form inside brain cells. Scientists have not yet determined the exact role that plaques and tangles may play.

Diagnosing Alzheimer's disease

Although Alzheimer symptoms can vary widely, the first problem that many people notice is forgetfulness severe enough to affect performance at home, at work or in favorite activities. Sometimes the decline in memory may be more obvious to a family member or close friend than to the affected individual. Other common symptoms include confusion, getting lost in familiar places and difficulty with language. The Alzheimer's Association encourages everyone who notices these symptoms in themselves or someone close to them to consult a physician.

A skilled physician can diagnose Alzheimer's disease with 90 percent accuracy. Because there is no single test for

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LEADING STORIES**Art tries to imitate life for Alzheimer's patients***(February 2006 Issue)*

By Jennifer Chase Esposito

"Art therapy" conjures images of kids and adults communicating through puppets, s and crafts, if they can't verbally. And in recent years, Alzheimer's disease experts h found that observing art can be just as effective a tool for increasing communication Alzheimer's patients as creating it.

Three museums in New England (with more on the way across the country) are reat out to people with Alzheimer's and their families by making available their collectio all of their patrons. By going to elegant, erudite venues like New York's Museum o Modern Art (MoMA), Boston's Museum of Fine Arts (MFA) and the Bruce Museu Arts and Sciences in Greenwich, Conn., people with Alzheimer's are viewing art in of rekindling memories thanks to the brushstrokes and dots of artists both famous a nameless.

"We don't really see it as 'therapy,' but as treatment," says John Zeisel, Ph.D., who v Creative Director Sean Caulfield founded the Hearthstone Alzheimer's Family Foun and the Hearthstone Alzheimer Care, Ltd. Hearthstone is based on the non-pharmac treatments for Alzheimer's disease that focus on the effects art, music and physical environment can have.

Hearthstone also provides assisted living facilities with programs like Artists 4 Alzheimer's, which brings volunteer artists of all kinds to work with clients in the c of their own residences.

Zeisel says there's a difference between going to a museum and seeing a painting ar sitting around a table and drawing; he prefers the term "art experience" over "art the

"When you go to a museum, you're having an experience of the art. There's no pres behave a certain way; no goal, as in therapy, to get you happy or less depressed."

According to Zeisel, what happens to Alzheimer's sufferers viewing art is that their is reduced. "There's no perfect answer. They don't have to say the right thing," he s; Then, they're using parts of their brain that are still undamaged by the disease. And some dementia patients, they gain artistic skills. "Nobody realizes that," he says. "T artwork turns on the whole brain."

Zeisel and Caulfield have created and implemented Alzheimer-specific museum tours at the MoMA and are talking with the Fuller-Kraft Museum in Brockton, Mass., and the Museum in Cleveland, Ohio to do the same. Here's how the programs work: educators at the museums are trained in understanding the functions of the brain and the kinds of approaches used to facilitate discussion with the Alzheimer's art observer. They're also coached in how to treat people in the early stages of the illnesses, where memory loss and recognition may not yet be pronounced. Paintings are shown to Alzheimer's patients, such as Picasso's "The Four Musicians," in hopes that they may trigger the viewer to remember something or someone they've lost in their minds.

In Greenwich and Boston, two other museums are doing Alzheimer's outreach. The Museum's pilot program, "Lifetime of Looking," was developed and incorporated into Bruce's existing outreach program five months ago after a docent suggested such a program might be beneficial to her mother, who has Alzheimer's.

Robin Garr, the Bruce's educational director, says the program's goal is to evoke verbalization in Alzheimer's sufferers so they talk about and exercise their memories as much as possible.

"It starts with a very simple museum approach," says Garr, which prompts the art viewer to answer, "What do you see going on?" Says Garr, it's "exactly what museum educators are talking about."

Around the same time as the Bruce, Boston's MFA launched a similar program called "Access to Art" when requests started coming in from individuals and organizations programming for adults with disabilities.

"We developed tours in response to that," says Hannah Goodwin, coordinator of accessibility at the MFA. A lot of people with Alzheimer's tend to be isolated, she says. When they're at the museum, they enter a situation where someone is thinking of them, bringing them into a world they were probably a part of. Says Goodwin: "Art, itself, is really a powerful connection."

