

# ATOL: Art Therapy OnLine

## **Senses of memory in dementia care: the transcendent subject**

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### **Abstract:**

Sensory stimuli are a whole body, mind, time, and space experience. During the arts therapy encounter memories are recalled through sensory stimulation and scent, sound, texture and taste amongst people with dementia, which can encourage transcendence from the temporal realities of loss. Gerotranscendence (Stephenson 2013) occurs when arts and the unconscious combine. This article reflects upon sensory arts therapy processes and outcomes in an aged care home, with one case study as a focus. Theories of memory, sensory perception and technologies of care, throw light upon the transcendent subject. I take Foucault's views on the contingent subject further to extend the idea of the transcendent subject as one whose preconscious is more prevalent and active than the conscious (Foucault 2003). This transcendence is not 'madness' but rather a kind of freedom that is often outside of the immediate politics of institutional care and one in which arts therapy has noticeable agency.

**Keywords:** Arts therapy; aged care; body; memory; senses; transcendence.

### **Introduction**

Throughout, this article takes the position that ageing begins at birth (Kalache 2015) despite chronological age. The discussion in the article comes from an arts therapy program in dementia care that was also written up for research.

However, the article does not follow the traditional form of a research paper with detailed methods, but rather focuses on a case study in the central section of the article. The arts therapy processes considered in the case study offer support for transcendence of time and place, and the attainment of wholeness and peace (Stephenson 2013). Senses of memory refer to sensory triggers of recollection that particular materials hold for people with dementia. The senses foregrounded in this paper include scent, sound, texture and taste, with the visual sense in the background. Physical engagement with the feel, sound and scent of phenomena, result in sensory narratives. Therefore, the main point is that sensory stimulation connects with the past but also frees the subject from the restrictions of the present and future. Restrictions here mean those physiological and psychological constraints that come with growing older and requiring constant attention from care workers.

Integrated within the article is arts therapy writing on aged care with contextualised Foucauldian technologies of the self (1988; 1994; 2003; 2005; 2010; 2011; 2017) and Merleau-Pontian phenomenology (2002). I am aware that Foucauldian theories of subject formation differ from phenomenologies of perception, however I argue that folding the external into the internal self can bring transcendent unity between mind, body and spirit. Neither Merleau-Ponty or Foucault engaged with arts therapy as we understand it today, however the processes of healing through caring, knowing, understanding and sensing are central to both writers. I draw on these theories to substantiate my position on sensory wholeness and subject transcendence using arts therapy processes.

To accommodate the multi-disciplinary fields, the article is structured into three sections as follows. Firstly, a review of relevant literature that begins with arts therapy and aged care that extends towards the discourses of philosophy and literature. Secondly, in line with Yin (2014) and Layder (1993) a deductive approach in the research is used where the theory of gerotranscendence is built upon in the presentation of a single case study. A resident, 'Daisy' (pseudonym) in one residential care home (name withheld), who participated in a sensory collage making arts therapy study group and

research study with five other residents, is the focus of the case study. The case study approach is also used to understand the dynamics present in a single setting (Denscombe 2014). Thirdly, the presentation of the case study is followed by a discussion of the research findings, which are linked to theoretical considerations from philosophy and arts therapy.

In terms of contribution to the field of art therapy the features and findings in the case study can be used by art therapists to compare or transfer and apply practically to other settings in clinical practice. Additionally, this article brings Foucauldian theory together with philosophies of perception, subjectivity and transcendence to the field of art therapy. The article downplays the importance of the 'visual' in art, claiming that the therapeutic arts involve much more than the sense of sight, therefore reclaiming a strategic place for non-visual therapeutic responses. Therefore, the plural term *arts therapy* is deliberately used to incorporate combined media, however the singular *art therapy* is retained in this article when used as such by other authors.

The arts therapy research project that Daisy participated in was granted ethics approval by the University of South Australia and the Aged Care Facility where the work was conducted.

## **Literature review**

### **Arts based processes and transcending loss in dementia and aged care**

A systematic search of peer reviewed arts therapy and aged care research over the last 30 years using the key words of this article revealed three overlapping themes: (a) power and control; (b) sensory factors; (c) gerotranscendence. This literature is reviewed briefly below.

