

# Humanistic Perspectives

## *Arts and the Aging Mind*

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### Key Points

- The “humanities” refer to academic disciplines focused on the study of human culture and creative production (such as literature, philosophy, ethics, and visual and performing arts). Humanities-based methodologies are often interpretive and critical rather than empirical or quantitative.
- In contrast to ageist language of aging as “decline,” humanistic perspectives on aging investigate how the creative arts—as forms of expression, as well as low-cost and low-risk therapeutic interventions—allow older lives to be understood as meaningful, even in states of advanced cognitive impairment.
- Arts therapies are associated with improved cognitive function, memory, and general well-being. However, the scientific rigor of such studies is often debated.
- The application of neuroimaging technologies to humanistic fields of study has resulted in new interdisciplinary subfields (including neuropolitics, neurolaw, neuroethics, and neuroliterature). However, both scientific and humanistic researchers have questioned the claims to objectivity at the basis of the neuroscientific turn (a position known as *neuroskepticism*).
- While empirical research methods yield important information about aging, such methodologies are often inappropriate for testing the efficacy and impact of the arts. New evaluation paradigms are required to rigorously, yet sensitively, investigate the issues emphasized by humanistic perspectives on aging.

### What Is the Humanistic Perspective?

The “humanities” refer to academic disciplines that focus on the study of human culture and artistic production, including literature, philosophy, ethics, cultural studies, history, and the visual and performing arts. In contrast to the sciences, methodologies common to the humanities are often interpretive and critical rather than empirical or quantitative (although this distinction is increasingly unreliable, as scientific fields embrace qualitative methods and humanistic fields make use of quantitative data). A “humanistic perspective” therefore does not refer to a singular discipline or rigid methodology. Instead, it describes an attitude toward research and inquiry that draws on the values common to the humanities: the intrinsic worth and agency of human beings, their creative capacity, and the right to live in a state of justice, belonging, and self-actualization.



Figure 5.1 and Figure 5.2 Stills from the short animated film *Retrogenese* (2013) (<http://vimco.com/67957845>). (Reprinted with permission of the artist Suus Hessling).

Humanistic approaches to aging are therefore interested in the effects of cultural norms, social policies, and certain market realities that affect older people and their caregivers, especially as these phenomena affect individuality and selfhood. Often referred to within the liberal, fine, and performing arts as *age studies*, humanistic perspectives on aging draw on theory, texts, and practices from many professions including sociology, psychology, social work, liberal arts, anthropology, and art-based practices.<sup>1</sup> Although humanistic studies of aging involve diverse disciplines, one shared concern is a critical attention to how older people are portrayed and regarded in the social context.

Two core beliefs are intrinsic to humanistic perspectives on aging: (1) the importance of self-concept and esteem throughout the life-course, regardless of a person's economic status or health, and (2) the older person's productive role within an integrated intergenerational social matrix. While a humanistic perspective acknowledges that aging is a process of bodily change (one that often, but not always, involves accumulating physical and intellectual differences), it does not fixate on physical or mental deficits. Instead it asks: What does it mean to age well (as opposed to pathologically), and how do particular social environments nurture or inhibit this possibility?<sup>2</sup> Humanistically oriented research focuses on the ways in which social, creative, spiritual, intellectual, and/or emotional lives of people can be supported and enriched as they age, or why such enrichment may be interrupted or prevented.

In the Western context, the conceptualization of aging often involves strongly value-laden binaries: old/young, sick/well, capable/not capable, remembering/forgetting, mind/body. Implicit in these binaries is the belief that it is objectively better to be young than old. Rather than an absolute fact of life, this is the normative stereotype at the basis of *ageism*.<sup>3</sup> By contrast, a rigorous humanistic perspective understands older individuals living with age-related change as differently abled with lives that are enduringly meaningful.<sup>4,5</sup>

Growing old "successfully" should not, therefore, be code for staying "young" or "able." Humanistically informed researchers, educators, and therapists share the belief that successful aging does not entail living without discomfort or disease. Instead, successful aging involves living into older age with a continued sense of the importance and usefulness of one's life. Older persons are often socially isolated due to lack of family ties, frailty, illness, and poverty.<sup>6</sup> Older person may be lacking in perspective and purpose of live. The humanistic perspective posits that activities and interventions that enhance an individual's sense of meaning and engagement constitute an important aspect of aging healthfully. Furthermore, an older person's present activity as well as his or her past productivity possesses important social value, and intergenerational relationships should be cultivated as a means of improving quality of life for persons old and young alike.<sup>7</sup> It should be noted that a trend exists that correlates longevity with level of education and continued engagement with one's society.

Qualitative evidence supports the claim that access to creative and intellectual pursuits helps bolster aging minds against memory loss, depression, and the negative behaviors and symptoms of diseases like Alzheimer's disease and Parkinson's disease.<sup>8</sup> Late-life education initiatives in technology, literature and writing, and arts practice and therapies have been shown to enhance older people's sense of well-being and physical health,<sup>9</sup> as does continued or increased involvement with religion and spirituality.<sup>10</sup> These nonmedical activities and interventions are usually intended (in whole or part) to enhance what psychologists have long called *the self* or, more recently, *self-concept* and *personhood*.

### Aging and the arts

Older artists' enduring relationship to their artistic practice and (when physically necessary) their ability to modify techniques or mediums of expression provide excellent examples of creative adaptation. Regardless of level of technique or public success, artistic activities (painting, singing,



**Figure 5.3** Promotional still from The Working Group Theatre’s stage production of *The Broken Chord* (2013). (Play commissioned by and photo reproduced with permission of Working Group Theatre and Hancher Auditorium at the University of Iowa. Photo by Jennifer Fawcett).

conducting, dancing, writing, storytelling, acting, quilting, and so on) embrace individuality and give meaning to people’s lives, whether the person is making or observing art.<sup>11</sup> In the group setting, artistic activities provide health benefits for older individuals by increasing social interaction and psychological engagement with others. As subsequent chapter sections will describe, studies of artistic engagement for older persons often demonstrate enhanced quality of life, social engagement, physical and mental health, and sense of self.