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The Pablo Picasso Alzheimer's Therapy

By RANDY KENNEDY

SITTING the other day in front of Picasso's rapturous "Girl Before a Mirror" at the Museum of Modern Art, Rueben Rosen wore the dyspeptic look of a man with little love for modern art. But the reason he gave for disliking the painting was not one you might expect to hear from an 88-year-old former real estate broker.

"It's like he's trying to tell a story using words that don't exist," Mr. Rosen said finally of Picasso, fixing the painter's work with a critic's stare. "He knows what he means, but we don't."

This chasm of understanding is one that Mr. Rosen himself stares into every day. He has midstage Alzheimer's disease, as did the rest of the men and women who were sitting alongside him in a small semicircle at the museum, all of them staring up at the Picasso.

It was a Tuesday, and the museum was closed, but if it had been open other visitors could have easily mistaken the group for any guided tour. Mr. Rosen and his friends did not wear the anxious, confused looks they had worn when they first arrived at the museum. They did not quarrel in the way that those suffering from Alzheimer's sometimes do. And when they talked about the paintings, they did not repeat themselves or lose the thread of the discussion, as they often do at the long-term care home where most of them live in Palisades, N.Y.

At one point, a member of the tour, Sheila Barnes, 82, a quick-witted former newspaper editor who suffers from acute short-term memory loss, was even uncharacteristically aware of the limitations of her memory. "If I've told this story before, then somebody just say, 'Cool it, Sheila,' " she announced, laughing.

She was a test subject, in a sense, in a growing effort to use art as a therapeutic tool for those in the grip of Alzheimer's. Art therapy, both appreciating art and making it, has been used for decades as a nonmedical way to help a wide variety of people - abused children, prisoners and cancer and Alzheimer's patients. But much of this work has taken place in nursing homes and hospitals. Now museums like the Modern and the Museum of Fine Arts, Boston, are trying to bring it into their galleries, using their collections as powerful ways to engage minds damaged by dementia.

It seems to be working, though no one knows exactly how. While extensive research has been conducted on the effects of music and performing arts on brain function - the Institute for Music and Neurologic Function in the Bronx has been studying the phenomenon for a decade now - there has been comparatively little work done in the visual arts.

What exists mostly is a stockpile of anecdotal evidence, encouraging but murky. Why did Willem de Kooning become more productive, almost maniacally so, as he descended into Alzheimer's? Why does frontotemporal dementia, a relatively rare form of non-Alzheimer's brain disease, cause some people

who had no previous interest or aptitude for art to develop remarkable artistic talent and drive?

"Certainly it's not just a visual experience - it's an emotional one," said Oliver Sacks, the neurologist and writer. "In an informal way I have often seen quite demented patients recognize and respond vividly to paintings and delight in painting at a time when they are scarcely responsive to words and disoriented and out of it. I think that recognition of visual art can be very deep."

The Museum of Modern Art began to experiment with short, focused tours a year ago, working with an Alzheimer's care company called Hearthstone, based in Lexington, Mass. The Museum of Fine Arts, Boston, began to reach out to Alzheimer's patients more than five years ago, offering tours alongside those for other disabled groups. And the Bruce Museum of Arts and Science in Greenwich, Conn., also offers tours, in addition to conducting a program in which it sends educators to Alzheimer's care facilities to help with art therapy.

At the Modern, which plans to expand the Alzheimer's program next year to families and other care providers, the effects of the tours are often striking and seem to speak - in a world of reproduction - to the power of the original. (For now, the tours focus on representational art, on the theory that it's an easier touchstone for narratives and memories. There are no Pollocks, for example.)

Besides improving patients' moods for hours and even days, the tours seem to demonstrate that the disease, while diminishing sufferers' abilities in so many ways, can also sometimes spark interpretive and expressive powers that had previously lay hidden. Mr. Rosen, for instance, who had little interest in art when he was younger, talked with ease and inventiveness about the composition of Rousseau's "Sleeping Gypsy."

