

VISUAL ART IN ALZHEIMER DISEASE: A TOOL FOR THERAPY, RESEARCH OR BOTH ?

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Summary

A relevant improvement in understanding Alzheimer disease (AD) has been obtained in the last years, but no therapy is available yet to reverse its progression .

Social retirement, which is a common symptom of the disease, contributes to the cognitive decline, so that all the techniques potentially useful in modifying this aspect are of great importance. Among them visual art has been proposed on the assumption that it stimulates the emotional functions that are spared in the patients for longtime, encourages the social relationships and may be a way to communicate. We will report in the first part of the paper some experiences about this topic.

The second part of it concerns visual art as a possible tool for improve our understanding of AD. The analysis of painters affected by it has shown that , even if their technical abilities deteriorated progressively, work might be shifted towards surprising directions. At the meantime visual art seems to give an insight about the patients perception of their external as well their internal world .

KEY WORDS: Alzheimer disease, Art,

Material, Method and Results

a) Visual art as a therapeutical tool

Art therapy has been used for decades as a non medical way to help patients affected by different pathologies. Music has been widely employed and visual art too in many conditions as focal brain damaged, cancer patients, and so on. In Alzheimer disease art has a more evident theory supporting its application. In fact the progressive cerebral degeneration spares for longtime the frontal regions and particularly their medial parts, that are those related to the emotional functions. It has been recently demonstrated, furthermore, that the circuits involved in the aesthetical appreciation are spared too, as also they are related to the fronto orbital cortex. (Aharon 2001; Francis 1999; Rolls 2000; Small 2001) Looking at paintings, sculpture and so on, therefore, might activate systems that are preserved and at the meantime widely connected with many other cerebral areas so that brain might be globally stimulated. Many neurologists think that art is a powerful way to engage patients and consequently programs based on it have been developed in many countries

Among them, the New York Museum of Modern Art (MoMA), in collaboration with the promoters of the "Artist's for Alzheimer" project, has started in 2004 the "Meet me at MoMA" program, that comprehends guided tours and practical activities directed to the patients. The staff of the MoMA and the neurologists taking care of the patients have reported a small but palpable improvement of the patients. Depressive symptoms are ameliorated, subjects with none familiarity in art may show a genuine interest in it, and seeing paintings encourages in any case social relationships.

Also the Fine Arts Museum in Boston has opened his galleries to the patients providing guided tours in the days where the museum is closed for public.

In other countries, AD patients participate to competitions that have been created to encourage painting, sculpture and literature. In Brazil, for example, the Brazilian Association for Alzheimer has developed a competition reserved to patients at the first stadium of dementia.

In Italy the Redaelli Institute in Milan employs visual arts among its programs and psychologists and neurologists encourage it "as they have a particular emotional charge". What seems, however, more useful is to actively engage the patients, asking them not only to see but mainly to participate to conversations expressing their opinion about what they are looking at.

b) Visual art as research tool

Carolus Horn, William Utermohlen and William De Kooning are three contemporary painters, who had developed AD. The analysis of these artists and the modifications of their work during the disease are interesting in the aim to show that, in general, visual art may be a particular tool to understand some aspects of the disease.

Carolus Horn (1902-1992), has been the author of many well known drawings for Opel, Esso and Coca Cola and has been widely appreciated for his elegant designs and a perfect mastership of the drawing technique



Figure 1: C. Horn, poster for Opel publicity

During the years he made also many leisure paintings as those reported in figure 2 . “The Rialto Bridge” was a preferred subject repeatedly reproduced before and after the beginning of the disease. It gives therefore the possibility to compare the works he had done before and during AD. The pictures demonstrate that geometrical and symmetrical shapes gradually substituted the detailed representations made before the disease, where perspective was perfectly reproduced and shadowing was a characteristic. Simplifications are evident, reproductions are flat and spatial relationships no more respected. (fig 2 3 4)



Figures 2- 3- 4: C. Horn, The Rialto Bridge painting before the disease (top) and in its mild stage (bottom)

