

Implementing an Art-based Life Review Program  
for Elderly Women

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### Abstract

To date there is little research about art-based life review programs to promote integration of life experiences and changes unique to later life. A personal identity built on roles fulfilled or factors such as one's appearance, home, or belongings may be at-risk for crisis if these factors change or are removed. Unresolved personal conflicts and an inability to integrate life experiences may result in emotional distress and negatively impact quality of life. This distress may manifest as depression, anxiety, social withdrawal, or diminished physical functioning. This pilot research study used semi-structured interviews, artwork created during sessions, the Geriatric Depression Scale: Short Form, and the Rosenberg Self-Esteem Scale to examine the effect of an art-based life review. It was anticipated that by examining the data gathered during the art-based life review program, results would show the program had a beneficial impact on the participants' perceived quality of life.

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## **Introduction**

### **Statement of the Problem**

Within the next twenty-five years, the elderly population in the United States will exceed 70 million, making the challenge of providing effective mental health care for this population an increasing socio-economic concern (Centers for Disease Control and Prevention, CDC, 2013). There is ample empirical data calling attention to the significantly increased rates of depression found in residents of assisted living or Continued Care Retirement Communities (CCRCs, Blazer, 2003). Research also indicates that untreated depression can negatively impact physical health (Acharyya, 2012; Cuijpers, 2001; Frade, Barbosa, Cardoso & Nunes, 2015; McDougall, Matthews, Kvaal, Dewey & Brayne, 2007; Pinto, Cravador, Ferreira, Marques, & Cunha-Oliveira, J, 2009). The negative impact of depression on both emotional and physical quality of life merits examination into the mental health services provided in CCRC.

### **Basic Assumptions**

It is estimated that by 2030, over two million people in the United States will live in a facility or community where they receive some degree of assistance with daily needs (Ortiz, 2016). The move into an assisted living facility can be a difficult transition. Exiting home ownership or a private residence to enter community living may result in a loss of personal identity, self-esteem, and ego integrity. The change in residence may be accompanied by feelings of reduced competency and independence, require disposal of treasured possessions, and dramatically change an individual's role in their family and community (Cairns, 2001; James & Zarrett, 2006; Kwak, Ingersoll-Dayton, Burgard, 2014; Grace & Toukhsati, 2014; Stephenson, 2006). The physical experience of aging involves changes or losses in abilities. "We grieve our losses; loss of sight, memory...these are real losses" (Maria, personal communication, July 26,

2016). Circumstances may require geographical relocation to a facility closer to family, leaving behind established friendships and community relationships. In married couples, the onset of dementia in one partner may change the other partner's role from spouse to caregiver, causing the caregiver to feel emotionally alone or abandoned. Difficulty integrating these losses and changes has a negative impact on the overall wellness of an individual, and contributes to the increased rates of depression in assisted living facilities (McMahon & Fleury, 2012).

Life review or reminiscence therapy promotes integration of life experiences and reduces symptoms of depression (Chiang, Lu, Chu, Chang & Chou, 2007; Zhou et al., 2012; Melendez Moral, Fortuna Terrero, Sales Galan & Mayordomo Rodriguez, 2015). Creative therapies such as music and art therapy also have a positive impact on the wellness and quality of life for the elderly. The benefits of art making include: improved self-esteem, increased physical activity, enhanced self-expression and socialization, and catharsis through processing and integration of life experiences (Stephenson, 2006). Making art accesses many of the identified dimensions of wellness for older adults; published empirical data shows elderly individuals who participate in art therapy programs have reduced symptoms of depression (Stephenson, 2006; International Council for Active Aging (ICAA); 2016). Studies also show that participation in creative activities slows the progress of cognitive decline in the elderly (Stephenson, 2013). Given the widely accepted benefits of both life review and creative arts therapies, it is surprising that so little research has been conducted on how residents in an assisted living or CCRC experience an art-based life review and identity themed art therapy program.

### **Purpose of the Study**

The purpose of this phenomenological study was to discover how elderly women living in an assisted living facility experience an art-based life review and identity themed program. This goal of this study is to promote enhanced wellness or quality of life for women living in a CCRC, and to expand the use of art therapists in CCRC settings. Too often, art therapists are overlooked as mental health service providers. Residents struggling with life transitions, depression, grief, or other mental health concerns do not access this effective intervention (T. Weishan, personal communication, February 22, 2016). Methods of data collection included semi-structured interviews, participant narratives, and participant artwork. This study will also partially fulfill the requirements for the Master of Arts in Art Therapy degree at Saint Mary-of-the-Woods College.

### **Definition of Terms**

**Ageism:** Discrimination or prejudice against seniors in which they are marginalized, stereotyped, disrespected, robbed of dignity. Actions or attitudes which negatively impact quality of life in any way due to the person's age (Argentum, 2016).

**Ego integrity:** A state of conscious awareness of aging and one's mortality; while actively applying the actions and perceptions that promote and well-being and give meaning to life. A contrast to despair, the feeling that life was wasted or not worthwhile. This is not a permanent absence of despair, but an ability to balance the despair one experiences with well-being. One of Erikson's life stages, a process of "making sense of life and death" (James & Zarrett, 2006, p. 623).



**Field notes:** A note-taking method of phenomenological data collection in which the researcher documents what he or she “hears, sees, experiences and thinks in the course of collecting and reflecting on the process” (Groenewald, 2004).

**Gerotranscendence:** A form of transcendence unique to the elderly, in which one’s perspective becomes less materialistic and self-centered and thinking becomes more global. (Read, Braam, Lyyra & Deeg, 2014). Broken into three dimensions, the Cosmic, Self, and Social; with gerotranscendence comes an awareness of one’s connection to the universe, a decrease in self-centeredness, and “declining interest in superfluous social contacts and an increase in time spent in meditation” (Read et al, 2014, p. 117)

**Identity maintenance:** A consistent and “coherent sense of self as an entity” (James & Zarrett, 2006, p. 65). This sense of self is enduring with time and experience. A collection of “physical and psychological traits” one chooses to “value and emphasize”; one may have “several social identities, dependent upon social roles and group memberships (Reynolds & Prior, 2006, p. 333).

**Integration reminiscence:** In the context of life review or reminiscence therapy with the elderly, integration is a “process that promotes acceptance of self and others, conflict resolution and reconciliation, a sense of meaning and self-worth, and the integration of the present and past” (Melendez Moral et al., 2015, p. 241).

**Late life singlehood:** The social status of being unmarried in later life, often due to the death of a spouse (Bogunovic, 2011).

**Life review or reminiscence therapy:** A semi-structured program designed to enhance positive feelings and integrate past experiences, including unresolved conflict. Intended to “maintain or restore life’s meaning, even in the face of negative life events” (Melendez Moral et

al., 2015, p. 241). Life review therapy may facilitate recollections of prior life conflicts one has endured and overcome, and use these memories as tools to generate coping strategies for present day difficulties.

**Wellness:** A holistic, proactive, and preventative view of an individual's state of being. For specialists seeking to promote optimum life experience in older adults, wellness may be categorized into dimensions, often overlapping, to include: emotional, environmental, intellectual, physical, social, spiritual, and vocational (ICAA, 2016). In older adults, wellness reflects ongoing personal growth and development and integration of experiences, as well as ongoing connections with others and one's self on an emotional and spiritual level. Wellness brings a sense of a living life to its potential (McMahon & Fleury, 2012).

### **Ethical Implications**

As observed by Zeiger (1976) facilitating the recall of memories may awaken memories repressed due to their emotionally overwhelming nature. There was the possibility that sessions may bring forth strong emotions in the participants. A registered art therapist was on-site when sessions were being held in order to provide therapeutic support if the participants experienced emotional distress. Other care providers were also informed of resident participation, and asked to alert the art therapist or researcher if participants exhibited atypical behavior or emotions.

### **Justification of the Study**

The prevalence of depression within the rapidly expanding elderly population makes intervention strategies for healthy aging an important issue. Unresolved conflicts, difficulty adapting to the transitions of aging, loneliness, and impaired independence can all contribute to the high incidence of depression in the elderly. An examination of the art-based life review process may substantiate its effectiveness as an intervention for the later life stage. In addition, it

may show that the use of art therapy can promote self-reflection, increase social engagement, and support wellbeing for residents of assisted living facilities. The results of this study may promote an increase in the use of art therapists as mental health service providers in CCRC settings.

## Review of the Literature

### Description of Ego Integrity versus Despair in the Elderly

The impact that a consistent yet flexible personal identity has on wellness and quality of life must not be underestimated. “Identity continuity through the numerous physical and social changes of adulthood becomes particularly crucial and difficult as people grow” (Kroger & Adair, 2008, p. 7). The ability to integrate life’s changes and challenges, such as changes in residence, and to revise yet maintain one’s core personal identity, is essential to well-being in later life. Why some individuals remain vital, successfully navigating the sometimes turbulent waters of old age, while others may atrophy and sink into despair, has been the subject of extensive research.

Papalia & Feldman (2012) described Erikson’s eight and final stage of life, ego integrity versus despair. Ego integrity is a sense of satisfaction with one’s life, the perception that it was lived well; one has resolved conflicts, integrated, and possibly gained wisdom from negative experiences. Despair is a sense that life was wasted, one is filled with remorse, anxiety, depression, and one may fear judgement accompanying death (James & Zarrett, 2006; Torges, Stewart & Duncan, 2008). Butler (1963) rated the consequences of unresolved conflict in old age on a spectrum ranging from mild to extreme. In the mild experience, one may feel “nostalgia, mild regret” while more severe unresolved conflict leads to despair, anxiety, and depression. When unresolved conflict is extreme, it may cause “obsessive preoccupation of the older person with his past, and may proceed to a state approximating terror and result in suicide” (p. 68).

**Gerotranscendence, healthy aging, and depression.** One characteristic of optimal psychological health in the aging population is called gerotranscendence. It is a form of enlightenment unique to late life, in which one moves beyond thinking primarily about one’s self

and one's material existence, to a more timeless and global perspective (Read et al., 2014). Broken into three dimensions, the Cosmic, Self, and Social; gerotranscendence brings an awareness of one's connection to the universe, a decrease in self-centeredness, and "declining interest in superfluous social contacts and an increase in time spent in meditation" (Read et al, 2014, p. 117). Negative life events do not prevent or hinder the attainment of this enlightened perspective, and may even increase one's levels of gerotranscendence, particularly for women.

From a clinical perspective, healthy psychological aging is typically characterized by the absence of certain conditions, such as organic cognitive dysfunction or chronic depression. The negative impact of depression on an individual's quality of life and longevity is profound; untreated depression may increase one's risk of death. (Paulson, Bowen & Lichtenberg, 2011). In addition to the absence of psychopathology, other factors that constitute healthy aging include: an engaging social life, ongoing interests, a strong self-concept, continued independence, physically and mentally preservation, and able to accept life's transitions (Han et al, 2015; Paulson et al., 2011). These characteristics can also describe active aging or wellness (ICAA, 2016).

**Women, aging and identity.** The ability to integrate life's changes, and revise yet maintain one's core identity is an essential component of well-being in later life. Women face many unique challenges in the pursuit of healthy aging and wellness, including the depression associated with caring for elderly relatives. In many cases, elderly women are the main caregivers for other elderly individuals (Bogunovic, 2011). A woman's spouse may develop dementia, and her role in the marriage can change quickly and dramatically. The wife of the family provider becomes round-the-clock caregiver for a spouse who is unable to feed or bathe themselves. Unprepared for this change in role, a woman may be confused or ashamed by her

emotional reactions to her spouse, including resentment, frustration, or anger (Boss, 2012). For women caring for a spouse with dementia, self-care in the form of creativity and self-exploration helps reduce feelings of stress (Boss, 2012). Creating with other women may also provide opportunities for conversations in which their experiences and conflicted emotions are normalized, reducing negative self-perceptions. This opportunity for sharing similar experiences may also promote the development of deeper, more cognitively stimulating and emotionally rewarding friendships in their new community.

