

John Zeisel, Founder, I'm Still Here Foundation & the Hearthstone Institute.

JOHN ZEISEL, Founder & Board Member of the I'm Still Here Foundation and the Hearthstone Institute, is the author of the bestselling book *I'm Still Here: A Breakthrough Approach to Understanding Someone Living with Alzheimer's*. The I'm Still Here Foundation grants seed funding to small organisations to develop innovative non-pharmacological interventions aimed at improving the wellbeing of persons living with dementia. The Hearthstone Institute employs the I'm Still Here® approach for people living with dementia as the basis of its national and international training programmes. Hearthstone's Research Division together with the Foundation develops innovative non-pharmacological programmes and technologies including Hearthside Readers™, Home-4-Care®, Meet Me at the Museum™, Meet Me at the Movies™, Learning for Life®, It Takes a Village™, and ARTZ®—Artists for Alzheimer's. Dr Zeisel holds a PhD in sociology from Columbia University, a Loeb Fellowship from Harvard's Graduate School of Design, and an Honorary Science Doctorate from Salford University. With colleagues in the field, Dr Zeisel has coined the umbrella term 'ecopsychosocial' to replace the exclusionary term 'nonpharmacological'—linking under one umbrella interventions in the physical environment (eco), on individuals (psycho), and in social groups and settings (social). Dr Zeisel has taught at Harvard, Yale, and McGill and the University of Minnesota and lectures annually at the Sorbonne. He serves on the Board of Directors of the Abe's Garden Community in Nashville and the Kim and Glen Campbell Foundation whose mission is Music as Medicine. His *Design, Dignity, Dementia: the 2020 World Alzheimer's Report* (2020) - with psychologist Richard Fleming and architect Kirsty Bennett for Alzheimer's Disease International (ADI), summarises the state of the art of responsible design for those living with dementia, spawning the global Dignity Design Manifesto.

'The Arts, Brain Health, and Social Change.'

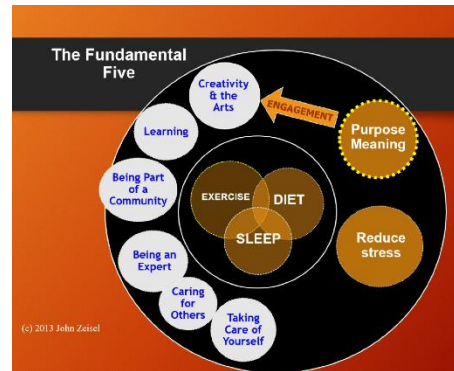
My name is John Zeisel. Several years I published *I'm Still Here: A Breakthrough Approach to Understanding Someone Living with Alzheimer's*. Until 2020 I managed memory care assisted living residences for persons living with dementia, and presently carry out research where we develop non-pharmacological (ecopsychosocial) technologies and approaches to improve lives of people with dementia. We train around the US and internationally on the I'm Still Here® approach, essentially based on the understanding that people with dementia are there, and always there.

A critical goal of SP, to me, is respect for the person in addition to the question of wellbeing. SP requires a deep understanding and a broad view of the meaning of the term wellbeing. With great respect, a previous speaker referred to people interested in

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wellbeing as 'just enjoying life'. To me, the term wellbeing is more than 'just enjoying life' - rather I see it as a separate and comprehensive way of thinking about health, lifestyle, and quality of life.

There are five fundamental actions we can all take to improve our life - with and without living with dementia. The basic three are exercise, diet, and sleep. When people speak about the need for enough knowledge and research in order to take action, there is a huge amount of research around how



much we exercise, how much we sleep and why what we eat is important. The fourth action category is reduced stress. Reduced stress is important in all the risk factors of blood pressure, cholesterol, diabetes, and dementia, among other conditions because stress causes inflammation, and inflammation in the body is the physiological reason for many of these conditions getting worse. We can reduce stress in our bodies and lives through obvious techniques such as meditation, and we can also reduce stress through engaging with the arts and listening to music, for example.

The fifth often overlooked action element is embracing purpose and meaning in life. It is what attaches us to life. It is engagement in its profound sense - it is, according to one of my teachers who lives with dementia, 'what make me feel alive.' What contributes to purpose and meaning - creativity and the arts, learning new things, being part of a community, being an expert in what we know, caring for others, taking care of ourselves.

These five elements all are enhanced by involving the arts in our lives. All SP within these five areas, to be successful, must be centred on the person's life, attitudes, perceptions, and wishes—and the overall goal must be comprehensive—by engaging each person to provide them purpose, reduce their stress, and improve their exercise, diet, and sleep.

'Wellbeing' - critical in SP - has been well developed in the literature. More than 'just enjoying life', wellbeing, according to my friend and colleague Al Power, includes identity, security,



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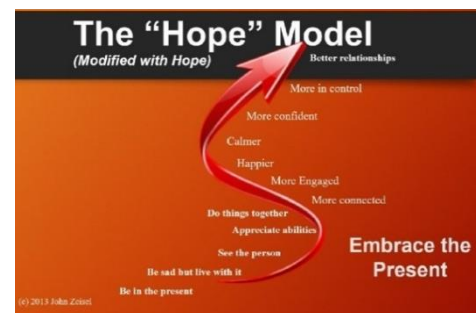
connectedness, autonomy, meaning, growth, and joy. Once again, the arts and arts for dementia fit very well into supporting wellbeing. It is essential that those who socially prescribe agree on the meaning of the terms we use so that we are all talking about the same thing when we speak of wellness including wellbeing and Salutogenics (a focus on health promotion rather than illness prevention), and when we use the terms biomedical and pharmacological.

In life and in dementia there is hope - in wellbeing - hope in dementia over despair. We know we can make a difference through greater sleep, through involvement, through engagement, through doing things. 'You Can Make a Difference' is the definition of hope for people with dementia. We all, GPs, carers, the person themselves, we can all participate in this making a difference. It is a choice between the despair narrative and the hope narrative.

The Despair narrative sees the negative, worries about the future, increases abandonment, in turn increasing isolation, medicalisation, and the four A's - anxiety, apathy, aggression, and agitation.



The opposite is the 'Hope' model, which embraces the present, keeps doing things together, avoids isolating the person. Acting with the hope model leads to greater calmness, happiness, greater engagement, more connectedness, and the goal of it all - a better relationship between all involved. That is critical to wellbeing.



All the evidence and all the knowledge available point to what we need to do to live well - eating carefully, exercising regularly, sleeping well, reducing stress, and engaging in life with purpose and meaning. We can do these on our own. We don't need other people to tell us. But we trust doctors: many people trust their GP about their health more than they trust themselves; and we therefore rely on prescriptions, more than on our common sense.

Where non-pharmacological 'ecopsychosocial' lifestyle changes work best, we seem to need a doctor's advice to motivate us. So, social

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prescribing is the solution. It must go along with self-control, self-involvement in our own wellbeing and health. SP might even add a placebo effect to the fundamental five - increasing their overall effect.

In sum, there is a way to think about SP that gets all of us on the same track, and all on the same fundamental basis, so that we are talking about the same thing.

To be successful, we need a common view of what we are talking about when we speak about involvement in the arts, engagement, and wellbeing. As a society we are increasingly interested in and committed to the issue of dementia and wellbeing. Whatever condition we live with, commitments must be made to actions for which we all hold common definitions.

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