#### **(a) Power and Control.**

When working in aged care, art therapists are often reminded of the inevitability of their own death and can inadvertently and vicariously step into the client's psychological space, which should be left open for the client's own creative choices. Wilks and Byers (1992) note that countertransference felt by

the art therapist should be taken to supervision otherwise it may be misdirected. These authors emphasise that the relationship between the art therapist and the older person is a 'functional part of the therapy' (1992, p. 91), in this way power relations are singularly important. Giving the older person power of choice over something as simple as a coloured crayon will 'enhance self-determination...even temporarily' (Harlan 1990, p. 100) and should not be denied. Harlan (1990) confirms how astute person-centeredness can include being aware that a person with neat attire may prefer pencils to paint, and others who are restless should be allowed space to wander (safely), watch, and join in when/if they choose. Additionally, permitting people to make deprecating remarks about their own work may reconnect them positively with past ability. Maintaining control over small things in this way can help retain independence when personal power is diminished. For example, Ehresman (2013) confirms how collage is reliable for self-affirmation and in Beaujon Couch's (1997) discussion how creating mandalas can help integrate fragmented selves to quote 'Within the circle [of the mandala], all is symbolic, providing nonverbal clues from patients whose symbol systems may still be intact, but inaccessible' (Beaujon Couch 1997, p. 187). When not interrupted the process flows, behaviour settles and with the help of pre-drawn boundaries in the later stages of dementia, fragmented inner images are contained. Beaujon Couch (1997) continues by pointing out that there is an interesting shift from losing control to letting go through repetitive markings as a source of comfort. In this way arts therapy emphasizes the plasticity of the psyche, mimetic markings can facilitate communication and ameliorate isolation and depression in the late stages of dementia, all important therapeutic ideas discussed by Grégoire (1998). Rusted, Sheppard & Waller's (2006) randomised control trial (RCT) revealed the significance of depression in dementia, however the standardized measures lacked sensitivity to capture the effects of art therapy versus art programs.

**(b) Sensory factors.**

Despite the limitations of the RCT, personal identity and self-esteem were shown to have benefitted from sensory stimulation and group participation (Rusted, Sheppard & Waller 2006). Primary senses remain relatively intact even in advanced dementia and aspects of the self can be accessed through sensory stimulation. Jensen warns that we should not assume the self is 'obliterated' in dementia (Jensen 1997 p. 179). He lists the functions that remain in advanced Alzheimer's dementia stressing that certain social behaviours including habitual skills, emotional tones and sense of humour endure. Even in aphasia (difficulty with spoken language), anomia (unable to name people/things) and perseveration (tendency to repeat) arts therapy can be used to communicate. Byers (2011) writes of a client with preservation and dementia who clearly displayed embodied responses of enthusiasm when working with paint and crayon. Byers also notes that the communication of aesthetic pleasure is not confined to the visual thereby incorporating sensory responses as an important component in the therapeutic relationship and self-knowledge. Additionally, Jensen (1997) notes that music and movement used as preparatory stimuli for art based activities affirm what people want to say but cannot. Similarly, Tucknott-Cohen & Ehresman (2016, p. 44) confirm that the semantic grasp of the world decreases in Alzheimer's type dementia (DAT) and a whole body approach can be cathartic and concretising. In particular they say art materials provide a 'concrete medium through, which one can achieve both conscious and unconscious expression' (2016, p. 44). Another example is Solway, Thompson & Chatterjee (2015) who have shown the benefits for Alzheimer patients when handling museum objects that hold a myriad of messages. These authors recommend object handling in hospitals as a multi-sensory therapeutic intervention together with other psychological approaches to improve cognition and positive emotions. The importance of textures and tactility is also made evident in Jones & Hays where an Alzheimer sufferer who was previously a clay artist, lay outside on the ground and ran his fingers through the earth with eyes closed. Jones & Hays (2016 p. 217) state that this activity seemed '... to keep him connected to his senses and the natural world'. The author's view is that involvement of the physical

movement in arts therapy, even with severe impediments as is the case with Parkinson's, can 'ironically' allow 'the patient to experience and acknowledge these difficulties' and 'provide a therapeutic focus, which can be of great use to the client' (Strand & Waller 2010 p. 61).

