BOOK REVIEW

Psychodynamic approaches to the experience of dementia: Perspectives from observation, theory and practice (Evans, Garner & Darnley-Smith, Eds.)

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Psychodynamic Approaches to the Experience of Dementia is a compendium of 18 chapters by a multi-disciplinary group of editors and authors with extensive experience working in dementia care. The authors include professionals from psychiatry, psychology, music therapy, art therapy, social work, and geriatric medicine, primarily based in the UK. The book argues the importance of a psychosocial understanding of dementia, not only for people with a diagnosis, but also for friends, families, and caregivers. Kitwood’s (1997) person-centred approach underpins the chapters, highlighting the importance of understanding an individual’s physical and emotional responses to this disease. The authors reflect on their experiences of working with people living with dementia, caregivers and other clinicians; they emphasise how psychodynamic theories have been helpful for them in understanding the people they work with. A number of themes arise throughout the book, such as challenging assumptions about dementia, the importance of relationships and an emphasis on support for caregivers.

A salient aspect of this book is that it challenges society’s assumptions about dementia. Resnick (Chapter 1) presents a thoughtful exploration of our unconscious responses to dementia and stresses the importance of recognising negative responses in order to confront and alter them. He and Garner (Chapter 18) specifically refer to Kitwood’s (1997) term ‘Malignant Social Psychology’, which describes how responses to individuals living with dementia can be detrimental to their wellbeing due to, for example, stigma, infantilising and disempowerment. Garner (Chapter 2) and Brown (Chapter 4) discuss the impact of ageism, both on an individual level and in government policies, in a society where “value
is determined by productivity” (Brown, p. 49). This perspective can impact how a person living with dementia views themselves, and also how they are treated by those around them. In Chapter 3 (Segal), Chapter 7 (Jeyasingam) and Chapter 9 (Evans), the authors discuss and challenge the traditional assumption that therapy is not beneficial or ethical for people with cognitive impairments. These authors raise the question: does a cognitive impairment minimise one’s ability to engage in the therapeutic process? They argue that people with dementia, who will be facing various losses as well as end of life, should have access to therapy to provide appropriate support throughout their diagnosis.

Many of the authors stress the importance of relationships for people affected by dementia, including maintenance of previous relationships and the development of new ones. This is particularly relevant to psychodynamic therapy, which is focused on the therapeutic relationship and can aim to reduce emotional isolation. Evans (Chapter 9) and Balfour (Chapter 10) both discuss attachment (Bowlby, 1969; Kitwood, 1997) and how this can impact on the experience of psychological symptoms, such as depression and anxiety, for both people with dementia and their caregivers. Garner (Chapter 2; Chapter 18), Hagger (Chapter 6) and Balfour (Chapter 10) highlight how relationships provide containment (Bion, 1962, 1970), which Garner describes as how others can “give meaning and understanding and to help the [person with dementia] make sense of the current moment” (p. 237). Of course, this also aligns with Kitwood’s (1997) focus on personhood, as Garner (Chapter 16) states: “personhood will be held within life history and experiences, in relationships and in engagement with others” (p.201).

There is also a focus throughout on caregivers, whether paid or unpaid. Chapter 5 (Evans) is dedicated to thinking about ‘caring for the carer’ whilst Hagger (Chapter 6) looks at how working with individuals who have dementia may be quite difficult, as “staff may identify with and experience similar painful feelings to those that the patient is having of hostility, helplessness and frustration” (p. 72) due to the progression of the disease. The authors call for all caregivers to have better working conditions and recognition, with access to support, supervision and therapy to help with the emotional demands of caregiving. This is reflected in a shift in current research and practice to include the caregiver in interventions developed for dementia; an example of this is the international Homeside study, which is exploring music and reading for people with dementia and their caregivers (Baker et al., 2019).

It is worth noting that throughout the book the authors highlight the importance of the arts in dementia for maintaining emotional contact (Evans, Chapter 15) and relationships (Garner, Chapter 18). The book has an emphasis on the role of the arts therapies, with one of the editors, Rachel Darnley-Smith, being a music therapist and lecturer in music therapy. There are two chapters dedicated to music therapy (Darnley-Smith, Chapter 12; Freeman, Chapter 17) and one about art therapy (Byers, Chapter 8). Darnley-Smith explores Winnicott’s (1971) theory of ‘mirroring’, where music-making can provide “the experience of being seen and heard” (p.153). Freeman discusses her work within end-of-life care in an NHS setting, and how music therapy can provide companionship and relaxation for those in the later stages of dementia. In a case study, Byers quotes a participant, who says art therapy is about “making time to ‘create’, to ‘create’ being better than to ‘destroy’” (p.99), which suggests a focus on abilities rather than losses, when engaging in the arts. These chapters offer insight into how music and art therapy can be important for attachment, containment and self-identity for people living with dementia. In general, the arts can provide an avenue for participating in new things, for creativity and for being together with others.
Overall, *Psychodynamic Approaches to the Experience of Dementia* provides a strong argument for the value of a psychodynamic perspective for those affected by dementia. This book challenges assumptions regarding who can benefit from a psychodynamic approach and encourages clinicians to always consider the emotional impacts of the disease, not only the person with dementia but for those around the person, including themselves. Whilst the book presents useful perspectives from clinicians, the absence of voices of people with lived experience does stand out, especially considering recent calls for patient and participant involvement in the development of services. However, I would recommend this book as it provides a useful way of understanding personal, professional, and societal responses to dementia.

REFERENCES