Arts therapies (both for older patients and their caregivers) are regularly employed in the care setting in North America and Europe, and are associated with improved cognitive function and memory, hearing, self-confidence, and stress reduction.<sup>8,9</sup> However, the scientific rigor of such studies is often questioned. “Although arts interventions show promise, most studies documenting these beneficial effects do not meet the rigorous standards of scientific research and few include a cost-benefit analysis (CBA)—necessary elements for securing funding for future programs and research. Further, arts interventions are less likely to be adopted in the wider community unless they can demonstrate effectiveness and cost-advantage.”<sup>9</sup>

Several factors contribute to this paucity of reliable data including small study cohort size, instrument insensitivity, and a historical lack of interdisciplinary collaboration between humanistic and scientific researchers. However, with the advent of technologies like functional magnetic resonance imaging (fMRI), new collaborations between the arts and sciences are emerging that evaluate, for instance, brain activity while a person is acting<sup>12</sup> or learning complex dance movements from visual observation.<sup>13</sup> This nascent field of interdisciplinary collaboration may yield results applicable to the physical and cognitive challenges often faced by older persons.

In response to this need for more robust data, organizations like the National Institute of Aging (NIA), the National Institutes of Health (NIH), and the National Endowment for the Arts (NEA)

have begun funding collaborations between artists, neuroscientists, social scientists, and arts therapists. In tandem with social policies that emphasize nonpharmacological interventions into common age-related pathologies, humanistically informed research could provide significant cost benefits for individual patients and their families, and at multiple tiers of health policy and government.<sup>14</sup> Widespread adoption of high-quality arts activities—a low-cost, low-risk, personalizable intervention—can support the aging process by enriching older persons' daily lives.

## Literature and Writing

Although not always distinct categories of analysis, it is useful to differentiate between the intentionally artistic and often imaginative textual output of professional authors (literature) and primarily therapeutic textual activities intended for nonprofessionals (writing).

Western history includes frequent examples of authors whose literary output continued into older age beginning with classical philosophers like Aristotle (4th century BCE) and Cicero (44 BCE). In the 20th century, increased life expectancy has enabled numerous authors to write into their eighth decade and beyond, including T.S. Eliot, Betty Friedan, Ursula K. LeGuin, May Sarton, physician and Pulitzer Prize winner Robert Butler, Toni Morrison, Maya Angelou, Simone de Beauvoir, and Alice Munro (who was awarded the 2013 Nobel Prize in Literature at age 82).

Longer lifespans have also given rise to authors who develop age-related neurological disorders, although this is not limited to recent history. Jonathan Swift (author of *Gulliver's Travels* [1726]), diarist Dorothy Wordsworth, and 19th-century American essayist Ralph Waldo Emerson are believed to have expressed dementia-like symptoms in later life.<sup>14</sup>

Current studies of “authorial” or “literary” Alzheimer’s disease have undertaken digitized textual analyses of language complexity, vocabulary, and lexical characteristics of older authors with cognitive impairments (e.g., Agatha Christie, Iris Murdoch) to assess whether their textual creations, especially novels, might express symptoms of age-related neurological disorders.<sup>15,16</sup>

### The aging mind in literature

The aging brain has long been the subject of literature. Especially prior to the advent of medical imaging technologies, literature provided—and continues to provide—laypersons with insight into expressions of age-related neurodegeneration (Box 5.1 and Box 5.2).

In the 19th century, major novelists including George Eliot, Anthony Trollope, and Charles Dickens, wrote well into later life and produced works that highlighted issues of aging and/or age-related neuropathologies including: *Silas Marner* (1861, epilepsy); *The Warden* (1855,

#### Box 5.1 “A particular description of the Struldbrugs,” from Chapter 26 of Jonathan Swift’s *Gulliver’s Travels* (1726)

At ninety, [the Struldbrugs] lose their teeth and hair; they have at that age no distinction of taste, but eat and drink whatever they can get, without relish or appetite. The diseases they were subject to still continue, without increasing or diminishing. In talking, they forget the common appellation of things, and the names of persons, even of those who are their nearest friends and relations. For the same reason, they never can amuse themselves with reading, because their memory will not serve to carry them from the beginning of a sentence to the end; and by this defect, they are deprived of the only entertainment whereof they might otherwise be capable.

### Box 5.2 From Book 2, Chapter 20 of Charles Dickens's *Little Dorrit* (1857)

“The major characteristics discoverable by the stranger in Mr F.’s Aunt, were extreme severity and grim taciturnity [i.e., uncommunicativeness]; sometimes interrupted by a propensity to offer remarks in a deep warning voice, which, being totally uncalled for by anything said by anybody, and traceable to no association of ideas, confounded and terrified the Mind.”

depression, cognitive decline, and institutionalized aging); and *Little Dorrit* (1857, stroke, speech impairment, and memory loss; see Box 5.2).

In response to shifting demographics and increased public awareness of age-related pathologies, numerous modern-day *novels* have taken the aging brain and mind as a central topic, such as Margaret Laurence’s *The Stone Angel* (1964; memory and reminiscence; depression), and Ian McEwan’s *Saturday* (2005; neurosurgeon protagonist, vascular dementia, Huntington’s disease).