Women live longer, and many experience a recently identified life phase called *late life singlehood*; often characterized by an initial major economic loss compounded with the distress of losing a spouse. Self-perceptions also have a strong impact on healthy aging (Bogunovic, 2011). In a society that continues, in many ways, to view women as inferior or as objects in relation to males, women “begin from a deficit position in the structure of a sense of self” (Cairns, 2001, p. 2). Women’s self-concept, personal identity, and ego integrity are subject to unique challenges including, but not limited to, physical and emotional changes associated with childbearing, surgeries such as hysterectomy or mastectomy, hormonal changes, and body-image issues due to cultural depersonalization and objectification of women (Shainess, 1977).

### **Treatment: Life Review, Reminiscence, and GT Therapy**

Butler (1963) disagreed with the perspective of his contemporaries that reminiscence was merely a symptom of old age; a spontaneous process with no purpose other than to provide escape from one’s unpleasant reality. Referring to the reminiscence process as life review, Butler (1963) put forth that life review served a valuable purpose, a “reorganization of past experience” which may “prepare one for death, mitigating one’s fears” (p. 68).

While Butler (1963) did not explicitly suggest art-making as an instrument for life review, his observations do support a conceptual progression from traditional life review therapy to life review art therapy. He believed a reviewed life provided “a more valid picture” (p. 68) and considered imagery integral to the life review process. “Imagery of past events and symbols of death seem frequent in waking life as well as dreams, suggesting that the life review is a highly visual process” (p. 68). Butler (1963) also described cases of elderly individuals reacting strongly to their mirror image, and alluded to the potential for mirror work as a tool for resolution and integration of unresolved conflicts. Butler’s mirror work theory is illustrated in the therapeutic self-portraiture of Elizabeth Layton, a self-taught artist who claimed she cured herself of depression after taking up contour drawings in later life (Soppelsa & Lambert, 1991). It is noteworthy that Layton said her true healing did not begin until she was able to share her drawings with others, a nod to the healing role of witness in art therapy. This profound and life-changing experience eventually led Layton to testify before the House of Representatives in 1992 to support of art therapy for seniors (Alter-Muri, 2007).

Since Butler’s time, many versions of structured life review or reminiscence therapy programs have been developed and researched. In Taiwan, as in the U.S., the aging population is growing significantly, increasing the importance of healthy aging. In a study examining the effect of the Life Review Group Program (LRGP) on elderly males living in a Veterans’ Home in Northern Taiwan, “self-esteem was statistically increased from pretest to posttest and at the one-month follow up” (Chiang et al., 2007, p. 9). The LRGP allowed the elders to reflect upon and affirm their positive and unique qualities, reframe their definition of success, and examine, reconstruct, and integrate negative life experiences. New interests and new social relationships developed, and new personal strengths were discovered that promoted a more positive attitude

toward the future. This study was limited to male participants, leaving the effect of LRGP on uniquely female identity concerns unexamined, a limitation acknowledged by the researchers in the conclusion of their study (Chiang et al, 2007).

Empirical data shows reminiscence therapy, has a lasting positive impact on the quality of life in the elderly, including significant reductions in symptoms of depression and anxiety. In a study working with institutionalized elderly in the Dominican Republic, reminiscence therapy helped “transform negative life events into good outcomes” and demonstrated “clinically significant improvements in the symptoms of depression” (Melendez-Moral et al., 2015, p. 241). These positive effects continued to demonstrate measurable significance three months later upon review. Reminiscence of past life struggles provided older individuals with coping strategies for present day challenges. Memories of lost loved ones are kept alive, while the act of reminiscing with others helps to enhance existing social relationships.

Reminiscence therapy is a psychological intervention that is specifically designed to address issues of particular relevance to older adults; specifically, integrative reminiscence is a process that promotes acceptance of self and others, conflict resolution and reconciliation, a sense of meaning and self-worth, and the integration of the present and the past. (Melendez-Moral et al., 2015, p. 244).

Melendez-Moral et al. concluded with the recommendation that the program be examined for impact within an institutionalized elderly population, as well as in conjunction with other interventions. While art therapy is not specifically suggested, it does fall into the realm of other interventions.

Continued personal growth, including mental, emotional, and spiritual growth, is an identified facet of wellness in older adults (T. Weishan, personal communication, March 7,



2016). When one continues to grow and evolve in these areas of personal wellness, older adults may experience gerotranscendence. This perspective may also be developed through applied intervention, as demonstrated by Wang, Lin, and Hsieh's 2011 study of a support group with institutionalized elderly.

As with the life review process, elders participating in gerotranscendence support groups experienced a reduction in their symptoms of depression and negative feelings about aging, and an increase in life satisfaction, problem solving, skills, and socialization. Gerotranscendence therapy is a structured psycho-educational program that emphasizes sharing, storytelling, and integration of negative experiences. According to the researchers, one limitation to this form of support is the challenge of explaining more abstract concepts to individuals with communication deficits (Wang et al., 2011). Visual art transcends the limitations of verbal communication, making art therapy a viable solution to this therapeutic obstacle.

### **Art, Identity, and Life Review**

Art making is a powerful tool to support personal identity, reflect on past experiences, and to integrate both old and new narratives into one's life story. In the case of Elizabeth Layton, self-portraiture provides an effective way to process some of the many physical and emotional changes and challenges that accompany aging (Alter-Muri, 2007; Soppelsa & Lambert, 1991). Examining one's physical being from the perspective of an artist provides an emotional distance that may transform the intolerable to something that may be examined, accepted, and integrated (Hinz, 2009). This "reflective distance" is also helpful when reflecting upon painful recollections from one's life (Hinz, 2009, p. 131).

Art making helps patients with cancer to process and communicate their experiences when using words may be too distressing or difficult; thus allowing them to integrate and

provide meaning to the cancer narrative into their life story. “Art offers a powerful means of regaining positive self-image when health is poor” (Reynolds & Prior, 2006, p. 335). For women whose identity is challenged or at risk of being consumed by chronic illnesses, art making allows them to add new, positive aspects to their personal identity, such as artist or student, that do not involve illness (Reynolds & Vivat, 2010).

Previous studies have shown that providing creative art making opportunities for institutionalized elderly results in clinically significant increases in socialization, self-esteem, and life-satisfaction (Doric-Henry, 1997; Newman et al., 2014; Weiss, Schafer & Berghorn, 1989; Zeiger, 1976). Learning new skills, such as art making, helps the elderly maintain a sense of personal identity in the face of their many losses. Developing new talents also helps one feel a sense of pride, adds feelings of hope about the future, and art making with a group helps establish and maintain new relationships. These are all identified dimensions of wellness for older adults (ICAA, 2016). Feeling enthusiastic about mastering new skills also counters the inner ageism felt by many elderly, or the belief that the opportunity for new experiences has been relegated to the past. An individual may become more cautious with age, and a supportive therapeutic alliance between the participant and the art therapist encourages art experimentation (Kerr, 1999; Weiss, Schafer & Berghorn, 1989). Art activities that promote in-depth self-reflection and self-revelation helps normalizes the aging experiences. One study described how after viewing art in a museum, elderly individuals created meanings and associations which they related to their own personal history. Discussing the art acted as a conduit to discussing personal experiences and enhanced their sense of personal identity (Newman, Goulding & Whitehead, 2014).

This data counters the ageist tendency to view the aging process as an almost pathological condition to be feared and hidden from sight (Haupt, Balkin, Broom, Roth & Selma, 2016). Art making combined with reminiscence therapy can help the elderly with memory recall and assist with processing and coming to terms with unresolved conflicts (Ravid-Horesh, 2004; Shore, 1997; Zeiger, 1976). Being able to express oneself through creative art expands the ability to communicate nuanced emotions if verbal communication is impaired. Art making provides an outlet for emotional experiences, and a platform for sharing when the content is too overwhelming for verbal language. Communicating through metaphor is cognitively stimulating and allows the creator to reveal themselves while simultaneously controlling their degrees of transparency.

It is surprising that so little research has been done regarding art therapy based semi-structured life review therapy for the elderly. Communication barriers due to aphasia or dementia can be overcome through the use of imagery in art therapy. Zeiger (1976) implemented a semi-structured, art-based, life-review program in a nursing home for the elderly, specifically, “residents with severe mental impairment” (p. 47). Participants created images from personal history, starting with earliest childhood memories, to family life, to marriage. Zeiger’s participants created chalk pastel images which, according to Zeiger’s observations, resulted in enhanced recall of past events, and enhanced participation in daily activities. The life-review art making process triggered an emotional crisis in one participant, who had repressed the memory of husband and son being killed in a car accident. This resident continued to create art works around the theme of her husband and son, experienced a catharsis through integration, and appeared to have an improved quality of life. Zeiger (1976) puts forth that art therapy life review “is not a panacea for all problems” (p. 50) but is a valuable tool which

when used with sensitivity, may help “further personality reorganization of the life review process” (p. 50).

There are few more recent studies involving art therapy in life review to promote ego integrity. Ravid-Horesh (2004) presented an individual case-study of an 89-year-old woman examining self-acceptance and ego integrity using art therapy life review. Ravid-Horesh implemented a semi structured program that began and ended with the drawing of a life line, and included six sessions in which the client drew stages of life from childhood through adulthood and into the future. Analysis of the imagery illustrated a positive impact of the program for the participant, including “depictions of decline and emptiness to a more wholesome view of life” (p. 317). Ravid-Horesh (2004) concluded by recommending further exploration on a larger scale.

### **Summary**

The rapidly expanding elderly population in the U.S. and abroad makes intervention strategies for healthy aging an important issue. As of 2015 there were approximately 8,357,100 elderly individuals in the US receiving some form of assistance with daily living, with 713,300 individuals living in a continued care facility (Family Caregiver Alliance, (FCA); 2015). Depression is a major concern in the elderly, negatively impacting wellness, quality of life, and even longevity. Unresolved conflicts, adapting to the transitions of aging, loneliness, and impaired independence are among the many challenges an elderly individual may encounter; in some cases, these can lead to depression. Life review therapies and gerotranscendence support groups have shown measurable improvements in treating symptoms of depression and improving well-being. Art making and art therapy have also demonstrated success in treating depression and anxiety through the integration of life experiences into personal identity. What

remains unsatisfactory is the lack of research on the impact of art therapy based life review programs, with an emphasis on working with elderly women.

## **Methodology**

### **Participants**

This pilot phenomenological study provides qualitative information about the impact an art-based life review therapy program had on the identity maintenance of older women living in a residential retirement community. Volunteer participants were selected from residents who lived independently and require no daily living support. Participant selection was based on prior participation in community art activities, and expressed interest in the art based life review program.

### **Research Design**

The researcher verbally shared with participants her status as a graduate student in the Master of Arts, Art Therapy program at Saint Mary-of-the-Woods College, the procedures and intention of the study, and the fact that they may withdraw from the study at any time without repercussion. Participants were informed of the minimal risk involved in participation and signed Informed Consent document (see Appendix A) and Media Consent Forms (see Appendix F). The first session included semi-structured interviews and screenings for symptoms of depression and self-esteem (see Appendices B and C for screenings). There was the possibility that sessions may resurface past experiences or unresolved conflicts and evoke an emotional response. There was an art therapist on-site when sessions were held, and other care providers were informed of resident participation to assist if there were indicators of residual emotional distress.

