Case Study: Geriatric Group Art Therapy

in a Nursing Home

By

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Abstract

Thesis Title:

Case Study: Geriatric Group Art Therapy in a Nursing Home

Beth Ann Tramer

This case study explores the benefits of group art therapy during 15 one and a half-hour weekly sessions in a nursing home. The participants, all from middle class backgrounds, were Caucasian females with the exception of one African American male. Ranging in age from 72-95, all faced a variety of physical and cognitive challenges. In an effort to give all the participants a meaningful experience, the art as therapy approach presented a broad scope of art materials and skill level tasks. These well-received sessions focused on socialization, enhancing self-esteem, reminiscing, and creative decision making, while reinforcing manual and visual dexterity. A review of literature that discussed geriatric art therapy research, conclusions, recommendations and proposed future research are included. This case study determines that art therapy with the geriatric population has great promise as an alternative complementary therapy, worthy of further study and continued practice.
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“The instinct to create remains as long as one breathes.”

Isaac Bashevis Singer

Winner of the 1978 Nobel Prize for Literature, who continued to write until his death in 1991, at the age of 87.
Chapter I

*Introduction*

*Statement of the Problem*

The United States Census Bureau states that by 2050 there will be more than 32 million people over the age of 80 in the United States (United States Census Bureau, 2005). The world has never previously experienced such a phenomenon. This population will require mental, physical and emotional care to an unprecedented degree. Those 85 and older will reside primarily in assisted living and nursing homes. Isolation, anger, loneliness, fear of abandonment by family, frustration, and feelings of being unloved are some of the issues they will face daily (Berman, 2005). Depression, common and often unrecognized, plagues this population (United States Census Bureau, 2005). Physical conditions such as heart disease, diabetes, cancer, and Parkinson’s disease can mask depression. “According to the National Mental Health Association (2003), depressive symptoms occur in about 15 percent of community-dwelling older people and up to 25 percent of those living in nursing homes” (United States Census Bureau, 2005, p.48). Many of the difficult issues faced by this population could be reduced by art therapy interventions which were constructed, created and developed specifically for this population (Rusted, Sheppard, & Waller, 2006).

*Purpose of the Study*

The purpose of this qualitative case study is to explore appropriate and
successful art therapy interventions performed with the residents of a nursing home during group art therapy sessions. This study employs a variety of interventions and mediums in an effort to examine which art tasks offer an opportunity for the resident to find peace and enjoyment, creative decision making, reminiscing, esteem building, enhancement of socialization skills, and decrease of depression, loneliness, anger and isolation. The art therapy sessions also have the potential of improving the residents’ physical health as their mental outlook improves. A change in the mental outlook and attitude of the residents enriches their relationship with the staff. If the staff is more comfortable with the residents and able to communicate on a higher functional level, they will be able to more successfully and efficiently facilitate the needs of the residents. This will result in their experiencing greater professional fulfillment and satisfaction. A positive relationship between staff and resident is beneficial to the happiness and well being of both parties.

Research Questions

1.) What are the most beneficial expressive, creative art activities to include in a group art therapy session of mixed skill level, (cognitive, physical and emotional) seniors in a nursing home environment?

   a) How does the level of difficulty for each activity affect the participants?
b) What is the estimated length of time for each activity?

 c) What are the supplies needed to accomplish the art task?

 d) How are the appropriate tasks selected?

 2.) What is the appropriate level of explanation for each activity?

   a) How is the information for participating in the art task conveyed to
      the residents to both interest and involve them?

   b) When is it appropriate to show examples of work before the project
      begins?

 Definition of Terms

 Some terms are repeatedly used in this case study, and are identified
 and defined as follows.

 Alzheimer’s Disease. Alzheimer’s disease is a slowly progressive form of
dementia. Memory impairment as well as the loss of adequate language ability,
difficulty with decisions, judgment, attention span or other significant cognitive
functioning, might precipitate a diagnosis of Alzheimer’s disease.

 Art Therapy. Art therapy is a nonverbal and creative outlet for expression
of feelings and issues. This process often allows for a bond between therapist and
client that has therapeutic value in leading to behavioral change involved in a
psychic/creative level other than that of talk therapy alone.

 Creativity. Creativity is the ability to invent, produce, make, or bring into
being something new.

*Dementia.* “Deterioration of mental functioning, involving impaired memory, thinking, judgement, and language” (Nevid, Rathus, & Greene, 2003, p. 432).

*Depression.* Depression can affect emotional states causing feelings of sadness, irritability, or tearfulness. It can change levels of motivation, which can be seen in reduction of socialization, enjoyment, activity or verbalization. Depression may be seen in changes of appetite, sleep, weight, and level of functional abilities. The risk of depression is a major problem faced by many older adults and prevalent among residents of nursing homes.

*Geriatric Population.* A geriatric population is comprised of male or female persons 70 years or older some or all of whom have medical needs that must be under constant attention.

*Mini Mental State Examination. (MMSE)* The MMSE is a brief 30-point questionnaire with a time span of about ten minutes. It is administered to assess cognitive ability and commonly used to screen for dementia. A score over 24 out of 30 is effectively normal. A score of 23 or lower indicates cognitive impairment.

*Nursing Home.* A nursing home is a facility that provides full-time nursing coverage, including: assisted bathing, dressing, walking, eating and other
therapeutic needs for the residences.

*Process.* Yalom (1995) states that from a psychotherapeutic aspect process is defined as the “nature of the relationship between interacting individuals,” (p.130). Wadeson (1995) states, “In group art therapy, process may become illuminated through images as well as words and additionally through reflection on the images,” (p.147).

*Senior/Older Adult, Elder.* A male or female person aged 70 years or over.

*Stress.* A level of tension and unpleasant feelings involving situations that seem too difficult to control.

*Delimitations and Limitations*

The major delimitation of this study was that the majority of participants were all Caucasian females from a middle class socioeconomic background. They participated on a volunteer basis. This is a limitation as it may have only attracted participants who were interested in the activity, and therefore make no claim as to the benefits of the art activity for persons who are unfamiliar or uninterested with such activities. Only one male volunteered for the art therapy sessions.
"Art is not limited to one cognitive, cerebral channel. It's an interplay between all the senses, and so it can engage people wherever they happen to be."

Shaun McNiff

Past president of the American Art Therapy Association

and the author of several books about art therapy.
Chapter II

Procedures

Characteristics of Qualitative Research

Qualitative research uses interactive methods of data collection, which allows for a humanistic approach. The research is conducted in the participant’s natural setting, affirming a sensitivity and involvement between participant and researcher. I was closely involved with the participants and experienced their world. My involvement was accomplished through the art therapy interventions as well as talking and visiting when taking participants to and from their rooms, before and after the art therapy sessions. Qualitative research is not tightly structured in the early stages. As data is collected new questions and aspects of research emerge. Creswell (2003) states, “The more complex, interactive, and encompassing the narrative, the better the qualitative study” (p.182). Collecting data, analyzing and interpreting simultaneously allows for themes, which may develop and change, leading to more research. The process is multifaceted, interactive and simultaneous (Creswell 2003).

My personal interpretation entered into the data analysis process. Therefore, this type of research is subject to personal involvement, values and interests of the researcher. This is recognized as a characteristic of qualitative research.
Qualitative Research Strategies

I used a qualitative case study as the strategy of inquiry. This case study explored the processes, activities and events of nursing home residents as they experienced 15 consecutive art therapy sessions. To allow for freedom of expression, whether verbal or visual and to provide an atmosphere of safety and support, the sessions were conducted in a very flexible manner. Each session incorporated a different art intervention and a variety of art materials were used, such as, markers, watercolor paint, stamps, and colored paper for three-dimensional objects.

Role of the Researcher

One of the characteristics of a qualitative case study is the close personal involvement that the researcher has with the study. Consequently, it is essential that the researcher remains aware of and concerned with biases and values about ethical and personal issues, which are reflected in the research outcomes. The researcher must identify these issues and how they might influence the research topic, data collection, and analysis.

Part of my Internship requirements in completion of my Master of Arts in Art Therapy and Counseling were fulfilled at a nursing home in a suburb of a large Midwestern industrial city. At this time I was privileged to participate in weekly art therapy sessions. I observed that many residents faithfully attended these sessions and looked forward to the myriad of art interventions, the
opportunity for socialization and creativity as well as the interaction and special
attention I extended to them. The art therapy activities differed greatly from the
other offered activities. Regular offered activities such as movies, performances
or lectures only allowed the residents to be observers or verbal participants not
active members. As the art therapy sessions proceeded the residents became
aware that they were consciously controlling the creative process as they
developed artwork with their own hands. They were active members of the group.
Our sessions encompassed the physical, mental and emotional aspects of each
individual. The spontaneity, and the “you can’t do anything wrong,” approach
which permeated these sessions were unique from the other activities of their
planned day. It is my belief that art therapy with older adults in a nursing home
setting is crucial to their physical, emotional, mental and spiritual well being. My
personal belief is that the residents greatly benefited from the art therapy sessions
though I attempted to analyze this case study in the most objective manner
possible.

Data Collection Procedures

Setting. The study was conducted in a nursing home located in a suburb of
a large Midwestern industrial city. I completed my Internship requirements for a
Master of Arts in Art Therapy and Counseling at this facility. There were
approximately 80 residents in this well maintained nursing home facility. I
introduced weekly art therapy session which took place in a large rectangular
room 25’ by 12.’ Thanks to large windows and electric lighting the room was well illuminated. There was easy access to a sink and toilet area. The artwork was produced at two centrally located rectangular tables. The room also allowed for easy wheelchair accessibility. All the data was collected in this setting.

Participants. All of the volunteer participants were residents of the nursing home. They decided whether they wished to attend the sessions, for how long, and on how regular of a basis. They ranged in age from 72-95. Most of the group were from middle class socioeconomic backgrounds and consisted of one African American male, and Caucasian females. The physical challenges characteristic of each participant are noted in the individual case study sessions. Many suffered from failing eyesight and hearing, dementia and arthritis.

Most of the participants were in wheelchairs, which often predetermined where they sat around the table. The group members were allowed to sit wherever they wished, but often took the same position for every session. All the data was collected in this room.

Methods of gathering data. Data was collected by observation of artwork completed by the participants. All of the artwork was produced during art therapy sessions. I observed the artwork and the process taking place during the art activity. My attention was focused on the appropriateness of the intervention. Special regard was given to: the attention span needed to complete the activity, the ease of understanding the directives, and the physical ability necessary to use
the art materials. I also discussed with the participants as a group their reactions to and thoughts about each activity. The interaction of the participants was observed and accurately annotated and documented after every session. My documentation helped me to determine if the sessions were meeting their goals of promoting and enhancing socialization skills. Yalom (1995) states:

Frequently senior members of a therapy group acquire highly sophisticated social skills: they are attuned to process; they have learned how to be helpfully responsive to others; they have acquired methods of conflict resolution; they are less likely to be judgmental and more capable of experiencing and expressing accurate empathy (p.16).

Data Analysis Procedures

The data was explored in an ongoing process determining that the research questions were appropriate and that art tasks corresponded to the population and their setting. I implemented all of the tasks with the participants. Consequently, I was able to witness many important elements of the actual process: the ease with which the participants followed directives, the ease with which the participants used the art materials, and the participants’ ability to complete the task. I observed participants’ emotional expressions both verbally and kinetically in response to each session.

There were a total of 15 sessions, and the group met weekly on Tuesdays from 10:30 a.m. until 12 noon. The sessions varied in number of participants from
6 to 12. No one participant attended all the sessions. Participants missed sessions due to other appointments such as the doctor, the beautician, and the physical therapist. Illness or tiredness were also a cause of absence. There were regular attendees and these are noted in the session reports. All the artwork was documented in the form of digital photographs. Many of these photographs are used within the body of this paper to illustrate examples of the artwork. Although staff members were not asked to officially report feedback concerning the sessions, many nurses, aides, and activity personnel verbally commented on the sessions beneficial effects. The accounts of each art therapy session are described in this case study.

*Strategies for Validating Findings*

After each session I documented my observations, the participants’ comments, thoughts, reactions, and artwork. The artwork and documentation of sessions were then validated through weekly reviews, critiques and discussions with professionals in the field. Reviewing data frequently as the study progressed allowed for ongoing changes and clarification.

The findings that occur during the study can be compared to experiences documented in literature. This comparison serves as a reference point to validate the explorations of the present study. Findings that run counter to the research and findings that are in agreement with the anticipated research were reviewed.
Narrative Structure

The narrative that emerged from this case study documented 15 art therapy sessions. The materials used, the goals established, and the resulting artwork, thoughts, comments and feedback from the participants comprise the data of this study. After reviewing existing literature as noted above I selected tasks that appeared to have the greatest potential for success. These tasks were used in the sessions. The art tasks were changed and evolved as I observed their appropriateness for the group. I also took into account the participants’ requests and suggestions. Examples of artwork and actual statements from participants are included in the body of the text. Conclusions and recommendations are noted as a result of the case study.

Anticipated Ethical Issues

A qualitative research case study has by nature the need for anticipated ethical considerations. Creswell (2003) states, “First and foremost the researcher has an obligation to respect the rights, needs, values and desires of the informant(s)” (p.66). All names of participants have been changed to protect their identity and privacy. The participants were all volunteers and provided information willingly to me for the purpose of this study. All participants signed a release form consenting to the use of their artwork. A copy of the client release form is in Appendix A: Art Therapy Release Form.
Significance of the Study

Art therapy with the geriatric population is gaining recognition as a complementary alternative therapy, which has health giving effects on a physical, cognitive, and emotional level. This case study stands as a tribute to the ever-growing need for greater importance and acceptance of this work. In this study I have demonstrated that the geriatric residents of a nursing home have the capacity to fully participate, enjoy and grow from art therapy. These group members and their experience serve as an educational review of the processes and artwork applicable in this setting. Hopefully this case study will inspire art therapists or other clinicians working with this vibrant population to find joy and share in art’s therapeutic benefits.

Expected Outcomes

Though I am aware that documenting 15 sessions is a relatively short period of time for a thorough case study, it is my hope that even within this time frame the study will reveal the benefits of art therapy with geriatric nursing home residents. Potential benefits include: improved self esteem, enhanced socialization skills, reminiscing, finding joy, pleasure and relaxation, and stimulating cognitive awareness. For an hour and a half the residents can forget the many challenges and losses they face and enter a world of creativity and special relationships, established with each other, with the art therapist and with themselves. Using appropriate art tasks and therapeutic awareness enables the residents to experience
an activity that is unique and meaningful to them.
Because of his health,
it became increasingly difficult for Henri Matisse to work.
In spite of this, he did some of his largest and most famous cutouts while confined to a wheel chair during his last two years before death in 1954 at the age of 85.