Michael Ignatieff’s *Scar Tissue* (1993) portrays two brothers, a neuroscientist and a philosophy professor, who struggle to align their respective professional knowledges with the lived experience of their mother’s Alzheimer’s dementia [*Scar Tissue* also examines the nature of selfhood by contrasting the cognitive losses of Alzheimer’s disease against the physical debilitations of amyotrophic lateral sclerosis (ALS)]. Jonathan Franzen’s *The Corrections* (2001) is an exceptionally vivid story of an American family that struggles to come to terms with their aging father’s Parkinson’s disease and delirium. Franzen’s bleak representation of life as experienced by the person with dementia often reads as a strong indictment of polypharmacy and the pharmaceutical industry. Neurologist Lisa Genova’s bestselling *Still Alice* (2009) describes a fictional Harvard psychology professor who observes her own memory disturbances before receiving a diagnosis of early-onset Alzheimer’s dementia.

The aging mind and brain also figure in the *contemporary short story*. Booker-prize winner Julian Barnes’s story “Appetite” (2005) imagines how the sensual stimulation of reading—in this case, cookery books—might provide both a man with advanced dementia and his wife some temporary respite from the demands of his illness. Alice Munro’s “The Bear Came Over the Mountain” (2001) depicts a couple whose marriage undergoes renewed strain when Fiona develops Alzheimer’s disease and falls in love with a fellow nursing home patient (see also the critically acclaimed 2006 film adaptation *Away From Her*).

Health professionals have also contributed to this literary form. Neurologist Robert Colfelt’s semi-autobiographical *Together in the Dark: Mysteries of Healing* (1987) portrays a range of persons with age-related neurological disorders, while Louise Aronson’s short story collection *A History of the Present Illness* (2013) draws deeply from her daily experience as a geriatrician.

The neurology of aging has found especially fertile expression in *poetry*. In fact, the medical lexicon of geriatric neurology often makes use of figurative language and metaphor to describe the nervous system and related disorders (e.g., “forest of neurons,” “plaques,” “tangles,” “broken pathways,” “decline,” “shutting down”).<sup>17–19</sup> Because the language and logic of poetry is not firmly anchored to linear representation or storytelling techniques, poetry helps illustrate the profound complexities of the aging brain while also provoking new avenues for reflection, inquiry, and research.

For example, physician and poet Rafael Campo’s “The Mental Status Room” (2005) reveals the hidden poetics of the Folstein Test, turning the standard questions used to screen for neurodegenerative change back onto the poem’s speaker—and its reader (Box 5.3). Through its playful answers, which merge the expression of cognitive impairment with the human capacity for imagination, Campo’s sonnet serves as a critique of rigidly biomedical interpretations of

Box 5.3 “The Mental Status Room,” in the poetry collection *Diva*, Rafael Campo, p. 75. Copyright 1999, Rafael Campo. All rights reserved. Republished by permission of the copyright holder and the publisher Duke University Press ([www.dukeupress.edu](http://www.dukeupress.edu))

What is the color of the mind? Beneath  
 The cranium it's pinkish grey, with flecks  
 Of white mixed in. What is the mind's motif?  
 Depends on what you mean: it's either sex  
 Or it's a box, release or pessimism.  
 Remember these three things: ball, sorrow, red.  
 Count backwards, from one-hundred down by sevens.  
 What is the color of the mind? It's said  
 That love can conquer all—interpret please.  
 And who's the President? What year is it?  
 The mind is timeless, dizzy, unscrupulous;  
 The mind is sometimes only dimly lit.  
 Just two more silly questions: Can you sing  
 For us? Do you remember those three things?

the aging mind and brain. By drawing attention to the “life-world” of severe cognitive impairment, poetry challenges its readers to reimagine enigmatic neurological conditions through language and reading.<sup>20</sup>

Several contemporary poets have sought to represent the individual experience of dementia through poetry. The printed words of Valerie Laws's “Invisible Brain” (in the collection *All That Lives*, 2011) progressively diminish in a textual reflection of cerebral atrophy.<sup>19</sup> Susan M. Schultz's *Dementia Blog* (2008) is composed of textual fragments written in chronologically inverted order (most recent to oldest), mirroring the jumbled temporal coherence embodied—and experienced—by the person with dementia.

Detailed first- or third-person accounts like the *personal essay*, *autobiography*, and *memoir* offer direct insights into the lived experience of aging and its impact on neurological status. This expansive category of reflective literature is often published as traditional books or essays, as well as newer media formats like weblogs. Important contributions include: Jonathan Franzen's essay “My Father's Brain” (2001, Alzheimer's); John Bayley's *Elegy for Iris* (1999, on his wife the author Iris Murdoch's Alzheimer's; see also 2001 film); Alice Wexler's *Mapping Fate: A Memoir of Family, Risk, and Genetic Research* (1996, Huntington's); Julie Sobol's *Love and Forgetting: A Husband and Wife's Journey Through Dementia* (2013, Lewy body dementia)

Health professionals have also authored numerous reflections on the intersection of aging and neurology, including neurologist Oliver Sacks on his own aging in “The Joy of Old Age (No Kidding)” (2013) and neurologist Harold Klawans's *Defending the Cavewoman: And Other Tales of Evolutionary Neurology* (2000, stroke, Parkinson's, bovine spongiform encephalopathy [BSE]). Neuropsychologist Steven Sabat's *The Experience of Alzheimer's Disease: Life Through A Tangled Veil* (2001) is remarkable for its profoundly sensitive and insightful analyses of transcribed clinical dialogues with his severely cognitively impaired older patients.

In the dementia genre, first-person accounts by health professionals include Thomas DeBaggio's *Losing My Mind: An Intimate Look at Life with Alzheimer's* (2003), Richard Taylor's *Alzheimer's from the Inside Out* (2006), and Thomas Graboy's *Life in the Balance: A Physician's Memoir of Life, Love, and Loss with Parkinson's Disease and Dementia* (2009).