### **Data Collection and Observation**

Data collected included session duration, participant affect and energy levels, interaction with the art materials, and field notes documenting participant comments about their perceptions of the experience. Sessions were scheduled for 120 minutes; with the understanding they could

last longer if necessary. The study included five sessions of interviews and art; and concluded with a sixth session in which the artworks were viewed collectively and the participants summarized their experience during an informal discussion. The informal discussions included inquiry as to whether or not the participants would take part in art therapy offerings or personal art making in the future, and whether or not their experience changed their perceptions about art therapy as a mental health intervention.

In the first session participants completed a geriatric depression survey and a self-esteem survey (Rosenberg, 1965; Yesavage et al, 1983). Sessions began with semi-structured interviews using three to five open-ended life review questions (see Appendix D for question clusters). The life review questions were selected and grouped based on sample questions provided by the organization “The Legacy Project” (Bosak, n.d.). Art activities included: the creation of a life line, detailed images from select periods on the life line, the creation of a self-portrait or self-image, the creation of an inside/outside box, and a road drawing (see Appendix E for art directives). Each session concluded with an informal discussion of the participant’s art, process, and perception of the experience. The researcher took field notes during interviews, creating, and processing of the art work. The art works were photographed (per signed Media Consent form) and the original works became property of the participant after the last session. All participants were identified by a code name or number. The images of completed art-works and results of screening and interview data were filed under the participant’s code or numerical identifier, and kept in a locked file in the on-site art therapist’s office. Only the researcher and the researcher’s art therapy supervisor had access to the data.

**Analysis of Data**

At the conclusion of the program each participant's interview responses, depression and self-esteem surveys, art images, and researcher's field notes were informally analyzed. The artwork analysis included mark-making, use of color, media preferences, energy levels, and engagement in the activity. The researcher then looked for themes in the group's interviews and artwork. This information was summarized and presented in the results section; detailed participant narratives with art samples are available in the appendices.



## **Results of the Study**

### **Description of Site and Sample**

This research was conducted at a Continued Care Retirement Community (CCRC) in a Midwestern city. The CCRC is home to over 600 residents, with a continuum of accommodations including independent living, memory care, assisted living, and skilled nursing care. The assisted living, memory care, and skilled nursing programs' fee structure includes access to regular art activities facilitated by the staff art therapist; all residents have access to two well-stocked art studios. Independent living residents may pay a nominal fee for group lessons from professional artists in drawing, painting, ceramics, or weaving, or to participate in special art workshops and outings.

Five female volunteer participated in this study, four were Caucasian and one Hispanic, ranging from 72 to 90 years of age. All participants have lived in the community for two years or less, with four recently reaching their one-year mark. All participants completed the program; two participants required more than the allotted six sessions due to their in-depth engagement with the discussion or art making processes. All sessions started with the short, structured interview, followed by the media presentation and art directive. For all activities media included pencils, colored pencils, tissue paper, collage materials, paints, found objects, and chalk, oil, and water soluble pastels. Participants could work quietly with music playing or converse with the researcher as desired.

During this study's screenings, interviews, informal conversations, art making, and art processing, participants shared a broad spectrum of perceptions and experiences. They described the loss of lifelong friendships, homes, possessions, physical vitality, memory acuity, and stimulating engagement with their environment. They shared their experiences of losing a spouse to death or spousal companionship to dementia, and lamented the loss of meaningful

friendships, conversations, and daily activities. They marveled at unexpected experiences with the art making process; their pleasure using the materials, the quality of finished pieces, and surprising self-revelations when processing the art. From this collected data, the researcher identified six recurring themes. Presented below are brief introductions to each of the participants, identified by code name. Following the participant introductions are the six identified themes.

### **Participants Introduced**

**Anne.** The only participant with a living spouse, Anne's husband was diagnosed with rapid onset dementia shortly before moving into the community. Her life at the time of the study seemed to revolve around her husband's illness, and Anne described feeling ashamed because she was unable to respond appropriately to his needs. Anne said that she had a history of avoiding art due to lack of skills; and expressed surprise at the pleasure she experienced making art. When Anne arrived for sessions she appeared anxious and responded succinctly to interview questions. After making the art, Anne would become visibly more relaxed and emotionally expansive as she processed her art. Anne found the personal metaphor in her art creations to be very revealing, and invited a daughter into the studio to process her inside / outside box. A full presentation of Anne can be seen in Appendix K.

**Maria.** Maria was enthusiastic and engaged with the art making and discussions, requiring eight sessions to complete the program's intended six sessions. She completed three of the art responses independently, and spent the majority of the sessions sharing anecdotes about her experiences as a missionary in Guatemala and Cambodia. Maria's three-panel cartoon revolved around her relationship with an adult daughter, and her remorse over how she responded to her daughter's unexpected pregnancy and ensuing struggles. Maria employed

metaphor in almost every facet of her creations; processing the metaphor in her art also accounted for the length of her sessions. Maria became very interested in developing her drawing skills; she began working in a sketchbook and attended a community drawing class. A full presentation of Anne can be seen in Appendix J.

**Eve.** Ninety-year-old Eve was initially reticent in her interview and art responses. Eve participated in an adult coloring group in the community, and created vividly colored mandala sheets. The researcher was surprised when Eve's first two art responses were sparse in detail and color. Later in the study, while processing her self-portrait, Eve verbalized her initial reluctance to give much to the researcher until she better understood what was expected of her. During the fourth session, Eve seemed to relax her boundaries, and shared deeply personal information with the researcher, and they wept together. In that session's art response, Eve became markedly more experimental, asked for guidance with unfamiliar media, and took increased artistic risks. A full presentation of Anne can be seen in Appendix L.

**Jen.** Friendly and loquacious, the youthful eighty year-old Jen ended each session by requesting a hug. During the time of the study, Jen was assisting her ex-husband in a move to the area after the death of his partner. Jen's ninety-year old paramour lived in an assisted living community about two hours from her location, and they continue to occasionally get together. Jen approached each session with a positive attitude and repeatedly expressed her pleasure with the study. Jen would often laugh self-deprecatingly about how much she enjoyed sharing her personal anecdotes. In her final session, Jen described her participation in the study as serendipitous, as it had helped her process many of the changes she was experiencing in her life. A full presentation of Anne can be seen in Appendix I.

**Nancy.** Originally from California, Nancy reported being very unhappy living in the Midwest. She said moved to the area because she had been disabled by a toxic reaction to medication, and had no other options. Nancy shared about a childhood filled with neglect and abuse, and said that she was participating in the study because she sought catharsis. She chose to work mainly in watercolor due to a severe hand tremor, and exhibited familiarity and skill with art making. Nancy said she'd taken art classes in college, and had received recognition for her art, which had a positive impact on her otherwise low self-esteem. At the end of the study Nancy felt that she had received some catharsis, although it was subtle and hard to put a finger on. She agreed to continue working with the researcher after the study, in order to become more comfortable in the studio and to perhaps establish new friendships in the community. A full presentation of Anne can be seen in Appendix M.

### **Themes**

**Theme one, friendship, connection, and spirituality.** All five participants remarked that much of the personal information discussed during the study sessions were things they did not share with others around them. Contrasted with prior friendships, they described their friendships within the community as somewhat superficial, and said that it was a challenge to make meaningful connections. The intimate nature of the community allowed one to become familiar with other residents fairly quickly, but it remained rare for a relationship to evolve beyond acquaintances, or as one participant put it, "beyond just hello" (Nancy, personal communication, September 5, 2016).

Anne and Eve started most of their sessions appearing somewhat apprehensive, with succinct, mainly fact-based or guarded responses to the interview questions. This contrasted with the richly detailed and affect laden sharing of personal anecdotes as they described and

expanded on their art creations. This expansiveness resulted in a feeling of warmth and connection on part of the researcher toward the participant, which appeared to be mutual based on the participant's body language, conversation, and tone of voice. At the start of Eve's fourth session she immediately began sharing about the loss of an infant child, and both she and the researcher cried. During that session's art directive, Eve began experimenting with a variety of new media, her work became filled with detail, and her new two pieces incorporated six different types of media.

Spirituality was a topic of discussion that three participants initiated without any prompt from the researcher. Jen, Nancy, and Maria's inside/outside boxes triggered in-depth conversations around their spiritual life and belief systems. While all three declared spirituality to be an important part of their daily lives, they all also remarked they did not share this type of conversation with other community members. This illustrated how a therapeutic alliance combined with art making can open doors to more meaningful communication. When employed in a group setting, this may promote the development of deeper, more fulfilling relationships within the community.

**Theme two, recognition of communication through imagery.** Three of the study's participants shared a newfound awareness of how art making allowed them to communicate an inner experience that would not have been possible using words. Maria stated that she would not have been able to fully share her life if she'd only used words for her lifeline. Anne stated that she preferred emotional communication using imagery rather than words. She connected with her daughter using her inside/outside box, and wondered if her images would trigger memories in her husband who suffers from dementia. Anne also shared that the imagery communicated something deeply personal, and sharing so deeply may be uncomfortable for some people.

Nancy elaborated on some of the smells and sounds depicted in her three panel cartoon, but ultimately stated that the image spoke for itself.

**Theme three, unexpected pleasure in art making.** In this study, there was a repeated theme of finding unexpected pleasure in artistic creation as well as the quality of the finished product. Creating provides challenges that utilize problem solving skills, acts as a buffer against cognitive decline, and supports positive self-perception. Finding unexpected pleasure through artistic problem solving adds to quality of life, and disproves misconceptions that moments of serendipity and accomplishment dwell only in one's past.

Anne's daughter stated that this study had been good for Anne, that she enthusiastically described her art experiences after her sessions; Anne also recommended participation in the study to Nancy. Anne described becoming lost in the act of creating during her sessions, and said art making allowed her freedom from her regular stress. Maria expressed pleasure with the quality of her blind-contour portrait, and how she'd been able to utilize previously acquired skills from her time without electricity when working abroad as a missionary. Eve enjoyed working in new media and creating a self-portrait, and expressed a desire to continue developing these new skills.

**Theme four, avoiding art yet longing to create.** A history of avoiding art due to fear of ineptitude was a recurring theme, including the avoidance of art activities offered at the CCRC. This admitted fear was often followed by expression of an ongoing desire or longing to be able express oneself creatively. Maria said that she'd always had a natural urge to create, but needed support in the actual processes, while Anne submitted she'd always avoided art due to feelings of insecurity. Anne also said she was not interested in making art just for art's sake. Participants in the study shared that they felt a willingness to experiment artistically in ways they had not

experienced in the past, and attributed it to the supportive alliance they felt with the researcher, as well as the reflective format of the study's art activities. Eve stated she had never drawn a self-portrait before, and would like to continue to learn about portraiture, and described her pleasure in being introduced to the art studio.

**Theme five, self-reflection through self-portraiture.** All participants described reluctance at the thought of looking into a mirror and rendering what they saw on paper. The blind-contour method added a challenge and degree of distance, and the reticence quickly gave way to absorbed engagement. Processing the self-portrait often included humor as participants described seeing wrinkles, gray hair, and sagging skin. All participants expressed a general displeasure with their appearance, such as the shape of one's nose, or the color of one's teeth.