Henri Matisse was considered one of the greatest artists of the 20th century.
Chapter III

Literature Review

Theoretical Basis for using Art Therapy with the Geriatric Population

Art as therapy, “is based on the belief that the creative process involved in the making of art is healing and life-enhancing” (Peterson, 2006, p.115). Whether we make an image of our bodies in the snow or cover our parents’ walls with our crayon masterpieces, expressing ourselves through the arts is a health giving activity. In fact, Abraham Maslow (1968) and Carl Rogers (1961) conclude that self-actualizing creativity seems to be synonymous with health itself. This is no less true at the age of 9 or 89. Essential to our being, the act of creating separates us from other animals and enhances our relationship with each other, our environment, and ourselves. Research shows that creativity is alive and well in older individuals and may even be resurgent in older age (Simonton, 1990).

Erik Erikson’s (1959) research on age-related developmental tasks and needs offers an important directive in creating successful art therapy tasks for older adults. Each stage of life has challenges that must be met; achieving each developmental goal remains paramount to integrity with and engagement in the world. The Eriksonian developmental stages present the elderly as facing a dichotomy between integrity vs. despair. According to Erikson (1959) successful resolution of this tension is essential. Isolation, despair, depression, and hopelessness can negatively affect people who do not pass through this process.
Research has found depression to be widespread among the elderly, impacting negatively upon the health related quality of their lives (Shumuely, Baumgarten, Rovner, & Berlin, 2001). Depression not only affects mood by expressing itself as sadness, unhappiness, anxiety or irritability, it can also result in loss of interest, difficulty concentrating, suicidal ideation, low self-esteem, negativity and guilt. Behaviorally, depression often presents itself as psychomotor retardation, agitation, crying, social withdrawal, clinging, and attempted suicide. Nursing homes report that 25%-40% of their residents suffer from depression, which is more commonly found in women (Gerstenlauer, Maguire, & Wooldrige, 2003). However, the physical and mental decline that accompanies this condition can be counteracted by proper diagnosis and treatment (Rose, 2001).

Activities, such as art therapy, support creativity and productivity; these activities maximize cognitive functioning and emotional well being. Shore (1997) believes that even severely impaired individuals can use the creative process to find a new capacity for wisdom. Art therapy achieves these objectives at the same time as it bolsters cognitive orientation, physical well being, motor skill maintenance, acceptance of life change and loss, reminiscence, and socialization skills. Importance is placed on the meaningfulness of the task and not on the actual product. “Art making supports the emergence of expressiveness that depression mutes and offers opportunities for satisfaction and goal fulfillment” (Peterson, 2006, p.126).
Art therapy represents an excellent form of communication with older patients who because of dementia can no longer communicate using language. “Art allows expression of self and provides for a sense of mastery and control” (Remington, Abdallah, & Melillo, & Flanagan, 2006, p.190). Gerdner (2000) states that through the use of colors, shapes, and textures found in art therapy interventions the geriatric patient can awaken sensory stimulation. The art therapist is challenged to find the intervention that is appropriate for each patient. The use of crayons, for example, might seem childlike but if presented with sensitivity they may evoke pleasant memories and establish a basis for reminiscence.

Gene Cohen, M.D., founder of the Center on Aging and a leader in research involving creativity and aging, is a proponent of two new ideas that have recently emerged: age associated problems are modifiable and the aging process can be potentially successful and life enriching. He has found that people often have a greater potential for artistic expression during the second half of their lives (Cohen, 2006). Elizabeth Layton exemplified this point when she began painting for the first time at 68. To her surprise and elation she found she excelled at drawing. She continued producing her art for the next twenty years and received recognition and fame. Through her self taught art therapy, she managed to end her life long battle with depression.

Cohen (2006) has identified four mechanisms which influence the context of creativity and aging: a sense of control, influential brain activity, benefits of
socialization, and brain plasticity. The first mechanism, a sense of control, might be summarized as follows. Nursing home residents have limited control over their lives. The creative decision making involved in forming a work of art helps to give them back this sense of control. The color, size, shape, medium, self expression, and subject matter that distinguish a piece of art are controlled by the artist. Opportunities to create something new and beautiful are endless and this offers a sense of satisfaction and empowerment.

The influence that the mind holds over the body represents the second mechanism. Scientists have found that the positive feelings associated with a sense of control trigger a response in the brain sending signals, which strengthen the immune system, fostering improved physical well being. This vital sense of control which promotes immune system health can be encouraged by creative decision making regarding personal art.

Benefits which evolve from socialization represent the third mechanism. Art therapy in the nursing home environment is usually conducted in a group therapy session. Group members creating together have an opportunity to interact socially, dialogue about their art, and discuss the past, the present, and the future. The group members gain a feeling of acceptance and support from each other. This type of interaction and social engagement in the second half of life has been shown to reduce stress and blood pressure levels (Cohen, 2006).
Art therapy activities continuously offer challenges, which can increase brain plasticity, the fourth mechanism influencing the context of creativity and aging. When new activities and surroundings challenge the brain its reserves are enhanced. Participants of the art therapy group learn new techniques, remember old ones, make decisions, explore new worlds of visual expression, and often look deeply into themselves to answer unanswered questions in their lives, which may have remained hidden for years. Activities such as these challenge the brain. Art activities are also often sustained over a number of sessions; such ongoing activities challenge the brain, fostering brain plasticity (Cohen, 2006).

In his neuroscience research on the creative brain and dementia; Bruce Miller M.D. (2006) has found that the degeneration of certain areas of the brain produces amazing results by releasing previously dormant cognitive abilities in other areas. Many individuals who never created art before their illness are now finding they can make intriguing artwork. An explanation for this occurrence may be explained by the understanding that different parts of the brain may take over to compensate for a brain area that is no longer functioning. Visual expressions in areas such as drawing, painting, or sculpting may survive even after a person loses their capability for verbal language.

Older people in general and especially those in nursing homes may feel useless and as if they are no longer a viable part of our society. This may occur because our culture appears to praise youth. Connecting with the elderly brings us closer
to our own aging process and our inevitable death. John Tyler, Head Art Therapist at NHS Trust Hospital in Surry, UK (2002), suggests that the elderly become *persona non grata*. No longer feeling like an important member of society, or someone who is respected and needed, is one of the many painful losses associated with old age. Other losses include: employment, cognitive skills, independence, personal loss of family and/or friends, and in some cases, their own identity. Grieving these losses may not always be expressed in words but, the possibility of art therapy’s non-verbal process offers older people increased control over their lives and expression of loss.

As older people explore the use of art materials, they can organize their experience in their own way with personal images and meaning. The act of making art encourages people to be themselves, free from external expectations, and this has the ability to offer empowerment. It may be rare for this older population to freely express and explore their feelings. Tyler (2002) praises art therapy for encouraging participants to return to happy memories of their childhood through their artwork. Completing artwork fosters a sense of accomplishment and achievement. Gaining acceptance and understanding of loss through the artwork is also a benefit of art therapy.

*Research on the Benefits of Art Therapy for the Geriatric population*

Cohen (2006) conducted research designed to measure the physical, mental and emotional benefits of art and cultural programs. The results after a
year into the study showed that the art groups, in contrast to the control groups, exhibited areas of stabilization and improvement. These findings led Cohen to assert that community based arts programs for older adults could help reduce risk factors that contribute to the need for long term care.

B.T. Hannemann (2006) concurs with Cohen’s findings. Using art as a means to explore the many facets of life’s experiences, which may emerge in old age, Hannemann (2006) notes, “Creativity is the key to find the way from our inside to the outside” (p. 65). He researched the effect of art therapy on dementia patients in Great Britain, Sweden, Japan, and Brazil, concluding that art therapy helps reduce depression, improves sensory processing and encourages participants to feel more secure in making their own choices and decisions. Hannemann refutes the commonly held idea that creative ability is weakened in old age. On the contrary he believes that due to their more extensive life experiences, older people may often develop their ability of creativity and imagination to a higher level than younger people.

Rusted, Sheppard and Waller (2006) conducted a 40-week study that compared art therapy groups and activity groups that did not have emotional expression as a central focus. Utilizing nursing home residents as subjects, this research concluded that art therapy positively benefited people with dementia in regards to their mental alertness, sociability, physical and social engagement.
These benefits were not observed to the same degree amongst participants in programs that used recreational activities exclusively.

Kinney and Rentz (2005), observed individuals in early and middle stages of dementia while they engaged in Memories in the Making, an Alzheimer’s Association program that encourages self-expression and enhanced well being through the visual arts. The well being of the study group was compared to the well being of a control group that participated in more traditional adult day care activities. Memories in the Making examined participants’ experience regarding: (1) sensory stimulation; (2) pleasure involving the creative process; (3) sense of well being; (4) increased self-esteem.

Kinney and Rentz (2005) acknowledged there were limitations to the study. The sample size, 12 was too small for conclusive accurate results and other activities were also rated on the same day. After the Memories in the Making session, the participants’ lower well being scores might have been attributable to fatigue. A large amount of training was also necessary to accurately rate the established well being scale. Inaccurate reports were possible.

Kinney and Rentz were, however, still optimistic about this area of research. Participants demonstrated significantly more interest, sustained attention, pleasure, self-esteem, and normalcy while they were part of Memories in the Making. Relatively little negative affect or sadness, important components in evaluating the well being of the participants, were observed. The study raised
additional questions: (1) what is it about a particular activity that brings pleasure and ensures engagement; (2) does the art process tap into areas of the brain that are unaffected by the disease; (3) is there a sense of well being that comes from the regularly scheduled failure free activity with peers, or is the attention of the facilitator important? Kinney and Rentz (2005) acknowledge that the answers to these questions are beyond the scope of this research. They maintained, however, that their research opened the door to future study regarding a growing number of alternative therapeutic interventions promoting well being for individuals with dementia illnesses.

*Art Therapy in Practice with the Geriatric Population*

Attilia Cossio (2002) is an art therapist who trains staff and leads art therapy groups with elderly people in Milan, Italy. In her lectures titled, ‘When drugs are not enough and words are useless…’ she explains the alternative and complementary aspects of art therapy. She notes that participants brighten when they observe the inherent beauty and harmony in their work. It appears that dementia has not destroyed sensitivity and intuition, which are revealed in the artwork. She also credits artwork with liberating emotions, feelings and thoughts.

Cossio also maintains that participants in art therapy sessions become a support group for each other, with interactions and dynamics unfolding along a common pathway. The group’s joint efforts emphasize the values of sharing, interpersonal interaction and socialization. Completing art projects may, likewise,
enhance the individual’s creative self, and counteract depression. The healthy functioning aspects of the individual maybe activated which promotes harmony in the person as a whole, and eliminates the singular identity of “just someone with dementia.”

Mary Baird Carlsen (1991) is well known for her foresight in exploring creativity with elders. She is a strong advocate of the creative potential which does not have to wither, but grows richer and deeper as we age. She cited examples of people in their eightieth year who spoke of their lives and their work not their age. She acknowledged the difficult challenges of aging: the deterioration of physical and mental capacities, the loneliness, the depression, the abandonment by society, and the bias of ageism (Carlsen, 1991). But, she maintains that with unique therapy sensitive to this population, the elderly may live creative, positive lives, and may also serve as people of wisdom, guiding and inspiring us. She encouraged the importance of developing a world in which aging creatively with meaning is worth our thoughts, our dedication and remains within our goals.

Kathy Kahn-Denis, an art therapist who practiced in Cleveland, Ohio, was known for her work with the geriatric population. She found that the evocative nature of art allows older adults with dementia to become expressive, bypassing some of their cognitive deficits. This expressive nature of artwork allows the release of unexpected feelings, which gives the art therapist/witness an
opportunity to see the feeling person without layers of confused thought or isolation. Kahn-Denis (1997), witnessed art therapy’s effectiveness with the geriatric population for the following reasons: (1) it assists with diagnosis and evaluation of cognitive status; (2) it provides a vehicle for nonverbal communication; (3) it offers an opportunity for reminiscing; (4) it enables sensory exploration and stimulation; (4) it provides a self-reflective activity resulting in a tangible end product of the artwork itself.

For more than 13 years, Elizabeth Cockey (2007), an art therapist has been using art therapy to improve cognitive memory, coordination, the ability to accept lifestyle transitions and mental outlook in persons with Alzheimer’s disease. Cockey felt satisfaction in being able to offer art therapy as a way to ease the suffering of those who struggle with the disease and its effects. She has witnessed many positive effects of her work as an art therapist with this population. Cockey has gone on to offer workshops and seminars in which she trains other health care professionals so that more individuals may experience the benefits from art therapy.

John Zeisel, president of Hearthstone Alzheimer Care, which operates residences for people with Alzheimer’s disease in Massachusetts, New York, and Connecticut, maintains that art and other multisensory experiences may help patients tap into memories the disease has shrouded but not stolen. Zeisel has found that art can change emotions toward a positive direction very quickly.
Working from the theory that art can be used as a therapeutic tool, Hearthstone has been instrumental in initiating visits to the Museum of Modern Art in New York and the Museum of Fine Arts in Boston, outings that seem to have a positive impact.

In evaluating the museum experience, Kennedy (2005) notes that Oliver Sacks, a famed neurologist in the area of dementia and the arts, has often witnessed patients in later stages of dementia respond vividly and delightfully to paintings at a time when they could no longer use words. Hearthstone staff members found that the residents’ moods improved for hours and even days after the museum visit. Sacks maintains that the museum visits achieved these results by tapping into procedural memory which remains intact long after the onset of dementia (Kennedy 2005).

While there is no research demonstrating that art therapy cures Alzheimer's patients, there is anecdotal evidence that it may reduce the agitation and aggressiveness the disease can cause (Schworm, 2006). Art therapy cannot halt or reverse the progression of the degenerative brain disease, which gradually impairs the ability to think, remember, and communicate. Results such as those seen by the staff at Hearthstone lead researchers to believe that art therapy may engage the mind's expressive and emotional facilities that remain intact, and consequently improve patients' quality of life.
Hodges, Keeley, and Grier (2001) conducted a study over a period of four years to evaluate the affect of art masterpieces on the chronically ill elderly. The study also analyzed perceptions about chronic illness among three different groups: registered nurses, nursing students, and the elderly. The elderly in the study were comprised of individuals 62 years and older, who were cognitively intact and were capable of performing daily living skills. The research identified nine distinct themes of observation from the three groups: role change, sadness, isolation, decreased communication, adaptation, acceptance of self, fear, need for support, and hope. The most distinct difference between the groups was a focus on hope, which was expressed only by the elderly adult group.

Slides of artwork used in the study included: Van Gogh’s painting of ‘Flowering Peach Tree,’ Munch’s paintings ‘The Dead Mother and Child’ and ‘The Scream,’ Gosz’s painting ‘A Married Couple,’ and Abakanowicz’s sculpture ‘Cage.’ Hodges et al. (2001), found that viewing masterworks of art and discussing them together served as a catalyst for communication between the nursing staff and the elderly. The visual images provided a neutral medium for discussion that enhanced more meaningful disclosure about the personal experiences of illness.