"If you met these people back where they lived on an ordinary day, you simply would not see them being this articulate and this assured," said John Zeisel, the president of Hearthstone, who conceived the program with Francesca Rosenberg, the Modern's director of community and access programs.

On that Tuesday, as the group of two men and three women and a volunteer museum educator wound their way slowly through the empty galleries, Kerry Mills, who runs the residence in Palisades, pointed out one elderly man in particular, Frank Ertola, a former New York City police detective who was making his third visit to the museum.

Mr. Ertola, 86, burly with a thick sweep of white hair, had been living in the residence for almost three years and had recently begun to struggle with his emotions. "The smallest things in the world irritate him, and it's become very hard to get him engaged," Ms. Mills said.

But as he sat on a folding stool in front of Andrew Wyeth's "Christina's World," he smiled, listened and at one point - after abandoning a wheelchair he had requested when he arrived - stood and speculated on why there was an ellipse of mown grass surrounding the haunting farmhouse in the painting's upper right corner.

"It's to let you know that someone lives there," he said.

Later, in front of Matisse's "Dance," he was asked to provide a title for the painting, and on a notecard wrote "Dance of the Beauties." He smiled rakishly when asked to explain. "I see a naked woman?" he said, shrugging. "I think it's beautiful."

Ms. Mills was surprised to see him so talkative. "He was like he was last year," she said later. "He's such

a fun person and such a gentleman, and all those things come out when he's at the museum."

More than four million Americans suffer from Alzheimer's disease, and the number is expected to rise as the nation's overall population ages. With no cure on the horizon, caregivers are increasingly exploring art as a way to help manage the disease, and they take encouragement from the results with music. Dr. Sacks noted that exposure to music can even result in lowered dosages for patients being medicated for cognitive and emotional disorders.

One avenue of thinking about both music and art, he said, is that it engages parts of the brain that remain intact long after the onset of dementia and that have to do with procedural memory - the kind that governs routine activities like walking, eating, shaving. One musician whom Dr. Sacks has observed has almost entirely lost his memory, but his musical memory is intact. "Nietzsche used to say that we listened to music with our muscles," he said. The question is whether a similar mechanism is at work in making and looking at art.

The National Institute on Aging held a conference in Alexandria, Va., last year to allow researchers to compare notes on Alzheimer's and artistic activity. One speaker, Bruce L. Miller, clinical director of the Memory and Aging Center at the University of California, San Francisco, said he believed that even sitting and looking at art is much more active than most people assume, and such activity could have positive effects on damaged brains.

"There's a lot of general excitement in this area, but not much known about it," he said later in an interview. "I think there is, tucked in there, a research question that really hasn't been answered yet, which is: by looking at or making art, is there a way to improve the brains of those with Alzheimer's?"

Museum and Alzheimer's care officials say that at the very least, they see temporary but palpable, and moving, improvement in the small group of people who have participated in the tours. Hannah Goodwin, the manager of accessibility at the Museum of Fine Arts, Boston, recounted watching an elderly man react to a Stuart Davis painting. "Very spontaneously, he just starting talking about the painting and about the time period in New York," she said. "He was talking about jazz and improvisation and everything. It was very beautiful and unexpected. There was this absolute clarity and connection that I think was really sparked by the painting."

Irene Copeland Brenton, 73, one of the visitors to the Modern on that Tuesday, suffers from a kind of Alzheimer's that has made it very difficult for her to read and to find the right words to say. But in front of the Wyeth and later the Rousseau, she was almost loquacious. Her husband, Myron, said that while specific memories of the museum might evaporate, she seemed to retain a kind of emotional memory long after the visit ended.

When he reminded her that she had visited the museum and that Ms. Mills had written an account of it, he said, "her face lit up."

"She really wanted to hear about the whole thing," he said. "It seemed the experience relived itself when I prompted her."

That day at the museum, looking longingly at the figure lying in a field at the bottom of the Wyeth painting, she seemed to identify deeply with the thin young woman in the dress, her left hand reaching out toward the farmhouse.

"You can't see her face," Ms. Brenton said, "but looking at her you get the feeling she's happy."

She was asked why.

"Because you know she's going to get to the house," she said, adding: "I'd like to go into that house, too."