

Drawing on a Spiritual Connection: Reflections of an Art Therapist working with Dementia Patients in and around Johannesburg

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Bio

Alisa Ray lives and works in Johannesburg, South Africa. She has been working in the community arts sector since 2005, trained as a community art counsellor in 2011 and graduated with the first cohort of master's art therapy students to be trained at a South African university (University of Johannesburg) in 2023.

Abstract

Dementia is classified within Western biomedical frameworks as various neurocognitive disorders and presents complex challenges beyond physical symptoms, particularly in South Africa, where cultural interpretations and socio-economic factors influence care. This article is not a research article. It offers personal reflections on integrating African spiritual perspectives with Western medical approaches to dementia care. I did not feel comfortable explaining my belief in the sacredness of this work within secular university training. As a newly registered art therapist who has turned a student placement site into work at frail care centres in and around Johannesburg, I reflect on my approach to dementia care. I give context to my abiding African spiritual principles, although I am of German descent and give context to the notion of abstract art relating to the spiritual. I relate how my personal practice of engaging in intuitive abstract artmaking can foster a connection to an inner sacred space for both therapist and participants, enhancing well-being and offering a non-verbal mode of engagement. I explain how

my Higher Power and the 12-step programme at an addiction recovery centre have influenced me to embrace diverse knowledge systems and the intangible aspects of healing, such as ancestral connections and spiritual agency. Vignettes are described of my engagement with dementia patients through weekly group art therapy sessions, where music is also included. The reflection concludes my experience that a holistic, integrative model of dementia care can support the dignity and personhood of patients while also addressing the emotional and spiritual needs of caregivers.

Keywords: 12 steps, abstract art and spirituality, African notions of personhood, art therapy, dementia, holistic approach, intuitive relating, sacred work

Preface

This article is a reflective piece on my work with dementia patients. The article incorporates my personal observations. This is not a case study, and no empirical or literary research was conducted and is not provided. I relate my understanding of creating abstract pieces of art as a way of engaging with the complexity of dementia as it presents in my weekly group art therapy sessions in frail care settings. Although I am well aware of the academic conventions of a case study, this piece is a personal reflection on the possibility of integrating an understanding of African spirituality into the work of a South African art therapist working with patients with dementia.

Introduction

Dementia or neurocognitive disorders are defined in Western biomedical models as diseases of the brain. There is no cure, although medication is used to manage the condition. In sub-Saharan Africa, there have been reports of dementia-associated symptoms and behaviours being attributed to witchcraft, and resulting in people not receiving adequate medical care (Adebisi & Salawu, 2023). There have also been reports of women with dementia being accused of being witches, sometimes with grave consequences (Subuwa, 2023). Care for dementia patients often falls on the family, and few people can afford the costs of frail care. There is an urgent need for education about the disease of dementia and socio-economic support for dementia patients in South Africa. It is important to acknowledge that although I include reports of people linking dementia with witchcraft, I

do so to highlight the complex landscape associated with dementia care and awareness. I do not, however, engage with the link in this reflective piece, nor do I engage with the historical, cultural, sociopolitical or psycho-spiritual reasons that might play a role in these situations or associated perspectives.

This reflection embraces the African concept of personhood in which a person's spirit is considered to be connected to the spiritual realm of ancestors and an integral part of their healing. I reflect on connecting to my Higher Power in my work as an art therapist in frail care centres in and around Johannesburg. I give context to my understanding of Indigenous African healing practices. My approach includes intuitively creating abstract art as a parallel process in intuitively engaging with dementia patients. My understanding is that worldwide, abstract art has associations with spirituality. I show how a spiritual approach to my art therapy work promotes my well-being, as well as the well-being of the participants in my group art therapy sessions. I responded to the call of this special issue by the *South African Journal of Arts Therapies* to remedy my lack of confidence in expressing the sacredness of this work in my recent secular university training. I call for a holistic approach and embrace diverse knowledge systems in treating a person's physical, emotional, and spiritual well-being.