Gerstenlauer, Maguire, & Wooldrige, (2003) found that depression among nurses can be triggered by patients with Alzheimer’s who become increasingly more dependent. The need to keep nurses, especially those who work with
elderly, satisfied and gratified in their work is paramount (Hodges et al. 2001). Often patients are not able to communicate their needs or feelings, creating frustration for both parties. The benefits patients gained from their exposure to the masterworks of art granted nurses a new avenue toward forming a positive relationship with their patients. A greater chance for success and fulfillment in working with their patients was available through this shared reality. This translated into heightened job satisfaction and potentially into increased retention rates, which resulted in the well being and health of both parties.

Both the Hearthstone museum trips and the act of viewing and discussing art (Hodges et al., 2001) focused on inspiration found by incorporating others’ artwork into their own lives. These creations provided illuminating views of human experiences. Art has long been a medium for communicating the very essence of what it means to be human. Results from the Hearthstone museum trips as well as the research of Hodges et al. indicate that the act of viewing art has the power to influence well being and positive change, in the elderly with debilitating illness.

Britt-Maj Wikstrom (2003) explored a study at a nursing home in Sweden which was similar to Hodges et al. (2001). Health professionals employed visual art as a conversation tool with the elderly. The paintings they utilized portrayed flowers, landscapes, and playing children. Participants were asked to use the paintings to initiate and establish conversations with the elderly and to keep
diaries that detailed their experiences (Wikstrom, 2003). The elderly viewed some art works and were then asked the following questions: (1) Which of these pictures of works of art capture your interest? (2) What does it bring into your mind?

Data acquired from four months of diary entries by the healthcare staff indicated that viewing artworks may prove instrumental in helping them interact with patients. They concluded that (1) It was a tool to get close to the elderly person. (2) Many times the elderly person took the initiative and directed the topic to be discussed. (3) New ideas of what to discuss arose during the conversation. (4) The elderly persons reflected spontaneously on sad and happy life events. Caregivers also reported that they gained a deeper understanding of the elderly and their circumstances. Many caregivers reported that they felt more satisfaction from their work and enjoyed the time spent with the patient, making the challenges they faced within a nursing home setting less daunting. As in the Hodges et al. (2001) study the caregivers’ experience of enhanced well being reverberated throughout the entire institution.

The Sandwell Third Age Arts, an independent charity in the United Kingdom brings art activities to older people with dementia. Sharon Baker (2006), an artist who directs the organization believes that her role is simply, to bring creativity, fun and pleasure into the lives of people who are often, isolated, confused, lonely and depressed. Baker found that dementia, had rendered
dormant, active skills of long ago. Awakening these skills through art had the potential to give back a sense of self. Baker witnessed that participation in the art program resulted in therapeutic benefits such as positive stimulation, enhanced communication, experimentation in a safe environment, heightened self-esteem and confidence, and help with relaxation. She believed that if people enjoy the experience, it has been worthwhile. It is about the process of making the art, rather than solely the end product. Pleasure for its own sake, regardless of mental or physical capabilities was Baker’s goal. Baker also cited the important benefit that art may improve the relationship between the person with dementia and their care provider. Hodges, et al. (2001) and Wikstrom (2003) also substantiated this benefit in their research. If the person being cared for is happier and more content the role of the care provider is more rewarding. The relationship may be healthier and more enjoyable for both parties.
“Do not cast us away when we are old: as our strength diminishes, do not abandon us.”

Quote from *Gates of Repentance*, a prayer book used in Reform Jewish Congregations.
Profile of Art Therapy Group Members

_Annette_. Annette, age 94 was cognitively alert and a slow careful worker. She was meticulous about her appearance and her artwork. She would not leave her room without her lipstick application and would not leave her artwork until it was finished to her satisfaction, working until the final moment of the session in an effort to achieve exactly the look she wanted to convey. She used a wheel chair to attend sessions.

_Bernice_. Bernice, age 83 was a short, small woman who brandished a quick wit, a cane, and language that often caused a stir among the group. Behind her sharp tongue was a smart, sweet woman who almost never missed a session. She loved the color red and was usually finished with her art, before some others had even started.

_Celia_. Celia, age 85 was physically capable and walked unassisted with ease. She was a late sleeper and often came to the sessions a half an hour late. She recently lost her husband of 64 years and this loss weighed heavily upon her.

_Deborah_. Deborah, age 72 was the youngest in the group and physically capable, walking unassisted. Due to her Alzheimer’s disease, she was often very confused and wandered in and out of the session. Other days she was alert, thoughtful, and insightful about her work.
**Ellen.** Ellen, age 91 was only with the group a short time before contracting a serious infection. Her out spoken negative remarks mixed with her kindness, was a bitter sweet combination.

**Hazel.** Hazel was 93 and her greatest challenge during the sessions was her hearing loss and increased depression. Her bright blue eyes and warm smile were endearing, but her physical problems escalated during the course of this study. She was a prolific artist, once I wheeled her into the room and gave her paper and markers she entered her own private world and completely covered a page with symbols, and shapes that were magical and uniquely hers.

**June.** June, age 83 was cognitively alert and always ready with thoughts and suggestions to enhance the sessions Her confinement to a wheel chair and physical condition were difficult challenges for her. She was a fine artist as well as a writer and a poet. She was dedicated to the sessions and always gave the task 100 percent of her effort.

**Marjorie.** Marjorie, age 86 suffered from the early stages of Parkinson’s disease. Fortunately, she was still physically and mentally capable. She found a special place in our sessions by being my helper, when it came time to cleanup. Due to her physical and cognitive abilities she was able to collect materials from the table and help wash brushes and paint dishes. She was the only person in the group able to complete this skill.
Paley. Paley, age 76 was the only male in the group and the only African American. He was physically capable, walking unassisted. His challenges were cognitive. Though his attendance was tentative at first, he soon became a regular participant. He was a slow, careful, deliberate worker. Once he began a project, he wanted to see it to completion.

Velma. Velma, age 89 was in excellent physical condition and able to walk and dance unassisted. For this reason she entered and left the sessions at will, sometimes staying for 15 minutes only to return 15 minutes later. She usually spoke in Czech and was trying desperately to communicate through her art. Her dementia made this a difficult challenge.

Vivian. Vivian, age 86 was the only member of the group in an electric wheel chair. She was soft spoken, cognitively alert and had been a portrait artist. Her keen eye and art experience added a special esthetic awareness to the group.
Chapter IV

Sessions 1 - 7

This case study took place in a nursing home in the suburb of a Midwestern city. All of the participants were Caucasian females, except for one African American male. The sessions were conducted in the same wheelchair accessible room, which measured 25’ by 12’, and was used for meals and other activities, but during the art therapy sessions, the room was used only for that purpose. One of the long walls had large windows that provided a view of trees and grass outside. Between the windows and electric light the room was well illuminated. There was also access to a sink and toilet area. A small area of cabinets, housed limited art supplies. The artwork was accomplished at two long rectangular tables in the center of the room. Though the residents could sit wherever they wished, they usually chose the same place around the table. Their choice was often dictated by convenient placement of wheelchairs on the near side of the table and chairs on the far side of the table used by those who could walk. All sessions took place on Tuesday morning from 10:30 a.m. to 12:00 noon and were listed in the monthly and weekly calendar of events, which was distributed to the residents. The sessions were open to all residents.

All the participants volunteered for the art therapy program and ranged between 72-95 years of age. They decided whether they wished to attend the sessions, for how long, and how often. The majority came from middle class
socioeconomic backgrounds. The physical, mental and emotional challenges that were unique to each participant are noted in individual sessions when a particular participant is highlighted. The characteristics and diagnosis of the participants are more fully described within the context of the individual sessions. Many had depression, dementia, failing eyesight, failing hearing, hypertension and arthritis. This case study discusses 15 sessions and highlights various participants noted in the study for their artwork and or their verbal comments.

Session One: Coloring Mandalas

Materials: 8 ½ inch x 11 inch white paper with xeroxed mandala and a variety of colors and sizes of markers.

Directive: Share a short history of mandalas, and explain that the word mandala means circle in Sanskrit. Discuss the relevance of circles we see and know in our daily lives. Pass out the xeroxed mandalas and markers and ask the residents to begin coloring in any way they choose.

Goals: (1) Encouraging exploration of creativity. (2) Expansion of manual and visual skills. (3) Increasing feelings of accomplishment gained by finishing the mandala to their ability. (4) Providing an opportunity to begin an informal assessment of the residents. Ability to follow a directive, physical and cognitive abilities, attention span, and general character of participants, were revealed through this task that also promoted relaxation.

This was an exciting first moment, the one in which the participants
formed first impressions. Often an impression is created from an emotional experience, rather than from an actual event. How did they perceive this new person, the art therapist counselor? They had not previously been exposed to art therapy as an activity in the nursing home.

At the beginning of the session I introduced myself, explaining who I was and why I was there. I encouraged the participants to ask questions, but this day there were none. I emphasized repeatedly through our sessions that the participants would be my teachers and I felt privileged to spend time with them. This art therapy program was theirs and they were encouraged to understand that they could say and do what they wanted, when they wanted; it was their special time. They could come and go at any point during the session, they could make art, observe, comment, or just be with us and they would always be welcomed. These ideas were reviewed many times in sessions to come.

I believe that this relaxed atmosphere, allowed the residents to make their own decisions, and follow their own desires. This method of self-motivated participation became established and was very therapeutic in benefiting self-esteem. Often people would arrive in the last half-hour of the session, view the art and listen to our process time with great satisfaction. They would then tell me how much they enjoyed the art sessions.

Our first session started with some physical activity and became our usual check in procedure. The participants were seated around the tables, some in wheel
chairs, and others in chairs that were placed at the table. I explained to them that moving the physical body helped to get blood flowing and that breathing deeply from exercise nourishes the brain and the body with oxygen. By loosening the physical body, a space is loosened and opened for creativity to emerge. For our exercise, we went around the table, giving everyone a chance to participate. It was explained that the movement could be as small as moving one finger and that each person could respond according to his/her own ability. The first person started by counting from one to ten during their exercise, the second person counted from 11 to 20 and the others around the table joined them with the same movement and count. Carrying out this process proved to be challenging, but everyone did their best. Because this session included 12 people, the count became rather high and it took concentration to continue. I included myself in the activity. After this, we began the art task.

Everyone was serious about their work and a hush came over the room; talking stopped as participants concentrated on the art. Time passed quickly and I began to learn how to budget the hour and a half we were together. It was difficult to compute how much time to allow for clean up and processing which varied depending on the project and the participants in any given session.

Group members were introduced to the idea of processing the artwork, which consisted of showing their artwork to the other participants and sharing in some dialogue. This was a new idea to the group and on this the first day it
seemed awkward. However, everyone was willing to hold up their work and display it. On this occasion, as during most sessions, the participants were very complimentary of each others’ work. I never knew whether these compliments were displays of compassion for other group members, or if they felt it was what I wanted to hear. As the sessions continued, the processing conversations became more involved on some days and almost non-existent on other days.

Figure 1. Hazel’s Mandala.

In this first session two individuals stood out. The first was Hazel, a 93 year old Caucasian female, who suffered from dementia, hypertension, depression and a severe hearing loss. Her ability to function fluctuated, but her attendance level was good. Her hearing loss escalated over the course of this study and was accompanied by increased depression. This day she comfortably began to work on
her mandala and became completely absorbed in her work, a behavior which became characteristic of Hazel throughout this study. She would begin working as soon as the materials were put before her, not waiting for any directives. She titled her mandala, (Figure 1) “I-SMILE AND YOU-SMILE-WITH-ME. HAVE-A-GOOD-DAY-EVERY-ONE.” She put the dashes between the words. Indeed when Hazel smiled you could not help but smile back. She had short cropped, straight white hair, sparkling blue eyes and a broad, wide, beautiful smile.

Another individual of note on this day was Velma. Velma was a Caucasian female, 89 years old, who had short straight brown and gray hair and wore glasses. She was very mobile and loved to tap dance, which she often did quite well in a moment’s notice. She walked quickly and was slightly stooped, leading with her head, as though she was always looking for something. Though she often had a confused expression she was usually smiling. She had great difficulty in understanding the directive and I repeatedly attempted to work with her. With difficulty and confusion she followed the lines of the mandala with a brown marker (Figure 2). I wondered if the lines and pattern could have appeared frightening to her? Did she see the pattern as aggressive and threatening rather than as meditative and calming? Unfortunately, I was never able to communicate well with Velma. She did not ignore my questions or comments, but seemed unable to understand. Velma began talking in Czech or in English which did not follow a comprehensive pattern and I could not understand her. I believe she
wanted to answer but did not know how to do so. She often returned to sessions, sometimes just to walk in the room, look around, sit down for a moment, possibly work on some art, or walk back out of the room.

Velma would speak in Czech and repeat the same rhyme, which I have since found out means something about, “I am a Check (her spelling) girl.” In English she seemed to talk about how people were killed and how she saw terrible things and there was a mean man and she hid from him. Upon inquiry at a later date I found that she was born in the United States and was of Czechoslovakian heritage. She had an 11\textsuperscript{th} grade education, had directed her own dance school, had a son and daughter, and was widowed in her 60’s. She scored 8 out of 30 on the Mini-Mental State Examination (MMSE). A score of 23 or lower indicates

![Figure 2. Velma's Mandala.](image)
cognitive impairment or possible dementia. She was admitted in the previous year to the present residence from the assisted living facility, affiliated with the nursing home. Perhaps her disclosure of the above reported incidents were events she had been told, even as a child or a combination of events she witnessed and combined with memories of other stories. Speculation in this area is impossible. Perhaps a one-on-one series of session would have been helpful. I informed my supervisor of the issues, which had been disclosed.

The session came to an end and I thanked everyone for their serious effort and for the privilege of working with them. I informed them that I would see them the following week. They wished me well, thanked me and after I gather my supplies, I was on my way. I believe that the first session went well. We all got a small glimpse of how we might work together. I still felt very new and inexperienced with the group and knew that time was on my side to become more relaxed and comfortable. There were 12 participants in the session which may have been too many. This number of participants often attended the sessions. I did not feel that it was right to limit the size of the group if residents were interested. The participants appeared to understand that one person could only work with so many people at a time; they patiently waited if they had a question or needed some supplies, (save for Bernice who we will meet in following chapters). I was not used to working with a majority of people in wheelchairs (80% of the group), or with physical disabilities, which greatly limited the participants ability to get
supplies for themselves or move freely about the room. I quickly discovered that if I could help the participants learn to do things for themselves; they felt better about the sessions. Often in a nursing home the residents are not able to take care of their daily needs and are not given much responsibility to do so. I had learned much about this group and looked forward to our next meeting.

Session Two: Foamy Shape Designs

Materials: 8 ½ inch x 11 inch white paper, multi-colored foamy shapes in many different sizes and shapes, many of which represented objects from the beach or summer vacation, also numbers and letters, elmer’s white glue, large popsicle sticks for applying glue, colored styrofoam trays for glue.

Directive: Demonstrate how to apply glue to a foamy shape and stick it down on paper. Ask group members were asked to glue down shapes depicting a thought, an idea, or a remembrance about a vacation they had taken.

Goals: (1) Improving and enhancing socialization skills by creating and sharing together in the group. (2) Sharing reminiscences about a vacation to increase cognitive ability. (3) Strengthening hand manipulation skills by applying glue to an object and accomplishing the task. (4) Improving cognitive skills by following multi-step instructions.