### Therapeutic uses of writing for older adults

Writing-based therapeutic interventions for older persons are often intended to provoke (and to varying degrees, assess) non-pharmacological, often emotionally-oriented topics such as mental well-being, enrichment and quality of life, validation and self-worth, and/or selfhood.

Geriatrician and Pulitzer-prize winning journalist Robert Butler defines *life review* as a “mental process characterized by the progressive return to consciousness of past experience...prompted by the realization of approaching dissolution and death, and the inability to maintain one’s sense of personal invulnerability.”<sup>21</sup> Although its claims to universality are debatable, the integrative, healing impulse of life review overlaps with the more formalized therapeutic intervention known as reminiscence therapy.

*Reminiscence therapy* is defined as “the use of life histories—written, oral, or both—to improve psychological well-being”<sup>22</sup> and involves activities like conversation, story sharing, and guided recollection activities. Studies have assessed the effects of reminiscence therapy on older adults including those with depression, dementia (Alzheimer’s and vascular types), and problematic behaviours. Multistudy reviews have suggested that reminiscence therapy is a cost-effective treatment activity with moderate success outcomes,<sup>23,24</sup> although inconsistent study methods and assessment tools prevent stronger conclusions concerning its effectiveness.<sup>25</sup>

*Expressive writing* has also shown promise as a participatory intervention with older persons. De Medeiros et al.<sup>26</sup> determined positive effects on verbal learning, memory, attention, and processing speed following an 8-week autobiographical writing workshop for retired physicians and their spouses. Chippendale and Bear-Lehman<sup>27</sup> conducted a randomized controlled trial evaluating the effects of an 8-week life-review writing course (“Share Your Life Story”) for older adults in a senior residence, which reported significantly less depressive symptoms in the treatment group as measured with the Geriatric Depression Scale (GDS).

Other interventions have attempted to blend the literary materials with therapeutic creativity interventions. *Creative writing workshops* in nursing homes were first introduced in the 1970s, and more recent initiatives continue to express the capacity for creativity in older people with varying levels of cognitive ability.<sup>28,29</sup>

*Participatory reading and writing programs* show the promise of word-based interventions in revealing the complex inner lives of all older people, including Anne Basting’s *TimeSlips* creative storytelling project, the *Get Into Reading* model (in which “great works” of literature are read aloud and open-ended discussion facilitated by a trained project worker), and *The Alzheimer Poetry Project*, in which session leaders recite lines of classic poems as prompts for the communal (group) creation of an original poem followed by its performance.

Through such attention to the language arts, future research can do much to shape new paradigms of care for older persons, especially those living with cognitive impairment.

### Visual Art

Drawing, illustration, painting, photography, and sculpture express complex experiences without the need for words. Especially in the therapeutic context, the nonverbal nature of visual arts provides opportunities for persons with diminished communication abilities as a result of stroke, brain trauma, or other neurological disorders.

Western visual art provides much evidence for creativity’s persistence into older age. During the Renaissance period (15th–17th centuries), major artists like Donatello, Titian, El Greco, Michelangelo, and Rembrandt continued working into late life. Rembrandt’s self-portraits (Figure 5.4 and Figure 5.5) illustrate both a life-long interest in his own aging as the subject of art and a persistent desire to express his professional identity as an artist in his later years.



**Figure 5.4** Rembrandt van Rijn, *Self-Portrait* (c. 1629; age 22). (Wikimedia Commons).



**Figure 5.5** Rembrandt van Rijn, *Self-Portrait as Zeuxis Laughing* (c. 1663; age 56). (Wikimedia Commons).

Recent history continues this trend. Older 20th- and 21st-century illustrators and painters include Pablo Picasso, Henri Matisse, Georgia O'Keeffe, Andy Warhol, Jacob Lawrence, and Ushio and Noriko Shinohara (the subjects of Oscar-nominated 2013 film *Cutie and the Boxer*). Aging has also been a subject for older artists working in other visual media like storyquilting (Faith Ringgold), multimedia installation art (Yayoi Kusama, Betye Saar), photography (Ina Lowenberg, Gilbert Garcin), and sculpture (Mark di Suvero, Louise Bourgeois).

By conducting comparative assessments of well-known artists' late and early work, researchers have attempted to assess the effects of dementia and other pathologies on older visual artists.<sup>30,31</sup> This research approach raises an important methodological issue: Are changes in artistic style the product of cognitive "decline" or merely variations in an artist's form of expression? Humanistic and scientific studies must be mindful of ageist assumptions concerning neurological status and artistic expression in older age.

### The aging mind in visual art

With some important exceptions (e.g., Rembrandt's self-portraits), aging and older age have been relatively minor topics for visual art. Perhaps in response to shifts in demographics and artistic tastes, since the early 20th century there has been a growth of works by artists of all ages that takes aging as its subject matter.

In *illustration and painting*, older artists Käthe Kollwitz, Alice Neel, and Joan Simmel have produced unconventional self-portraits that portray the older female figure, often nude, in older age. Other artists (e.g., Dutch-American painter Willem de Kooning, American-British artist William Utermohlen) are well-known for self-portraits expressing their own experience with neurological illness. Elizabeth ("Grandma") Layton's illustrations are remarkable for their stark portrayal of the physiological and psychological hardship that can accompany later life. In *Stroke* (1978), Layton makes use of strongly contrasting bilateral regions of light and dark color to depict her own bipolar depression and compromised mobility following a major stroke (Figure 5.6).

*Photography* has provided another wordless medium for expressing the lived experience of aging. Philip Toledano's *Days with My Father* (2010) is a moving photojournal of his father's short-term memory loss through a largely wordless, yet sequential narrative, of both men's encounter with cognitive decline. Tom Hussey's "Reflections" series (2010) portrays the sense of visual dissonance often produced by one's own aging body by portraying an older person and, elsewhere in the composition, a younger figure in a reflective surface intended to represent the self of earlier days.