Neurocognitive disorders

A large body of literature identifies various dementias, or neurocognitive disorders, under the Western biomedical model. In the article 'The Seven Selves of Dementia', Bomilcar et al. (2021) explain our bias in viewing persons with dementia as just diseased and not attempting to understand the complexity of their experience. In the *Diagnostic and Statistical Manual of Mental Disorders* (DSM V), there is a move away from the term "dementia", which has connotations of demented and mad, to the term "neurocognitive disorders" (Simpson, 2014). Western medicine plays a role in treating dementia, but there is no cure.

Dealing with dementia in a loved one is challenging physically, emotionally, and spiritually. It constitutes a loss for family members that can go unrecognised and contribute to a sense of disenfranchised grief (Wasow, 1985). In South Africa, the burden of caring for a dementia patient is often borne by family members in the home setting (Mahomed & Pretorius, 2022). Costs of institutional care are high, with concerns of overmedication, physical

neglect, and damaging bureaucratic institutional practices in traditional Western nursing homes (Ulsperger & Knotterus, 2008). Then, there are disturbing reports of women, particularly in rural sub-Saharan areas, who have been branded witches because of their dementia, some of whom have been subsequently murdered (Subuwa, 2023).

It would be too simplistic to pit Western medical models against African notions of spiritual malignancy in relation to dementia. I believe in a holistic approach combining various knowledge systems to treat illness. This article acknowledges the complexities at play but focuses on my personal reflections on working with dementia patients in urban Western medical care home settings in South Africa. My approach to my work is inspired by African notions of personhood that encompass spiritual, communal, and personal agency (Edwards, 2011; Kpanake, 2018).

I remember using art in the form of drawing, painting, and sculpting to make sense of my inner world and connect to the external world since the age of three. I define this connecting with one's core inner self as sacred work. The process of my own artmaking is deeply intuitive. I feel it is the thread that has held me for fifty years. I have recently qualified as a registered art therapist. With some disappointment, I completed my degree without feeling confident enough to express what I see as the sacredness of this work. I draw on African notions of spirituality that allow for an understanding of the human condition beyond the Western medical model. In this paper, I describe my deeply personal experience, hoping that this resonates with the experiences of other art therapists working in similar spaces.

African and Western perspectives on healing

When I discovered there would be a special edition with the theme of psycho-spiritual practices in arts therapies in Africa and the Global South, I wondered if I would qualify as a writer. I had doubts because my heritage is German, and although I do not like to promote apartheid-based race classification groups, I am a white South African. I was drawn to contribute to this issue as practitioners were invited to "demonstrate how they work with the whole person, acknowledging the African perspective that includes the intangible, immaterial, and irrational" (UJ, 2024). I immediately recognised these themes in my work, which should become evident in this paper.

My interest in the African worldview was seen in my choice to study African and Asian art history and archaeology for my first degree. I undertook this study between 1994 and 1997 at the School of African and Oriental Studies in London. The final independent study project I wrote for this degree centred on Credo Mutwa, a renowned Zulu sangoma and spiritual leader in South Africa. The focus was on Mutwa's art. I arranged an in-person interview with Mutwa, who was 75 years old at the time and was considered a high Sanusi (uplifter) of the Zulu nation, as well as being acknowledged as an author, poet, linguist, historian, prophet, conservationist, artist, and blacksmith.

In order to have access to Mutwa for the interview and given that I was a young student on a shoestring budget, I was kindly offered accommodation in a hut within the burnt-out remains of Credo Mutwa's cultural village at Lotlamoreng Dam. The village had been burnt and nearly destroyed during the tumultuous ending of apartheid but still accommodated a group of Indigenous artists who welcomed me generously. I spent a few days living in this fascinating village that Mutwa said he created to record and express indigenous African beliefs and to train sangomas (traditional healers).

Although fascinating, further details of the cultural village are beyond the scope of this article. What is significant is how Indigenous knowledge and communion with the natural world, as well as the belief in the interconnectedness of all things, were expressed in Mutwa's artworks. In addition, Mutwa explained that healing was grounded in a holistic approach, which meant that rocks, plants, and animals could be used to facilitate a spiritual connection to Mother Earth. Figure 1 shows Mutwa's concrete sculpture *Great Earth Mother*.