Once past the surface of the image, participants became more somber and reflective as they shared both their artistic decision making and what they felt their images communicated about their character. The emotion conveyed through the eyes and mouth was a common theme. Some participants commented on their effort to manipulate the emotional content of the eyes or mouth; others felt the eyes or mouth unintentionally revealed some truth about their character they hadn't thought about before. Other participants found it important to point out that while the eye or mouth may look a certain way, this was not intentional and a result of their lack of artistic control.

All five women recognized something of their deeper nature in the self-portrait activity. Eve laughingly described her portrait as supercilious and reticent, and related it to her initial unwillingness to share much of her personal life with the researcher. Maria stated that she truly saw herself for the first time, while Jen stated she was quite taken with the woman she drew, and would like to get to know her better. Both Nancy and Anne found the eyes particularly

evocative, Nancy deliberately rendered her eyes sadder looking than what she saw in the mirror, because that more accurately reflected her natural emotional state. Anne spent a long time trying to name the emotion she saw in her self-portrait's eyes, ultimately unable to, she likened it to sadness and despair. All participants noted that the portrait communicated something beyond mere physical appearance; and an awareness that their art communicated an inner, emotional experience.

**Theme six, therapeutic alliance and perception of art therapy.** Participants said they felt safe in the studio setting, and an increased willingness to share due to feeling authentically heard by the researcher. Some participants expressed a willingness to use art therapy as a mental health support in the future after experiencing this art-based life review. Jen described her lifeline as a vehicle to see her life in a new light, to recognize cause and effect in a way she never had before. Jen said that the timing of her participation was serendipitous in that it coincided with some major changes in her life. She stated that in retrospect, she'd benefitted therapeutically without recognizing it in the moment, and that the experience had changed her perceptions about art therapy. Anne said she now saw a connection between the imagery a person created and their inner experiences, adding that it took time to really process and reflect to make those connections. When asked if she'd experienced the catharsis she sought, Nancy said she felt she had, in a subtle way that one could not quite put their finger on. Four of the participants expressed a willingness to continue art making and a desire to continue creative self-exploration.

## **Discussion**

The results of this study support existing literature that describes the positive impact life review and art making have on wellness in elderly populations. Butler presented semi-structured



life review as an intervention to promote integration of new experiences and unresolved conflict, and described life review as a highly visual process (1963). In this study, Jen called the timing of her participation serendipitous, and said the sessions helped her process ongoing changes and unresolved conflict in her life. This study combined Butler's (1963) suggested mirror work with art making in the form of self-portraiture. All five participants reflected positively on the experience as well as their final portraits. Jen, Maria, and Anne reported enhanced self-awareness, while Eve and Nancy said they enjoyed creative process and wished to explore self-portraiture more in the future. (See appendices I, J, K, L, and M for detailed participant narratives).

Zeiger (1976) presented a study in which art-based life review provided an institutionalized elderly woman catharsis and improved quality of life through art making. In this study, four participants used art to integrate unresolved conflict: Anne's mixed emotions and shame in response to her husband's dementia, Maria pain over her daughter's anger, Jen reflected on her relationship with her ex-husband, and Nancy depicted her traumatic childhood using torn, red, tissue paper. During an interview, Eve wept as she described the death of an infant.

Anne's interview responses illustrated the shame Bogunovic (2011) described when elderly women are emotionally conflicted about caring for an ailing spouse. Anne shared her inside/outside box with her daughter, and integrated some of the impact her husband's dementia had on their marriage, family, and lifestyle. Anne self-reported resistance to traditional talk therapy, and indicated that the art making allowed her to communicate her inner world when verbal communication had failed her. Painting about happier times with her husband allowed Anne to revive the memory of her healthy spouse, as described by Melendez-Moral et al (2015).

Chiang et al (2007) described increased self-esteem in elderly participation in a life review program. Painting allowed Nancy to experience anew and reflect on the positive self-concept she felt when her artistic abilities were recognized during her college years. This may have been a factor in the subtle catharsis she reported as a result of participation in the study. Wang et al (2011) reported programs that emphasize storytelling and personal growth increased life satisfaction in the elderly. Maria shared many anecdotes about her time abroad as a missionary, and expressed pleasure at utilizing skills gained during that time when she created her blind-contour portrait. Participation in the study also prompted Maria to begin attending drawing classes in the community, which improved wellbeing through increased socialization and skill development. Newman, Goulding, and Whitehead (2014) found that viewing art prompted the elderly to make personal associations and acted as a conduit to discussion. The interviews and art discussions created an alliance between the initially reticent Eve and the researcher. This opened the door to Eve's sharing a personal tragedy with the researcher, which in turned deepened their trusting relationship, and allowed Eve to take artistic risks.

The researcher acknowledges Zeiger's (1976) caveat that art therapy life review "is not a panacea for all problems" (p. 50). This study illustrated the positive impact of an art-based life review program for elderly women living in an assisted living community. More expansive use of art therapists in assisted living communities would provide a unique and valuable resource to promote an improved quality of life for the elderly residents.

### **Conclusion**

The results of this study show there is an underutilization of the services an art therapist may provide for residents in an assisted living facility. The on-site art therapist at this research site shared that her role as a mental health therapy provider is rarely employed, and she is often

considered a life enrichment specialist rather than a mental health professional (T. Weishan, personal communication, March 7, 2016). Supporting art therapy interventions that emphasize self-reflection would promote the integration of past and present experiences and reduce residents' feelings of anxiety or depression. Small group art therapy activities with themes such as spirituality or personal identity provide opportunities for more substantive conversations between residents, and open doors to more meaningful relationships. Allowing residents to fully benefit from the services of an on-site art therapist would be a valuable resource in promoting resident wellness. The researcher is hopeful that the results of this pilot program may promote more expansive use of an art therapist's services on CCRC campuses.

### **Limitations**

While the results of this study add to the research promoting the use of art therapy with the elderly in residential facilities, there are notable limitations. This current study involves only five participants, which limits the validity of the scale results in terms of clinical significance. Additionally, all of the participants reside in the independent living wing of the facility. These residents require minimal-to-no assistance with daily living needs and are able to participate in the community outside of the assisted living facility. The daily experiences of residents in independent living differ dramatically from the residents in the assisted living, clinical, or memory care wings.

### **Recommendations**

It is recommended that this art therapy life review program be implemented on a larger scale in a greater variety of settings for elderly living in facilities. The art directives and interview questions may be modified when utilizing the program with participants of varying ability levels, including limited memory, cognition, and physical abilities. Materials may also be modified so that the program can be brought to residents with limited mobility. This study

allowed two hours per session, and while this may not always be a realistic allotment of time, it is recommended that the time per session be as lengthy as possible. The extended time allows for the deep self-reflection and contemplation required for participants to access and verbalize responses to the material. The extended time also creates a relaxed environment in which the participants feel heard and witnessed, a noteworthy experience according to some participants in this pilot study. Feeling seen and heard reduces feelings of marginalization commonly found in the elderly, and promotes the positive therapeutic alliance (Haupt et al, 2016).

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## Appendix A

## Consent to Participate in Research: Saint Mary-of-the-Woods College

The purpose of the research is to develop a greater understanding of an art therapy life review program. If you volunteer to participate in this program, you will answer interview and survey questions and create a series of artworks in response to directions from the researcher.

This goal of this study is to promote well-being through the use of art therapy in Continued Care Retirement Community settings. This study is a requirement in partial fulfillment of the class, AR 590 – Research Design, for Kaaren Anderson, a graduate student of Art Therapy at Saint Mary-of-the-Woods College.

The procedure involves minimal risk. Reflecting upon past events, such as unresolved conflicts, may call forth unpleasant memories.

If you agree to participate in this project, you will not accrue any known benefits. The potential benefits that you may accrue include experiencing art making strategies to enhance well-being.

All artwork completed during the program will become your property.

The interview responses, survey forms, and art work images will be numerically coded to maintain confidentiality. Only the researcher and her supervisor will have access to the completed information. This information will be stored in a locked cabinet in the art therapist's office and only the researcher and her supervisor will have access to it. You have the right to decline participation. In addition, you may withdraw from the study at any time without repercussion, by notifying the researcher. Should you choose not to participate or remain in the program, you will remain entitled to all services at the retirement community.

This study was approved by the Saint Mary-of-the-Woods College Human Subjects Institutional Review Board on May 19<sup>th</sup>, 2016.

If you have questions or concerns about this study, please contact the researcher, the Primary Researcher Jill McNutt, or Dr. Pantazi, the IRB Chair.

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My signature below indicates that I am 18 years of age or older, I have been informed about this study, I consent to participate, and I have received a copy of this consent form.

---

Signature

---

Date

## Appendix B

Investigator Document: Geriatric Depression Scale: Short Form (Yesavage, et al., 1983)

Participants scoring greater than 5 on the depression scale will be referred to on-site Art Therapist for follow up interview and potential referral for further intervention.

Choose the best answer for how you have felt over the past week:

- |   |            |   |           |
|---|------------|---|-----------|
| 1. Are you basically satisfied with your life?                  | <b>YES</b> | / | <b>NO</b> |
| 2. Have you dropped many of your activities and interests?      | <b>YES</b> | / | <b>NO</b> |
| 3. Do you feel that your life is empty?                         | <b>YES</b> | / | <b>NO</b> |
| 4. Do you often get bored?                                      | <b>YES</b> | / | <b>NO</b> |
| 5. Are you in good spirits most of the time?                    | <b>YES</b> | / | <b>NO</b> |
| 6. Are you afraid that something bad is going to happen to you? | <b>YES</b> | / | <b>NO</b> |
| 7. Do you feel happy most of the time?                          | <b>YES</b> | / | <b>NO</b> |
| 8. Do you often feel helpless?                                  | <b>YES</b> | / | <b>NO</b> |
| 9. Do you prefer to stay at home, rather than going out?        | <b>YES</b> | / | <b>NO</b> |

10. Do you feel you have more problems with memory than most?      **YES** /      NO
11. Do you think it is wonderful to be alive now?      YES /      **NO**
12. Do you feel pretty worthless the way you are now?      **YES** /      NO
13. Do you feel full of energy?      YES /      **NO**
14. Do you feel that your situation is hopeless?      **YES** /      NO
15. Do you think that most people are better off than you are?      **YES** /      NO

Answers in bold indicate depression. Score 1 point for each bolded answer.

A score > 5 points is suggestive of depression.

A score  $\geq$  10 points is almost always indicative of depression.

A score > 5 points should warrant a follow-up comprehensive assessment.

## Appendix C

## Geriatric Depression Scale: Participant Self-Score Document

Choose the best answer for how you have felt over the past week:

- |   |       |    |
|---|-------|----|
| 1. Are you basically satisfied with your life?                  | YES / | NO |
| 2. Have you dropped many of your activities and interests?      | YES / | NO |
| 3. Do you feel that your life is empty?                         | YES / | NO |
| 4. Do you often get bored?                                      | YES / | NO |
| 5. Are you in good spirits most of the time?                    | YES / | NO |
| 6. Are you afraid that something bad is going to happen to you? | YES / | NO |
| 7. Do you feel happy most of the time?                          | YES / | NO |
| 8. Do you often feel helpless?                                  | YES / | NO |
| 9. Do you prefer to stay at home, rather than going out?        | YES / | NO |
| 10. Do you feel you have more problems with memory than most?   | YES / | NO |

11. Do you think it is wonderful to be alive now? YES / NO
12. Do you feel pretty worthless the way you are now? YES / NO
13. Do you feel full of energy? YES / NO
14. Do you feel that your situation is hopeless? YES / NO
15. Do you think that most people are better off than you are? YES / NO



## Appendix D

Investigator Document: Rosenberg Self-Esteem Scale (Rosenberg, 1965).