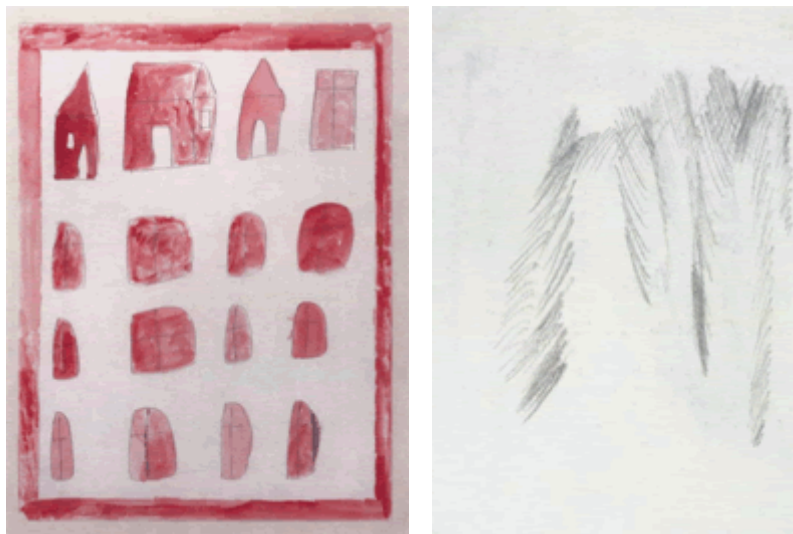
Lately the paintings changed and appeared images inserted in frameworks constituted by small ornamental elements, that may be considered a sort of perseverative behaviour, which is

characteristic , indeed, of the moderate stage of AD. Human being became rigid , “woodenlike”. Animals have human faces. The artist seems furthermore painting from memory the Russian icons that he actively collected in the past.



Figures 5-6: C. Horn, drawings during the AD moderate stage

In the severe stage he reproduced only single elements , one colour, and at the end only lines, however the structure of the drawing seems , nevertheless, be researched.



Figures 6-7: C. Horn paintings during the severe AD stage

William Utermohlen (1933) has been one of the leaders of Pop British Art. Always interested in portraits he has frequently painted himself.. Figures 8 , 9 are the examples of selfportraits he did before the disease.

In the series “ fragments of conversation” the first signs of the disease had already appeared : the space was less organized and oversimplified.. When AD was diagnosed, he decided, together to his wife, to document its progression. and he painted only self portaits. Here his anxiety, fear , rage and, later on , confusion are well recognizable (figures 10,11,12,13). The space behind is indistinct , sometimes there is only a black surface , suggesting isolation and despair. More than any word these pictures explain what was happening to him.



Figure 8-9: W. Utermohlen selfportraits before the illness



Figures 10-11-12-13: W. Utermohlen, selfportraits during AD (1996, 1997, 1998,1999)

Willem De Kooning (1904-1997) has been the most important painter of the Abstract Expressionism. “Action painting” was the term indicating his work and emphasizing the importance of actions in his painting activity to transmit his emotions into the drawings.



Figures 14-15: W. De Kooning, *Woman I*, 1950-52 (left), and *Composition*, 1955 (right)

In the 80th, when the disease appeared, the strong lines became gradually softer, the sharp angles disappeared, and the vivid colours became clear and delicate. Gradually the forms were more clear and “a freedom never seen before, lyrical, immediately sensual, and exhilarating” (Chatteraje) appeared. Paintings were so different than those made before that some critics refused this work arguing that De Kooning was “no more himself”. At the same time his production increased more and more: while previously he did very few paintings, from 1983 to 86 he painted almost one picture a week.



Figures 16-17: W. De Kooning, *Untitled V*, 1978 (left) and *figures untitled*, 1981 (right)



Figure 18: W.De Kooning, Untitled, 1988

Discussion and conclusions

We have considered visual art from two perspectives, as a possible therapeutical tool and a possible research tool in Alzheimer disease.