*Sculpture and other multimedia* offer further perspectives into the experience of aging. Bronze sculptures like Rodin's *The Old Woman* (1884) or Dali's *Old Age* (c. 1965) give multidimensional form to the aging body, but new materials, techniques, and artistic outlooks have expanded how sculpture is able to portray older age. Now in her mid-eighties, African-American sculptor Betye Saar creates highly textured objects that illustrate themes of imprisonment through the intersecting experiences of aging and racial identity (e.g., *The Destiny of Latitude & Longitude*, 2010). Evan Penny's *Old Self, Young Self* series (2011) makes use of silicone, human hair, and 3-D imaging technologies to create highly realistic figurative sculptures, including Penny as he imagines himself in older age (Figure 5.7 and Figure 5.8).

Although they may be accompanied by word-based text, *comics* and *graphic narratives* are an important new visual medium. The aging mind and brain has been the subject of recent works like Joyce Farmer's *Special Exits: A Graphic Memoir* (2010), and age-related neurological disorders are the focus of Sarah Leavitt's *Tangles: A Story About Alzheimer's, My Mother, and Me* (2012); Alex Demitris's *Dad's Not All There Anymore* (2012, Lewy-body dementia); and Peter Dunlap-Shohl's *My Degeneration: A Journey Through Parkinson's* (2015). David Greenberger's *The Duplex Planet* (1979–present) is a multimedia project that includes comics, spoken word recordings, and sculptures based on Greenberger's transcriptions of interviews with residents at an American nursing home.



Figure 5.6 Elizabeth Layton, *Stroke* (1978). (Reproduced with permission of Don Lambert).



Figure 5.7 Evan Penny, *Old Self, Variation #1* (with artist) (2011). Sculpture composed of silicone, pigment, hair, fabric, aluminum. (Reprinted with permission of the artist).



**Figure 5.8** Detail from Evan Penny, *Old Self, Variation #2* (2011). Sculpture composed of silicone, pigment, hair, fabric, aluminum. (Reprinted with permission of the artist).

### Therapeutic uses of visual arts for older adults

According to Bagan,<sup>32</sup> “making art or even viewing art causes the brain to continue to reshape, adapt, and restructure, thus expanding the potential to increase brain reserve capacity.” Although participatory art programs are still an emergent area of research, there is general agreement that visual arts-based therapies (either making or viewing art) have positive effects on both healthy older adults and those with chronic degenerative diseases.<sup>8</sup>

*Visual forms of reminiscence* (e.g., viewing photographs of family and familiar places, or spontaneous reminiscence triggered by professional artworks) have positively stimulating effects on healthy older persons and those with neurological disorders.<sup>33</sup> Effects of visual reminiscence for persons with dementia include improved quality of life, reduction of confusion, and memory triggering,<sup>34</sup> and exploratory studies of visual reminiscence using digital technologies (e.g., “Biography Theatre”) have shown similar promise.<sup>35</sup>

*Visual arts discussion* is also associated with enriched quality of life and social interaction among older persons.<sup>36</sup> Although these dialogues often take place within the care setting, recent research and community initiatives have assessed the use of art galleries as a site for intervention.<sup>37</sup> The best known example is the “Meet Me at MoMA” program in New York City’s Museum of Modern Art, where small groups of older persons and their caregivers are guided through the museum by trained art professionals.<sup>38</sup>

A recent review concluded that *self-expression through visual arts* (participatory activities like painting, drawing, pottery, and textile art) is associated with “overwhelmingly positive” cognitive, affective, and quality-of-life outcomes.<sup>39</sup> Similarly, Park et al.<sup>40</sup> evaluated the effects of learning a visual art (quilting and/or digital photography) on working memory, episodic memory, and reasoning in a group of healthy older adults over a three-month period; post-study results showed improvements in memory function compared to a control group.

Participatory visual art therapy has also been successful with cognitively impaired older adults. The story of Jean Raichle,<sup>41</sup> a woman who only began to create watercolor paintings in her early 90s after developing Alzheimer’s dementia, has been widely reported in major North American news outlets (Figure 5.9 and Figure 5.10). As Jean’s daughter Marilyn describes, “through art [Mom] expresses talents we never knew existed and thoughts and emotions that cannot be expressed any other way.”

Despite some evidence that neurological disorders negatively affect visual creativity, recent studies have noted the surprising emergence and/or enhancement of visual creativity.<sup>42</sup> A larger study



Figure 5.9 Jean Raichle, *Blue Eyes* [Watercolour] (c. 2012). (Reprinted with permission of Marilyn Raichle).



Figure 5.10 Jean Raichle, *Falling* [Watercolour] (c. 2012). (Reprinted with permission of Marilyn Raichle).

of Memories in the Making<sup>®</sup>, an illustration and drawing program for persons with early- to middle-stage Alzheimer's disease, demonstrated improved attention, interest, pleasure, self-esteem, and less challenging behaviors during arts sessions.<sup>43</sup>

Although outcome measures are difficult to standardize, improvements in general cognition and behavior, as well as pleasure derived its therapeutic application, suggests the value of visual arts for older persons regardless of neurological status.