Below is a list of statements dealing with your general feelings about yourself.

If you strongly agree, circle SA. If you agree with the statement, circle A. If you disagree, circle D. If you strongly disagree, circle SD.

- |   |    |   |   |    |
|---|----|---|---|----|
| 1. On the whole, I am satisfied with myself.      | SA | A | D | SD |
| 2.* At times, I think I am no good at all.        | SA | A | D | SD |
| 3. I feel that I have a number of good qualities. | SA | A | D | SD |
| 4. I am able to do things as well as most people. | SA | A | D | SD |
| 5.* I feel I do not have much to be proud of.     | SA | A | D | SD |
| 6.* I certainly feel useless at times.            | SA | A | D | SD |
| 7. I feel that I'm a person of worth              | SA | A | D | SD |
| 8.* I wish I could have more respect for myself.  | SA | A | D | SD |

9.\* All in all, I feel that I am a failure. SA A D SD

10. I take a positive attitude toward myself. SA A D SD

**Scoring: SA=3, A=2, D=1, SD=0.**

**Items with an asterisk are reverse scored**, that is, SA=0, A=1, D=2, SD=3. Sum the scores for the 10 items. The higher the score, the higher the self-esteem.

## Appendix E

## Participant Self-Score: Rosenberg Self-Esteem Scale (Rosenberg, 1965).

Below is a list of statements dealing with your general feelings about yourself.

If you strongly agree, circle SA.

If you agree with the statement, circle A.

If you disagree, circle D. If you strongly disagree, circle SD.

- |   |    |   |   |    |
|---|----|---|---|----|
| 1. On the whole, I am satisfied with myself.      | SA | A | D | SD |
| 2. At times, I think I am no good at all.         | SA | A | D | SD |
| 3. I feel that I have a number of good qualities. | SA | A | D | SD |
| 4. I am able to do things as well as most people. | SA | A | D | SD |
| 5. I feel I do not have much to be proud of.      | SA | A | D | SD |
| 6. I certainly feel useless at times.             | SA | A | D | SD |
| 7. I feel that I'm a person of worth              | SA | A | D | SD |

8. I wish I could have more respect for myself. SA A D SD

9. All in all, I feel that I am a failure. SA A D SD

10. I take a positive attitude toward myself. SA A D SD

## Appendix F

Suggested Life Interview Questions (modified from Bosak, n.d.)

**Questions to initiate Creation of First Lifeline**

1. When and where were you born and what's your first, most vivid memory?
2. Where did you grow up, can you describe your home, did you have any pets or favorite games?
3. When you were a teenager, what did you do for fun, did you ever get into any trouble?
4. What job did you do most of your adult life and what did you like most and least?
5. What have been the three biggest news events during your lifetime and why?

**Questions to initiate Life Event Detail: Three Panel Cartoon**

1. Did you have any heroes or role models when you were a child?
2. What did you want to be when you grew up, what dreams and goals did you have?
3. What have you thrown away that you wish you hadn't? What have you held on to that's important and why is it important?

**Questions to initiate Inside / Outside Box**

1. What do you think are your three best qualities? Your three worst?
2. What kinds of things bring you the most pleasure, what things frighten you?
3. How do you think other people see you? If you could describe yourself with three words, what would they be?

**Questions to initiate Self-Portrait / Self-Image Session**

1. What do you think has stayed the same about you throughout life and what do you think has changed?
2. If you could go back to any age, which age would it be and why?
3. What do you see? (Hold a mirror up to the person)
4. How should a person prepare for old age? Is there anything you wish you'd done differently?

**Questions to Road Drawing-**

1. If you were writing the story of your life, how would you divide it into chapters?
2. What have you liked best about your life so far, what is your happiest or proudest moment?
3. What's the most difficult thing that ever happened to you, or what was a major turning point and how did you deal with it?
4. Do you have a philosophy of life or what's your best piece of advice for living?

## Appendix G

## Art Session Directives

A music playing device will be available for all sessions; participants may select music if desired.

**Life Review Art Therapy Directives:** Time allowed for sessions will be flexible but not exceed 120 minutes. Session length will be directed by participants.

**Session 1: Lifeline**

Create a lifeline of your life, starting with birth (deliberately leave end of lifeline open ended for participant to select end-point).

Materials: 18x24 drawing paper, pencils, markers, colored pencils, watercolor paints, acrylic paints, collage materials, glue and scissors.

After the timeline is complete, prompt to give the timeline a title. Ask the participant to explain their timeline, why they selected the title, and any details they would like to share.

**Session 2: Three Panel Cartoon: Detail from Lifeline (Three-figure Clay if preferred).**

Review lifeline created during last session. Select an event from the lifeline and create a three panel cartoon expanding upon that event and adding details. The first panel depicting what happened right before the event, the second panel a detail from the event, and the third panel what happened as a result of the event. If client prefers to work with clay, provide clay and direct client to sculpt three figures relating to the event, including antecedent, event, and results.

Direct the participants to create a title for the final piece and describe the art work process and events depicted.

Materials: Three panel cartoon box templates, each panel about 7" square, on 18x24" paper, pencils, markers, colored pencils, collage materials, glue and scissors, watercolor and acrylic paint and brushes, clay and sculpting tools if desired.

**Session 3: Inside Outside Box (Persona / Shadow Box)**

Provide participant with white cardboard box. Direct the client to decorate the outside of the box as they appear to others / how they think others see them; decorate the inside of the box how they see themselves / how they think they really are.

Ask the participant to give the box a title. Explain their choice of title and process.

Materials: white box, collage materials, various decorative found objects (feathers, sequins, shells, natural objects, etc), glue, scissors, paint, markers, pencils, brushes, colored pencils.

**Session 4: Mirror Work / Self-Image**

Share with client the artwork and biography of Elizabeth Layton. Provide the client with a self-supporting mirror and direct the client to look in the mirror and create a self-image, using preferred size paper, in the contour drawing style (if desired). If client has particular aversion to mirror work, direct the client to create a self-image using color, marks, collage, and shapes as metaphor. When the piece is complete, ask the client to create a title and share their process. Ask the client if they experienced any particular moments of insight about themselves while creating the image, if any particular color or mark or image sparked personal insight.

Materials: Biographical information and images from Elizabeth Layton, mirror with stand. Drawing paper various sizes from 8x10 up to 18x24, pencils, colored pencils, markers, watercolor and acrylic paints, collage materials.

**Session 5: Road Drawing**

Briefly discuss different roads with the participant, city streets, country roads, memorable roads or road experiences from personal history; then direct participant to draw a road of their choice, real or fantasy. If participant asks if they should include themselves on the road, tell them it is their choice. Ask the participant to title their piece and share their process.

Materials: 18x24 drawing paper, pencils, markers, color pencils, watercolor, acrylic paints and brushes, collage materials, scissors and glue.

**Session 6: Final Meeting (no art directive)**

Display all art works so they may be viewed as a collective whole. Examine them for similarities or contrasts, in subject matter, use of materials, and energy involved in creation. Ask participant to share with you their perceptions of the images individually and collectively, as well as their experience participating in the program.

Materials: 18x24 drawing paper, pencils, markers, colored pencils, watercolor paints, acrylic paints, collage materials, glue and scissors.

**Gem:** Prior to final meeting, researcher creates a collection of clear glass gems with inspirational images or images with a single evocative word. When art review and reflection activity is complete, thank the participant again for participating and offer them a gem as a token of thanks. Allow them to select their own gem, note the selected gem.



## Appendix H

## Media Consent Form: Consent to Audio Record Participant and Photograph Participant's Art

Thank you for your participation in this research project. As part of this project, you may allow your artworks created during sessions to be photographed, and your interview responses to be audio recorded. Please indicate below whether or not you are willing to consent by placing your initials in the blank in front of the item. Initial the item that best suits your level of comfort. There will be no negative consequences for refusing to allow your artwork to be photographed. The results of this study may be presented in educational settings, scientific journals, popular press or newspapers, professional conferences, or the media. The researcher agrees to only use the materials in ways to which you agree.

\_\_\_\_\_ I give approval for my artwork to be photographed, and I want all of the information I disclose to be presented anonymously.

\_\_\_\_\_ I *do not* want my artwork to be photographed and I want all of the information I disclose to be presented to others anonymously.

\_\_\_\_\_ I give approval for my interview responses to be audio recorded, and I want all of the information I disclose to be presented anonymously.

\_\_\_\_\_ I *do not* want my interview responses to be audio recorded, and I was all of the information I disclose to be presented anonymously. Please sign below.

I have read the above and give my consent for the use of the photograph of myself and/or my artwork as indicated. I certify that I am eighteen (18) years of age or older and that I have been given a copy of this form for my own records.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Appendix I

## Jen's Narrative

During the time of the study, Jen celebrated her one-year anniversary in the retirement community and moved her ex-husband to the area from out-of-state due to his increasingly debilitating dementia. She also drove alone to visit her ninety-year-old boyfriend in a residential facility about four hours away. A youthful eighty-years-old, Jen participated in many of the activities posted by the art therapy department. Choosing to remain single and live alone after her divorce at fifty, Jen maintained a romantic relationship with her current boyfriend, with whom she has travelled extensively over the years. Asked about her transition into the retirement community, Jen shared that while many of her friends' fear that if they leave their house they will lose their identity. Jen herself had "never grieved a house" (Jen, personal communication, August 22, 2016).

She did, however, greatly miss the friends who now lived about four hours away. Determined to make new friends, Jen participated in many activities, but often found them intellectually uninspiring. She described herself as a bit of a snob, and admitted she held her new acquaintances in the CCRC to the level of "old friends who you can pick and choose over the years, it's a high bar, but not necessarily a bad thing; I've picked out some people I'd like to get to know better" (Jen, personal communication, August 22, 2016). As an example, Jen described a book club she joined in the CCRC, how she finds the discussions not very satisfactory, with members simply saying whether or not they liked the book. In her home community, Jen said her book club was filled with really good readers, and leaders were formally trained to stimulate inspiring discussions. Jen remained in the new book club for social reasons and exposure to new books, adding that she would often discuss the books with her old book club. She recently led the new book club, prepared as she would have in the past, and

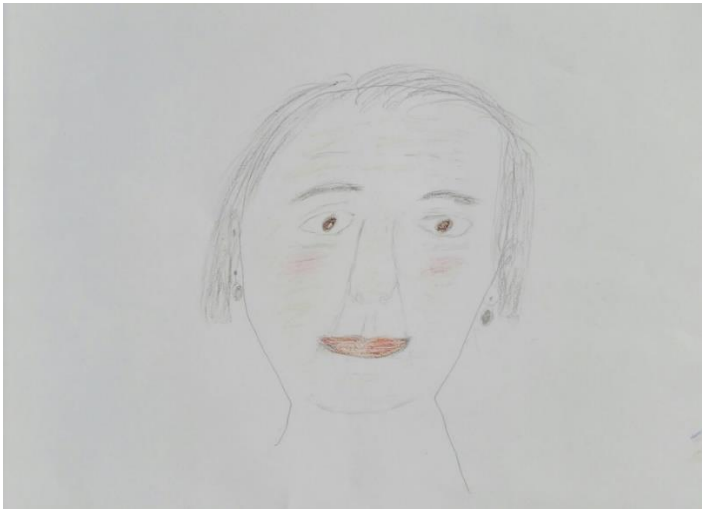
members said it was the best they'd ever had. She said in the CCRC, the types of people she would be drawn to are already quite involved in things, and making quality friendships would take time. She said she is not lonely, but it is important to get to know other people both in the CCRC and out in the greater community. Jen noted that it seemed easier for her than for others to walk up to a new person and introduce herself; that often when with other people who admit they are lonely, they just stand there saying nothing, not making the effort to reach out, and she wants to tell them "smile dammit" (Jen, personal communication, August 22, 2016).