At the same time, I took the opportunity to visit the artist Jackson Hlungwane in December 1996. Jackson Hlungwane was a Zionist prophet. The Zionist Church of South Africa believes in both Western Christianity and traditional spiritual beliefs of healing, prophesying, and ancestors. This visit resulted in a paper titled 'The relevance of Jackson Hlungwane, a Zionist prophet, in the Philosophy in Africa discourse' and was used as a case study. My argument, which was not well received by the examiner, was that artwork could express philosophical notions of the world. Through engaging with Hlungwane, I realised that writing, a prerequisite to philosophical discourse in the West, excludes African philosophies and thus perpetuates a Western

bias. Hlungwane explained that the spirit of the wood and angels guided him in creating his sculptures. Figure 2 shows a photo of myself and Indigenous artists standing on top of a massive carved wooden sculpture of Hlungwane's – titled *God* – overlooking the landscape of his rural village. Both Mutwa and Hlungwane alerted me to the notion that healing encompasses spirit.

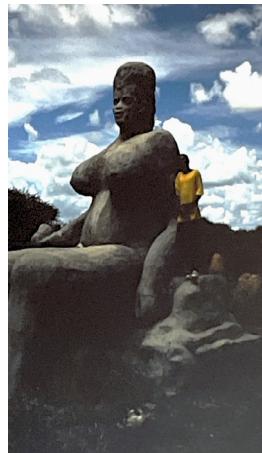


Figure 1: Credo Mutwa's *Great Earth Mother*, Lotlamoreng Dam (1996)
(slide in author's collection)

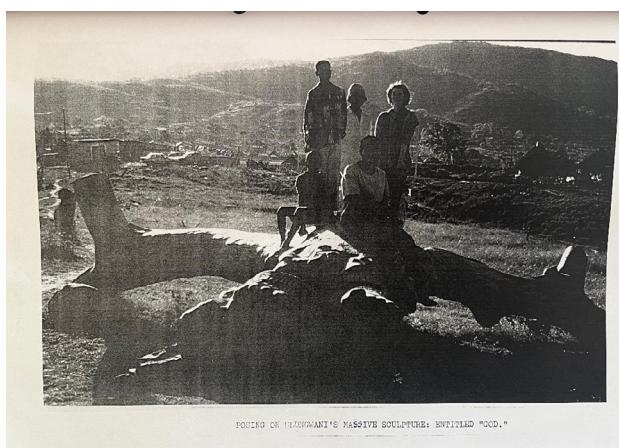


Figure 2: Jackson Hlungwane's *God*, wooden carving, Mbokote Village (1996)
(photocopy in author's collection)

Growing up in South Africa and working as a community arts facilitator with diverse communities across Johannesburg for so many years gave me access to African perspectives on spirituality. Although my family members were not religious, I had an instinctive connection to both living and deceased family members, which has given me a sense of belonging and comfort in the world. In high school, I drew my German family and ancestors seated around a table celebrating a traditional Christmas. Amongst my family, I drew a figure wearing an African mask, a spirit who had joined my ancestors at the table. Given such memories and experiences, it is evident that African ideas of spirituality have permeated my being.

While drafting this article, I found myself facing my own mortality in the form of a health crisis. For treatment, I turned to Western medicine. The experience was a reminder that the Western approach separates mind, body, and spirit (Orr, 2015). I am grateful to have a doctor who can treat my physical symptoms, but no space is provided in this setting to acknowledge my whole being.

I thought I would relinquish writing this article given my health crisis, but instead, I felt inspired to continue, the crux of inspiration coming from the day of my surgery. Pre-surgery, I sat with a teenager in our doctor's rooms and noticed that she shook with anxiety. I pulled out a notebook and pen and invited her to co-doodle with me. Putting marks onto the paper and adding to each other's drawings calmed us both. There was a sense of two beings facing earthly trials and connecting in spirit through the act of a simple drawing. The absence of this kind of human connection in the surgical space struck me.