## Film

The combination of acting, camerawork, and sound and visual effects provides especially rich insights into later life. Whether for entertainment or educational purposes, motion pictures both record and influence attitudes of the society that produces them. As a relatively new art form, film and television provide unique opportunities to showcase late-life creativity. Unlike professional theatre, which requires extensive memorization and physical stamina, some older actors have indicated their preference for film because of the capacity to edit and reshoot significantly shorter scenes.<sup>44</sup>

Major film and television actors who have remained active in later life include James Earl Jones (*Star Wars*), Jim Broadbent (*Iris*), Judy Dench (*James Bond* franchise), Christopher Plummer (*Girl with the Dragon Tattoo*), Anthony Hopkins (*Thor*), Angela Lansbury (*Murder, She Wrote*), Ian McEwan (*Lord of the Rings*), Helen Mirren (*The Queen*), Patrick Stewart (*X-Men*), Betty White (*Hot in Cleveland*), and Maggie Smith (*Downton Abbey*). A number of directors have continued to work into older age including Alfred Hitchcock, Ingmar Bergman, Jean-Luc Godard, Ridley Scott, Akira Kurosawa, Robert Altman, and Clint Eastwood.

### The aging mind on screen

Although film and television have tended to feature young or mid-life characters, older age has inspired major works including *Wild Strawberries* (1959), *Harold and Maude* (1973), *The Ballad of Narayama* (1983 Cannes Palme d'Or winner), and the television series *The Golden Girls* (1985–1992). Since 2010, San Francisco State University's annual Legacy Film Festival on Aging has featured a diverse range of films portraying people 55 years of age and older, with the purpose of challenging negative stereotypes of aging.

Older age has also been the topic of recent *award-winning films* including *Up* (2009), *Get Low* (2010), *Robot and Frank* (2012), and *Head Over Heels* (2013). Oscar-nominated *Nebraska* (2013) portrays a possibly cognitively impaired older man (Bruce Dern), whose adult son



**Figure 5.11** Promotional still from Academy Award-nominated British stop-motion short film *Head Over Heels* (2012), written and directed by Timothy Reckart. (Reprinted with permission of the National Film and Television School (NFTS)).

entertains his father's mistaken belief that he has won the lottery. In addition to portraying multiple elderly actors and the effects of alcoholism in later life, *Nebraska* illustrates the principles of validation therapy (i.e., the caregiver's acceptance of the truth experienced by an older person with cognitive impairment).<sup>45</sup> In television, *Derek* (2012–2014) is a fictional documentary-style comedy-drama set within a British nursing home. Directed and written by its star, Ricky Gervais, *Derek* is remarkable for its highly sympathetic portrayal of healthy older age as well as neurological disorders including Alzheimer's dementia and autism.

Films focusing on *aging and artistic creativity* include *The Last Station* (2009, starring Christopher Plummer and Helen Mirren), which recounts 19<sup>th</sup>-century Russian novelist Leo Tolstoy's last days. *A Late Quartet* (2012) stars Christopher Walken as a renowned cellist who develops Parkinson's disease and must decide whether the effects of physiotherapy and pharmacotherapy will permit him to play his final concert. *Amour* (2012) portrays the debilitating effects of multiple strokes on a retired piano teacher and her elderly caregiver husband (it also received the 2012 Cannes Palme d'Or and an Oscar for Best Foreign Language Film).

As in writing and literature, a growing interest in Alzheimer's dementia has given rise to the *dementia film*. Films in this subgenre include *Iris* (2001, starring Jim Broadbent and Judy Dench as author Iris Murdoch), *The Iron Lady* (2011, starring Meryl Streep as former British Prime Minister Margaret Thatcher), *The Savages* (2007, starring Philip Seymour Hoffman), and Oscar-nominated *Away From Her* (2006, starring Julie Christie and Gordon Pinsent), an adaptation of Alice Munro's short story "The Bear Came Over The Mountain" (see "Writing and Literature"). While mainstream films have helped improve the visibility of Alzheimer's and other dementias, critics have faulted their tendency to focus on "the selfhood of the figures surrounding the character with dementia, rather than on those suffering from it".<sup>46</sup>

*Short films* can bridge the gap between entertainment and education because of their ability to tell a visually striking narrative within a limited timeframe. Hayley Morris's *Undone* (2009) depicts the often incomprehensible life-world of dementia in a five-minute stop-animation film; the desolate image of an elderly man adrift in a boat, fishing for and recovering strange objects from the water, symbolizes the profound sense of isolation consequent to memory loss (Figure 5.12).

*Documentaries* often serve the dual purpose of education and advocacy through non-fictional studies of the lived experience of aging. "Greedy for Life," an episode of Laurie Schur's *Beauty of Age Documentary Project*, features interviews with creative, active women over eighty. Late-life creativity is explored in greater depth in the Oscar-nominated *Cutie and the Boxer* (2013), which follows the lives of aging experimental visual artists Ushio and Noriko Shinohara. *Young@Heart* (2007) tells the story of a popular Massachusetts choral group whose hits include covers of Jimi Hendrix, the Ramones, and Coldplay (its youngest member is 73).

The role of advocacy is especially apparent in documentaries focusing on the challenges of aging. *You're Looking at Me Like I Live Here And I Don't* (2010) is the first documentary filmed exclusively in a dementia care unit and provides a first-hand perspective into dementia by focusing on the day-to-day life of resident Lee Gorewitz, who also narrates much of the film (Figure 5.13). Similarly, *Penelope: The Documentary*<sup>47</sup> is an account of "a collaborative effort to dramatically raise the bar on activities in long-term care," which resulted in the professional staging of the story of Penelope from the ancient Greek epic *Odyssey* at a Wisconsin nursing home (www.thepenelope-project.com). *Penelope* portrays both the successful realization and the tremendous challenges of launching a multi-year project involving discussion groups, movement exercises, visual art, stories, and music.

### Therapeutic uses of film for older adults

Compared to other art forms, film is only occasionally applied in the therapeutic setting and rarely with older adults. The psychotherapeutic use of commercial films or *cinematherapy* was first



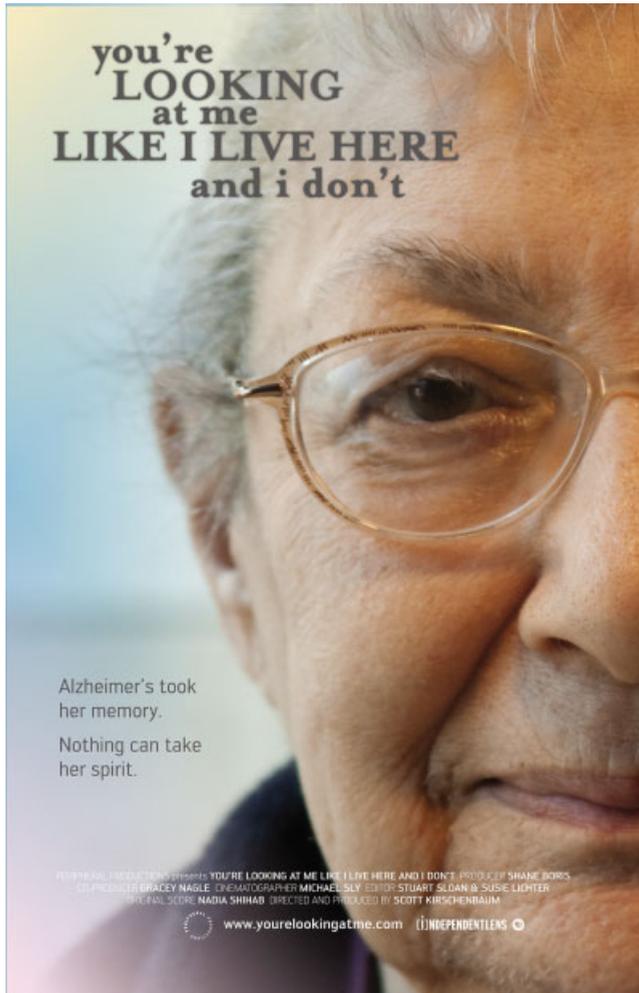
Figure 5.12 Still from Hayley Morris's *Undone* [short film] (2012). (Reprinted with permission of the artist).

described by Berg-Cross, Jennings, and Barusch<sup>48</sup> as a means of improving mindfulness, self-reflection, communication, and mental health education, and some empirical evidence exists to support its effectiveness. Feinstein, Duff, and Tranel<sup>49</sup> found that patients with severe amnesia continued to experience elevated levels of emotion (happiness or sadness) following their viewing of either a happiness- or sadness-inducing film clip, suggesting the possibility of using film to enhance cognitive well-being.

*Digital storytelling* is a more established application of film and related media for therapeutic uses (<http://storycenter.org>). Digital storytelling often takes the form of a short, first-person video narrative accompanied by music, photos, and moving images.<sup>50</sup> Organizations like StoryCorps and StoryCenter are committed to preserving the digital stories of multiple generations; The “All Together Now” project, for example, invites persons with direct recollections of the American Civil Rights Movement (1950s and 1960s) to record and upload their story onto a dedicated website for the benefit of present and future generations. SAGE Story is a national digital storytelling program for lesbian, gay, bisexual, and transgender (LGBT) older adults; it uses digital storytelling as a means of strengthening social networks and support for LGBT-identified older people. Initiatives of this sort may help offset the effects of social isolation, low income, and other detriments to physical and mental well-being.

In the health setting, patient stories are now understood as key to understanding the experience of illness and diversifying broader cultural narratives of aging.<sup>51</sup> The UK organization Patient Voices have begun digitally recording and archiving stories in patients' own words; in a study of seven patients with early-stage dementia, Stenhouse et al.<sup>52</sup> concluded that the process of creating digital stories led to positive changes in participants' interactive skills, self-expression, and sense of identity.

Despite a current paucity of empirical data, preliminary explorations indicate the need for and promise of further research concerning the use of film as a therapeutic intervention for older people.



**Figure 5.13** Promotional poster from the documentary *You're Looking at Me Like I Live Here And I Don't* (2010). (Reprinted with permission of Scott Kirschenbaum).

### Critical Approaches: The “Neuro” Paradigm

Recently, diverse fields of research have employed neuroscientific methods to evaluate neurological effects of everyday activities, including exposure to art media. Researchers in some humanities fields have begun to use fMRI to track cerebral blood flow in study subjects exposed to specific art forms (e.g., novel reading, the visual arts).<sup>53</sup> This interest has become known as *neurohumanities*, a new interdisciplinary field that seeks to provide evidence for the neurological benefits of art through findings produced by brain imaging technologies.

The application of neuroimaging technologies to humanistic fields of study has resulted in new interdisciplinary subfields including neuropolitics, neurolaw, neurohistory, neuroaesthetics, neurotheology, and neuroliterature. This *neuroscientific turn* is motivated by a desire to improve the credibility of methods and truth claims made by humanistic fields of study, especially claims concerning health, illness, and the nature of lived experience.<sup>54</sup>

In the sciences, brain imaging has been used as evidence for humanistically derived questions such as *theory of mind* (ToM). Neurological studies of ToM often make reference to literary fiction, storytelling, and narrative as prime examples of the inductive leaps needed to interpret our own inner lives and those of the people around us.<sup>55</sup> At the core of such research lies fundamentally philosophical questions: To what extent does the brain, an organ composed of specialized cells, form the basis of the mind—that element of a person that enables him or her to be conscious of (and experience) the world in terms of the “self”? What can investigations into brain function reveal about the nature of reason, free will, and the capacity for expression, cherished concepts that have, in the Western tradition especially, come to define what it means to be human?