When given the life-line art directive Jen already knew what she wanted to create because she had been talking about the study with another participant. Jen chose to create a life-circle, using black pen and water soluble oil pastel. When processing the completed piece Jen remarked that the art caused her to think about many of her life experiences in a new way, which she figured was the point of the activity. When the meeting concluded she gave the researcher a big hug and commented on how much she enjoyed the session. For the inside / outside box Jen chose a silver-toned box and decorated the outside with a string of pearls, representing her desire to be classy (Figure 1). She found a watch in the junk-jewelry-bin and placed it inside her box, a metaphor for the preciousness of time; she also revealed her creativity by making up a short-story based on the inscription on the back of the watch. She placed a gold butterfly clip inside the box, saying she was not "into the whole butterfly thing, how a butterfly flapping its wings in one part of the world makes waves in another part of the world" but that she had once taken her grandchildren to a butterfly garden exhibit and they all enjoyed it very much (Jen, personal communication, August 3, 2016). Discussing her inside/outside box led to a long conversation about spirituality and her belief in the concept of Christ. Jen shared that she does not talk much with her friends here in the community about things like spirituality and faith.

*Figure 1.* Jen's inside / outside box.



*Figure 2.* Jen blind-contour self-portrait.



As Jen processed her blind-contour self-portrait, she began a conversation about portrait artists she found particularly fascinating in the Art Institute of Chicago and her experiences with various pieces of art at the Institute over the years. When telling a story about a past experience with art, Jen began with “It was a long time ago, that’s how all of my stories are” (Jen, personal

communication, August 2016). She laughingly described her self-portrait as looking like somebody she'd like to know, and there was something about the piece that made her feel like she was looking at someone younger than reality (Figure 2). Jen said her initial response to the directive was that the experience would be awful, but found she was really "quite pleased with the exercise" then later laughed saying "actually I'm quite in love with her" (Jen, personal communication, August 3, 2016). She planned to look for photographs of an aunt who she felt her portrait resembled, and wanted to make sure the portrait she created would belong to her someday. At the end of this session, Jen stressed how much she had enjoyed the process, saying that "this feels like a really safe place" and thanked the researcher for being there at this time in her life (Jen, personal communication, August 3, 2016).

During our final meeting, Jen shared that she felt more inclined to attempt new things than she did when taking a drawing class offered in the CCRC, saying that she liked the interview / directive format of our sessions. Jen shared that she had attended a series of movies the CCRC art therapist had shown about art in the 21st century, but would have liked a deeper discussion after the movie, and was disappointed that some of the group were vocally opposed or dismissive of the artwork. She said that she liked the outside-the-box nature of the art relating it to the idea of evolving, continuing to grow. She referred to her life circle image, saying "that may not look like growing and learning but they're things that I've never done before" (Jen, personal communication, August 22, 2016). Jen stated that she had enjoyed participating in the research study, and remarked that the timing was really good, "serendipitous" in light of it being her one-year anniversary living in the CCRC, and the feelings triggered by her ex-husband relocating to the area. When asked if she would ever consider using an art therapist to provide mental health support, she responded that she would not have even thought of art therapy prior to

this experience, and continued, “My experience with you, I have felt extremely open and I think in a way, have probably processed some things that I would have done with a regular therapist, so, in the future if I felt as though I needed to talk to someone and I found someone like you, yes I might” (Jen, personal communication, August 22, 2016). She went on to say, “One of the things that happens when you get older, and I haven’t felt that with you, but I seem to think that because I’m the age I am, I want a therapist who has some wisdom” (Jen, personal communication, August 22, 2016). Jen shared that in the past, she felt very comfortable speaking with the social worker on the CCRC campus, and preferred speaking with her over the traditional therapist on-site in the CCRC.

When asked if she thought in the future she would ever try creating art on her own, for pleasure or to self-reflect, she replied that it would be nice, but she did not see herself initiating something like that. Jen said she would be interested in participating in an open-studio and committed to attending an art and literature group offered by the researcher in the future. She would also be interested in participating in a group that used art as a way of self-exploration if the facilitator was good and could keep everybody on-track.

## Appendix J

## Maria's Narrative

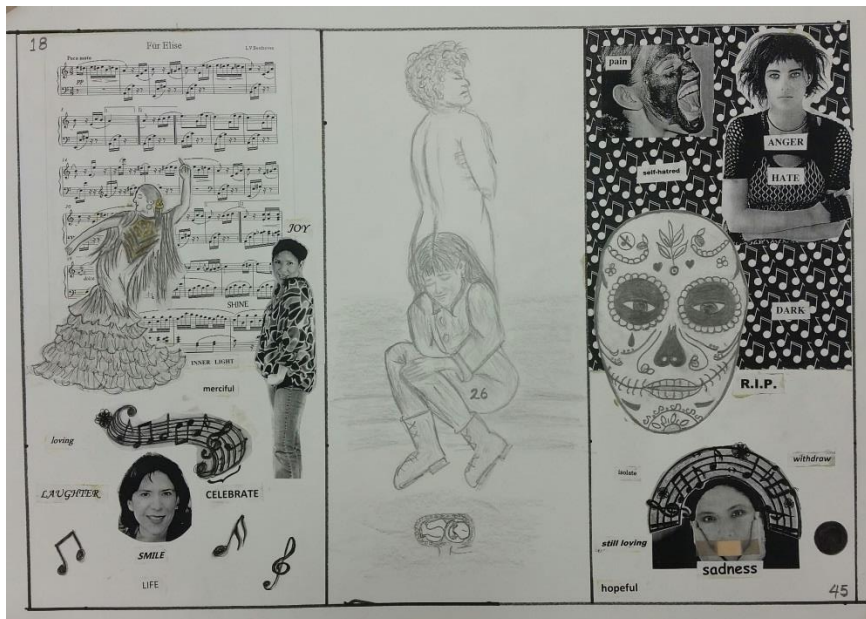
71 year-old Maria was raised in a Hispanic migrant farming family in Texas. Maria shared that education was very important to her as a child, as was disproving the discriminatory attitudes and low expectations from her many teachers. Maria reported that her father was very strict, and the roles and responsibilities she was expected to take on as a young girl molded her into the strong woman she became. Maria spent many years working as a missionary in Asia and Central America, and a large portion of her six sessions were devoted to sharing anecdotes and experiences from that time of her life.

Maria's responses to the depression and self-esteem scales indicated she had been happier and more satisfied with herself about 18 months ago, before relocating from Arizona. For example, when asked if she were satisfied with herself, she noted on the document, "with my past" other annotations included "I'm not doing the full-life things I used to" and "I wish I was doing more" (Maria, personal communication, July 12, 2016).

Maria shared about her personal history for the majority of her first two-hour session, and chose to complete the lifeline independently and bring it to the next meeting. Unsatisfied with the 18x24" scale, Maria taped four of the sheets together and created a circular composition of photographs from her life. The second two-hour session was spent briefly processing her composition, decision-making, and anecdotes explaining each individual photograph from her lifeline, mainly from her missionary work. Maria also completed the second art work independently. When given the directive, she immediately responded that she knew exactly what she was going to depict. This image was more personal, a mixture of realistic pencil drawing and collage, meticulously rendered, with each detail containing metaphor which she

openly shared (Figure 3). Processing this image took the full two-hours of our third meeting, the subject matter centered on her daughter, an infant her daughter gave up, and the emotional aftermath.

Figure 3. Maria's three-panel cartoon.

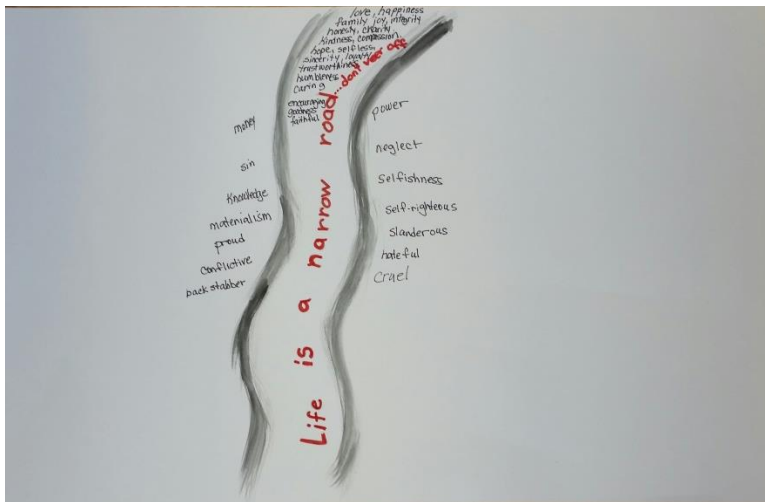


When given the inside / outside box directive, Maria responded that she knew exactly what she wanted to create. She was not pleased with the variety of boxes to choose from, as none worked with her pre-planned metaphor, and the researcher was compelled to seek out a box that met her specifications and deliver it to Maria. Her creation was an intricate box tied shut with red nylon twine and adorned with a long thin strip of paper accordion-folded and covered with photographs. The interior of the box was painted black, with an image of a broken heart and the words “broken” and “sinner” depicted in gold paint. The box contained numerous slips of different colored paper, some with biblical text written on them, all of them illustrating her intense spirituality. Like her three-panel cartoon, every detail of her box contained metaphor, from the red twine bow to the individual colors of the paper slips. As Maria shared each metaphor, her voice and language became increasingly passionate as she described her relationship with God, and the degree to which her spirituality impacted her life's decisions.



Maria completed her blind contour self-portrait in the studio with the researcher and stated that she was very pleased with her image, finding it a surprisingly accurate likeness of herself. She was pleased that her experiences as a missionary helped her when creating the blind-contour portrait, she was often in the field without power, and had to get around in the night without any lights. Using tactics employed during her times in the darkness, she was able to create her drawing without looking at the paper, using her hands to measure distance between spaces. Processing her image quickly led to sharing more anecdotes about her time as a missionary, very little of the two and one-half hour session was spent talking about her self-portrait.

*Figure 4.* Maria's road drawing.



The road drawing interview and image was remarkably succinct for Maria. Using gray watercolor, she depicted the outline of a simple road down the center of the page, with words warning not to veer off the narrow road of life down the center in red marker. Maria used thin black marker to list words describing desirable spiritual aspirations at the top of the page, or end of the road, and dangerous detours listed along the side (Figure 4). Like the image, Maria's processing of the piece was short and to the point when compared to her other sessions. She did offer that not many people knew as much about her as the researcher now did, because she did not waste her life and words with just anybody, because few people were good listeners. Maria stated that with aging comes losses, and shared that she and the other members of the community must "grieve those losses, loss of sight, loss of memory, those are real

losses” (Maria, personal communication, July 26, 2016). Her final session in which we viewed her pieces as a whole and summarized her experience lasted the full two hours. Like her initial session, it was primarily devoted to stories about her time as a missionary, interspersed with explanations of her metaphor.