**(c) Gerotranscendence.**

Additionally, sensory stimulation in creative processes can facilitate gerotranscendence. The theory of gerotranscendence emerged with the work of Lars Tornstam (1997) in the late nineteen eighties and went beyond the final Erikson stage of 'integrity versus despair' to reach a state of unified peace (1980, p. 178). Significantly, gerotranscendence reaches 'forward and outward' (Tornstam, 1997 p. 153) qualitatively redefining realities. As identified by Tornstam, 'Gerotranscendence is a shift in meta- perspective, from a materialistic and pragmatic view of the world to a more cosmic and transcendent one' (1997, p. 143), which is very different to withdrawal and disengagement amongst older adults. Stephenson (2013) conducted a study promoting wellbeing and gerotranscendence with older adults that merged art education and art therapy in a New York University 'Creative Ageing Therapeutic Services' community program. Here the importance of non-directive approaches and group work found that participants discovered new empathic ways of connecting socially and with themselves. They transcended physical ailments, becoming less concerned with body image and through their art gerotranscendence were fostered to '...realign sense of self and ... embrace wisdom' (Stephenson 2013, p. 157). Lars Tornstam (1997), the originator of the term 'gerotranscendence' frequently refers to the Jungian view of symbolic and cyclic life. These ideas are followed by Wilks and Byers (1992) who remind us of Jung's comparison of the passage of life to the arc of the sun. They point out that on the downward arc inward thoughts of death and dying should not be seen as an end but rather as a goal. As such the past is transcended and the older person is free to look 'forwards to death' (1992 p.92).

### **The body as transcendent centre in philosophy and literature.**

There are contrasting arguments presented in the literature about the body as a site of sensory experience. The debates range from Douglas (2002) regarding the body as the messy and organic site of sensuality and disease that interferes with the purity of reason, to Foucault's stance that the body has been medicalised with a concentration on the 'purity of clinical evidence' (1994, P. 54). Increasingly over the last half century there has been a momentum, advocated by Merleau-Ponty (2002), which turns towards the body as a positive centre of resonance. However, this shift is not universal and the dualism suffered as a result of the mind-body split has not disappeared. The damaging separation of mind and body attributed to the seventeenth century philosophy of René Descartes '*Cogito Ergo Sum* I think therefore I exist', should therefore continue to be raised as an unnecessary evil. Descartes labelled the sensory imagination and 'the intervention of bodily organs' (1965 p. 24) as a distraction from the singularity of thought. The remainder of this review begins with Foucault, who is a vociferous opponent of Cartesian dualism; it then moves to address particular bodily senses culminating with a distinct focus upon Merleau-Ponty's emphasis on touch, and art theorists' problematizing of visual dominance.

Before this part of the literature review engages with Michel Foucault, there is a specific need for critical contextualisation in an art therapy journal where the majority of practitioners, readers and researchers are women. Foucault died in 1984 and left a number of his writings unpublished and even more untranslated into English. Consequently, his early work may at times seem distantly situated in ancient male discourses of morality and sexuality, however as his lectures at the Collège de France are released in English, his life's project becomes clearer (Foucault 2011; 2017). Foucault knew he was dying and the lectures he gave in the early 1980s coalesce into the relationship between the subject, truth and thought, consciously addressing the agency of the body and mind. He referred to one's life 'bios' as a work of art, an 'aesthetics of existence' (2011, p.161, 162).