After the first session I felt that I did not yet have a good understanding of the participants, their capabilities or their personalities. I made the decision not to look into the nursing home’s files at this time. I wanted to observe the participants
accomplishing tasks and activities, without having previous knowledge of their particular challenges. For the second project, I wanted to understand more about each participants cognitive level, manual dexterity level, and the ability to follow multiple step directives. Using glue to paste foamy shapes on paper had these attributes. There were 8 people in this session, some from the previous session and some new participants.

I began this session in a slightly different way than the previous session and we held to this new format for a number of weeks. The session began by having everyone including myself, put her name using colored marker on a peel back sticky nametag. The residents chose the color marker they preferred. We then went around the table and each person said her name. Interestingly, not everyone knew the names of the others in the group. This may be in part due to memory difficulties and may be also due to the isolation that can become habitual with this population. We then continued around the table with our exercise regime. This procedure served as our check in.

The materials were then passed around the table, a demonstration was presented, and the residents got to work. In this session, as in the first session and every session thereafter, the residents demonstrated a broad level of capabilities both physically and cognitively. The work style and tempo also varied. Some people finished their project in ten minutes; some had not started after ten minutes. Once again, I chose Velma’s project (Figure 3) as one of special interest.
As in the first session, she was confused and struggling with the task. It seemed that when she became frustrated, she started speaking in Czech, which further removed me. Often in the following sessions she wrote unintelligible marks on her paper. She would then ask me what the marks said, reporting that she had forgotten or could not understand them. When we processed our work, I asked her to read her piece and she replied that she thought it said, “Go Home Lost.” That was all she was willing to say. I was touched by her disclosure and the level of communication we shared. She appeared lost and distressed and began repeating her favorite Czech rhyme, which she often turned to in times of confusion.

Figure 3. Go Home Lost.

Often Velma and I connected with each other during the physical movement at the beginning of the session. When it was her turn, she had no idea what to do. I asked her if she wanted to dance. “Now?” she would question. “Yes,” I said. She would push her chair away from the table, stand up, and do a tap
dance routine, which she obviously knew by heart. I invited the group, mostly in wheel chairs to move their feet and tap on the floor as well as they were able. Velma became so involved and had such pleasure from her dance; it was often difficult to get her to stop. By encouraging her to dance and showing her the acceptance and appreciation of her dancing, we related and communicated if for only a moment, which put a huge smile on her face.

Bernice in direct contrast to Velma was very verbal. A short Caucasian female 83 years old, Bernice was always neatly dressed and often wore red flats (shoes) with multi colored socks. She loved red and occasionally wore a red sweater with Christmas decorations even though our sessions were not in December. Short, straight, gray hair crowned her head and she always had a twinkle in her eye. Her mischievous grin made me wonder, what was she thinking? Bernice had finished high school and two years of college and had worked as a medical lab technician. She suffered from dementia and had coronary artery disease, a coronary bypass graft and a pacemaker. She came to the nursing home after being in Hospice. Fortunately, at this time she was quite mobile and only used a cane. Her MMSE score was 18 out of 30. This score was puzzling and reminded me that getting to know a person is the most important part of any assessment. Though her score indicated cognitive impairment or possible dementia, I knew her to use words accurately and appropriately and to be knowledgeable of the world around her. She easily and legibly wrote her ideas on
her projects and always signed her work without being asked. Quick witted and clever she always kept me hopping. Often her words had double meanings, and if I was not paying attention I missed her intelligent puns. She was feisty, outspoken, and full of zip and vinegar. She often swore and some of the other women were not pleased with this behavior. It is impossible to say whether she did this to get attention from them or perhaps from me. Unlike many others who waited patiently she spoke out whenever she wanted something or felt like speaking her mind. At other moments, if I did not get to her fast enough she sat quietly and fell asleep, but woke the moment I spoke her name. Though I witnessed her having a difficult time with some of the staff, she and I always got on rather well. If she was not feisty and outspoken I worried about her.

On her foamy art project (Figure 4) she wrote, “The stars at nite are big & britee deep in the heart of Texas” (her spelling). Bernice said that after she made her piece the song came to mind. She suggested that the sunglasses at the top of the page could be used to look at the bright stars, but had nothing else to say. She was not from Texas nor did she say she had ever been to Texas. The Christian symbolism of crosses and a fish was interesting as I did not see this repeated or referred to again in any of our sessions, nor did I hear her speak of a strong religious affiliation. All the members in the group belonged to different Christian denominations.
Everyone enjoyed seeing each other’s artwork. After Bernice showed us her piece, a number of us, including Bernice, started to sing the Texas song but quickly realized we only knew the first stanza. We all laughed about this and found out that no one in the group was from Texas. The session ended on a happy note. I thanked everyone for their good work, sincere and active participation, and said I would see them next week. They thanked me and wished me well.

I felt good about our second session; we were getting to know each other, and I was able to understand and assess more capabilities. It was clear that the participants were enjoying the activities and the attendance had been good. They seemed eager for this type of activity, which differed from their other activities. Residents were afforded many opportunities during which they could talk or
listen, but art therapy was unique because it allowed them to explore their creative potential, and actually make something with their hands. The value of art therapy in their lives seemed obvious. I learned one functional recommendation for the future- be sure to use colored trays to hold elmer’s glue. White glue in a white dish made it difficult to see the glue. It would also be possible to use foamy shapes with sticky backs, but it can be difficult for the geriatric population to remove the backing. Part of my plan for using glue was to have the group learn new skills, or remember old skills, such as using glue. All these hand manipulations help keep arthritic fingers moving, which is beneficial.

Session Three: Stamping.

Materials: various hard foam stamps, 8 ½” x 11” paper in a variety of colors, variety of tempera paints, styrofoam dishes for paint palettes.

Directive: After examining all the different stamp prints, select the one/ones you like, as well as choosing the color of paper and paint you wish to use. Put your stamp in the paint and then on the paper. Tell a story with your artwork.

Goals: (1) Create decision making opportunities that lead to fostering a sense of self as well as encouraging involvement and experimentation. (2) Encourage verbal interaction by asking participants to tell a story that evolved from the stamps they used. (3) Increase socialization.

The session began again with nametags and physical movement exercises experienced around the table. I observed that many of the participants were
becoming familiar with the check-in procedures. There are times when strict adherence to a schedule and established routine is very helpful in providing stability with dementia patients, like those in the art therapy group. However, this group appeared to possess enough stability to introduce a new component during the check-in ritual. This new component was a silent moment of gratitude for all that we have. By this time I began to see that religion was very important to many members of the group. A priest came to say prayers with the Catholic residents and I noticed that some participants of the art therapy group joined in these prayers. During a previous internship the art therapist asked for a prayer of gratitude before beginning each session. This idea touched me and I felt that it lent a special meaning to the sessions. I explained that this practice was not affiliated to any particular religion; it was just giving thanks for the opportunity to come together and be creative in a beautiful, peaceful surrounding with plentiful supplies and to feel joy in sharing creatively with each other. We each took a silent moment for personal thoughts after which we began the session. I believe that the group was receptive to this moment.

There were ten people in this session. Everyone selected their paper, stamps and paint and began after a demonstration. This project took on a playful quality that differed from the silence which marked previous weeks. The residents and I conversed and visited in a relaxed manner. There was a delightful interplay between Bernice and the woman sitting next to her, Vivian. Bernice quickly
covered her paper with ladybug shaped stamps (Figure 5) and wrote, “The bugs are coming!” Vivian saw what Bernice was doing.

Figure 5. Bernice's Bugs Are Coming.

Vivian was a Caucasian female age 86 years old. She had arthritis and hypertension and was the only person in the group with an electrically powered wheel chair, which she handled with ease. Always nicely and neatly dressed with a comforter over her legs, she explained that she was often cold and this caused her arthritis to be more painful. She had lovely gray hair in a bob, just below her ears. The size of her blue eyes was increased by her large framed glasses, giving her a look of wide eyed wonder and curiosity. Pleasant and interested in the art tasks, she always smiled and added an observant comment. She functioned at a high level cognitively. Vivian had been a professional portrait painter and
graduated from art school. A loyal supporter of the art therapy program; she enjoyed the sessions and the variety of media and interventions.

Vivian responded (Figure 6) to Bernice’s artwork by stamping the same ladybug shape in the same color as Bernice had done. Then Vivian stamped trees around the bugs and said the title of her piece was, “Bernice’s Bugs in the Forest.” She exhibited a great deal of creativity, interaction with another group member, and true spontaneity; her cleverness gave everyone a good laugh.

![Vivian's Bugs in the Forest](image)

*Figure 6. Vivian's Bugs in the Forest.*

Ellen also gave us a good laugh. Ellen was a 91 year old Caucasian woman. At the time she had entered the nursing home two years ago she had scored 20 out of 30 on the MMSE. A score of 23 or below indicates cognitive impairment and possible dementia. She was in a wheel chair and suffered from hypertension, depression, colostomy complications and dementia. During the time of this study she contracted a serious infection and eventually went to Hospice. I
am happy to report that I recently visited her, she is out of Hospice and she has made a substantial physical recovery, but she suffers from severe depression. Hopefully she may rejoin the group.

![Ellen's Stamp Art](image)

*Figure 7. Ellen's Stamp Art.*

Ellen used a variety of stamps and colors on her project (*Figure 7*). During processing, she said, “If I had known we were going to tell about it, I would have done a better job.” This really said something about the idea of processing and sharing. There was great value to showing and talking about the work with the group. Ellen was a real spitfire and added lots of energy to the group. Sweet, considerate and grateful for our attention, she always wanted to kiss the nurses and me and tell us how much she loved us. On the other hand as witnessed in her processing, she had a sharp wit and spoke her mind. Unfortunately, she often had
little energy and was unable to attend many sessions.

The stamping project achieved its goals of fostering creative decision making and socialization; it encouraged members to talk more freely and to play with each other. I learned that hearing loss is a big adherent to promoting better socialization skills. Conversations between two people sitting next to each other, often failed; because they were not looking directly at each other, they did not see lips move. This inhibited the recognition that someone was speaking to them. If an attempt was made to speak to someone and they did not receive a reply, it was not common to try again. Thus the communication line was stopped before it was even started. During the session I moved around the room when I spoke, focusing my attention on different participants, trying to give everyone a chance to hear. I also repeated what a participant had said for clarification. The ability of the members to hear was not always constant. Someone who had difficulty hearing me at the beginning of the session suddenly heard me at the end of the session when I was further away. Was this an example of selective hearing, not focusing, perhaps losing or gaining interest? I can not say.

These physical limitations played an important part in the success of the sessions. In addition to hearing difficulties, there was visual impairment. During our process time I often held up the artwork and walked around the table to be sure everyone could see. The residents also informed me of another problem: the table height. They explained it was not always easy to get close to the table with
some wheel chairs. On the other hand if the table was too high it was difficult for some of the residents to raise their hands or arms up to the height of the table. These obstacles all have bearing on participation. I solved many of these problems by simply asking the members what worked best for them and then implementing solutions.

*Session Four: Person in the Rain*

**Materials:** 11” x 17” white paper, variety of colored markers.

**Directive:** Draw a person in the rain.

**Goals:** (1) Informal assessment, (2) Opportunity for participants to increase cognitive functioning by thinking about a particular situation they have not experienced in a long time specifically, being in the rain, and recreating that situation visually. (3) Observing the visual symbolic representation of how participants they take care of or protect themselves.

   It was raining very hard during this session and I decided it would be a perfect opportunity to do an informal “person in the rain” assessment. We began with our usual check in procedure. There were only 8 participants present in this session. I think the rain kept many people in bed, as it was dark and stormy at 10:30 a.m. Everyone thought the project was a good idea, and went right to work.

   All of the artwork created in this session was interesting. I have selected three pieces to review. The first piece was done by Deborah, a Caucasian female and at 72 years old the youngest in the group. Having previously been a model,
she was very concerned with her appearance. She had long gray-blond hair almost to her shoulders and always wore lipstick. One time when she could not think of a physical movement for check in, I suggested she put on lipstick, something she did easily with no hesitation or thought. Due to Alzheimer’s disease, however, her lipstick was often inaccurately applied. Clothing combinations she selected were slightly off, mixing checks with plaids, or other prints in a variety of unmatched colors with multiple Mardi Gras type purple or green plastic necklaces. It was as though she was making one last gallant attempt to wear as many of her clothes as possible. Her attire was almost clown like, but her face was a mask of confusion. I always complimented her outfits, which greatly pleased her. She scored 12 out of 30 on her MMSE. A score of 23 or below indicates cognitive impairment and possible dementia.

Deborah showed visible signs of Alzheimer’s progression during the time I did this case study. At the beginning she came for each session and stayed for the entire time. Gradually she became less and less able to understand the directives and then did not attend the sessions or came into the room and wandered out after a half an hour. At other times she would stay for the whole session and exhibit clear thinking. When Vivian fell, badly bruising herself, Deborah taught me an important lesson by suggesting that we make get well cards. What a wonderful form of healing therapy. Deborah asked if she could
deliver the cards to Vivian and she accomplished this task. She created her own
device for gaining self-esteem.

This day Deborah stayed for most of the session. She did not put a person in her drawing (Figure 8). I believe the title of her work “Cats and Dogs” explains her reasoning and is the result of my encouraging the group to think of words that they associated with rain. “It’s raining cats and dogs.” was mentioned. The other word Deborah told me she wrote was “teardrops;” she said she did not know how to spell it. She only used a blue marker.

![Figure 8. Deborah's Person in the Rain.](image)

Marjorie, who began coming to the sessions with more regularity, made a drawing, but refused to show it. She was capable verbally and cognitively, scoring 24 out of 30 on the MMSE. A score of 23 or below indicates cognitive impairment and possible dementia. At 86, she suffered from Parkinson’s Disease, depression, and hypertension. Marjorie, like many of the others, smiled most of
the time (at least when I saw her). She had curly short gray hair and strong brown eyes. Having a light jaunty air to her step, she often wore shorts, rather than long pants as did most of the others. Despite the fact that she was serious and spoke her mind, she lacked confidence when it came to her artwork. She commented that her work was not good, did not look the way she wanted, and was not as representational as the work of others. I asked her if she would like to write about, rather than draw, her person in the rain. She said that would also be hard but she wrote: “A person standing in the rain, with and umbrella. A man about 35 years old, wearing rain gear.” We talked about what color the man’s rain gear might be. She said, “Blue.” This prompted a discussion around the room and every single person said a different color for their imaginary raincoat.

Figure 9. Bernice's Rain Rain.
Bernice in her usual fast paced style was finished in moments, using her self-proclaimed favorite color, red (Figure 9). Her person lacked hands, facial features, clothing and gender determination while an umbrella came right out of its head. Rain fell only on the umbrella. She was the group member who started us using words in this session, when she added to her drawing, “Rain, rain go away come again some other day.” Hazel said she always sang, “Rain, rain go away come on mother’s wash day.” Someone else suggested, “singing in the rain.” This prompted June to tell the group about the time she met Gene Kelly and what a nice man he was.