Looking at the collection of her work, Maria shared that she still was not happy with her lifeline. Calling herself a perfectionist, she said it felt incomplete, but acknowledged that it would have to be considered finished due to the large scale, about four square feet. Maria added that a regular lifeline would have been “very unsatisfactory because I could never have put all this into it, I could only have put words” (Maria, personal communication, August 4, 2016). Maria said she enjoyed creating the self-portrait the most because it compelled her to really see herself, “I know me, I feel me, but I never really see me” (Maria, personal communication, August 4, 2016). She added that she felt limited by practicalities in creating her art works, for example, she would have like to use actual gold rather than just gold paint as a metaphor for God, whom Maria referred to as The King. Referring to her inside / outside box, Maria shared how important all facets of the piece contained metaphor, the colors she used, the order in which they appeared. She shared that she would have liked to use a scarlet thread to hold it all together, and then present the piece by dramatically pulling out the thread.

Maria said she enjoyed learning about blind contour drawing from the reading provided and creating the blind contour self-portrait; she found the results humorous which pleased her. Maria was enthusiastic about continuing to work in this style if a guided open-studio were available in the community. She expressed a desire to continue to develop her drawing ability in general. When asked if using art made any difference as a vehicle to reflect on her life, she shared that if she’d just put it on paper it wasn’t anything she didn’t know already. When asked if she ever needed therapy in the future, would she consider using an art therapist rather than a traditional therapist, Maria responded that she was not sure. She said that in the past she’d been to a traditional therapist who tried to inspire her to feel anger and hit cushions with a bat, which she found confusing and only made her angry with the therapist. She shared that he was trying to get a rise out of her, but she’d turned the table on him, causing him to lose

control, which meant that she had won. Maria concluded that she did not think she'd ever go to counseling at this point in her life, but in the past she might have gone to an art therapist because she really enjoyed crafting, even though she'd never taken a single art class. She said that while the urge to create and make art was natural, to actually create did not come naturally, she had to teach herself using books and other resources. After she finished her participation in this study, Maria began to attend a beading group, and was given a sketchbook after sharing with the resident art therapist she had some ideas she wanted to elaborate on with sketches. Maria plans to participate in open-studio and an art-response literature group in the future.

## Appendix K

## Anne's Narrative

77 year-old Anne was the only participant whose spouse is still living. Their move into the CCRC two years ago was precipitated by her husband's rapid onset dementia. During session interviews and discussions, Anne revealed that she resented the amount of time and the emotional and financial burden his care required; she often lost her temper and was not as patient as she would like to be. Anne's husband was removed from her care and placed into the memory care wing of the CCRC. When completing the depression and self-esteem screenings, Anne commented that any indications of depression or low self-esteem were new and due to life events which have occurred in the past couple years.

In the interview portion of the first session, Anne's answers were limited to the facts with little affect. Anne worked silently on her first image, using brown colored pencil minimally accented with blue and green marker. The composition was dominated by geometric shapes representing the various buildings from her life, such as homes, schools, and places of employment, and symbols representing her travels. People were rendered generically, similar to gender identification forms on bathrooms. As Anne described her life-line images she expanded upon them, telling stories connected to the memories, and her voice became a little more animated and energetic.

Anne's answers in the second interview were brief, factual, and practical. When asked if she'd had any heroes or role models as a child her response was the single word no. When asked if she had given away anything she wished she'd held on to, her response was, "yes, safety pins, string, spatulas, and very insignificant items that make life easier" (Anne, personal communication, June 13, 2016). Her image was a marked contrast to her interview responses. Anne depicted an incident in which her husband tipped over a sailboat, filling the page

with an expanse of blue watercolor (Figure 5). As she described the incident, Anne became increasingly animated, laughing and describing the happy memories she and her family shared of times at that lake. Anne shared that she found creating the image to be very pleasurable; she was surprised at how much she enjoyed the process, stating, “There’s something to art, I see it in a different light now. This isn’t a work of art, but you look at the story and just the idea of creating” (Anne, personal communication, June 20, 2016). She also remarked about how one could communicate emotions with art.

*Figure 5.* Anne’s three-panel cartoon.



Anne’s responses to the interview questions preceding the inside/outside box were more personally revealing, but still succinct. Her words shared her longing to make deeper connections and reveal more of herself to those around her, yet her affect and tone remained relatively flat. Consistent with prior sessions, after creating her inside / outside box, Anne’s communication became more animated, emotional, and descriptive. She noted that prior to this

experience she would never have given art therapy any credibility, but now she could see how art therapy works, the connection between the images one selects or creates and their inner experience. “You look at yourself and say, why have I picked that? It’s sort of reflective of what I am going through” (Anne, personal communication, June 29, 2016). She also noted that it takes a while to really sit and reflect on what one has created in order to understand more about yourself. Anne was so taken with how well her box communicated that which she found difficult to reveal, she phoned her daughter and asked her to come to the studio to process with her. Anne and her daughter engaged in a lively conversation about Anne’s symbolism and metaphor, and how it represented Anne’s projected and hidden, inner persona. They had the two boxes dialogue, Anne speaking for the outside box and her daughter speaking for the inside. Anne’s daughter commented on how helpful she feels her participation in this project and making the art has been for Anne, better than talk therapy which Anne dislikes, because by making art Anne was able to express her emotions without having to talk. Anne replied “you just do not realize what art can do, how it can play into understanding who you are” (Anne, personal communication, June 29, 2016).

The fourth session involved creating a self-portrait, which Anne laughingly titled *Aging Reality*, and shared that she found it interesting to put in all the wrinkles on her face. As she reflected on the piece, Anne noted the dichotomous nature of the image. While the portrait showed a woman who kept herself physically well-maintained, in control, and presentable; the eyes communicate a sort of anguish or fear (Figure 6). Anne continued to reflect for some time on the eyes in her self-portrait; she and the researcher speculated on potential imagery to reflect what was going on behind those eyes. Anne at first agreed to try to render this image with the researcher in the future, but later said she would not have the time.

Anne's final image, her road drawing, was abstract. She used marks, media, and color as metaphor for periods in her life; creating a shape that looked somewhat like an aerial view of a winding river and lake system. The beginning of her road was colorful with highly energized marks, while the end of her road was a smeary gray and seemed to run off the bottom of the page. Anne shared that the end of the road indicated her hopelessness and despair about the future, how her husband's condition had taken over her entire life. She pointed to the gray of her road and commented that some people may handle it different, find little flecks of color, but that she could not, and that even if she could find some new happiness, she would always be attached to the gray road until either she or her husband passed away. Anne repeated more than once that she did not enjoy creating the piece. Her overall affect was so hopeless that the researcher suggested a guided visualization meditation and Anne agreed. The meditation rejuvenated Anne, seemed to bring her peace, and she remarked she should do it at night before bed. She chatted a bit about the benefits of meditation, mindfully engaging one's senses, and the impact perception has on experience.

*Figure 6.* Anne's blind-contour self-portrait.



In the final meeting in which she viewed her pieces as a collection, Anne wondered what members of her family would think if they saw her work, particularly the inside outside box. She described the three panel cartoon image of her husband's sailing accident as a "little

moment in time that you can hold onto” (Anne, personal communication, August 24, 2016). She wondered if seeing the image would trigger any memories in her husband, or if he would be able to process her other pieces with her at all during periods of lucidity. Anne also expressed a desire to see inside/outside box creations by her daughters, but assumed they would resist due to feelings of vulnerability such self-revelation may trigger. Anne suggested further directives to continue the program beyond the five sessions, particularly ones that would emphasize life in the present moment, one’s perception of this stage in life. She referred to her road drawing, and the downward slope of the end of her road, stating, “that should not be the end of the story” acknowledging there are ways to make the road lighter, they just have not been discovered yet, and decided the title for her road drawing should be “The Unfinished Journey” (Anne, personal communication, August 24, 2016).

Anne shared that it was hard developing new and meaningful relationships in the new community, that her true friendships were people with whom she had a history, including a history of shared losses, and described a friend whose husband was also in a state of decline. Anne admitted that she has not participated in any of the art activities in the community thus far, saying that she is not interested in “art for art’s sake” but if there were offerings similar to the study’s activities in which one creates and processes about personal metaphor she may be interested. She then countered this desire by musing that most people controlled what and how much they reveal about themselves, and would likely not want to reveal personal vulnerabilities in a group setting. Anne said that she has shied away from art due to insecurities about her ability citing lack of exposure to art-making as a child. She said she knows about the studios located in the CCRC, and that one of the avid resident painters had never tried art before moving into the community. She mused that it did take an effort to put fear aside and just try it,



reflecting on how she had become lost in creating her watercolor piece during this study. When the researcher shared about the future art and literature group she would be offering on campus, Anne stated that sounded nice, but that time constraints would prevent her participation.

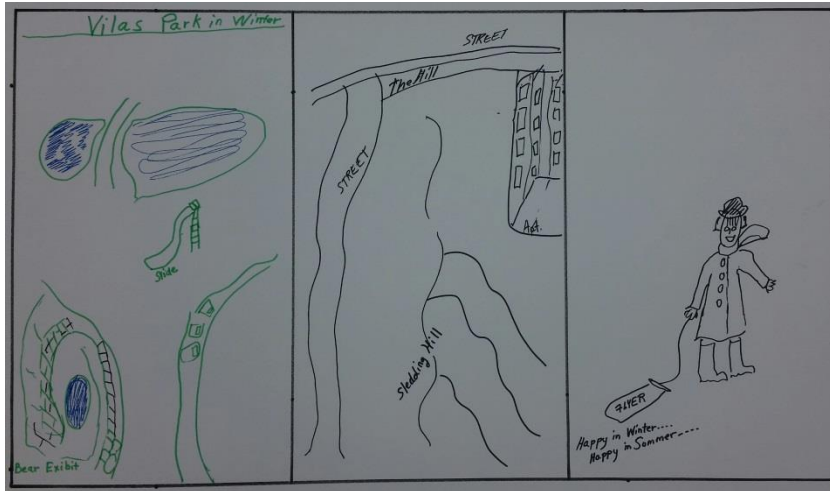
## Appendix L

## Eve's Narrative

Similar to the other participants, 90-year-old Eve had recently celebrated her one-year anniversary as a resident of the community. Always elegantly groomed, Eve was a regular attendee of the weekly coloring group offered by the art therapist. New to coloring and markers, she had quickly become an enthusiast, experimenting with a variety of vivid color schemes. Her new hobby raised concern among family members due to the accumulation of coloring books and pages found in her apartment. When she handed me her depression and self-esteem surveys, Eve remarked that I'd likely find her to be a very happy person. While open and willing to share anecdotes from her life, Eve's first two art responses were reserved, and she expressed concern that she was not responding properly to the directives or meeting my needs as a researcher.

Her first image was rendered almost entirely in brown pencil with minor detail using green marker, which was surprising given her enthusiasm for markers and color. The image itself used only a small area of the lower left quadrant of the page, and depicted a single incident from her life rather than a lifeline. When processing the completed piece, Eve had little to add to the narrative she'd shared during the interview prior to art-making. In the second art-directive, in which she was to expand upon an event from her lifeline in a three-panel cartoon, Eve used three colors of marker to create outline drawings that utilized much of the space in the first two panels. She depicted two special places from her childhood, initially leaving the third panel blank saying she did not know what to put there. When prompted to perhaps include an image of herself, she used a black marker to draw an outline picture of herself as a child in winter clothing, with the words "Happy in winter, happy in summer" (Figure 7). When processing the image, Eve again expressed concern that she has not given the researcher what they were looking for.