A reassessing of one's lived life is a way of coming to terms with sorrows and joys regarding the self and others. These ideas were highlighted in Foucault's later work (2005; 2010; 2011; 2017) and are most relevant to transcending a depressed or confused subjectivity, to quote Foucault 'Why does one care for the self? ... caring about the self as object – but also the relationship to the objective and end' (2005, p. 83). The end here is the end of one's life, and it is this eschatological view that drives the care of the self for Foucault. For arts therapy amongst older people, care of the self can be encouraged and enhanced to achieve a freedom and unity in body and soul that is accountable to the self and not to external institutions including societal imperatives. When the subject is unwell and suffering from dementia, it would appear that there is a potency in this 'madness', what Foucault calls the 'omnipotence of madness' (2003, p. 148) that has its own freedom. However, this freedom can be wild if not contained by language, and yet conventional language is part of a power network that can reduce the freedom of a 'demented' person (Foucault, 2003, p. 149). This is where arts therapy with dementia patients comes in, offering an alternative sensory language to communicate what is not madness but a transcendence of unnecessary memories. It is therefore necessary for the subject to operate in ways that protect their personal potential to be free. An art therapist can provide that freedom and facilitate a knowledge of the self that is achieved through a 'practice of the self' within the broader 'technologies of the self' (Foucault, 2005 p. 47, 83; Foucault, 2010 p. 238). These practices can quite literally be arts therapy practices. In the process of ageing, the body is a vessel of memories, which can be activated through sensory stimulation. To this end Henri Bergson writes, '...our body occupies the center. The things which surround it action upon it, and it reacts upon them' (Bergson, 2007 p. 107). The 'things' that act upon the body, both in the scientific (Bergsonian) sense and the philosophical sense, include sensory materials.

This review will now draw from creative literature on particular senses. The stomach is an important part of the body for the action of memorising. Mary Carruthers writes that material memories can be 'digested', '...ruminated, like a cow chewing her cud, or like a bee making honey from the nectar of flowers'

with, for example prayers called '*Ruminatio*' are the 'ruminating image', (2007 p. 51). For arts therapy, it is often necessary for the client and the therapist to 'chew' over the process, indeed the process is a kind of rumination and digestion. Carruthers refers to these and other digestive metaphors as a way of 'domesticating' (2007 p. 55) something and making it our own. Images, texts and experiences can be absorbed into and stored in one's body ready for arousal through related senses. For example, the olfactory system is said to be our most primitive sense for arousal (Ede, 2011 p. xiv) as it is what alerts the animal in us to both danger and pleasure. Ede notes that the olfactory system has no links to those parts of the brain responsible for language or speech, which might explain why it is so difficult to find words to describe smell without analogy.

It is impossible to talk about smell and memory without referring to the legendary text *Remembrance of Things Past* by Marcel Proust (2006; 1982). Proust's work can be used as inspiration for arts therapists who might want to use poetry or free form creative writing as a process, which might suit some clients. Proust had returned home from a dull day at work, it was a cold evening and his mother offered him a cup of tea and a madeleine, at first sip his mind and body were flooded with a sublime sensation but anguished for a lost memory, which, when he searched for it by clearing an 'empty space' (Proust, 2006 p. 62) in front of his mind he recounted the following, which are quoted at length as excerpts of creative writing:

'I raised to my lips a spoonful of tea in which I had soaked a morsel of the cake. No sooner had the warm liquid, and the crumbs in it, touched my palate than a shudder ran through my whole body, and I stopped, intent upon the extraordinary changes that were taking place. An exquisite pleasure invaded my senses, but individual, detached, with no suggestion of its origin. And at once the vicissitudes of life had become indifferent to me, its disasters innocuous, its brevity illusory – the new sensation having had on me the effect which love has of filling me with a precious essence; ... Whence could it have come to me, this all powerful joy? ... And suddenly the memory returns. The taste was that of the little crumb of

madeleine which on Sunday mornings at Combray ... when I went to say good day to her in her bedroom, my aunt Léonie used to give me, dipping it first in her own cup of real or of lime-flower tea' (Proust, 2006 pp. 61–63).

He writes that in a moment the entire house, garden, and village of the Combray of his childhood became lucidly clear to him, but most importantly,

'...more fragile, but with more vitality, more unsubstantial, more persistent, more faithful, the smell and taste of things remain poised a long time, like souls, ready to remind us, waiting and hoping for their moment, amid the ruins of all the rest...' (Proust, 2006 pp. 63).

