

The potential of expressive approaches to gerontopsychiatric users of residential care

(overview essay)

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Abstract: *The article deals with the interim results of experiments performed at the Institute of Special Education Studies, Palacky University in Olomouc. These experiments are primarily focused on the identification and validation of an activation, educational, therapeutic and diagnostic potential of expressive approaches to gerontopsychiatric clients in residential care. Experimental work was ensured by the expert team led by Professor Milan Valenta, assembled in order to meet some current goals and objectives of a specific university research. Specific target group were seniors with early to moderate dementia.*

Keywords: *expressive approaches, senior citizen, atrophic-degenerative dementia, vascular dementia, mobilization, education, therapy, diagnostic tool, diagnostic value, procedural efficiency*

1 Introduction

Population aging is becoming a major issue. It is therefore striking that it is not adequately been translated into systematic societal preparation for many related consequences. And it is not just about the general quality of life in old age, but also the need for specific solutions to a decent life for each of widely divergent groups within this age group. Its diversity includes both individuals with good health and functional status, and individuals with a strong dependence on care. Among these can be, among others, included the elderly disadvantaged due to diagnosed cognitive disorder, dementia mostly. This syndrome has a different etiology, however, frequent type occurring in the senior population is dementia of the Alzheimer type (50–60% of all dementias), whose prevalence increases exponentially with age (Tokovská, 2014).

The quality of life of persons suffering from any dementia is largely disturbed and requires complicated support measures, spread into several areas of comprehensive rehabilitation care. These measures are also covered by various intervention methods aimed at activating of cognitive functions and maintaining of basic psychosocial abilities of the man (ranks to non-pharmacological approaches of psychological and psychotherapeutic nature). The effectiveness of some of them is more or less confirmed by expert studies (Tavel, 2009) – mentioned as orientation in reality, reminiscence therapy, validation and others. (Holmerová, Rokosová, Suchá, Veleta, 2004).

The approaches, which do not have sufficiently experimental verification of their effectiveness on the target group, include approaches expressively-formative. Their undeniable positive impact is yet demonstrated, eg. for people with mental and behavioral disorders due to psychoactive substances, neurotic disorder, mental retardation and many others (Lištiáková, Müller, Svoboda, Valenta, 2014).

The following text on the above-mentioned fact reacts and tries to describe the results of experiments focused mainly on detecting an activation, educational, therapeutic and diagnostic potential of professionally-led intentional expression in old age psychiatry clientele located in residential facilities providing social and health care. These experiments have been continuous content of specific university research projects undertaken at Palacky University in Olomouc since 2013.

2 Expressive approaches for seniors with dementia – theory

Expressive approaches are inherently built to intentionally and deliberately caused artistic expression, which we define as an expression of inner feelings and relationships with people through a specific means of artistic media (art, music, etc.). Jan Slavík (1999) defines expression as a type of human activities (directly related to communication), in which man spontaneously and with an emphasis on the form of expression reflects their inner mental states, impressions, feelings, moods and the associated personal experience or knowledge. In the expressive speech we speak about a lot (mostly about ourselves), but our testimony we cannot always be accurately controlled. Its content is understood rather loosely, but with the emotional impact. Expression can take place at various levels, from little awared expressions accompanying simple emotions to artistic creation.

When applying expressive approaches there always raise two basic options – either an active participant in the use of the media involved in the artistic (or paraartistic) formation, or involved the perception of the results of someone else's creation.

Used medium serves as a means of desirable changes that can, among other things, result from the functional potential of art (Muller, 2014). It has many functions, interacting not only for the natural integration of human personality, but also in their deliberate interference. Jiri Kulka (2008) in this context refers to several areas containing features:

- Biological manifested by stimulation (by stimulating sensory organs and mental and physical processes), relaxation, influencing biorhythms, circulatory system, etc.,
- Psychological operations involving cognitive, expressive, formative, abreactive, emotional motivation, therapeutic, etc.,
- Social affecting human communication, the need for social identification, coordination, social activities and so on.

