

# Conversation with Mary Sano and Margaret Sewell of Mount Sinai School of Medicine

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**MoMA:** Based on your research, do you think that there is value for individuals with dementia in engaging with art?

**Mary Sano:** I've observed MoMA's program, and the thing I am most impressed by is the positive engagement between the person with Alzheimer's disease and the educator and their caregiver. You can see them become more verbal, more engaged.

**Meg Sewell:** Interestingly, memories that are visually encoded are very vivid and can be easily stimulated, so you look at a painting and you may suddenly remember a house you had on Cape Cod when you were fourteen years old. Research has shown that memories that get encoded visually versus just aurally are very powerful, both in normal aging and in patients who have cognitive impairment. Consequently, visual stimulation is very powerful. It may also trigger visual memories that a person may not be able to expand upon verbally.

**MoMA:** What research has been done that validates this notion?

**Meg Sewell:** There's been some research on patients with dementia — again, not just regularly aging people — and music therapy and art therapy, very broadly defined, that has shown interesting changes in cognition, sustained attention, behavioral symptoms, self-esteem, increased socialization, and sense of well being, which is important, but a lot remains to be understood. The point I want to make is that I think it's good that the outcomes are more quality-of-life or person oriented, rather than focusing on improving performance on memory tests. I don't think we need to say, "Ugh, well, there's no scientific proof that this works, because you didn't remember words on my memory test after you participated in one of these programs." I think it's much more reasonable and important in the long run to focus on quality-of-life outcomes. They're more meaningful, they're more practical, and they're more realistic for this group of people.

**MoMA:** In terms of Alzheimer's disease and other dementias, do you know of other non-pharmacological treatments that are being explored?

**Mary Sano:** There is a lot of interest in keeping individuals engaged in socializing activities. The thing I've been particularly impressed by in MoMA's program is the training of the educators who understand that the individuals may have some perceptual difficulties. So they help them find their way through the picture by pointing out objects and drawing their attention to certain things.

**MoMA:** Both of you have observed the Meet Me at MoMA program. What advice would you give to museum staff who plan to work with this audience?

**Mary Sano:** I was really struck by the fact that the program didn't depend on a person's specific history with art. I thought it was very mature and respected the individual. The educators acknowledged that people had lives and histories before they came to have a disease, and they called upon that. I thought the program was highly structured and planned. There was enough staff, spaces, and resources so that the people who were there had the full attention that they needed. It's done on a day when the Museum is closed, and everybody can sit. It's physically manageable, and the groups aren't large. You can't take those things for granted. I think that those are the features that make people more likely to attend. Keeping it at that level is really, really important to make it successful.

**Meg Sewell:** A successful experience involves interaction with a sense of humor, along with redirection and validation of the patient. Tangentiality, getting off topic, is a big issue in this population, so you may be talking about the use of color in a painting, and someone will say, "I wanted to paint my room red, and they wouldn't let me." It's okay. That's their own association. Help guide them back, or feel free to go off on their tangent—sometimes their tangents are more interesting than what you were talking about anyway! Most importantly, be sure to validate whatever it is that they're able to bring to the program in any way that you can.

**MoMA:** What should educators know about the early versus the later stages of the disease?

**Mary Sano:** When I saw MoMA's program, there were both early and more impaired individuals there, and I was impressed with what appeared to be real positive experiences even in the more impaired individuals. I think it's so obvious when you see the faces of the people participating in that program that it has great value. You don't have to make people's memories

better. You just have to give them a chance to have a nice time with someone that they're spending time with.

**MoMA:** Why is early diagnosis so important?

**Meg Sewell:** You want to offer patients and their families an opportunity while the patient still has autonomy to make choices about their life: to talk about end-of-life care, advanced directives, finances, family issues, living arrangements, for them to be able to participate with dignity as a person in their future and engage in the world around them, in programs like this, while they still have the ability to do that.

**Mary Sano:** We know that one of the toughest parts of this disease is keeping family members and partners engaged with the patient. These programs offer an activity that they can share and enjoy and allow them to keep their bond strong so that the caregiver is then able to keep caring for the patient, maybe in another moment in time when they're more difficult, when they are having more problems or when they feel fatigued themselves. I think that's really where the strength lies.

**MoMA:** Do you see a role for the medical community in supporting, promoting, and expanding these types of programs?

**Mary Sano:** I'm not exactly sure what role they can play, except to encourage people to participate. I think that in some ways some of the advantages to such programs is that they de-medicalize individuals with a disease and allow them to go back to being the person they once were.