Proust in his hyper sensory manner folds the outside inside in a peculiarly intimate fashion. Another such description relates to the scent and sound of the twigs brought in by Françoise to light the fire in his bedroom in Paris when he was an invalid. The memories of himself as a boy came flooding back, transcending time and space:

'...they none the less suddenly recreated out of my present self, the whole of that self, by virtue of an identical sensation, the child or the youth who had first seen them. There had been not merely a change in the weather outside, or, inside the room, a change of smells; there had been in myself an alteration in age, the substitution of another person. The scent, in the frosty air, of the twigs of brushwood was like a fragment of the past, an invisible ice-floe detached from some bygone winter advancing into my room...' (Proust, 1982 p. 19).

Proust's creative practice helped him work through his personal struggles with identity, loss and fragile health. His recollections of times past are a rending of past substances from sweet French pastry or smouldering twigs in the hearth into things ethereal more 'unsubstantial' like a 'perfume or gleam of light' (Proust 2006, p. 63, 1982, p. 19). Throughout his writing he submerged himself into their presence becoming '...overwhelmed...by the exhilaration of

hopes long since abandoned' rather than concretising the memories, for Proust, those past experiences reincarnate with 'more vitality' (2006, p. 63, 1982, p. 19) and with the exhilarating power of time travelled. That taste on the tongue and scent in the nostrils is often accompanied with the sound of melting or crackling and it is to this twin sense of sound that I now turn.

According to physicist Brian Cox (2015) the evolution of sound developed below water before reaching the air above. Sound in the dark depths of underwater caves is the setting of a primordial sense that was fine-tuned without light. Sound that resides in the body's memory that precedes birth or precedes temporal memory is an important resource for depth work in arts therapy including inner child work. The powerful sense of sound is also claimed by Stevens (2015) and Baird & Samson (2015) to be the most enduring cognitive enhancer in dementia patients. For example, musical sound is a symbolic way of writing, recording and retrieving memory and is particularly useful when working with dementia clients who might be frustrated with their inability to remember faces or images of their past. Listening in itself is a therapeutic activity, whether it is to words or different sounds. Tomes (2015) expands on the need to listen slowly, to be in a time-space that is enduring and for the art therapist to be present for the client and bracket out the extraneous sounds. Therapeutic attention such as this is vital because sounds are distracting and captivating. If the client needs to listen to other sounds, such as music or something equally relevant then Merleau-Ponty reminds us that 'sound leads to its content' and '...sounds once perceived can be followed only by other sounds, or by silence, which is not an auditory nothingness, but the absence of sounds, and which, therefore, keeps us in contact with the being of sound' (Merleau-Ponty, 2002 p. 131, 382). Merleau-Ponty points to the ontological aspect of sound, bringing sound inside the body and uniting it with the spirit. He writes that if during the processes of thought, sounds seem to cease and then one becomes again 'receptive' to them, 'they appear to...be already there, and I pick up a thread which I had dropped but, which is unbroken' (Merleau-Ponty, 2002 p. 383) Such a process of unification shows how the subject and sound travel together allowing transcendence.

In the process of transcendence the sense of touch is one that reaches out from one body to touch another – an offer to engage. Bergson (2007) notes that the body is a giver and receiver of impulses from which action may result. Bergson's scientific stance contrasts with Merleau-Ponty's exploratory engagement of touch as an extension of the passive eye to the active body, '...like the exploratory gaze of true vision, the knowing touch projects us outside our body through movement' (Merleau-Ponty, 2002 p. 367). Touch is a form of caring and one that dementia patients would be used to, but to afford them the power of receiving additional knowledge through touching art materials is an extension from function to one of psychotherapeutic benefit. Merleau-Ponty is aware of the ambiguities of touching/being touched and that they can unsettle one and 'subvert the hierarchical relationship between object and beholder' (Johnson, 2011, p. 77). Touch is therefore perhaps one of the most important sensory signifiers in the arts therapy engagement.