Functional potential of art has become an important starting point in structuring and comparison of information about the particular importance of artistic expressions (and with them effectively combinable interventional procedures) in non-pharmacological approaches to the elderly with dementia. An illustrative example of such a propaedeutic knowledge may be synergy of music and other arts with music-related factors in spontaneous or intentional exposure to humans. Its undeniable positive effect is based on the proven multi-functional effect of music on different areas of the human brain and its share in the activities of neuronal activity patterns operating in a downturn and determining what people do and experience. Klaus Grawe (2007) to this effect confirms that music activates specific neural systems of reward and emotion (usually responding to measure of the satisfaction of basic needs), and is a major regulator of pleasure. Oliver Sacks (2009), contributes to the neurophysiological knowledge on the topic describing the significance of the musical imagination in the activation of auditory and motor centers of the cerebral cortex and in the production of memory traces (visual, verbal ...). The idea of the tune can be a stimulus of procedural motion stereotypes or *ex post* (eg. after the utilization of unconscious verbal associations) to recall the forgotten text. But it is not just about the text itself. Effects of music can be also connected with remembering and recollecting of general facts, such as the name of the piece or a composer.

Another example of propaedeutic knowledge logically resulting from the functional potential of art relates to its social function and hence the communication. The mere possibility of people to communicate, to process the events of their lives, participate and collaborate on the surrounding events is very important for their personal well-being, an important component and indicator of the quality of life. This option is offered in a specific way by artistic expression. And this is not just

a confrontation between “making” with the social environment, such as the award. It is an absolutely unique opportunity to choose from multiple communication devices the one that fits best, one that allows a person really to communicate something and share something. These means of communication may be in this case features of a different kind, importance and complexity, necessary words (see language as an abstract system of signs and language as its individual use), but the symbolic overlap, giving their users freedom to express (or understand) some of their being.

Nonverbal signs belong to the most frequent (including the cases where no verbal communication skills of participants okay, see, for example, dementia). This is because they allow a safe and relatively easy expression of many problematic and controversial issues. In addition, the requirement for the quality of the relationship and interaction – between the partners, between the expert and his ward, a social worker and a user of social services and so on.

Regarding the importance of nonverbality in caring for seniors with dementia, this is kind of confirmed. Previous researches pursued for example so called touch instrumental (contact from the caregivers), touch expressive (the response of the client), facial expression (as used by the client, or understood by the caregiver), certain diagnostic tools have also been developed (to monitor positive responses by slight gestures, motions, smiles, eye contact, as reactions to external stimuli, music, massage) (Hubbard, Cook, Tester, Downs, 2002). However, research and experimental activities lack the integration of such sub-communication factors in the broader context in which each communication takes place. In particular, it is necessary to focus the attention to the phenomenon of conversation. Ethnomethodological access there may be a theoretical and methodological background. The usefulness of ethnomethodological principles of conversation analysis to effectively support people with impaired communication skills is highlighted by (along with the usefulness of psycholinguistic modeling used by cognitive neuropsychology) Cséfalvay (Cséfalvay, Brnová, 2009). The findings confirm the experiments by which it was found that elderly people with dementia used nonverbality not only as a means of communication itself, but also as the interpretation of nonverbal behavior of the others (Hubbard, Cook, Tester, Downs, 2002).

Beyond the given topics in the research of the importance of artistic expression in non-pharmacological approaches we can be inspired by many other findings, especially those related to non-pharmacological approaches to the clientele. We find them in specialized texts by Basting, Killick (2003), Killick, Alan (1999), Gerdner (2000) and others. The important thing is that this knowledge must be constantly correlated with the possibilities of expressivity, and that any modified approaches

always correlate with the rate of involutional (or disease) changes, functional status (self-sufficiency), the adaptability of humans on the age, type of their personality, previous experience, needs. Appointed determinants are also mentioned by the competent authorities. Inspirational is a model by Cohen-Mansfield (2000) built on the relationship of satisfying the needs and the behavior of the individual. Three options are summarized: behaviour leading to the fulfillment of needs (such as search of stimuli), behavior leading to the expression of needs (eg. repeated questioning) behavior resulting from unmet needs (such as aggression caused by pain or unpleasant feeling). The influence of experience on the ability of activity in old age is mentioned by Neda Agah (2006): systematic activities in adulthood are a very important indicator of the success of activities at a later age – old man, who was once very active, will most likely pursue the same lifestyle in the older age.