I found Annette’s drawing fascinating (Figure 10). Annette was a 94 year old Caucasian female. She was in a wheel chair and suffered from hypertension and arthritis. Annette’s memory was good and she scored 25 out of 30 on the MMSE. A score of 23 or below indicates cognitive impairment and possible dementia. Annette became a regular member when I realized she was always up, dressed and ready to go. I wheeled her toward the art room and we checked in on others along the way. She was a slow, careful worker who easily became frustrated with herself if her product did not meet her standards. Annette’s pure white beautiful head of hair complimented her blue eyes. She wore glasses and was always dressed in a lovely crisp, clean outfit. She was serious about what she did, and gave full attention to her work.
I asked if she wanted to talk about her drawing and she explained it to us. It was a drawing of a woman with a black plastic rain hat that tied under her chin. The woman’s umbrella had blown inside out. On her drawing she wrote, “Umbrella is blown inside out very windy Black Bonnet with raincoat with black buttons.” Annette was prepared for all eventualities with her rain hat, umbrella and fashionable raincoat. I fondly remembered that Annette would not leave her room for our session until she had applied lipstick, makeup, her watch was on her wrist, and I had turned off all the lights. Interestingly, in her drawing we only see the figure from the shoulders up. There are no arms holding the umbrella and there is not a single drop of rain.

*Figure 10. Annette's Person in the Rain.*
Paley entered the room toward the middle of the session and sat quietly on a chair along the wall. He was a 76 year old African American male. He was the only male in our group and the only African American resident in the nursing home. He was also unique to the group having lived in the south. As he became more comfortable he regaled us with stories about red earth and his grandfather’s cotton farm. He was physically very agile and capable, but often cognitively challenged by the directives. He suffered from dementia, diabetes, hypertension, and coronary artery disease. He also had a Pacemaker. Paley was a tall sturdy man with short graying hair. His hands were big and strong, yet he enjoyed using a scissors to cut delicate shapes. Sometimes his expression conveyed the wisdom of the world. At other times he appeared to be some where else.

Paley spent this session quietly sitting away from the table. He said he just wanted to watch and would stay where he was. I told him we were glad to have him join the group in any way he wanted and he was welcome to sit and observe. Paley became a well loved member of our group.

The group had a good time with the “person in the rain” intervention; it encouraged talk and conversation. The small size of the group created an active interchange of ideas. There was a familiarity about the group that was beginning to feel comfortable. For this group administering an established assessment in this causal way was appropriate. I was not attempting an assessment that would be
used by other staff members or for a treatment plan or further reporting. The experience was only shared by me and the participants. I believe if I had given the group this directive on a sunny day they would have followed the directive, but it would not have had the same impact for socialization, conversation, and imagination. I can only wonder how long it had been since any of the group had been out in the rain.

**Session Five: Abstract Tissue Paper Painting**

**Materials:** 12” x 16” white watercolor paper, variety of colored tissue paper, brushes, water dishes, modge podge, paper towels, books on modern art containing pictures of minimalist paintings showing large areas of color.

**Directive:** First we looked at the books and talked about modern minimalist paintings with large areas of color. After this I demonstrated the technique and then instructed everyone to select a variety of colored tissues that they liked or that caught their eye. “Place the tissue paper on the white paper, in any way you wish, then using the brush and the modge podge, brush over the tissue. This will stick the tissue paper to the white paper, and make the tissue paper colors blend and bleed together.” This blending was part of the fun; by over lapping colors you could create a new color. Overlap yellow and blue to create an area of green.

**Goals:** (1) Experiencing the joy of color, (2) Becoming exposed to a freeform art experience, (3) Allowing the art to emerge with creative decisions, (4) Learning
about modern painting, and (5) Becoming familiar and comfortable with a paintbrush and fluid medium.

This intervention was a way to introduce painting that did not require ability or experience. It facilitated remembering or learning how to use a brush, working with a fluid medium, and encountering color. Fluidity, spontaneity, and freeform style are not usually part of life in a nursing home, nor are the excitement, pleasure and enjoyment of experiencing color in a personal creation. The thrill of painting holds the possibility of bringing some of the previously mentioned dynamics to life for the participants. The group really enjoyed making this art. It accomplished all the goals. They found this method of painting easily accessible. There was less involvement with the intellectual idea of wrong, right, good, or bad, and provided enjoyment in the process.

Part way through the session I suddenly realized that I had forgotten to use the protective plastic tablecloths, and the tissue paper, which bleeds color readily, was staining the table. I informed the group and we quickly removed the work from the table. I found paper towels and cleanser and began scrubbing the stains on the table. This episode presented me with interesting insight into the needs of the residents. All the participants asked for towels and cleanser to help clean the table. I allowed them to do so and they entered the task with vigor. The table was soon spotless, the plastic cloth on and we were back to our art. I asked about their eager participation in cleaning the table. The participants told me that they seldom
have a chance to help. They explained it is nice to feel needed and lend a hand to someone rather than always being helped by someone. After this I always allowed everyone to conduct the cleanup to the best of their capabilities. As will be seen in Session Six, Marjorie incorporated this idea as her own personal therapy.

Bernice continued to exhibit her feisty character in naming her piece, (Figure 11) “A Mess.” Was she doing this to defy me, test me, perhaps to decide how she would relate to me when viewing my reaction? Was she just looking for attention? Or seeing how the group would respond? She did this with a twinkle in her eye. Neither the other participants nor I displayed outrage. I told her that I did not see it as a mess, but that it was her piece and the title was as she wished. Bernice continued to be clever and witty with her words and comments, but she was never again as derogatory about her work.

Figure 11. Bernice’s A Mess.

Annette really enjoyed making her piece (Figure 12) saying she had never
done anything like that before in all her years. Annette was a slow careful worker and before beginning, she watched others to see how the medium responded. Her careful efforts resulted in an interesting and sensitive piece of art. When she was finished she studied her piece intently and appreciated the moving patterns and textures. She aptly called her piece “Wind Storm.”

We began this session with our usual procedures and ended with a feeling of accomplishment during our processing time. Two of the other names for pieces were, “Full of Color” and “# 1” after the idea of a modern painting. Everyone laughed and joked about selling their work for hundreds or even thousands of dollars like those in galleries and museums.

Figure 12. Annette's Windstorm.

Session Six: Make Your Own Garden

Materials: 11” x 17” white paper, flower and garden catalogs, elmer’s glue, styrofoam colored dishes for glue, popsicle sticks to spread glue, scissors.
**Directive:** “Look in the catalogs and find flowers, bushes, trees, vegetables or garden artifacts you would like to have in the garden you create on your paper. Perhaps you will see pictures that remind you of a garden you once had. You might want to recreate that garden on your paper, or create a garden that you would enjoy from the pictures you see today.”

**Goals:** (1) Socialization, (2) Sharing and talking about gardens, (3) Enhancing cognitive skills with a multi-step project

The session was attended by 12 participants. We began with our check in procedures. I then gave the directives and demonstrated cutting with a scissors, and pasting with glue. Most of the group understood and began. Agness who joined us for the first and only time said, “They don’t let us have scissors.” I replied that we could have scissors in the art therapy sessions, but they had to be used with care and they could not leave the room. I watched Agness closely, but she seemed to know how to use a scissors safely. I have to admit she had me a little scared. When the session was over I counted the scissors. They were all there. The participants were excited to look through the catalogs and seemed to enjoy this experience in itself. They began to talk about different flowers and were happy to see the printed names helping them to remember.

Bernice had no difficulty understanding the directive and in her usual fashion moved forward swiftly. I was glad to see that she took the time to cut around the edges of the Iris (Figure 13) and carefully to paste down the multiple
surfaces. Most of the women cut the pictures out in the square or rectangular format, as Bernice did with the rest of her pictures. Perhaps she lost interest or just wanted to be finished. Even though she usually finished before everyone else, she always stayed in the room until the end of the session. On the top of her page she wrote, “Irises are the first flower to bloom in the Spring!” Perhaps she had a special memory, but she did not make any disclosures that would substantiate this thought.

Figure 13. Bernice's Iris.

This intervention proved difficult for Velma. She looked through the catalogues for a short time, but was uncertain about using the scissors. As with anyone the participants experienced good and bad days. Velma was experiencing considerable confusion that morning. She had not been present for our exercise time. Perhaps physical movement would have helped her, it is impossible to say. I noticed she was having difficulty and not wanting to exacerbate her confusion, I
avoided giving her any glue. Instead, I encouraged her to find some calm in making something visual, assisting her in that process by giving her a marker and some paper. Instead she made her marks (Figure 14) on the glue dish. I was unable to decode her words and again she could not tell me what they said. Velma was a good candidate for one-on-one work, a possibility that was not an option at this time.

![Pink Styrofoam Dish](image)

*Figure 14. Pink Styrofoam Dish.*

Deborah moved forward with confidence (Figure 15) she cut out many colorful pictures and pasted them down with no difficulty. She was experiencing a good day. During processing she told everyone how much she liked flowers, how they were so beautiful and colorful and she would love to have a garden like the one on her paper.
It was during this session that Marjorie found a perfect therapeutic device just for her. I had questioned the head of our program, Gail Rule-Hoffman, about the fact that Marjorie often did not want to show her work and would fold it up so no one could see it. Marjorie stated it was not as good as the others’ and she couldn’t get her work to look the way she wanted. Gail suggested I incorporate a special role for Marjorie in the sessions. Marjorie identified a special role for herself: helping to clean up after each session. At the end of this session there were many bits of paper on the floor from cutting out pictures; the disarray distressed Marjorie. When she asked about sweeping, some of the other women suggested she leave it for the janitorial staff. This idea, however, did not set well with Marjorie. I spotted a broom and dustpan, and told her she was not obligated to sweep, but if that is what she wanted to do I would help her. Marjorie was delighted and did a wonderful job. I thanked her profusely, telling her she had
been a big help and had saved me valuable time. From then on Marjorie was my special helper at cleaning up time. Even if she finished her work earlier she would sit patiently until I said it was time to clean up at which point she then moved into action. She washed brushes and paint dishes, cleared the table and folded the plastic cloth. Each time I thanked her, she said she had nothing else to do and she liked feeling useful. Marjorie was very mobile, able to walk well and had full use of her arms and hands. Many of the others in the group did not have these capabilities. Marjorie understood that having the physical ability to clean up was a special privilege and a luxury and I enjoyed this special time with her at the end of each session.

Session Seven: Paint Your Own Garden

**Materials:** 11” x 17” white paper, the projects from the previous session, variety of tempera paint colors, brushes, water dishes, paper towels

**Directive:** “Look at the garden you made last week from pictures cut out of catalogues. Now use that garden to inspire you, give you ideas and direct you to paint your own garden.” I demonstrated techniques: using bushes, making brush strokes, mixing colors, paint properties, and cleaning the brush before changing colors.

**Goals:** (1) Increasing socialization, sharing, and talking about the art task. (2) Increasing cognitive functioning by learning a new skill, or revisiting an old skill such as painting. (About half the group had experience with painting of some sort
and the others had not.) (3) practicing creative decision making by translating the picture of photographs (the previous session’s intervention) into a painting.

I began our session with the usual exercises and check in. The participants informed me that they did not want to talk or have any discourse at this time; they wanted to get started on their projects because they felt that the time was never long enough. I complied with their wishes and we commenced. It was exciting to observe their enthusiasm about the work. Their ardor might have evolved from the fact many of the nursing home activities focused around talking, listening, or watching, but few activities had the hands on component of art therapy.

Figure 16. Bernice's For the Birds.

Bernice was ready to go as soon as the supplies were distributed. The first words out of her mouth were “Where in the hell is the red?” After I reminded her that asking kindly would work much better, she replied, “May I please have the red,” and gave me a little smile. The birdhouses in her cut out garden were
translated to her painted art, and birds were added (*Figure 16*). She told me her married name was a kind of bird. I had not thought of it that way but she was right. “For the Birds,” was the title of her art. Knowing her as well as I did by this point, I suspected there was a double meaning, but she did not wish to elaborate further. What was “for the birds”? I was sure it was not only the birdhouse in her garden.

![Figure 16. Deborah's Confetti.](image)

Deborah was greatly inspired by her cut out garden and did a lovely painting (*Figure 17*). It illustrated movement and grace as though she had danced with her paintbrush. The colors were interesting, clean, vibrant and full of energy. She changed her stroke and style near the bottom by mixing a little cloud of purple and white floating delicately under her tree like structure. “Confetti” was the title of the painting. I often witnessed with this group, that once the work was accomplished the artist had few words to say about the piece or the experience.
Deborah had little to say about her art. It appeared that once she finished the artwork it no longer belonged to her. Everyone showed their work during processing. Often I carried the artwork from one end of the table to the other so it could easily be seen. Everyone complimented each other on the artwork and demonstrated an interest in each accomplishment.

Hazel’s artwork was characteristic of her style. She paid no attention to the directive, entering her own creative world and remaining there for the entire session (Figure 18). She became absolutely absorbed in her work and seldom stopped or looked up. I was never sure if this was in part due to her hearing loss or just the wonderful ability to use her art to its fullest therapeutic potential. As soon as she wheeled into the room, before the session began I often gave her a marker and paper and she started to draw nonstop. When she finished she had a large smile.

![Figure 18. Hazel's Drawing.](image)
I thanked everyone again for their fine work, reiterated the pleasure I received when spending time with them, and explained they were teaching me more than I could ever learn from a book. Marjorie and I cleaned up, we washed the brushes and paint trays. I thanked her profusely. I was pleased to witness her looking forward to this special time at the close of the session when she was so valued for her contribution. I said good bye and wished everyone a good week as I left. The session went well and I felt that I was forming a beneficial, positive interactive relationship with the participants.
"If you want to live long
you have to get used to growing old."

Quote from an anonymous member of seniors aged 75 years and older, during a
session led by Mary Baird Carlsen author of

*Creative Aging: A Meaning-Making Perspective.*
Chapter V

*Sessions 8 - 15*

*Session Eight: A Memorial Session*

Upon entering the nursing home this day I was informed that one of our participants, Adena, had passed away. I was greatly shocked and saddened, as was everyone. She had been in relatively good health, and her death had come quietly in the night. I felt the need to talk with the group for my sake as much as theirs. I asked them if they wanted to do art, but they said they just wanted to talk. How wonderful that they could tell me what they wanted and needed.

We began with an open forum and I explained that I was not sure what to say. The participants were wonderful and shared in their thoughts. June began by saying, “Everyone thinks we are afraid of death or even to talk about death, but we aren’t. For us it is a reality.” They were very happy to have this opportunity to talk together. Others told antidotes about Adena and their relationship with her. “She always smiled.” “She always looked nice.” “She had been a really good friend.” “She was really a loyal friend.” One of the women could not remember Adena but as we talked further, she and others began to remember.