For what concerns the first aspect, looking at paintings and expressing the emotion they suscite seem to be useful for the patients, so that this activity is increasingly employed in different contexts. However the efficacy of visual art therapy requires to be validated. Indeed, no definite studies have been published concerning this therapy for AD patients. It is predictable that the patients in the mild stage may benefit of it, but, in the more severe cases when the perceptual abilities are severely damaged, seeing at pictures may also be a confusing factor decreasing the self confidence. Therefore it might be considered until now an aspecific tool, possibly useful only in some cases.

The second is a more complex topic. The neuropsychological impairment consequent to AD may differently affect the artistic production, as it is demonstrated by the artists we have reported.. The case of C. Horn, a well known designer, shows mainly the progression of the spatial impairment.. As it is predictable, the perspective is gradually lost and the drawings become flat. These aspects are related to the spatial disorganization and they are always found, before or later in the disease course.

Other aspects appeared later.: the shadows, as well as the windows (that have been compared to sugar zollette) are a sort of stereotypes, and the human faces attributed to the dogs, that appear in the latest paintings, reflect probably a failure in the imaginative functions. No emotive involvement is shown, but, as the clinical history of C. Horn is poor, we don't know if there was consciousness of the disease.

The case of W. Utermohlen is absolutely specular. Being aware of the disease, he decided to represent it. Through his paintings he reveals rage, sufferance and progressive isolation. Having been always interested in the representation of feelings and emotions, he moreover developed these aspects. His last paintings are perhaps his best work.

William De Kooning, whose personal and artistic history is the symbol of inquietudine, seems to find through the disease a serenity that he had never achieved before. His obsessive need to verify his paintings disappeared and he painted much more works in this period than in all his life.

In conclusion visual art is a very interesting tool for research in Alzheimer disease. It may give an extraordinary insight in the world of the patients, perhaps more exhaustive than any word can do. It may give to the physicians and the caregivers a way for better understanding what is

happening to their patients . It may show not only the impairments that the disease will produce as the consequence of a general process , but differences from case to case. Finally, for some of the patients , visual art may be something more important than anything else : their personal bridge towards the reality, whatever kind of reality it may be.

References

1. Bressan L. Il malato di Alzheimer. È possibile un moderno approccio rieducativo con l'arte e la musica? *La Cà Granda* 2001; 3:25-29
2. Canu E, Piras M, Martingale C. Alzheimer's disease and neural network freezing: Creativity and cognitive incompetence in a painter with Alzheimer's dementia. Paper presented at the 17th Congress of the International Association of Empirical Aesthetics, Takarazuka, Japan, 2002.
3. Chatterjee A. Universal and relative aesthetics: A framework from cognitive neuroscience. Paper presented at the International Association of Empirical Aesthetics, Takarazuka, Japan, 2002.
4. Chatterjee A. Prospects for a cognitive neuroscience of visual aesthetics. *Bulletin of Psychology and the Arts* 2004; 4: 55–60.
5. Chatterjee A, Strauss ME, Smyth KA, Whitehouse PJ. Personality changes in Alzheimer's disease. *Archives of Neurology* 1992; 49: 486–491.
6. Espinol H. de Kooning's late colours and forms. *Lancet* 1996; 347: 1096–1098
7. Garrels G. Three toads in the garden: Line, color, and form. In: AAVV. Willem de Kooning. The late paintings 1980s, Art Pub Inc 1995; 9–37.
8. Kennedy R. The Pablo Picasso Alzheimer's Therapy, *The New York Times* 2005, October 30.
9. Maurer K, Frolich L. Paintings of an artist with progressive Alzheimer Disease. *Alzheimer Insights online*; vol 6 n.2.
10. Sahlas DJ. Dementia with Lewy bodies and the neurobehavioral decline of Mervyn Peake. *Arch Neurol.* 2003 Jun; 60(6):889-92
11. Storr R. A Painter's Testament : De Kooning in the Eighties, Museum of Modern Art, New York; da www.moma.org

Figures were found on websites by www.google.it