In determining the effectiveness of expressive-formative interventions in older adults with dementia we can come from primary sources. The empirical study by Jennifer Rusted, Linda Sheppard and Diane Waller (2006) is very inspiring, it is the first controlled study of its kind, whose main purpose was to test whether an active participation in the group working with artistic means (short and long term) has positive impact on psychosocial, cognitive and other functions of representatives of the target group. The authors confirm clear mood changes, improved attention, involvement and participation. Series of studies documenting the positive impact of art on the personal well-being of people with dementia seniors are stated by Elizabeth Lokon, Jennifer M. Kinney and Suzanne Kunkel (2012). Critical review of academic texts (published between 1990 to 2010) on the use of expressive therapies (especially music therapy, art therapy, drama and dance and movement therapy) in supporting people with dementia of the Alzheimer type is submitted by Renée L. Beard (2012).

3 Expressive approaches for seniors with dementia – our own experiments

The experiments focused on identifying an activation, educational, therapeutic and diagnostic potential of deliberate, expertly executed expression in old age psychiatry clients in residential care took the form of regular weekly lessons, which were participated by the open group of patients of Psychiatric hospital in Kromeriz, since 2015 the research group has been delegated from service users of the Home for the senior citizens and the Home with special regime Hrubá Voda.

Functional status of these subjects ranged from the fragility to dependency, impaired communication skills correspond to the degree of dementia, when the communication compared with the standard is: 1. partially reduced in the domain

of participation, 2. reduced more in the domain verbality 3. mostly preserved in a nonverbal component (Rousseaux 2010). Other typical symptoms were present, mainly: 1. Global cognitive disorder affecting memory and at least one other function, 2. other accompanying psychopathological non-cognitive symptoms, behavioral and functional changes (Müller, Svoboda, 2015).

Continuous exposure on the experimental group had a form of expressively tuned interventions (combined with elements of the orientation by reality and reminiscence, touch stimulation, validation etc., formally using a group dynamics) made by a pair of therapist – co-therapist whose instrumentation consisted mainly of means which has dramatic and musical art, simple role play (on the level of simulation), physical means of expression, gestures, alternative things, vocal expression, listening to music and so on.

Lessons copied the periodic structure consisting of the following phases:

1. contact, orientation, tuning – aimed to attract and stabilize attention, to detecting and / or influencing mood and general psychophysical state – usually through a small cushion as a contact and initiating object,
2. motivation – leading to activation and focus of activities in a meaningful way – usually with the help of reminiscence media, eg. period music, old photos, reference articles (women's ball bag and gloves, men's hat and bow tie, evoking preparing for an important social event), recollection boxes with tiny props, etc.,
3. thematically oriented group or individual activity – aiming to satisfy some of the actual needs of the participants – it was such as movement and dance activities inspired by music from old Czech films, singing inspired by memories of life's important events, biographies inspired by zodiac signs, etc.,
4. conclusion – leading to the closure of open issues, tuning of memories, feedback summarizing an authentic impression of the executed session, farewell – this was mostly in the form of group conversation and ritual.

The work of the therapist and co-therapist was not only interventions and contact with probands, but also data collection, evaluation, creation and modification of the diagnostic tool and other related activities. Necessary data were provided by participant in observation with the rating record.

Research methodology was qualitative and quantitative. The qualitative part was based on the theory by Strauss, Glaser and Corbin (1999). Research activities were focused on methodological problem – verification of a specific device – but also on the substantive issue – the effectiveness of interventions. Formed and modified specific device (diagnostic tool) was above mentioned rating record (rating scale), originally designed for adult clients with a psychiatric diagnosis (Lištiaková, Müller, Svoboda, Valenta, 2014). Its assessment and adjustment were based on the discovery

of the relationship between sub-headings and the reactions of clients, independently evaluated and correlated by researchers. Items included typical personal-social skills and functional skills but also specific skills related to artistic expression. Their range under consideration was expressed by five point scale. The effectiveness of interventions arose from the observation if there was a significant improvement of the client (and in individual phases) throughout the intervention cycle.