Paley wandered into the room. I asked him if he wanted to join us at the table and he did. After we had talked as a group, I went around the room offered each person a chance to speak. Paley began to talk, explaining that rather than being something that should elicit sadness death was a time of resurrection and
returning to God. He continued to say that the wonders of God are mighty. His explanation was evocative: “Years ago,” he said, “If I sat at a table with all white women, as I am doing now, I would have been lynched.” It was the power of the Lord, Paley believed and the reality that we were all brothers and sisters which made this day possible. He was very thankful for the workings of the Lord. His speech was a very eloquent and meaningful commentary especially coming from a man who usually sat through the entire session and said nothing. Everyone was silent.

Figure 19. Adena's Flowers.

Finally, I asked for a moment of silent personal thoughts. When the moment was over everyone said amen. The session ended. I had completed my first group discussion about death and grieving. Thanks to this wonderful group, I was reassured. The next week many of the nurses thanked me for conducting our
session in this way. They said it had been very meaningful to the residents. In
tribute to Adena, I have included a bright and cheery painting by her, completed
in our “Paint your Garden” session (Figure 19).

Session Nine: Learning to Use Watercolors

Materials: 12” x 16” white watercolor paper, brushes, eight color watercolor set,
dishes for water, paper towels for cleaning hands and brushes

“Allow the colors and the fluidity of the medium to inspire and promote free
flowing thoughts. Play and have fun with the color and the mediums
possibilities.”

Goals: (1) Learning to use watercolor and experiencing the medium. (2)
Socialization, allowing the residents the ability to make creative decisions,
without concerns about the outcome. (3) Encouraging the act of becoming
involved in the process of the artwork. (4) Obtaining greater freedom of
creativity and thought with this medium, enjoying color and watching colors flow
together.

Watercolor is a medium that must be used with great care, because it’s
fluid, free flowing characteristics can be inappropriate with certain populations. In
Session Five: Abstract Tissue Painting, the participants had experienced, using
colors in a controlled medium. In Session Seven: Paint Your Own Garden, we
revisited or began to learn the techniques of painting. Because of my observations
in these sessions I evaluated that the participants was ready to experience and would enjoy watercolors.

The group decided to dispense with check in and move right to the intervention and I honored their wishes. Half the participants already had experience with painting of some sort, but the other half did not. I soon discovered, many participants were afraid of doing it the “wrong way.” They expressed their need to know what I wanted as a finished product. Suddenly, the experience had returned to “product not process.” I understand that the produced product of an effort is given great importance in our society, often more importance than the effort itself. This idea is imbued to us at a young age and often held our entire lives. Convincing the participants that it was impossible to make a mistake, that there is no wrong or right result in the work was a difficult concept to convey convincingly. I realized the idea of good or bad art was one of my own personal struggles. The participants presented me with a mirror, and I was looking at myself through their comments and their thoughts.

Intellectually, I understood the concept; it is process, not product that is important in art therapy. My critical side, however, has a loud and powerful voice that does not always follow this ideal. Being as judgmental of my own product as the participants of this group were of their product, I empathized with the participants about the judge within us and her unwavering need to take charge. I also reminded them of the many aspects of our sessions which our esthetics judge
could not control: our special time together, opportunities to take chances, sharing our thoughts, learning from each other, learning more about ourselves, making our own decisions, and of course having fun.

Figure 20. Bernice's Rainbow.

Bernice was not interested in detail or perfection in her work. She worked very quickly, put down her brushstrokes and was done. Fifteen minutes was the time length of her involvement. During this study, she only missed one session and was always the first person in the room, waiting when I got there. Bernice followed her usual style today and quickly put red curving up and down lines on her paper. Red was her color of choice. I showed her how to clean her brush and suggested she might like to try other colors. She experimented with most of the other colors and followed her original pattern. The artwork was jumping off the page with energy (Figure 20). She said it was a rainbow. She always put her name boldly on the paper and usually included a title, a clever pun or saying.
This day, interestingly she put her name on the paper with no additional comments.

![Hazel's Watercolor](image)

*Figure 21. Hazel's Watercolor.*

Hazel also got right to work. Her hearing loss had advanced during the time of our sessions, a deterioration that caused her to cry and say she could not hear. When she became tearful, I would take her hand or give her a hug in her wheel chair. Sometimes she followed the given art directive, but more often than not she would go into her own world of shapes and images. She would sit and entertain herself for an hour, covering the entire page with her own special images. Usually she would only use one color, although I offered her many color choices. Perhaps, it was the watercolors that inspired this beautiful high energy multi colored painting (Figure 21). She commented during processing that the painting made her think of kindergarten and she was ending her life as she had started it. She was happy and smiling, explaining that kindergarten had been fun,
remembering she and the other children laughed and smiled. This was quite different from the attitude she had when entering the room, which was sullen and turned inward. She said at the beginning of the session that she did not know if she could do anything that day. After the art therapy session, she seemed to return to the sullen, quiet, inward mood.

On another occasion, I realized that her art was not in front of her on the table and asked her what had happened to it. She told me she put it under the cushion on her wheel chair and asked if she could keep it to show her son. I told her, of course she could. More than once, I realized her artwork was gone. I found it fascinating that I never saw her fold the work and put it under her cushion until it was no longer on the table.

Velma continued to remain distant. She was unable to play with the colors. When I saw her trying to communicate with words, I gave her a marker and then a pen, hoping to see the words more clearly, in an effort to understand what she was trying to communicate. She definitely wrote, “I am a Check Girl,” (her spelling) which she often wrote and she could read. The remainder is in Czech, English or a language known only to her, or unknown even to her, once it is on paper (Figure 22). The words, “in the water,” are legible to me, but nothing else. During processing she asked me, “What does it say?”
The group did well with watercolors for a first time attempt. Though only a few participants experimented with the flowing blending qualities, they all enjoyed the opportunity to try a new medium. Hopefully the watercolor characteristics encouraged a new flow of thoughts and ideas. I felt confident in continuing with this medium.

Session Ten: A Day at the Beach

Materials: 12” x 16” white watercolor paper, brushes, eight color watercolor set, dishes for water, paper towels for cleaning hands and brushes, elmer’s glue, popsicle sticks for spreading glue, sand, small sea shells

Directive: “You may use sand, shells and watercolors, to allow your feelings of a day at the beach/vacation to emerge on the paper. What are some things you saw at the beach? What are your memories of the beach? Did you have a favorite beach or vacation? What did you do at the beach? Who did you go with? Express
these feelings in your art.”

**Goals:** (1) Socialization, talking and sharing ideas and thoughts. (2) Reminiscing, (3) Continuing to explore the freedom of watercolor, (4) Experiencing the tactile sense of sand and shells.

We were beginning to form a regular group of about six participants who came to the sessions regularly. Another five or six participants usually attended. On random occasions Aides would wheel in three or four residents who had never attended before and who might not attend again. By now I was feeling comfortable going to residents’ rooms, knocking on their doors and telling them it was time for art. Sometimes they were up and ready to go, other times they were still in bed or said they were not having a good morning and were unable to attend. At times there was a conflict of scheduling with physical therapy, doctor or hair appointments. On any given session I was never sure how many people or who would attend. The health care needs of the residents were constantly subject to change. I came to understand that this was part of the nursing home environment.

This day we took a trip through our art to memories of the beach. We were building on our watercolor experience of the previous session. There were twelve people in the session. We began with our usual check in of exercise and gratitude. Then I explained the intervention. The supplies were passed out and the room fell silent as everyone got to work. Silence indicated concentration on the task.
Vivian with her previous art ability and training did a lovely painting. She was not pleased however with her placement of the sea shells. Finally, she decided that children were playing on the beach and they had left the shells in that way (Figure 23). She did not want to use the sand.

Figure 23. Vivian's Day at the Beach.

June became very involved in her work. A very loyal group member who attended almost every session, she was an 83 year old Caucasian female. She scored 29 out of 30 on the MMSE and was very capable cognitively. A score of 23 or below indicates cognitive impairment or possible dementia. June had short curly hair and always wore a colorful sort of Mumu style outfit and an interesting necklace of shells or beads, taking great efforts with her personal presentation. Although she had previously written for a local newspaper and illustrated her poems, she, like others in the nursing home could not readily access many of her previous accomplishments. She always added interesting comments to the group
and was anxious to participate. Many times she offered to help others if she saw
they were having difficulty. June was in a wheelchair, and suffered from
osteoarthritis, which often inhibited her ability to use her hands. She also had
kyphoscoliosis, which is a curvature of the spine in both the coronal and sagittal
plane. In addition she had a large protrusion in her entire abdominal area. June
like most of the other group members was very courageous and good spirited,
especially considering her many physical challenges.

Figure 24. June's Rainy Day at the Beach.

June used sand and shells with her watercolor (Figure 24). She wanted to
add an umbrella to the scene, but was not pleased with the way it looked, and felt
that the sand had gotten out of control. We talked about this idea for a while and
then I left her and worked with another resident. When it came time for
processing, June said that her piece was a rainy day at the beach and the umbrella
was for the rain and not the sun. Was she remembering our “Person in the Rain”
intervention? I tried to engage her further in conversation about her piece, but she did not have much more to say.

I often found the participants did not go into great discussion or disclosure about their work. I would have liked to encourage this activity, but often felt my inexperience hindered the inducement of more verbal interaction. It was especially difficult on days such as this, with 12 people in the room. I tried to remind myself that the art provided an outlet for expression and healing which did not always have to be accompanied by talk. The participants could drift back to a time they did not feel necessary to share. This intervention could have been enhanced by asking each participant for five words that came to mind in relation to the beach, shells, sand, water, sun. Perhaps more verbal interchange would have arisen during processing, if we had started with words. Another way to encourage verbal participation might have been for one of the women to act as a scribe (Bernice was usually happy to assume this roll) while the rest of the participants just called out and listed words evoking memories of the beach. This could have given us a catalog of words to work with and use, guiding us toward further verbal expression and memories.

Session Eleven: Field Trip to the Art Museum.

After speaking with the activity director I was informed the nursing home was considering a field trip to a nearby major art museum. The featured exhibit was an installation of Monet paintings. I was greatly in favor of this trip and
offered my interest in joining the group. Viewing art has proven to be a very therapeutic device for persons with dementia (Hodges, Keeley, & Grier, 2001; Schworm, 2006; Wikstrom, 2003). I was anxious to have the members of the art therapy group experience the Monet paintings. The timing was perfect, as we had been working with painting for the last two sessions.

Taking a field trip with 8 seniors all of whom have various levels of dementia and five of who were in wheel chairs was no small undertaking. The day was very hot and the museum was crowded, but everyone had a wonderful time. I tried to point out major interesting aspects of the work, emphasizing color gradations, brush strokes, and the strong sense of emotion. Just seeing these marvelous paintings exposed the group to a special nonverbal beauty. I emphasized why Monet was part of the Impressionist movement, and suggested that self expression, not exact replication, was an important part of his work. I intended to remind them of these works, when they anguished over not being able to draw realistically. I also emphasized the large number of paintings created by Monet. I wanted the residents to understand that he kept at it and never gave up. During the trip home the group was silent, filled with the adventures of the day. We returned to the nursing home tired and inspired.

Session Twelve: Painting the Style of Monet style

When we returned from the museum I questioned the group about working on their own Monet style painting in our next session and they were enthusiastic.
Materials: 12” x 16” white watercolor paper, brushes, eight color watercolor set, dishes for water, paper towels for cleaning hands and brushes, three large picture books of Monet’s paintings.

Directive: We discussed some of the following questions before we began to paint. “What was it that impressed you about the Monet paintings? Was it the colors, the brush strokes, the images? How do colors evoke feelings and emotions? How would you put your feelings on paper with paints? Think about what Monet was expressing in his paintings? What feelings do you wish to express with your artwork?” We talked more about the exhibit and the experience.

Goals: (1) Increasing socialization, talking about an experience of leaving the nursing home and seeing the paintings together. (2) Experiencing painting in the style of Monet.

Some of the participants remembered the trip and others were not sure. I had hoped that looking at the Monet picture books would refresh their memory. I have found with this population the question of memory does not always fit my definition of memory. Having looked at the pictures, they may have a sensory memory, but not remember our trip to the art museum. I believe we would have had a more interesting, in depth discussion, when we actually saw the paintings if we had been the only people at the exhibit. The fact that the rooms were very crowded was a distraction. It also presented some tension for me and the other staff members to move wheel chairs from room to crowded room, and take care of
our group members who suddenly wanted a bathroom or a drink of water. These distractions prevented the participants from becoming fully involved in the art. In the article about residents with Alzheimer’s disease from Hearthstone visiting the Museum of Modern Art in New York and the Museum of Fine Arts in Boston their visits were on a day when the museum was closed to the public (Schworm, 2006).

Experience with watercolor painting helped make this session meaningful. I have found that for some participants the repetition of a medium allowed them to feel comfortable and more willing to take risks with that medium, therefore making process available before product. It also reminded me of the fluctuating interests of the participants. Some participants would be happy working with watercolors for the rest of the sessions, while others preferred different mediums. I was constantly challenged in trying to please the majority of the people in the art therapy sessions, remembering that I was never sure who these would be, I offering a range of mediums and interventions. We began the session with our usual check in steps.

June was anxious to try a watercolor following Monet’s style. Her attempts proved very rewarding to her. She was pleased with her painting and proud of her accomplishment (*Figure 25*). Using a technique that was new to her, I showed her how to blot up color with a paper towel, which facilitated controlling the paint to her wishes and improving her watercolor skills. She
reported that previously she had battled with too much water on her paper and was excited to learn this new technique. I was very gratified to see June pleased; she was her own harshest critic and to see her embrace such self-esteem was rewarding.

*Figure 25. June's Monet Watercolor.*

I often spent a little extra time speaking with many of the participants before and after our sessions and June was one of these people. With my encouragement she decided to start a poetry club with the residents. To date, this has been a big success and she is thinking about getting some of the residents in the art therapy group to illustrate the poetry. I told her I would be happy to help in any way. Her grand plans are to compile a small collection of the poems with a cover designed by one of our group members.

Annette also enjoyed her watercolor experience (*Figure 26*). This day she
was inspired to really take a chance with her watercolors and allowed the colors to flow and move on the page. This was a bold move for someone who was usually a very slow, careful and exacting worker. She was pleased with her attempt.

![Annette's Watercolor](image)

*Figure 26. Annette's Watercolor.*

The session was successful and reminded me that it was important to be as calm and relaxed as possible. There were 12 participants present again, and though I realized it was too many for me, I just could not turn someone away, because each participants need was so great. In many ways I was thrilled that the art therapy sessions were so popular. Being grounded and centered became more than just an ideal with this group. I found that I could be easily thrown off balance and become distracted with individual difficulties and drift away from the group as a whole. Taking a deep breath and slowing down usually brought me back to the central focus of the session. Participants sometimes fell asleep or looked at a blank sheet of paper and did not quite understand the directive. Others walked in,
looked around and walked out or just came in to observe. I was happy to have these people take an interest and feel comfortable entering the group. Multiple sessions, composed of fewer participants would have better served everyone in the most beneficial, appropriate, therapeutic manner. Closing the door was not the message I wanted to convey. I also worried about fire regulations and being cut off from the nursing staff if there was an emergency. Often someone who I thought was asleep and had not heard a word I said, woke up and began to work with enthusiasm, following all the directives perfectly, and thus reinforcing their importance in the group.