Figure 7. Eve's three-panel cartoon.



Eve was delighted when presented with the materials for the inside/outside box, saying that she loved and was excellent at gift wrapping boxes. She was notably disappointed when given the directive for this activity. Eve selected the largest box so she could decorate it with the artificial flowers, and even though the expectations to decorate both the inside and outside of the box were clarified, Eve chose to gift wrap her box taping it completely shut. This seemingly assertive act eliminated any processing of the interior of her completed box. Eve stated she was very pleased with the finished piece, and her only regret was she wished she had placed something inside the box to give it weight and make it more substantial.

Eve's self-portrait and road drawing were markedly different from her first two drawings (Figure 8). More engaged with the art process, she asked that her paper be modified for the portrait to make it more compositionally pleasing, and requested the mirror be moved for a better angle. Eve did not use the blind-contour method (presented as optional) and experimented with a variety of materials to create her portrait, ultimately using five different types of media to meet her aesthetic desires. She asked how to depict her white hair when using white paper, and which media would best create a subtle rouge effect on her cheeks. When viewing the final piece, she

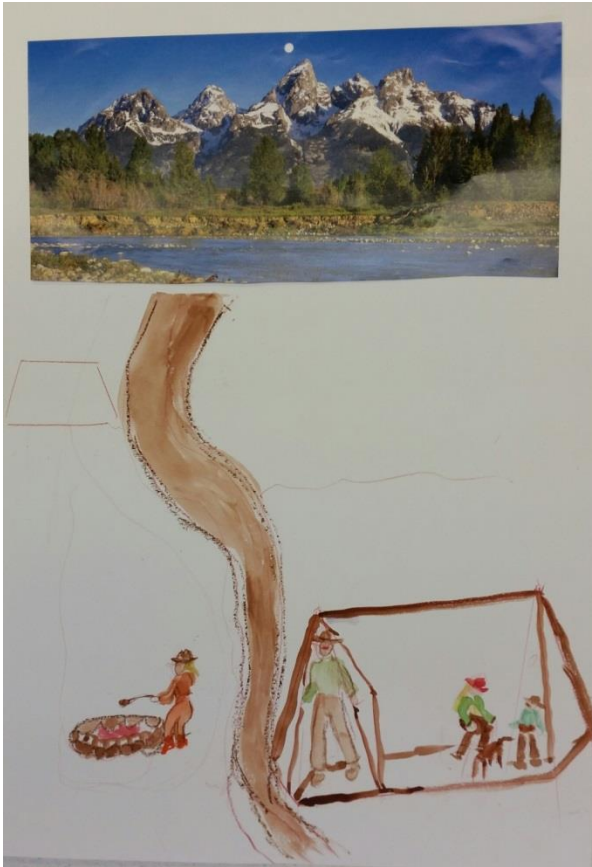
seemed amused at the portraits expression, calling it “supercilious” and said she was pleased with how the chalk pastels worked for her rouged cheeks.

*Figure 8.* Eve’s blind-contour self-portrait.



During the interview preceding her road drawing, Eve’s tone was much more intimate and somber. She almost immediately began talking about her grief over the loss of a child when it was only two weeks old, and a devastating health condition experienced by one of her remaining adult children. After a couple tears, Eve wiped her eyes and finished the discussion by saying that she and her husband had been blessed with otherwise healthy children and wonderful lives. When given the directive to create a road drawing Eve smiled and said she knew exactly what she wanted to create, and shared stories about her family’s camping adventures in the western United States and Canadian provinces. Her road drawing was a mixed media collage, depicting her family camping and a road leading through their campsite and into the mountains (Figure 9). While she may not have used intentional metaphor, this image’s composition felt much more revealing as to Eve’s inner world, causing the researcher to mentally question the degree of Eve’s unresolved emotion in respect to the loss of her infant child.

*Figure 9.* Eve's road drawing.



In the composition, Eve's figure is cut off from the rest of her family both by the by the road image's and by her figure's back turned to the rest of her family. Her figure is also smaller, which may be intended to indicate physical distance. While Eve's other meetings typically lasted only about an hour, this meeting lasted two and one-half hours.

In our final meeting Eve laughed out loud looking at her hanging collection of work. In particular, she found the self-portrait humorous, remarking on the structure of the face, critiquing the placement of her nose and hair. Eve commented on her increased willingness to experiment with the material when compared to her "initial reticence, first one looks rather unwilling, I'm only going to give her so much" (Eve, personal communication, September 24, 2016). She remarked that the willingness to explore was result of her figuring out what was expected of

her. She said she liked the effect of the chalk pastel rouge in her self-portrait, and the rendering of the lady alone roasting marshmallows in the road drawing; but that she would like to learn perspective more so she could make the road look more realistic. Eve said she was very happy to have been introduced to the art studio this area of the building. She commented on how well equipped and pleasant the studio was, and expressed a willingness to use the community art studios in the future. Eve particularly expressed an interest in learning more about creating self-portraits, and committed to attending open-studio to work on perspective and accurate rendering of faces. While Eve did not use intentional metaphor in any of her images, and at first seemed confused by the directives, she was always willing to try and actively engaged in the art making. As she grew more comfortable with the meeting format, she demonstrated a desire to experiment with new media to achieve her artistic goals.

## Appendix M

## Nancy's Narrative

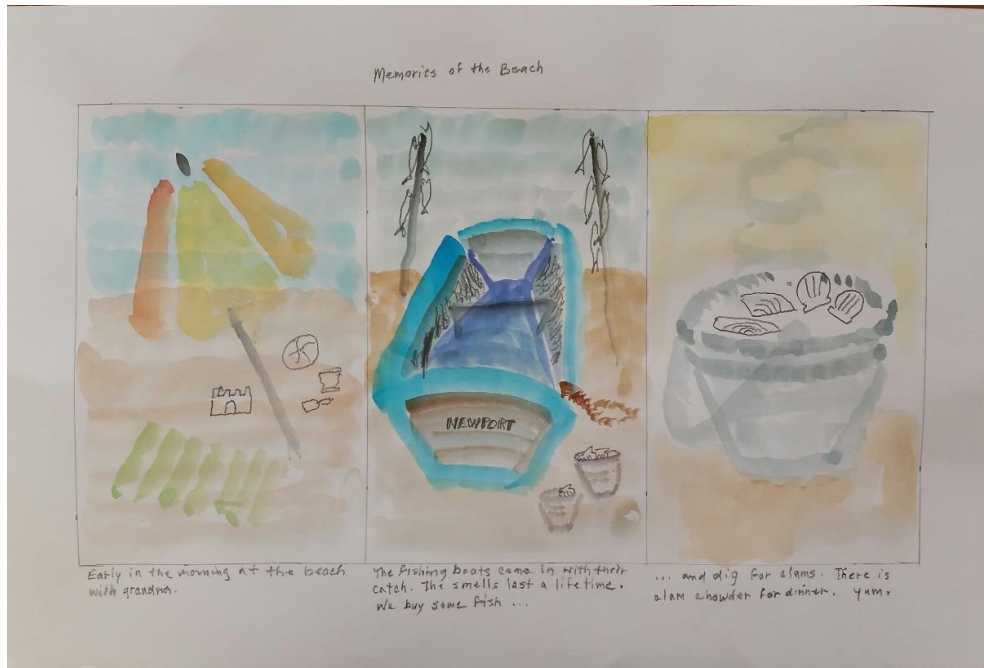
73 year-old Nancy lived most of her life in California. When asked about her first childhood memory, she replied it was of her mother leaving her, adding “You wouldn’t think at this point I’d be dealing with childhood memories, but I still am” (Nancy, personal communication, August 5, 2016). During the first interview, Nancy described a childhood filled with abuse and neglect, and said she was seeking some catharsis through her participation in the study. Her lifeline was created using pieces of torn tissue paper, the color of the paper to represent different phases and emotional tones; mainly pain, fear, loneliness, and depression.

Nancy had a toxic reaction to medication about one-year prior, causing tardive dyskinesia and left her unable to live alone; she relocated to the current retirement community to be closer to family. She said that she was very unhappy in the retirement community because she missed her home and her friends in California; adding she often felt unable to fill her time in any meaningful way. Nancy said she heard this was the best facility in the area, so she felt she was between a rock and a hard place trying to work things out. At the end of the first session, Nancy appeared very down, so the researcher suggested a guided meditation after which Nancy was more relaxed and even smiling a bit.

Nancy used watercolor and pencil for her three-panel cartoon, depicting a happy memory of digging clams at the beach with her grandmother when she was about 6 years old (Figure 10). Her description of the artwork was rich with sensory material, the feel of warm sand, the smell of fish, and the taste of fresh clam chowder. When the researcher remarked on Nancy’s skill with watercolor, she shared that she had studied art in college, and had experienced some recognition for her art which had positively impacted her self-esteem. She said she was pleased

with the work, especially when considering her hand tremor. After describing the image, Nancy said that the piece really stood on its own and did not require and further commentary.

*Figure 10.* Nancy's three-panel cartoon.



Nancy covered the outside of her inside / outside box with an image of zinnia flowers, describing them as sturdy, hardy, easy to grow, and a cheerful addition to any bouquet. She nested a second, circular box in a tangle of yarn inside her small square box, the yarn representing things that pulled her in different directions in life. She glued a picture of a church inside the circular box, and said this represented her wholeness, the part of her that's part of everything else and the body being the house of god. She said it also reflected her role as an amateur medium, one who communicates with the deceased. Nancy elaborated on being a medium and the process of allowing the deceased to speak through her. She said that almost no one here in the retirement community knew this about her.

Nancy asked the researcher to hang a white backdrop sheet to remove background distraction before painting her self-portrait (Figure 11). Viewing the skillfully rendered



watercolor portrait, Nancy made technical observations regarding changes in value, her brush preferences, and structural decision making; she commented that this was the first self-portrait she'd ever made. Nancy shared that she'd left to forehead of the face without any tone to emphasize the eyes. She said the eyes in the mirror were more open than usual, so she deliberately made them less so in order to show the sadness that she generally had in her eyes.

When asked if the woman in the portrait could speak, what would she say, Nancy replied,

There's more to my life than just sitting here in the place, but I don't know what it is. Like today, this is the only thing I have to do all day long. Even when there are activities, there are hours between the activities. What are you going to do for four hours? I just don't feel I'm being purposeful and it bothers me. The group of people starting off feeling really big, but now I know more than half the people, it shrinks. If I was living by myself, I'd have household duties, things like cooking for yourself, socializing with people around you. I'm not happy with here. There is usually only one activity per day, then you eat and eating becomes an activity in and of itself. I could sit and watch tv but I don't want to do that. I need to keep moving if I want to stay alive. (Personal communication, September 5, 2016).

Nancy missed the next two scheduled meetings, and then contacted the researcher asking to complete the program. Nancy's road drawing was a mountain scene in which an ocean was visible beyond the two mountain ranges. One mountain side had a barely discernible figure climbing its side, which Nancy said was initially a mark-making error but she liked the effect and left it. When asked if she had experienced any of the catharsis she said she was seeking, Nancy said she felt that she had. She described it as a subtle feeling one could not quite put one's finger on it, but it involved reflecting on herself, looking inward rather than out. Nancy

said that she identified with her art pieces, felt a feeling of attachment. In her past she had created commissioned pieces and struggled to let them go when they were finished. It is the researcher's objective to help Nancy become more comfortable in the community's studio so eventually she may use the studio independently and feel increased satisfaction with the course of her days.

*Figure 11.* Nancy self-portrait.