Evaluation rating at that stage did not include the proof of the relationship between all variables, which could be considered (for example dynamics status of probands). Because of the absence of a control group (it was an uncontrolled study) there has not been determined statistical significance of the data collected and the hypothesis confirmed. Simply there was determined the statistical difference between the monitored items at the beginning and end of the experiment and compared in detail with empirical experience. Certain advantage, however, was represented by a structural simplicity and portability (and the possibility of quantifying of quality markers) of the tools. Another positive fact was the comparability over time for a particular client, the possibility to monitor the progress and the possibility of recording the central tendency of the monitored identification marks (ie. persistence, decrease or increase).

Diagnostic tool reached in the described phase of the experiment the final format and content (Muller, 2015).

The evaluation rating of expressive techniques in elderly patients with dementia

1. The status of a client in the group

<i>I.</i>	<i>II.</i>	<i>III.</i>	<i>IV.</i>	<i>V.</i>
<i>Does not cooperate with the others</i>	<i>Cooperates with the others rarely</i>	<i>Cooperates with the others some-times</i>	<i>Cooperates with the others often</i>	<i>Cooperates with the others always</i>

2. The activity of the client

<i>I.</i>	<i>II.</i>	<i>III.</i>	<i>IV.</i>	<i>V.</i>
<i>Indifference (detachment)</i>	<i>Mostly passive</i>	<i>Middle, ambivalence</i>	<i>High activity</i>	<i>Leading activity</i>

3. Spontaneity

<i>I.</i>	<i>II.</i>	<i>III.</i>	<i>IV.</i>	<i>V.</i>
<i>Rigidity</i>	<i>Low spontaneity</i>	<i>Middle, ambivalence</i>	<i>High level of spontaneity</i>	<i>Maximal spontaneity</i>

4. Focusing

<i>I.</i>	<i>II.</i>	<i>III.</i>	<i>IV.</i>	<i>V.</i>
<i>Permanent absent-mindedness</i>	<i>Often absent-mindedness</i>	<i>Middle</i>	<i>Stabile during main part of intervention</i>	<i>Stabile during the whole intervention</i>

5. Emocional expression

<i>I.</i>	<i>II.</i>	<i>III.</i>	<i>IV.</i>	<i>V.</i>
<i>None</i>	<i>Low</i>	<i>Adequate to the situation</i>	<i>Exaggerated</i>	<i>Endangering</i>

6. The emocionality of a client

<i>I.</i>	<i>II.</i>	<i>III.</i>	<i>IV.</i>	<i>V.</i>
<i>Generally not active and refuses</i>	<i>Very shallow uncovering</i>	<i>Uncovering on a personal level</i>	<i>Uncovering on an emotional level with the appropriate context</i>	<i>Uncovering emotional and of affective nature, its expression outwardly</i>

7. Nonverbality

<i>I.</i>	<i>II.</i>	<i>III.</i>	<i>IV.</i>	<i>V.</i>
<i>Without expression or inadequate to the situation</i>	<i>Low level</i>	<i>Middle</i>	<i>Adequate in some activities</i>	<i>Adequate in situations during the whole intervention</i>

8. Interaction

<i>I.</i>	<i>II.</i>	<i>III.</i>	<i>IV.</i>	<i>V.</i>
<i>Indifference</i>	<i>Low level of the reaction</i>	<i>Ambivalence</i>	<i>Predominant conscious reactions to the group members</i>	<i>Conscious reaction to the members of the group for the whole intervention</i>

9. The reaction to the initiation item

<i>I.</i>	<i>II.</i>	<i>III.</i>	<i>IV.</i>	<i>V.</i>
<i>Indifference</i>	<i>Low level of the reaction</i>	<i>Ambivalence</i>	<i>Predominant conscious reactions</i>	<i>Conscious reaction for the whole intervention</i>