*Session Thirteen: Draw a Tree*

**Materials:** 11” x 17” white paper, variety of colored markers

**Directive:** “Draw any type of tree you wish.”

**Goals:** (1) Informal assessment, (2) Opportunity for participants to express themselves through the metaphor of a tree.

I usually started the day by helping the aides gather the usual participants and wheel them into our room. Finding people still in bed was upsetting, disappointing and frustrating. One of the residents said the art therapy sessions were worth getting up for and she wanted me to wake her, but if I found her asleep, I never had the courage or the heart to disturb her rest. Even if I had woken her it would have been difficult for her to dress and eat before the end of
the session. Some of those in bed made it to our session before it ended, others did not.

We began the session this day with 8 people, starting with the check in procedures. I had found success with the “Person in the Rain” assessment that I was encouraged to try another informal assessment. I directed the participants to draw a tree. I had expected a great deal of questioning, but to my surprise most everyone began their drawings. Had the group begun to hear and understand my reminders of no right and wrong, good or bad product in our session?

![Celia's Tree of Life](image)

*Figure 27. Celia's Tree of Life.*

Celia produced a very moving piece of art work (*Figure 27*). She was a Caucasian female, 85 years old, who suffered from dementia and often fell asleep for short periods of time during the group. A late sleeper, she often came to the group a half an hour after we started. Her faith in Catholicism was very strong and
she always attended the prayers with the visiting priest. Celia had a high school education and had recently been widowed after 64 years of marriage. Often her art revolved around the loss of her husband. Her “Tree of Life” beautifully expressed how she was accepting the continuance of life without her husband in a healthy direction. The tree had a single multicolored joyful line depicting the outline edge of a crown; the trunk was divided into three equal sections. At the bottom of the three trunks she wrote, “Past, Present, and Future” and in bold letters “Tree of Life.” She said it was a tribute to her husband and she wanted to sign and date the work.

*Figure 28. Annette's Tree.*

Annette’s tree (*Figure 28*) also involved a memory of her husband. Her tree had a strong trunk and a healthy green growing crown. The tree was the
largest object on a winding trail surrounded by flowers and grass. She wrote her thoughts on her paper, “Path to the house on top of the walk, my husband was a Professional Landscaper.” Annette said that she ran out of space on the page to draw the house. Her drawing led to a short discussion about the profession of everyone’s husband.

Deborah was sitting next to Annette and I believe she gathered some ideas from seeing Annette’s work. Deborah was sinking more and more into the confusion of Alzheimer’s disease. Were the words on her paper trying to remind her of the names of the objects she had drawn? Perhaps, naming the objects was a way of staying in touch with her thoughts, or were the words a stream of consciousness flowing out with the visual images? I was unable to get a clear understanding from speaking with her. Similar to Velma, once Deborah put down the words or made the drawing, she was no longer certain of what she had done or why. Her work showed a bare branched tree with a red bird near the words “To Want” (Figure 29). Further down on the page is a very sturdy trunked tree with a thick green full crown. She had written the word, “Bench,” and “Swing” with a small drawing as well as “Path” on what might be grass, and “Stone” before what might be a stone pathway. She also had an organic outlined shape made with blue and inside she had written “Pool” and “Founton” (her spelling). As mentioned
previously Deborah was unable to tell me anything about her drawing. “See,” she said, “It is all there.” I complimented her on her good work and participation.

Figure 29. Deborah's To Want.

One very special drawing was created in this session, though I did not realize it at the time. John and his wife, Vera came to only this one session. John was in advanced stages of Alzheimer’s disease. His wife said he always liked to draw trees and was pleased to see his willingness to draw. During the session, John and Vera’s adult daughter entered the room and observed the session. She was very impressed with our group and the concentration her father was able to devote to his drawing. She had not seen him so focused in a very long time. We talked together and I explained some of the goals of art therapy for this
population. A number of weeks later there was a special message for me at the receptionist’s desk when I arrived. It said that John had passed away and the family wondered if I still had his last drawing. Thanks to Ursuline College Art Therapy and Counseling faculty for teaching me to save all artwork, I was able to give the family this treasured memory.

*Session Fourteen: Earth, Fire, Air, Water*

**Materials:** 11” x 17” white paper sectioned into fourths. On the top of each section was written one of the following words, Earth, Fire, Air, Water. Colored markers.

**Directive:** “Make a drawing that is your response to thinking about each word, or list other words that this word brings to mind.”

**Goals:** (1) Increasing cognitive functioning, (2) Enhancing memory and communication, (3) Expressing and sharing emotions and thoughts elicited by the words Earth, Fire, Air, Water.

We began with our exercise regime; we no longer used nametags, and we occasionally celebrated a moment of giving thanks. The participants appeared secure enough to accommodate changes from the established pattern. This day’s intervention was difficult for the participants. The intervention was different from anything we had tried before. Pictures and words did not come easily this day. We talked for a while and exchanged ideas, which seemed to help. Perhaps, pictures from books or magazines would have given greater direction. I was in a dilemma
to know when bringing pictures would be helpful or detrimental. If pictures were only something to copy, then they stifled creativity and spontaneity. I had struggled previously with another difficulty: the participants’ hesitation to make a drawing that did not meet their expectations, or look like the image they had in their minds. Perhaps, their hesitation arose because they could not think of an image that they felt capable of drawing to accompany the words. I was not sure.

As the session continued and more people began to respond to the challenge, I encouraged further discussion. When we began discussing the words, drawings flowed more easily. This was the opposite of some art therapy philosophies, in which pictures are emphasized more than words. I believe that many different approaches can facilitate disclosure with this intervention. I asked the participants to think in a way that was not usual for them and use memories to create associations. Though I feel this intervention was not completely successful, it served as an incentive to continue in this direction. I felt encouraged to use words more often in further interventions and to press more intently for titles to artwork and to encourage discussion around those titles.

Surprisingly, Marjorie, who often refused to show her work and had become my valued cleanup helper, disclosed her work today (Figure 30). I was very pleased. In the area of “Earth” she made a rainbow of green, yellow, blue, purple and green again. For “Air” she wrote breath and oxygen. For “Water” she wrote drink and had a yellow glass and a straw. Her “Fire” picture was very
dynamic and developed. She said that it was a house on fire with a water hose spraying water to put the fire out. The entire drawing was in red, with a brown cloud of smoke above. She said it did not look the way she wanted. Verbally she still denigrated her work, but she was willing to show it and share it with the group. This was a big step. I tried to ask her more about the house on fire, wondering if it was from an experience in her past, but she did not have any further words.

Figure 30. Marjorie's Earth, Air, Fire, Water.

Hazel, who usually created magnificent full-page drawings with many different objects and shapes, had great difficulty with this intervention. Interestingly, she followed the directives, as in many other sessions she had just followed her own direction. Did she find the words written on the page helpful? I do not know. Her “Earth” was the outline of a purple circle surrounded by a wavy aura type line. Her “Fire” was two levels of red scribbles in a three-sided
rectangle. Was it a fire place? She did not say. Her “Water” was yellow scribbles. She was not able to tell the group anything about these three drawings. She did, however, share an interesting idea regarding the “Air” drawing (Figure 31). She explained it was a window being opened with air coming in. Creative, thoughtful, personalized responses such as these encouraged me to continue with this type of intervention in the future.

Figure 31. Hazel's Earth, Air, Fire, Water.

Vivian also took some time to formalize her ideas before she began to draw. Her efforts brought forth very creative results. For “Earth”, she drew a green mountain range and wrote Planet and Home. For “Fire” she drew a hearth with a blazing red fire and wrote “Dangerous and Warmth.” For “Air” she drew clouds in a blue sky and wrote “Oxygen” and for “Water” she drew blue water and wrote, “No Life Without and Transportation.” Vivian had really explored
visually and verbally her thoughts and her associations, to words and their meanings, as they related to her life (Figure 32).

Figure 32. Vivian's Earth, Air, Fire, Water.

By the time the session ended we all thought of the following word associations: we linked the word “earth” to “rainbow,” “round,” “sunlight,” “our homes” and “soil.” “Fire” was coupled with “destroy,” “flames,” “heat,” “warmth,” “light,” “smoke” and “cooking.” “Air” was associated with “breath,” “oxygen,” “wind,” “storms,” “airplane,” “jet propelled,” “hot air balloon,” “birds.” The words that were linked with “water” included: “drink,” “Noah’s Ark,” “flood,” “transportation,” “Niagara Falls,” “rain,” and “undertow.”

Formulating this list of word associations held the participants’ attention. Those who did not verbally contribute listened intently. As the session ended I thanked everyone for their participation and serious work on a project that was new and different. We wished each other a good week and thanked each other again before
I left. Marjorie was already clearing the table and helping others to fold the plastic tablecloths; she eagerly assumed her position of helper. I put everything away and said goodbye. Hopefully I left the participants with many new thoughts and ideas to explore.

Session Fifteen: Making Paper Hats.

Materials: 11” x 17” colored paper, variety of additional colored paper and tissue paper, elmer’s glue, colored styrofoam dishes/trays for glue, popsicle sticks for spreading glue, stapler, template for large and small circles necessary for the hat template.

Directive: Making fanciful, fun, elegant paper hats. I demonstrated a completed hat and then went through the steps of assembling the hat. “1) Cut 15” diameter circle on colored paper of choice, depending on skill level, the participant can draw the circle from a template and cut it out, others may need the circle drawn for them. 2) Circle of 7” diameter is drawn in the center of the first circle, again from template. 3) The smaller circle is divided into 8 pie shaped pieces; these pieces are cut on the lines but not cut at the edge of the circle. 4) These triangular pieces are then folded upright. 5) A strip of colored paper 4” in height is measured to fit the head of the person making the hat. 6) The two ends of the “hat band” are stapled into a ring matching the size that fits the head. 7) The ring of paper is inserted into the open smaller circle in the center of the original circle and the upright pie shaped pieces are glued onto the ring that fits the head. This allows for
a hatband with a brim and an open center. The 4” high hat band and the brim can now be decorated with paper in a variety of ways, paper curls, tissue paper flowers, paper leaves, and fan or stair stepped paper. Let your imagination and be your guide.”

**Goals:** (1) To play and have fun with imagination while using hands to manipulate scissors, paper, and glue. (2) To increase cognitive skills, as there is an exact sequence of steps to follow in the beginning of the project. (3) Enjoying creative decision making and imagination, employed in making a lovely paper hat.

As there are many different levels of interest, skills, and abilities in the participants, I continuously attempted to present different types of projects and media, thereby giving everyone something in which they could excel and enjoy. Many members found pleasure and felt skilled in using a scissors and cutting out shapes. This project was fun for them. Making a paper hat was a fanciful idea that promoted play. I believe that more imagination was encouraged and released when the participants believed that the project was fun. This form of play may lead to increased creativity, which opens the way for feeling healthy and happy.

We began by giving thanks and gratitude and joining in physical exercises around the table. Participants became acclimated to group members who did exercises unique to them; everyone looked forward to following individuals as they went through their accustomed routine. When someone whose memory was
less intact did a movement habitually done by another member, the group would often inform her, “That’s what Bernice does, or That’s what Vivian does.” It is difficult to say whether this activity helped to increase cognitive skills. It may have. The association of physical movement and memory can be very powerful.

For some reason, this was one of those days when the Aides wheeled in everyone they could find. I believe that periodically someone on staff decided that more people should be doing activities and a mass movement to art therapy on this day was the result. It made the room rather hectic, and challenged me to see if I had learned to stay grounded, centered and calm. It also had the positive aspect of giving regular members a chance to help new members. I learned by now, if I remained calm the group usually remained calm, but these moments of large unexpected numbers always made me feel anxious. Increased numbers also had the negative aspect of not allowing me the necessary time with each person. Plus participants and group members prone to impatience were on high alert.

Bernice exhibited this characteristic by starting to swear, when she did not see what she wanted immediately. This greatly ruffled the feathers of some other participants (interestingly enough almost everyone was able to hear when Bernice swore) and this time she even startled me with her language. This caused a rift in the room. I spoke to Bernice about realizing we had 13 participants in this session and she needed to understand everyone could not be instantly satisfied. Once she let off steam she calmed down. I knew by now I had her trust and respect, and
when I asked her to work with me and the circumstances of the room she would comply, and she did.

Vivian became upset with herself because she had not followed the directions and had completely cut out the center of her hat. She faulted herself for not paying more attention. I helped solve her problem, with more paper and glue, and she was back on track (Figure 33). Marjorie and Celia retreated to their characteristic style of working patiently and calmly (Figure 34). June decided to leave saying she did not feel well. One of the residents that the Aides had wheeled in fell asleep. I took a number of deep breaths and moved forward.

Eventually, the hats began to emerge. The group became calmer and more relaxed. The fun part of decorating the hats began. People were talking more amongst themselves and commenting on each other’s work. Velma walked in and managed to find a seat. She was very puzzled by what was happening and I knew
that I could not begin to help her at this time, with only a half-hour left in the
session. I had a book with large colorful pictures of beads intended for our next
session. I offered this book to Velma, hoping she would enjoy it. To my complete
amazement, she sat for almost fifteen minutes totally entranced in the book. She
did not exhibit confusion or agitation, as was her usual state. She turned the pages
and studied the photos, commenting on how beautiful the pictures were and
showing them to the people sitting next to her. This was the longest period of time
I had observed Velma consistently occupied and involved in a task. It obviously
brought her great pleasure. I was reminded of the study by Wikstrom, (2003) in
which viewing art was used as a communication tool between health care
professionals and the elderly. Could I have been giving Velma art books to use as
a means of communicating with her, or was this a random isolated incident?
Further research is necessary in this area.

*Figure 34. Celia's Hat.*
By now many of the hats were completed and I suggested everyone try on their creations. They looked ready for a garden party with the queen, one member suggested pictures. I was able to obtain a camera from the nursing home and recorded this moment, of pride and success. Everyone was beaming and I could see from their smiles that they felt lovely. I decided to end this session, by asking everyone to hold hands with the person next to them. The group complied. An important element that is sometimes unavailable in nursing homes is physical touch. I too joined our hand “circle” and thanked the group for the joy of working with them and their dedication and attention to each other and our projects. They thanked me and after clean up we bid each other goodbye. This concludes the case study sessions. My sessions with this group continued however, so we had no final ending at this time.
“People talk to you a great deal about your education, but some good, sacred memory, preserved from childhood, is perhaps the best education. If a man carries many such memories with him into life, he is safe to the end of his days, and if one has only one good memory left in one's heart, even that may sometime be the means of saving us.”