Touch is often referred to as a means of verification; the biblical example is the Risen Christ inviting the doubting Thomas to put his fingers into Christ's crucifixion wounds (John 20: 24-29). Seeing is not necessarily believing, and now in our increasingly technologized world, touch is neutralised on a flat touch screen and becomes mechanical. Therefore, in the context of art therapy, which often focuses upon the visual image, the recognition of texture, touch and feel is a valuable ally. As the usual counterpart to touch, sight therefore needs problematizing as not exclusively the eye of cognition but also the eye of the body. Visuality is more than vision with the latter socially and historically situated; this is important for arts therapy because arts therapy can incorporate visuality, that is, seeing with the body rather than an ego influenced by outside expectations. Foster offers us a useful way to distinguish between visuality and vision when he says '...visuality involves the body and the psyche' (Foster, 1988: ix). It is important to be reminded of this because the visual sense has also assumed a privileged status in the western imagination particularly since Cartesian dualism. Most significantly the impact of seeing and looking as preceding formal language was famously explored by John Berger in his seminal text *Ways of Seeing* (1972). Berger's text emphasises the way people situate themselves in social hierarchies through

figurative representations of theirs (or a similar) body. Foucault (2003) also debates the position of the self in society and how psychiatric power operates on facets of its own subjecthood. Foucault (2003) said the connection that the subject has to all aspects of society, family, hospital/institution fluctuates: this changing state is the contingent subject, sometimes fractured, rarely whole, and always vulnerable.

The above literature provides a backdrop of ways the ageing body can utilize sensory capacities for transcendence and integration. What follows is a case study of a woman, who in a race against temporal time, was able to concretize the ephemeral in sensory collage making. All quotations in the case study are taken from the transcribed audio.

### **Case Study: Daisy**

Daisy is in her mid-eighties with early to mid-stage dementia. She is usually mobile with her walking frame if she is having a good day. Daisy loves knitting, sewing and making bracelets and necklaces; she often wears her jewellery creations and dresses beautifully in clean pressed clothes that she prefers to launder herself. On one occasion in the early stages of the study, she was hand sewing name tags on a gentleman's socks so they would not go missing in the laundry. Her daughter 'does her hair' which is a pearly white and neatly arranged. She loves receiving visitors but is also anxious of where she should be at particular times, not wanting to be late for anything. She keeps her schedule handy taking her duty for arranging chairs and helping at bingo afternoons very seriously; she is also a staunch supporter of musical or art activities and loves singing at weekly church services. Daisy is well known. She and a gentleman, also resident in the facility, fell in love and celebrated their wedding there a few years previously (there is a wedding photograph of Daisy as a bride in a white slacksuit beside her groom on the window-sill). Now widowed she tries to remain occupied.

Daisy's room is in a 24-hour private residential care facility but not in the secure dementia unit. The facility is in a leafy suburb in Adelaide, South Australia. Daisy's room is L shaped and arranged with a writing desk and

sewing table in the small part of the L, which is near the entrance. Behind this is the bathroom. The remainder of the room has her bed, shelves, chair and television but these items are subsumed in a world of detail because Daisy loves decorating and is constantly acquiring new things to display in her room. Some of these items she purchases herself from the gift shop downstairs where there is also a garden restaurant, a library, chapel and other facilities all tastefully designed. On one of my visits the handy man came to Daisy's room, and much to her delight, attached a new rosary precisely where she wanted it above her bed. Her room glitters with ornaments and pictures as they pick up the light from the large window overlooking a garden of trees and shrubs (see fig 1). In a chair beneath this window is where Daisy sits surrounded by balls of yarn and jewellery craft. Therefore when I came in to do arts therapy on sensory memory with her, it seemed like a natural extension of her established reality. She already had a work tray across her chair and I sat beside her on the bed.



Figure 1: Daisy's collage in her room beneath the window

### **Process and materials**

The arts therapy process with Daisy and the other five participants in the facility stretched across ten weeks. One-on-one sessions took place in the private room of the resident. In the first sessions with Daisy, I collected information on her sensory memories through explorative conversations as a means of identifying and matching art materials that resonated with Daisy's sensory capacities: What were her favourite foods as a child and younger woman? What were some of the textures she could remember touching and feeling? Did she have any songs or tunes she loved to recall? Asking such questions of Daisy was like opening up a sensory opera. She grew up in London in the war and post war years and remembered eating jellied eels from Smithfield market, and having mushy peas with faggots. "Nice mash potatoes with eels, I had them all my life in England, ooh yummy ... and the pease pudding and faggots we used to have that on a Sunday, you see ... Oh and I remember the velvet dress I used to wear to church on Sundays too ... red velvet with a white lace collar with little pink roses ... I had another one the same ... blue ... my favourite colour is red. ...and yes, I remember walking barefoot on the pebbled beach" (see fig 2).