10. The reaction to the dramatherapeutic medium

<i>I.</i>	<i>II.</i>	<i>III.</i>	<i>IV.</i>	<i>V.</i>
<i>Touch</i>	<i>Music</i>	<i>Noise</i>	<i>Image</i>	<i>Word</i>

11. Dramatherapeutic expression on the level

<i>I.</i>	<i>II.</i>	<i>III.</i>	<i>IV.</i>	<i>V.</i>
<i>Movement</i>	<i>Noise</i>	<i>Image</i>	<i>Figure</i>	<i>Verbalization</i>

12. Entering the role and its level

<i>I.</i>	<i>II.</i>	<i>III.</i>	<i>IV.</i>	<i>V.</i>
<i>Inability to enter the role</i>	<i>Simulation, without interaction</i>	<i>Middle, occasional falling out of role</i>	<i>Maintaining the role with interaction</i>	<i>Interactive characterisation</i>

Said diagnostic tool was first developed by a modification of the rating scale under the earlier experimental work with adult clients with a psychiatric diagnosis (in one group there were mostly women of working age with neurotic disorders and the second group was for men and women addicted to alcohol and non-alcohol drugs), and certain items unsuitable for our target group of older people with dementia were eliminated – eg. items detecting abilities of imagination and distance (for their supposed small usability). It was based on the fact that these items unnecessarily target

impaired abilities that are in normal contact rather an obstacle to communication and consequently a source of potential conflicts between users of social services and professional (social) worker.

Subsequent verification of the modified measuring device based on the correlation of the monitored sub-items, namely expressive interventions and responses of probands showed during the intervention cycle some significant differences. Items such as emotionality of a client (+ emotional expression) nonverbality, reaction to the initiation object and response to dramatherapy medium proved to be more correlated.

The category Emotionality of a client (+ emotional expression) seemed to be very crucial factor even before proving of the relationship between variables. Experience shows that emotions are an important means of expression, interaction and establishing closer relations right for the people with dementia. They replace their impaired verbal component of communication (especially so called expressive and receptive language, it means the ability to encode and decode thoughts). Assessing emotional responses of probands then actually showed a high correlation. However, it should be emphasized that the share of influencing factors was not further investigated. The current dynamics of emotions was, in our opinion, increasingly dependent on the emotional support and set atmosphere, a great role was played by the character of the personality and the way of experiencing the emotions influenced by cognitive impairment (ranging from sheer apathy, instability, to inadequate emotional reactions).

The category Nonverbality is closely linked to emotion, because they are mutually interconnected mental functions. Any emotion causes nonverbal response, and vice versa, nonverbal expression evokes the experience. To persons with dementia it allows an easier way to communicate and interpret the behavior of people around them (through understanding gestures referring to the emotional condition of the person), and plays an important role in assessing their behavior from the point of the view of caregivers. Even this category showed a significant correlation. It is highly probable that it is better evaluated due to the existence of experience in used non-verbal signals, which can be structurally tracked among clients – there may be mentioned lifting the head, smile, nod, eye contact, hand movement, reaction to the initiation touch and so on.

Categories Response to the initiator object is related, inter alia, with the initial touch (understood within the meaning of haptic non-verbal communication). This object is intended to facilitate communication between the communication partners, mostly in the initial motivation phase. Its appearance is therefore of a rather neutral

character that do not cause any a priori needlessly confusing associations. It should be a simple object, pleasant to the touch, not burdening the visual perception (a small cushion proved to be good). The response to the initiation object showed high correlation values, in addition it was possible to trace a degree of participation in the communication of individuals (see also below, item Interaction), a factor that has the potential for future research of conversation capabilities. In addition to monitoring the level of responses there have been observed, for example, phenomena such as physical proximity (or physical contact) to the communication partner, his address, the degree of externalization of feelings caused by initiating object and focus on the communication partner (ie: Does a person use the object only to themselves?), etc.