While waiting for surgery, I read the article 'A deeper perspective on Alzheimer's and other dementias: practical tools with spiritual insights', in which Megan Carnarius (2015, p. 9) describes an altered experience while working in a dementia ward:

[There was] silver cordlike light emanating from each person's torso towards the ceiling, which also somehow wasn't there. The patients who felt the least connected to Earth, who had the frailest bodies, or who had minds that were not connected to the here and now had the strongest most vibrant lights flowing to the heavens".

Carnarius (2015) further describes angels, or ancestors, surrounding and helping people with dementia on their journey beyond life. It was helpful to read Carnarius's (2015) experiences as they resonated with mine.

I worked with dementia patients in my student placement and then secured employment facilitating group art sessions at five assisted living homes. My interactions with dementia patients have strengthened my belief in the human spirit beyond body and mind. It is the kind of work that is difficult to explain using a Western scientific approach. Arts therapies that connect with people beyond words seem ideally suited to this population group.

Abstract art and spirituality

I have been fascinated with creating abstract art for many years. Abstract art is a process of creating visual artwork that may come from an internal space instead of an external one. I have often wondered whether abstract art results from the internal processing of external stimuli or a mysterious manifestation of a connection with parts of ourselves that are beyond our conscious awareness and rational thinking. Globally, there are many writings about abstract art and spirituality (Farrelly-Hansen, 2001; Anachkova, 2017; Zheng, 2023). Locally, the abstract artist Samson Mnisi, an old friend, comes to mind. Mnisi tragically died a day after the opening of his exhibition titled *Man of the Hour* (2022). Mnisi was seen as having lived in both the physical and spiritual realms with his ancestral connection to sangomas. In the catalogue to his final exhibition, he told the writer Nolan Stevens, "For a long time, I have been removing brain out of my work. For a long time, I thought about stuff, but I'm trying not to think. I'm trying to remove thought from my work" (Mhlomi, 2022).

Mnisi's final exhibition profoundly impacted me; I have always loved his work and felt drawn to its abstraction. His sudden death transformed his final exhibition into a memorial space. *Impepho* (African sage) was burned in the venue, signalling to attendees that ancestors had been called forth, infusing the gallery with spirit. Mnisi's *Man of the Hour* exhibition gave credence to my feelings about abstract art connecting to a realm beyond the physical.

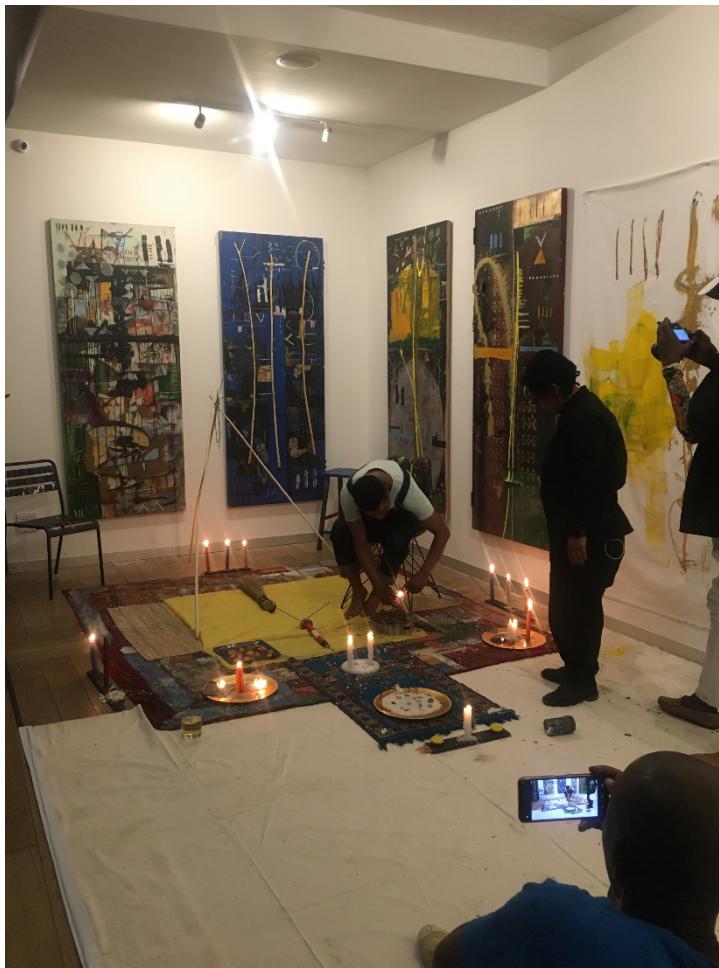


Figure 3: Opening of Samson Mnisi's solo exhibition *Man of the Hour*, Rosebank, 6 October 2022 (photograph by author)

Abstract art as my own spiritual practice

My own regular artmaking most often takes the form of abstraction (see Figures 4 and 5). For the past few years, I have been creating art in a circle (see Figure 5). I never know what will emerge with this process. I respond intuitively to the first mark made. An internal process ensues until the

artwork feels complete. I am aware that many people do not understand what I am doing, as it neither captures an aspect of external reality nor do I adequately explain the meaning of the image in language. Some people like to see forms in the work and are happy to say they see a bird, mountain, or landscape. It is seldom that I resonate with their observations. Without explaining my work and giving it meaning in language, my abstract art can be seen as a solitary pursuit. I return to this form of artmaking week after week because I find it deeply satisfying to connect to an innermost sacred space that I feel is beyond the realm of language.

Abstract art as an approach to dementia work

The process of creating abstract art pieces resonates with my art therapy approach to dementia patients. When I enter a session, I assume there are no tangible external realities with which people engage. I keep in mind that each individual inhabits an unknown and perhaps unknowable space. I create a repeatable structure to encase the setting using familiar tablecloths and art supplies, and sometimes I create a theme. My sessions are an hour long and occur at the same time and place weekly. Caregivers are often present and included as a vital component of the session. Although I am an art therapist, I also include music in almost every session. Music has elicited an overwhelmingly positive response from the participants. I acknowledge that music therapy is its own distinct discipline within the arts therapies. I also acknowledge that art therapists often use elements from the other arts modalities alongside their chosen discipline. It is with interest that I attend peer supervision groups with arts therapists from other modalities. A scheduled teatime enhances the overall experience of the session. Routine is important in the care of dementia patients, as a matron often tells me. The routine becomes the holding container of the unknowable, in the same way that the circle form contains my own abstract creations.

My interactions with individuals in this space are often entirely intuitive. The 'intangible, immaterial and irrational' describe my engagements in this space. I am aware that my familiar tablecloths may not be familiar to the participants, nor may I or the art materials be familiar. However, the act of making art by severe dementia patients can appear to be an important expression of an internal reality that is often intangible and does not translate into language. I choose to recognise their creations as something

sacred. I know that certain pieces of music connect with specific individuals. I do not necessarily think it an accomplishment for me to remember certain songs that will get a response from a certain individual, nor do I think that the sudden engagement with an art material signals some breakthrough connection. Rather, any notable interactions are mysterious. I have no rational idea of what is happening inside a dementia person's reality and remind myself there is a spirit there that must be respected. This connection of spirit felt in my innermost being is similar to the experience of intuitively creating abstract pieces of art. For me, there is a sense of connection to sacredness.



Figure 4: Abstract artwork by author, 2014 (photograph by James de Villiers)



Figure 5: Abstract art in a circle by author, 2024 (photograph by author)

My own practice of respecting and connecting to the sacred in dementia patients is rooted in my work at an addiction recovery centre for over a decade. This centre based its recovery treatment on the spiritual 12-step programme (Alcoholics Anonymous, 1952), and my exposure to this programme has led me to imbibe some of its spiritual principles. The 12-step programme allows for a personal understanding of a Higher Power. My Higher Power easily encompasses my understanding of African perspectives of personhood and embraces the notion of the sacred to which I referred. Approaching dementia patients with a sense of respect and connecting on a spiritual level is not something that is covered in the training of art therapy students enrolled in traditional secular universities. I have experienced how the 'intangible, immaterial, and irrational' nature of this work requires me to draw on my spiritual connection to a Higher Power.

The 12 steps are underpinned by the principle that hope is a powerful recovery tool, and the development of hope is encouraged during the programme through spiritual engagement. In the same way, I believe that it is important to keep hope alive in dementia work. Hope is said to translate into faith and trust. Carnarius (2015, p. 31) writes, "Some ancient traditions believe that when our physical being is not able to function in a normal way, we are knocked out of commission on an earthly level so that the spirit

can fully engage in some deeper work. Afforded the space and time to do it, this can be a fruitful time for the spirit". I love this spiritual approach to dementia. It has led to a deep curiosity in each person I come across as I imagine their souls doing sacred work. I understand some of the medical reasons and the physical brain changes that are measurable and can be recorded by instruments of science to explain certain behaviours. However, I think it would be detrimental to my work as an art therapist to fixate on physical symptoms, which can have the impact of seeing a person as less than they used to be. Approaching my work from a spiritual perspective keeps me engaged, intrigued, and inspired.

Vignettes of art therapy work with dementia patients

Art therapy activities in Western-style care facilities have been shown to reduce anxiety in residents (Pesiah et al., 2011). Pesiah et al. (2011) also discuss the use of felt pieces during art therapy, as they are easy to handle and soft to the touch. I also relate to using templates that are mentioned and that anchor an activity. In addition, Pesiah et al. (2011) note that art is meaningful even if there is no representation of reality. However, they do not mention abstract art expressing the spiritual.

Figure 6 shows a group art therapy activity I facilitated at a residential frail care facility. This weekly group comprises six to 12 residents. Some of the participants are non-verbal and have severe dementia. Other participants have mild dementia but are frail. I have been running this art therapy group for approximately 30 weeks. There has been a noticeable change in the engagement of participants from the start of these sessions. The initial sessions were marked by non-engagement and hostility, but I was conscious that I should not place any pressure on participants. Music was played in the background. The tea lady was welcomed into the session, and family members were also invited to join. The primary aim was to create an "empathising assemblage" as explained by the music therapist Andeline dos Santos (2023), facilitating a comfortable environment where an individual's needs are taken into consideration, with everyone contributing to the atmosphere of the space. In the case of dementia patients, there is an intangible sense of people's spirits communing in the space. I regard our group art therapy endeavour as sacred.



Figure 6: Felt art, frail care centre in Johannesburg, 2024
(photograph by author)

Artworks created from felt pieces on felt boards can be entirely abstract or represent a narrative. I verbalise that there is no right or wrong way of creating. Felt pieces can be added and removed at will. I also elevated the art into an adult activity by showing Henri Matisse sitting in his wheelchair surrounded by coloured pieces of cut-out paper. I explained that our activity was inspired by this famous French artist and noted that he was also in a wheelchair. The level of engagement and joy of the participants is palpable. I attribute this change in attitude to an approach of allowing a participant to have agency over whether they want to create or not. There is often a non-verbal engagement that happens from handling the felt pieces. Some pieces are accepted, and others are rejected. Complimenting the creative work also brings joy to the participant. I imagine that an inner world has had a chance to be externalised. Being comfortable with my own abstract artmaking and knowing the pleasure and sacredness of my own practice allows for easy facilitation of this process for others.

I attend to multiple needs in this group space, as the following example shows. In one session, I bring in cat templates and a stuffed toy cat for visual inspiration. The stuffed toy cat becomes a cuddling toy or doll for one severe dementia patient. Doll therapy is a well-known intervention with

psychoanalytic underpinnings that is seen to meet the attachment needs of severe dementia patients (Angus & Bisiani, 2012.) The severe dementia patient cradles the toy cat, and at the same time, we interact by arranging green and red koki pens into rows. I regard the arrangement of the pens as her creativity for the day. This intuitive relation to the patient allows for a comfortable space of expression, and my response to it is of importance here. I do not force the person to colour in the cat template as a set art therapy activity. I acknowledge the attachment needs as expressed by the cuddling of the toy cat and allow the natural unfolding of events, and by doing this, I honour the spirit of the person.

In the same session, I hear of the death of one of our regular participants. Most of the participants appear unaffected by this death or have no recollection of it. Only one friend appears to be affected, and I offer a space for her grief to be heard. This uncanny experience is typical of working with dementia patients. I hold this grief and simultaneously engage with another non-verbal participant colouring her cat template in a sequence of colour stripes. Another gentle lady with severe arthritis quietly asks my help to open koki pens for her. Her sight is failing, and our approach to her work needs to be sensitive. She responds to my consideration of her ailments.

At other times, in various frail care centres, I have conversations that comprise word salads or the absurd. I have been a beloved sister, a castigated daughter, a dear mother, and a despised object. I have tried to fathom how numbers relate to quiet or hostility and have noted that my paper has been seen as food rations from the 1940s. I have watched artworks become bibs and magazine pictures become lunch. I embrace the surrealist nature of the work, feeling like I am inhabiting a living Salvador Dali artwork.



Figure 7: Drawing to music, frail care centre, 2024 (photograph by author)



Figure 8: Free drawing, frail care centre, 2024 (photograph by author)

Figures 7 and 8 show art therapy work in a severe dementia ward. I have noticed that placing a sticker or a post-it note (see Figure 8), or having a template as a base (see Figure 7) seems to encourage participants to engage more spontaneously in mark-making. The notion of an embodied self remains in the late stages of dementia, expressed through eye gaze, facial expressions, and movements (Bomilcar et al., 2021). This embodiment is noticeable in non-verbal communication expressed in my own sessions, which happen effortlessly and intuitively, and perhaps the joy I experience in this space is my smiles in response to the many smiles directed my way. The authors Bomilcar et al. (2021) maintain that the embodied self is also responsible for creativity and artmaking and they provide accounts of people being able to draw in the late stages of dementia. Perhaps through this embodiment, recognition of spirit is more tangible?

I prefer not to rely on the output of art production to evaluate a session's efficacy. Art therapy recognises that the process and the relationship

between the art therapist and the patient should be considered the most important part of evaluation. However, using music as a tool is most helpful in the severe dementia ward. Interestingly, different frail care centres have organically built distinctive playlists on my Spotify account. The severe dementia ward leans towards spiritual songs, and variations of the song *Hallelujah* inspire prolific free drawing. The expressions on the faces of this group suggest that of an otherworldly rapture.



Figure 9: Watercolour painting of a fish, frail care centre, 2024
(photograph by author)



Figure 10: Butterly art with stickers, frail care centre, 2024
(photograph by author)

Figure 9 shows a beautifully painted watercolour fish by an elderly male participant, J, who uses a wheelchair. He has extremely limited verbal interactions with the people around him. His carers consider him unable to participate in most worldly duties. His hands are unsteady, yet his gaze speaks volumes. On the day with fish templates as a theme, I brought in five templates from which participants could choose. J's carer took the brush from me and, shaking her head, said J could not do anything. I looked into J's eyes and saw a bright flicker of defiance. I handed J a brush, arranged his palette and water container within reach of his hands, and clipped the fish template onto a clipboard. I urged the carer to let J paint and said I knew he could. J went on to paint this beautiful fish entirely independently. I stopped

myself from imagining that my encouragement had something to do with J's defiance or artmaking. I realise that, for dementia patients, engagement with materials and connection to the external world is a mysterious and random occurrence. J's fish reminds me that we should never underestimate the capabilities or responses of people with dementia. Pictures of the fish were sent to family members, and the piece came to symbolise the success of the art therapy sessions at this frail care centre.