Quote from Dostoevsky's *The Brothers Karamazov.*
Chapter VI

Conclusions and Recommendations

Conclusions

I reaped great joy from working with the many different participants and the group as a whole during this case study. I completely agree with the noted authorities in this field who believe that old age is another stage of life, no less important than all the others. I found this population devoted to accomplishing the art tasks to their greatest ability. In addition, they possessed a sense of humor and wisdom in their attitudes toward life and the projects. They were very grateful for the attention shown them and appreciative of my dedication to the program. Marjorie once asked me, “How do you think of all these ideas, do you stay up all night?” Vivian commented, “The best part of art is that you never know what we are going to do. We do so many different things.”

These participants, ages 72-95 were raised with a strong work ethic. The participants recognized that I expected them to give each intervention a try and do their best. I believed that they understood and appreciated that I brought these attitudes to our sessions. I did not treat them as though they were incapable of creating and applying their strength of character to the art therapy program. The participants appeared to know I cared about them and they appeared to care about me. We formed a therapeutic relationship of trust, understanding, and concern.
The participants knew I believed in them and their ability. My attitude presented them with the unspoken attitude of, “You can do it.” After a certain period of time the participants gained more confidence in themselves and believed that they were capable of accomplishing the various art tasks, of creating, and of taking chances in their exploration.

Patience and giving the program time to develop and establish a level of security was essential to its success. Over time I began to feel comfortable and gained a greater understanding of how to best benefit our sessions. The interrelationship between the art therapist counselor and the participants was slowly nurtured and developed into a strong bond. It appeared to take a number of weeks for the participants to recognize me and feel like they knew me and understand why I was there. The sessions were always on the monthly calendar, posted on bulletin boards weekly, took place at the same time, day, and location every week, yet participants absorbed this knowledge slowly. Then toward the end of the sessions, some residents would say, “Oh it must be Tuesday, because you are here.” The nursing staff reported that other residents would announce on Tuesday morning, “I want to be up and dressed in time for art.” I was always delighted when someone remembered what we had done on a previous week, and took care not to be disappointed, if they did not remember. I observed that the feelings they received from our sessions were remembered in some capacity,
perhaps on a very fundamental level. It may be on this fundamental level of feelings that art therapy has its greatest impact.

I was always aware of the many losses that the participants suffered, emotionally, physically and cognitively. The losses of old age take a serious toll on the well being of the participants. The loss of independence is paramount. In a nursing home setting there are few opportunities for residents to act independently. The art therapy sessions provided for independent behavior. Keeping this goal in mind I encouraged the participants to make their own creative decisions, to speak freely, and to understand that I was there in a supportive role, and would give them a chance to work through a problem on their own.

One woman said, “My hands don’t work well I can’t do this.” I merely offered her a different color of paint and suggested she do the best she could. We went through this routine four times until she had used four different colors in her painting. I asked her to really look at the lovely job she had done. She was quite surprised at her accomplishments; not really believing it was possible. Once when I asked a group member for a title, she said, “My title is, I didn’t think I could do it, but I did!” This type of self-esteem, pride and ownership in work, combined with a sense of accomplishment, was an important aspect of our sessions.

The magic of realizing that something has been created with one’s own hands something that never existed before has great therapeutic value. During the
art therapy sessions the participants proved they were capable. Once their capabilities were understood and believed at the core level, the door toward a greater feeling of independence was opened.

Another important aspect of our sessions, was my ongoing effort to make the residents feel like it was really their session. They were in charge of using my directives to create something new; they taught me how to best benefit them during our sessions, they were the stars. Allowing the participants to feel in charge was often difficult, as it was a delicate balance to keep projects moving forward and yet not put too much of an emphasis on the projects’ completion. To help establish this balance, I conclude that not showing the participants finished examples of the intervention was the correct decision for our sessions.

I found much to my surprise that age did not release the participants from being their own strongest critics, who labeled their work “good or bad, right or wrong.” I believe that having shown finished examples of artwork would have only emphasized this “good, bad” interpretation. A bit of confusion about how the project might take shape was a healthier direction. An established outcome, might have stifled creativity, personal interpretation, and been viewed as what was expected, influencing them to believe that a certain goal was to be met. Having a strong art background, I was aware of esthetic elements and the power they could have on personal critics; being an art therapist, I knew the value of process over product.
For the reason previously mentioned, I offered a wide diversity of art materials and projects. Every participant had a chance to find an area they enjoyed and to experience success in completion of their art. This spontaneity kept the residents happily anticipating what art therapy could offer. They did not have an opportunity to decide before they attended that the art session was not for them. Hopefully, this eliminated rejection or prejudgment. This diversity of interventions kept open new possibilities and the chance to successfully try a technique for the first time.

The staff made no formal reports or assessments regarding the impact of our sessions. I did however; receive positive verbal feedback from both the nurses and the activity director. They commented that the residents loved the art therapy sessions that it was often their favorite activity of the week, and that art projects were often remembered many days after we met. During our 15 sessions: 1 session had 6 participants, 2 sessions had 10 participants, 4 sessions had 8 participants, and 8 sessions had 12 participants attend. Eight of these 12 participants attended sessions faithfully. There were between 75-79 beds occupied in the facility during the time of the study. Short-term patients who were in rehabilitation occupied some of these beds, and some of the residents were bed ridden. Having 12 participants attend the sessions meant approximately 16% of the people living in the nursing home came to art therapy. The fact that attendance
was high in number and that this number was consistent was a numerical tribute to the program.

An inadequate area of attention on my part, occurred during art processing. I could have been more encouraging and forthcoming with open-ended questions to help direct group discussion. Often the residents did not easily verbalize their thoughts. The idea of assigning titles to their work was foreign to them. Sometimes I did not allow enough time for processing. Once the participants became involved in their work I disliked having to stop the work and tell them it was time to begin processing and cleanup. Often by the end of the session, having given the artwork their full attention, the participants were tired, and did not feel like processing their work. To accomplish proper timing for directions, creating the artwork, clean up and processing was difficult. I would pay more attention to timing in future sessions. Another difficulty in establishing serious disclosure during processing was the size of our group, usually 8 to 12 people. This group size, with this population, was not conducive to in-depth processing. In a group of this size not everyone was able to see the art work being discussed or hear what the artist was saying simultaneously during processing time. It was also difficult to establish group privacy and support with different participants entering or leaving the room during the session.

The issue of how many people to allow in a session was always one that I questioned and debated. I could have established different goals depending on the
size of the group. Yet, 12 people provided energy, socialization, and a feeling of group togetherness with no exclusivity. Everyone was welcome in these open sessions, which encouraged a relaxed but exciting atmosphere. I always tried to remember; I was entering the participants’ home and wished to be received as a welcomed guest not an intruder.

*Recommendations*

In review there are a number of recommendations I would offer to improve further sessions with the geriatric population in a nursing home. I would advise three different types of sessions: sessions open to everyone such as those explored in this study, sessions for one-on-one therapeutic relationship building, and smaller sessions of no more than 5 or 6 participants with similar, cognitive or physical abilities. A smaller group of 5 or 6 could result in a more personalized therapeutic outcome through in-depth disclosure and life review. This would also promote longer and more involved conversational style processing. Sitting together around one small table enables everyone to hear and be heard, to easily see the artwork, and to participate in a personal mode, feeling confident and safe. Practicing and understanding that discussion was an established part of the session, the residents would become accustomed to this procedure and it could produce beneficial therapeutic results.

There was also a great need for one-on-one sessions with many of the residents who were bedridden or needed more personalized uninterrupted
attention. Because this study focused on a group therapy setting, I did not have an opportunity to work one-on-one. I could see how this more personalized attention, could have been beneficial. Perhaps some one-on-one sessions with certain residents could have helped them to participate in the group sessions with greater confidence.

I found that verbal processing was difficult for the group and difficult for me to promote. I would recommend suggestions to improve this. If I had asked for single words related to the projects during processing, I believe this would have been easier for the participants. Those words, could then be expanded to make complete ideas or memories. This recommendation could help ease the path to greater disclosure. We made some word lists together, but never went further with this idea. *Session Ten: A Day at the Beach* for example was an intervention that could have benefited from more word play. We could have gone around the table each saying a word that we associated with being at the beach. These words could have been written on the paintings. Another possibility was for me to have provided a list of feeling words that could have related to the beach, and then asked participants to select four words that fit their art, their memories, and their thoughts.

There were no written reports entered into the residents’ files regarding the art therapy sessions. I believe that a short review entered into the files on the progress and the activity of each resident at the end of the sessions would have
been beneficial to staff, doctors, and family. The review would also have served as a professionally written documentation describing the importance of art therapy with this population. In the future when working with this population I would strongly recommend that such a report accompany the art therapy work, just as it would in any medical facility. In the hopes that such work would continue a written report provides a periodic evaluation concerning the resident’s status as seen through the eyes of the art therapist. This evaluation could be valuable when establishing appropriate care and treatment.

 Appropriately displaying the artwork was never accomplished to my satisfaction. I would recommend obtaining a board or wall space in the session room to display ongoing work, and providing a display in a community area. Displays serve to remind the residents of the sessions and allows them to see, discuss, or think about the work during the week. It also gives a great feeling of pride and ownership in the work. Having the work on display also encourages staff comments to the residents and promotes conversation and interest when visitors and family view the work. Toward the end of the sessions I was given a bulletin board in a hallway for display. This was a step in the right direction and prompted staff comments to the residents promoting a sense of pride.

Further Research

In the future it would be very interesting to do a study such as the one done by Wikstrom (2003) in which the health care professionals and the residents
viewed art together as a means of furthering communication. I often felt that it was my willingness to take time and listen to the residents during our sessions that formed our therapeutic relationship. I knew that many of the health care professionals attempted to form closer relationships with the residents. I witnessed this attempt by care providers when they commented about the art therapy sessions and their effect on the residents. The demands placed on the care providers were often so overwhelming they did not have time to listen to the residents as caring, thinking, unique, individual humans, but listened to them only as patients. Using paintings and works of art as a vehicle for conversation may remind the care providers and the residents that they are people who often share similar needs, wants, jokes, and happy moments. Through observing and discussing art, I believe many false barriers between the care givers and residents could be abolished. More congenial relationships between the residents and the care providers could assure better health and well being for both parties.

The geriatric population itself as well as the geriatric populations’ involvement in the arts as complementary and alternative therapies are emerging areas of research. This was evidenced in the literature review. It is imperative for art therapists in this field to keep current with new reports and studies. Learning about the physical, cognitive, emotional challenges faced by this population is essential in creating and exploring the appropriate art therapy tasks. Having accomplished only 15 sessions, I realize that my case study has just begun to
investigate the many possibilities and benefits of art therapy with this population. Just during the time of conducting this research there have been new articles regarding dementia patients and visits to art museums as well as a new “person-centered care” approach at a local nursing home. New innovative techniques and interventions are rapidly growing as art therapy is practiced more often with this population.

The geriatric population opens new vistas in the definition of art therapy; watching others making art, looking at art books, talking about their colors and collecting fall leaves or holding a real pumpkin, marveling at its intense orange color, feeling its weight, and the cool smoothness of its skin, may be classified as beneficial art therapy. The art therapist is offered a wonderful challenge by encouraging therapeutic growth in this new area of geriatrics, which can be productive, inspiring and rewarding.

Hopefully this case study has demonstrated the multitude of benefits art therapy can bring to this population. I would definitely recommend continuing with this kind of program. Geriatric nursing home residents are excellent candidates for art therapy. I believe in the creative capabilities of the participants. I witnessed their art work, their thoughts, their insights, their sensitivities, and their devotion to the art therapy program. These aspects of the participants made this study one which reinforced my sentiments in the importance of art therapy as a valuable complementary therapy for the geriatric nursing home resident. Always
believing in the residents, their expressive art work, their abilities, their thoughts and ideas their existence as valuable, important humans on the earth, and witnessing them putting their faith in me enabled this study to succeed. By allowing this mutual acceptance in our relationship, our sessions became a special almost magical time in which the worries, problems, losses, and inabilities of the residents moved further from existence during the hour and a half we shared together. This was their special time of being in a creative atmosphere, a time of new growth, imagination, decision making, socializing and productivity. Whether working on their own piece or watching others, the room became a universe, in which actions were owned only by them and were never wrong.

The participants of these sessions taught me patience and the importance of listening; I learned that everyone’s voice had something to say which was, often clever, insightful, revealing or heartfelt. Feeling free to speak and knowing they would be heard was very therapeutic. This was often a forgotten segment of the residents’ well being in their daily lives. While not diminishing the challenges the residents faced on a daily basis, it was still important to remember that they were like all of us, only older. Their age was just one part of who they were. They were to be afforded the same respect, attention and love given to anyone else and perhaps as a bonus for their age they were to be given a little more.
Art Therapy at the Old Ladies’ Home

They come slowly in wheelchairs and walkers
they park behind their chairs at the Art Therapy class.

Smiling Sue, the Art Therapist,
greets each with her name and a nod.

A few women have catheter bags strapped
to their legs, some faces
are skewed by strokes.

Some have bandages covering their wounds; others
have unseen hurts hidden in their minds.

“We’re making butterflies,” says the therapist.

Whoopee!! Whoopee!! says Emma,
a woman who must have a trapdoor
in her brain that allows her to speak thoughts
that others suppress.

A dispute arises over supplies.

_I want the blue marker. I always get the blue._

_Take the blue and shut the hell up._

One of the artists asks for a pain pill.
Sue promises she’ll let the nurse know.

No, no—don’t eat the glue, she says as she scoops globs of glue into foam dishes.

_Eat! Eat! Is it time for lunch?_

Ever patient, Sue reminds them that they just finished breakfast.

_Was it good?_

Arthritic hands hold colored markers in their fists.
Large stenciled butterflies take on color, and Sue says Marie is almost finished.

_Good for Marie. Good for her._

Emma brings out a hidden deck of cards and starts playing Solitaire, Nora wheels herself beside Emma and now it’s a game of Rummy. Kate lifts her chin from her chest and announces she needs to go to the bathroom.

The woman next to her whispers, _I can tell._

Smiling Sue holds up a finished butterfly and asks what it reminds them of.
A worm with wings, says Ruth

Time to clean up.

Clean up! Clean up!

Still smiling, Sue compliments each of the women.

She prompts them:

Does it remind you of a sunny garden?

as they slowly head back to their rooms,

clutching butterflies.

No longer an art class, they’re tortoises

pulling back into the grey-green shells

where grief, pain and old memories hide.

—Janice Ghetia Orr

Upon entering one session half way through this study, Janice Orr, who attended most of the art therapy sessions said, “I have something for you.” She then presented me with this lovely poem, which she created. Janice has been and obviously continues to be a writer. She formed a poetry group at the nursing home which produced a collective book of poems called, “Appetite for Poetry,” that included works from 12 contributing poets, many of whom were participants in the art therapy sessions. I wish to thank Janet for her active and supportive participation and her permission to print this creative work of art.
References


http://www.boston.com/yourlife/health/mental/articles/2006/05/11/revivng_memories_through_art/.


Appendix A

Client Release Form

Authorization for the Release of Artwork

I hereby agree that my artwork or representation of my artwork may be used in professional or educational training. I understand that my name will not be used in conjunction with the presentation or discussion of the work.

Signature :  Date:

Witness :  Date: