

Chapter 4

Visual Communication to Improve Relationship Quality in Spousal Caregivers of Individuals With Alzheimer's Disease

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ABSTRACT

The study investigated the effectiveness of an art therapy intervention in improving relationship quality of spousal caregivers and their spouses with Alzheimer's Disease (AD). Two single case studies were conducted, each composed of a caregiver and spouse with AD. Intervention consisted of three art therapy sessions based on visual communication, or the mutual creation of artwork. Relationship quality was measured throughout the study using clinical notes, pretest and posttest, and caregiver daily reports of positive interactions with their spouse. Couple dynamics were found to influence how positively each art therapy directive was viewed; however, both caregivers noted valuing art therapy interventions for providing recreation and socialization. The intervention resulted in increased positive interactions in both case studies.

INTRODUCTION

Alzheimer's Disease (AD) is a progressive illness characterized by gradual cognitive decline (American Psychiatric Association, 2000). As the disease progresses, individuals with AD often lose a sense of their pre-illness identity along with memories of loved ones (Reisberg & Franssen, 1999). The individual with AD eventually requires fulltime care.

Caregivers of those with AD often find that they have taken on a fulltime job that is both physically and emotionally challenging. Caregivers frequently experienced a decrease in wellbeing due to the demanding nature of the job (Ott, Sanders, & Kelber, 2007). Dealing with cognitive, functional, and

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behavioral issues with the individual with AD was found to lead to higher levels of “depression, poor health habits, physiological dysregulation, psychiatric or medical morbidity, and mortality than noncaregivers” (Vitaliano, Zhang, Young, Caswell, Scanlan, Echeverria, 2009). It was found that caregivers of individuals with AD were six times more likely to have an onset of dementia (Norton, Smith, Ostbye, et al., 2010).

By the later stages of the disease, it was found that caregivers struggled to view the individual with AD as continuous with their previous identity due to vast changes in memory and behavior in their loved one (Chesla, Martinson, & Muwaswes, 1994). As a result, caregivers may struggle to stay emotionally connected to a relationship that has transformed so dramatically. Caregivers struggling to stay connected emotionally were found more likely to discontinue providing care (Hirschfeld, 1983).

If not cared for within the family, individuals with AD received care provided in nursing homes or in mental health hospitals (Ernst & Hays, 1991). While the majority of homecare costs fall on caregivers, the costs of institutionalization are paid most often by the public through programs such as Medicare/Medicaid (Mebane-Sims, 2009). With the number of individuals diagnosed with AD expected to grow rapidly, the annual rate of diagnosis expected to triple by 2047, providing additional supports for caregivers in the home is not only advantageous for the wellbeing of caregivers but also for the costs of society at large (Brookmayer et al., 1998).

The present study investigated whether art therapy could be used to provide support to caregivers of spouses with AD. It was hypothesized that couple’s art therapy, in which caregivers and spouses with AD worked together to create art, would strengthen a couple’s relationship quality. An art therapy intervention was formulated by considering the current literature on the caregiving relationship and the use of art therapy with caregivers and individuals with AD.

THE CAREGIVING RELATIONSHIP

Relationships with individuals with AD were found to fall within three categories: continuous, continuous but transformed, or radically discontinuous (Chesla, Martinson, & Muwaswes, 1994). In continuous relationships, individuals with AD were seen as representing the same identity throughout the disease. The relationship was perceived as unchanged, and patterns of behavior were seen as continuous with past behaviors. If relationships were continuous but transformed, the individual was perceived as transformed by the disease; however, the caregiver was still dedicated to maintaining their relationship. Those with a radically discontinuous relationship saw the individual as discontinuous from the person they once knew. Those in discontinuous relationships became emotionally detached and were most likely to discontinue providing care, or continued to provide care at a lower quality (Williamson & Schaffer, 2001).

Although many caregivers come to view the individual with AD as separate from their previous identities, one study found it was possible with intervention to aid the caregiver in forming a new perspective (Quayhagan & Quayhagan, 1996). Exercises for the caregiver and spouse with AD were provided to increase positive interaction through a variety of games aimed at increasing memory. Caregivers in the study came to view their spouse as more congruent with their past identity after the exercises revealed their spouse’s dormant abilities, which resulted in greater relationship satisfaction.

Relationships quality was further delineated by the level of mutuality in the caregiving relationship (Hirschfeld, 1983). Mutuality was defined as having “ability to find gratification in the relationship with the impaired person and meaning in the caregiving situation... and the caregiver’s ability to perceive

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