Figure 10 is an artwork co-created by myself and Lady M, an elderly lady. Lady M has severe arthritis and is also struggling with her eyesight. Lady M chose this butterfly template from several others. Lady M can talk with effort and is almost inaudible. I appreciate my quiet moments with her when she tells me what she wants, and I can respond. This butterfly artwork was created with much help, such as opening kokis and handing her specific colours. The stickers were too complicated for Lady M to paste on the paper, but she could direct me on where to paste them. She was very pleased with her artwork. The interaction between the two of us during the creation of this artwork had a similar quality to my interaction with the teenager in the doctor's rooms before surgery. Externalising and responding to visual marks, drawings, and symbols in the presence of another person has a calming, regulating effect. I consider this interaction to be a recognition of the spirit of the other person.

A note on care workers

I observe the intimate interaction between the care workers and the dementia patients in my groups. I am aware that my presence as an art therapist is fleeting. The care workers are in the majority Black women, caring for, in the majority, White people. The intimacy of their interactions appears to cut through any racial or cultural difference. There is a maternal love that is palpable as dementia patients require similar care that an infant requires: feeding, washing, and constant attention to safety.

This work is demanding, and at times, it is the care worker who finds relief in colouring the templates I bring to the sessions. At other times, my presence allows for a care worker to have a tea break. The music I play in the sessions reflects the music that the dementia patients are familiar with from their youth and to which the care workers relate. I often include the care worker's song choices, and the singing and dancing in response to the

music lifts everyone's mood. Perhaps in the care workers' music choices, I am most strongly reminded of the African perspective of spirit, ancestors, and family. I notice the reverence the care workers have for the age of their patients. I hear the names of the patients' family members that they speak and remember for the patients in their care. Africa is everywhere in these Western-style assisted living homes.

Conclusion

In sub-Saharan Africa, there is great concern that in some communities, dementia is not being recognised as a neurocognitive decline but is an indication of witchcraft. In the article 'World Alzheimer's Day: Why being diagnosed with dementia may be a death sentence in South Africa', Yoliswa Subuwa (2023) notes that the Department of Social Development has recommitted itself to providing support, care, and services to people with Alzheimer's and other dementias. There is an ongoing need to educate South Africans on the Western aspects of dementia definition and address socio-economic issues that prevent access to effective care. There is also an important need to understand and include African psycho-spiritual perspectives and indigenous healing approaches and practices in treating dementia. The author's perspective is that both Western and African healing approaches should be embraced in the context of dementia care.

This article has narrowly focused on my spiritual approach to conducting art therapy sessions with dementia patients in nursing homes. My experience working with the 12-step spiritual programme in an addiction recovery centre is significant. My personal understanding of a Higher Power easily includes African notions of personhood and spirituality and a recognition of the sacred. The art therapy sessions have been shown to give dementia patients an outlet for expression beyond language and to create an atmosphere of calm and well-being. Group engagement and creative interaction is life-enhancing. I would like to advocate for a holistic approach to dealing with dementia that embraces knowledge from Indigenous, Western and African sources in treating the whole person. I have embraced connecting with spirit when engaging with dementia patients. The Indigenous African approach to healing (Edwards, 2011; Kpanake, 2018) has encouraged my confidence in expressing this spiritual approach. I also wish to acknowledge the fluidity

of ideas that can occur in spaces of intercultural interaction in the frail care centres in which I work (Tokpah & Middleton, 2013).

I have drawn on my understanding of abstract art as it relates to an intuitive connection to one's inner self. I have alluded to the circle boundary as the cohesive element of my own artmaking and the mundane physical structures of the art sessions that contain the unknowable realities of the participants. I would like to remain open to all possibilities that relate to dementia care on a physical, emotional, and spiritual level. I return to Mutwa as inspiration for an intuitive recognition of the interrelatedness of all things that many Indigenous cultures have long embraced. The sense of connecting on a sacred level to dementia patients is important to me in informing my art therapy approach and contributes to my well-being, and I believe the well-being of the participants. I hope my personal reflections will be useful to other art therapists working in these spaces.

Acknowledgements

This article is dedicated to the memory of Professor Stefan Weiss, lead researcher on Alzheimer's disease. I think of you, Stefan, riding on your Harley-Davidson into the sunset of Clifton Beach, where you are forever young and free.

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