However, both scientific and humanistic researchers have begun to question the claims to objectivity at the basis of the neuroscientific turn and in the neurological sciences more generally (a critical position known as *neuroskepticism*). In *A Skeptic’s Guide to the Mind: What Neuroscience Can and Cannot Tell Us about Ourselves*,<sup>56</sup> neurologist Robert A. Burton makes a powerful argument that although neuroscience has “improv[ed] both our daily lives and our self-understanding” (p. 7), it is a mistake to consider neuroscience and its practitioners “the preeminent narrators of the modern story of the mind” (p. 231). Artist and sculptor Joshua Harker’s “Twenty-First Century Self-Portrait,” created by means of computed tomography (CT) scans of the artist’s skull and 3D printing technology, speaks to the way in which the brain—rather than the face, as suggested by more traditional forms of portraiture like Rembrandt’s—has come to stand as a symbol for contemporary selfhood. Do such neurologically inspired portraits capture our common humanity or, by contrast, do they efface individual selfhood entirely? The ambiguous message of Harker’s striking portrait leaves the viewer to decide.

### Neuroculture and the aging brain

This critical assessment of the dominance of neurological and, more generally, biomedical truth claims has significant implications for the aging mind and brain and the conceptualization of research in geriatrics. A number of health researchers have objected to the *Alzheimerization* of aging, which describes the view that disproportionate research funding is dedicated to Alzheimer’s dementia at the expense of other, often more commonplace, age-related pathologies or preventive interventions.<sup>57</sup>

Researchers in the sciences have also criticized the language commonly used to frame the experience of aging and older age. For example, *military metaphors* (e.g., the “war” on dementia, “battling” old age) have been criticized for powerfully, because negatively, determining broader cultural perceptions of aging and age-related pathologies.<sup>58</sup> Similarly, the diagnostic label “Alzheimer’s” has come under considerable criticism. By critiquing the “myth” of Alzheimer’s, neurologist Peter Whitehouse and Daniel E. George do not deny the symptoms or harmful effects generally associated with age-related memory loss and cerebral atrophy. Instead, Whitehouse and George advocate a reorientation of research away from the dread-inspiring *cultural narrative of dementia* toward nonpharmaceutical interventions based on improving quality of life. By including insights from the arts and humanities, researchers from all disciplines can build a new and more comprehensive “narrative for approaching brain aging that undercuts the destructive myth we tell today.”<sup>59</sup>

Humanistically informed modes of inquiry such as literary, philosophical, and historical perspectives are valuable for what they reveal about the complex *sociocultural construction of aging*. However, in this very chapter, we might also note the disproportionate attention given to Alzheimer’s dementia as a subject for 21st-century art forms over other age-related neurological conditions. Just as critics have noted the Alzheimerization of biomedical aging research, so might we also speak of the Alzheimerization of aging and older age in diverse art forms. Do such portrayals help to challenge narratives of aging? Or do they merely uphold a pessimistic (and possibly harmful)



**Figure 5.14** Still from the short animated film *Retrogenese* (2013) (<http://vimeo.com/67957845>). (Reprinted with permission of the artist Suus Hessling).

cultural narrative of aging as a process of physical, cognitive, and neurological decline? Portrayals of age-related neuropathologies are especially harmful if they perpetuate the belief that cognitive change in later life involves an inevitable loss of selfhood.<sup>60</sup>

Shifting ideas of what defines “normal” versus “abnormal” aging have given rise to questions concerning *neuroculture* and its relationship to the individual lived experience of aging. As Williams, Higgs, and Katz, argue,<sup>61</sup> “neuroculture is not simply a question of the power or persuasive appeal of the neurosciences within the laboratory or clinic, but of their wider social, cultural, political and economic salience and significance about the future of humanity and potential for its optimization.” As the “neuro” paradigm continues to powerfully shape how older age is understood to affect the brain and representations of the aging mind, researchers in the sciences and the humanities are charged with an important ethical responsibility. To echo the conclusion of Williams, Higgs, and Katz:<sup>61</sup> “Ageing brains might be different but not necessarily deficient or pathological...We owe it to those who have aging brains not to reduce their humanity to one organ.”

## Conclusion

Researchers, therapists, and artists working in the field of aging share a common goal: to provide people across the lifespan with the means of aging well. Where humanistically and scientifically oriented perspectives diverge in this shared aim can be reduced to (1) the perceived importance of empirical evaluation, and (2) what meaningful interventions, evaluation methods, and results entail.

While randomized controlled trials and other empirical (including qualitative) research methods yield important information, they are often inappropriate for testing the efficacy of the arts. Why is this the case? A key aspect of creativity and artistic practice is its tendency to vigorously resist the core values of scientific research: clarity of data, quantification, standardization, objectivity, replicability, and so on. What would be an effective “dosage” of theatre, expressive writing, music, or

movement therapy? As researchers from across the disciplines have argued, it is both unfeasible and illogical to compare the impact of arts interventions to a dose of Donepezil.<sup>26,59,62</sup>

The studies discussed in this chapter strongly suggest the positive effects of arts-based interventions on important neurological outcomes like memory and cognition. Other outcomes including improved quality of life, self-concept, and well-being are also indicated, but these highly individualized experiences are notoriously difficult to define, study, and replicate. Rather than indicating an intellectual impasse, however, these challenges point to a vital opportunity, namely, the need for a new and innovative evaluation paradigm sensitive to the issues emphasized by humanistic perspectives on aging.

In fact, a bridge between humanistic and more traditional neurological perspectives on aging already exists: it is the desire for and commitment to making the lives of older people—ill and well alike—more healthful, meaningful, and sustaining. As new collaborations between artists, neuroscientists, social scientists, and arts therapists suggest, neither the scientific nor the humanistic approach can fully realize its potential without the insights of the other. The growth of innovative evaluative paradigms that engage both disciplinary perspectives are essential to ensure that effective, nonpharmacological, arts-based interventions are implemented in time to serve a globally aging population.

## Note

AC was the sole author of sections “Literature and Writing,” “Visual Art,” “Film,” and “The ‘Neuro’ Paradigm.”

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