Subsequent personal sessions with Daisy were charged with an increasingly urgent energy to assemble her stories. It became clear that Daisy was having more bad days than good days. Sometimes I found her sitting 'vacantly,' so tapping into the unconscious and harnessing the preconscious through the therapeutic process of sensory association became a vital part of bringing Daisy back.



From the information above, coupled with narrative connection and deduction alongside not being permitted to bring the actual food in, I collected red velvet and lace, sea pebbles and shells, realistic images of eels, pease pudding and faggots. Daisy remembered her wedding song *Always* by Irving Berlin and how beautifully her late husband could sing, "He was Irish you see, and had a heavenly voice". I brought a recording of the song with sheet music and words. Daisy sang in a ringing voice with tears sparkling in her eyes.

The urgency to put the collage together became palpable. Daisy's states of consciousness fluctuated as if the preconscious was speaking to her and activating her body. It was with intensity, that Daisy cut fabric and paper, pasted, coloured with thick oily pastel creating a beach scene, stroked the velvet, embroidered pink flowers onto lace, wrote out the recipe for jellied eels, and attached nutmegs and dried herbs whilst absorbing their fragrance. All of this she collated, curated and collaged into a composite life story. At times, during the process, Daisy was totally immersed in the materials. When I cautiously checked in with her, not wanting to interrupt her state of consciousness, I asked where or how she was; looking up to my face with her fingers in the sand, shells and thick pastel, she replied, "I'm here on the beach but I can't tell you how I feel, there are no words".

### **Relationships and transcendence**

As the arts therapy progressed Daisy appeared to be holding onto herself and the bits of her life's relationships that were slipping out of reach. Laying out the objects and materials were like connecting the fragments of past with her present being. Along with the other five participating residents, Daisy had made a pie slice shaped collage on plywood that were to be assembled into a circle onto a mandala form of one metre square (see fig 3).



Figure 3: Complete group mandala collage

When all six met as a group, each positioning or directing their piece to be linked together in unison, their astonishment at the size, colour and sensual materiality was audible. Two gentlemen joyfully shared stories of golf and football, and all were amazed they had achieved this large piece of art that mirrored their lives. The finishing off as a group involved selecting a colour for the square base, they had strong views, it was to be either black or red. Red won the day as red is Daisy's favourite colour. Together they painted red with thick opaque acrylic, whilst listening to their selection of musical recordings; one gentleman gently dozing as his paintbrush rested on the surface. When it was all done, Daisy startled everyone by saying she was going to attach two precious pebbles from the very beach of her childhood onto her sea-side scene. She told the others that she had kept these two pebbles all her life. There were silent gasps as she forcefully squeezed the craft glue onto her beach and pushed the pebbles in (see fig 4). This act was lost on no-one.



Figure 4: Daisy's hand with pebbles

Daisy had given something away but also acquired a dimension previously out of reach. She was no longer anxious and revealed a new restfulness as she was now able to gaze on her piece of the mandala which, when touched could spin around (on a lazy Susan swivel joint) and be either on the top, side or bottom for different views and insights. An illustrated booklet with excerpts of participant dialogue and processing lay on a table beside a comments box. Daisy's daughter wrote a letter for the comments box, saying that every time she looked at the mandala, she saw something new in her mother's life.

