



# Talking Murals

*THE USE OF MURALS IN PLACES WHERE  
PEOPLE WITH DEMENTIA LIVE*

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The Dementia Centre HammondCare is committed to providing excellence in dementia care. Older and younger people living with dementia deserve services that are designed and delivered based on evidence and practice knowledge of what works. This is achieved through providing research, training and education, publications and information, consultancy and conferences.

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# Foreword

## **A guide to the ethical and practical use of murals in care homes**

This brief guide aims to aid care home managers in understanding the potential impact and influence of murals before buying, commissioning or installing them. It is also relevant to day centres, specialist housing units and hospitals. It seeks to clarify when murals might be problematic and when they might be beneficial. A mural should not be purchased without careful consideration of the pros and cons. A recent literature review (Gibson, 2018) points out that there is very little high quality or conclusive research about the use and misuse of murals. A list of websites which include illustrations of photographic murals is provided at the end of the guide.

# What are murals?

Murals painted on walls in care settings are not uncommon. They are often the outcome of arts projects, usually situated inside buildings but occasionally in outside areas. They are clearly intended to be works of art, and although murals may not appeal to everyone, they usually make no pretence of being realistic. It is also possible to purchase murals created by specialist artists, some using computer-generated art printed on vinyl.



This art mural is on an alcove wall in the corridor of Mowbray ward, an acute dementia assessment ward in Monkwearmouth Hospital, Sunderland. Staff report that patients enjoy sitting in this alcove. Depending on the patient, the mural can be used to generate conversation. Some patients comment on certain aspects of it.

Photo-realistic wallpaper has become increasingly common in recent years. The subject of a mural can be anything. The variety of content is enormous – rural or seaside scenes, woodland, busy streets, shop fronts, furniture and fittings, doors, views from a window, people and animals. Murals are usually life-sized, giving the impression that the view of the wood, street or room is actually there. Some include a 3D component where objects are also fixed to the walls. Others are used as a backdrop to a setting, such as a café, in front of which the care home may put chairs and tables.

The shared characteristic of all murals is that they are fixed and cannot be readily changed or removed. They are usually difficult to cover up as they are on a wall or door.

### Why is the use of murals an issue?

Using modern technology, any photograph can be made into a wall or door covering. Businesses which provide them usually offer a wide selection, but increasingly they can be made to order. Most commonly they are life-sized and intended to be permanent. This is an issue because murals are situated within the 'homes' of older people and people with dementia. Even if one group of residents, relatives, friends and staff originally chose them, subsequent groups may have different preferences. Because residents have to live with them full-time, it is important that they have a universally positive impact, which is difficult to guarantee.

The claims made by providers of mural products can be rather sweeping. Examples of the types of claims made by mural suppliers include:

- *Bespoke murals can create a sense of home for your residents. Choose from a huge range of designs to help people identify their surroundings and feel familiar in their care home.*
- *Evidence from the dementia care sector has shown that these graphics can encourage reminiscence and stimulate long held memories for people with dementia who are struggling with their short term memory.*

- *Murals can be used to create a striking vista in a room or corridor. The transformative effect of a beautiful landscape, or calming ocean scene can be dramatic. Any space can be enhanced through the application of a mural, including care homes, hospitals or respite centres.*
- *Research has demonstrated that the environment has a significant impact on people with dementia living in a care home. The design of the environment can support wellbeing – scenes that promote nostalgia, that are calming and familiar, help with reminiscence and create a talking point within the care home.*
- *There are many benefits to installing murals and made-to-measure designs for older people and people with dementia living in nursing homes – they brighten up a room or corridor; create a sense of an open and inviting space; bring nature and the outdoors inside; be a diversion or distraction from unwanted features and act as a point of stimulation and conversation for residents, visitors and staff.*
- *Peel and stick wall murals are a quick and easy way to create colour and interest in a home, improving emotional wellbeing for residents.*

Such claims fail to acknowledge that people with dementia are very different from one another, and what suits one person may not suit the next.

## **What do we need to know about dementia when considering this issue?**

Each person with dementia is affected in different ways and their understanding, memory and behaviour change over time. Their current physical and mental health will have a big impact on them, as do other factors, including whether they are sleeping and eating well. Their medication will often affect them very profoundly. They will vary in age: people in care homes can be anywhere between 60-100+ years old, and are occasionally younger than 60. Their previous life and experiences in terms of education, jobs, habits, family and other factors will also influence them.

# How are murals usually used?

## Door concealment

A few people can and do try to leave care homes, and they can be very determined (such behaviour is sometimes referred to as 'eloping' or 'exit-seeking'). This is a worry for everyone given the vulnerability of many people with dementia. In our society there is a tendency to be more concerned about physical harm than psychological harm. Staff may face considerable penalties if a resident leaves a building unescorted and injures themselves. Constant staff surveillance is not always possible or helpful.

The advantage of using a mural to conceal a door is that it sometimes works. However, the research does not tell us whether it works better than other strategies, or about the impact it has on the mood of the person or their degree of confusion. Indeed, it might increase agitation and the person may then try to leave via a window or another door.

Mr Hoskins was constantly trying to get out of a fire door which was 'concealed' with a mural showing a beach scene. He became very aggressive when he was stopped. It turned out that he had previously lived near the sea. He spent a lot of his time on the beach and was desperate to return to it.

There are alternatives. In terms of design, there are simpler ways of concealing a door. Painting it the same colour as the wall, removing door furniture, using technology, or having attractive distractions nearby are all tried and tested methods, but they will not always solve the problem. Better still is finding out why someone wants to leave.

Some possible reasons include:

- *longstanding habits relating to going out to work, collecting children from school, etc.*
- *feeling imprisoned (perhaps due to past trauma) or present unhappiness*
- *feeling too hot, overwhelmed by busyness or noise, being in pain*
- *being frightened of another resident, anxious about others at home, or a similar trigger*
- *being an 'outside person' who cannot bear to be inside all the time*
- *searching for the toilet*

Understanding the reason and solving the problem will be much more effective for the person with dementia. The best carers are clever detectives who can discover why people behave as they do.

The disadvantages of concealing a door with a mural are many and include:

- *they may cause distress*
- *they may focus interest on a door which would otherwise have been ignored*
- *they can cause confusion, for example staff going in and out through a fake bookcase*
- *there are ethical issues to consider: is it ethical to trick people? Is it a way of confining them without going through proper procedures?*

## **Door identification**

It is possible to buy a wide range of door murals in different styles, which are designed to look unique so that people can find their own rooms. Ideally, the door should resemble their own front door at home, or have a special meaning for them. Door identification may work well for some people, but could be very confusing for others, since all the doors in the corridor would be different. The effect could feel more like clutter. One issue is whether doors can be altered to suit individual people as residents move in and out of the care home.

# What issues do murals raise?

## Outside views

Murals seem to provide two main types of outside view: one is a window with a view, the other is a whole wall covered with a nature scene. We know that actual views of nature from a window can diminish anger, aggression, restlessness, and agitation in most people, including people with dementia (e.g. Mooney and Nicell 1992). What we do not know is whether the same calming response is achieved with a photograph stuck onto a wall. It would seem likely that this may be the case if the picture is sufficiently realistic in content and scale.



Mrs Horowitz really enjoys sitting quietly in a hall area in her care home which has a woodland mural on the wall.