While the previous categories included in the human resources and social competencies, responding to dramatherapy falls between specific competencies associated mainly with artistic expression. There is its uniqueness. Dramatherapy media reported the ability to compensate many shortcomings associated with cognitive impairment – see some examples in the theoretical part of the text. In our experiment the finding was confirmed that the majority of clients with dementia positively responds to the touch and music (or selected sounds), then more uneasily to the image, and most uneasily to the word. This statement was also supported by the high validity of this item. For future research in this direction it seems to be beneficial to correlate the media with its reminiscent potential. We proceed from the following findings. The reaction of probands to the media could be relatively accurately assessed, but their reactivity revealed something extra – opening and accessing memory traces, although with varying intensity and variability. Yet it was evident that the significant role was played by a currently running particular reminiscence of one of the clients. As a confirmed we consider also a fact of the long-term positive impact of these media on the functional status of people with dementia and their preventive effect against the risk of sensory deprivation.

Such items like position in the group, interaction, activity, spontaneity, concentration, dramatherapy expression and access to role proved less correlated. The common denominator of the categories covered in the personal-social competences, and also the leitmotif of their lower correlation was ongoing disruption in the domains of participation in communication and verbal communication, obviously there was an impact when other capabilities were disturbed. In the category of position in the group there were partially exhibited also some positive effects – a mutual emotional support and cohesion of the group members, the transfer of similar experiences and problems, or the perception and assessment of the behavior of another person with possible self-reflection. Category interaction convincingly correlates with response to the initiation object. Activity and spontaneity were generally subdued with clients. Ability to concentrate is difficult to evaluate because of the present deficits in selective

attention, some probands manifested inertia (inertia given by both their own disorder and in some cases inappropriate medication), others perseverance (insistence, eg. on personal issues). In the longer term, however, some of the clients showed some improvement.

Among the less correlated specific competences related mainly to the artistic expressiveness belonged dramatherapy expression at the level of movement, sound, image, character, verbalization and entering a role. It was certainly influenced, *inter alia*, by impaired ability of activity, spontaneity and concentration, they were also more difficult to evaluate. Its importance proved the positive appraisal of activities of clients – albeit rather sporadic – induced experiences had an impact on their eventual courage to use this medium in the future. We believe that the positive appreciation had the effect of recording the experience of the proband into their procedural memory. Rating of the category entering a role showed a strong correlation, both of the above reasons, and also because this phenomenon has not been devoted significant space. The highest levels of the role that we used was the simulation (eg. dance at the ball). We assume that if it worked systematically, for example in the form of theater, we could take advantage of the higher levels. This was not our concern. Observing, however, we came to the following conclusion: for the person with dementia role play may have some importance when it retains a sense of control over their own lives, and if it is based on their identity, status, and current social roles.

4 Summary

The result of the research activity focused on methodological problem was the above mentioned diagnostic tool. In further consideration of its validity there will be taken into account the degree of correlation of individual items, which will be likely reflected in the rating, integrating only those items with high or higher correspondences.

In the case of the concept of investigation as a substantive issue (effectiveness of interventions) a verified tool showed statistically significant shift in the scale of the clients evaluated on early intervention and at the end of intervention, namely with items focused on concentration, emotionality and emotional expression, response to the initiation object, response to the dramatherapy and nonverbality. It should be noted that due to the large number of independent variables affecting the “improvement” of the client in items mentioned in time and the absence of a control group we admit to that discovery relatively little predictive value, with minimal generalization.

Other results of the experiments were completed processing and verification of methodical series, respecting the specific needs of the target group. Into their methodologies were incorporated as well:

- narrative approach to the use of reminiscence – using free group conversation about the life experiences of participants,
- reflecting (balance) approach to the use (and survey) of reminiscence – using a rating of the life of clients, encouraging, supplying the meaning of life,
- information access – based on the transmission of information (memories, experiences, knowledge) in the form of a personal narrative in the context of historical events (Muller, 2014).

All of these concepts have become part of expressive interventions potentially useful in non-pharmacological approaches to the elderly with dementia in residential social care.

5 References

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