### **Discussion**

Initially Daisy had a certain amount of control over her day and was even able to contribute to the life of other residents, such as labelling socks, arranging chairs. But that started slipping and with this slide came the need to concretize. At first Daisy was very much in the present and liked new things, but as her senses connected to the past, time fused in the way described by Proust (1982, p. 19). Disparate parts could be sutured through the practice of

'self on self', 'in the work on oneself... a set of practices through, which the subject has relationship to itself, elaborates itself and works on itself' as discussed by Foucault (2010 p. 242). Foucault's relational processes are done through a technology of caring through searching and finding, it entails an inverted gaze, where the eyes are turned towards a contemplation of the soul. He emphasises that is it not enough to 'know' yourself, you must first 'care' for yourself and from the care, comes a special kind of knowledge (2010, p. 240, 1988 p. 22). This special knowledge can be witnessed in Daisy's arts therapy and in her attempt to locate lost and hidden truths through the work she did on herself. In arts therapy literature a particular kind of knowledge is discussed by Stephenson (2013) when wisdom is embraced through gerotranscendence. Additionally, Byers (2011) addresses the extension of self and inter-personal communication through the joy resulting from unexpected aesthetic results found through the sensory experiences of thick wet paint. These practices based evolutions bring the discourse of Foucault's agency of care in line with alternative ways of knowing.

Usually delving into the unconscious to retrieve memories takes immense courage and is therefore coupled with reticence, but with Daisy such reserves were cast aside as she reached out for gerotranscendence. Linear time collapsed. Pre-existing (*a-priori*) perceptions, once activated by the senses could be developed into concrete forms. Both Emmanuel Kant (1927) and Merleau Ponty (2002) attest to the importance of combining the spirit and body in this world so that experience and empirical knowledge can be manifested in a recognisable reality. This concretizing of the intrinsic ephemeral is what Tucknott-Cohen & Ehresman (2016) also found with their work amongst older people; what was lost could be found and treasured anew.

Proust writes that the past is often outside of the 'realm of the intellect' and that it is often 'in the sensation which [a] material object' offers us but he comments that if the opportunity does not arise, it remains beyond reach to quote 'and as for that object, it depends on chance whether we come upon it

or not before we ourselves must die' (Proust, 2006 p. 61). However, if art therapists provide that opportunity then cycles of loss can potentially be ameliorated. Repeated loss is a constant tragedy in the lives of older people progressing through stages of dementia. It is a pain that sears through their loved ones, once described to me as 'a cruel disease' by the husband of a participant in the secure dementia unit. The family watches and witnesses, but in this mandala collage, their loved ones' subjecthood re-emerges because it was always already contingent on many truths. There is never only one self even in a healthy body and mind, and therefore there is never only one truth. As a research project that used arts therapy processes with 6 residents in residential care and all presenting with different stages of dementia, the joy of discovery and shared knowledge was a moving experience in both the group work and the individual processing. Coming together to join the pieces of their collaged mandala was more than a moment of union, it was an acknowledgment of lives lived intensely and a recognition of self-worth.

### **Conclusion**

The kind of freedom, which accompanies transcendence is a liberation from the strictures of this world. Spiritually, it might only be considered possible when you have indeed passed on from this temporal place. However, what this article has tried to show is that the senses can be engaged with the spirit in a combined transcendence. A transcendence achieved through the alternative language of therapeutic arts, one that both acknowledges the frightening 'madness' of dementia but also restores the potency of its freedom. In this way gerotranscendence is a blend of dying and living through a phenomenological process. In the case of Daisy we can see that she allows herself to let go so that body, mind and spirit and time come together.

This article has brought the fields of philosophy, literature, art theory and arts therapy together in an attempt to understand how memories can be retrieved by dementia clients in residential care. The creative methods of sensory collage-making into a mandala form deliberately downplayed the visual in the case study. This was to encourage a tactile, auditory and olfactory engagement with reminiscence. Core to this procedure was the pathway

towards enlightened self-knowledge and gerotranscendence through self-care, which was grounded in Foucault's discourse on truth.

### **Biography**

Kathleen Connellan's academic qualifications include a PhD and a Masters in Interior Architecture/Design, an Honours in Art History and Theory and a Bachelors in Fine Art and the philosophy of art. To this she has added an Advanced Diploma in Transpersonal Art Therapy. Kathleen began her career teaching art and English to underprivileged students in Apartheid South Africa. She has published on issues of marginalisation in disability, race, gender and culture with an emphasis upon the symbolic attributes of the colour white in designed space. Over the past decade her focus has shifted to mental health/wellbeing and designing for a therapeutic milieu, this research incorporates her training in creative therapies.

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