The Role of Art Therapy for Adults with Cognitive and Physical Disabilities

By

Nikki Marie Lindholm

A Thesis Submitted to the
Graduate Faculty in Partial Fulfillment
of
the Requirements for the Degree of
M.A. in Art Therapy

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Abstract

The following research explores art therapy and how it is beneficial to persons living with disabilities on a day-to-day basis, whereas another type of therapy may not be so rewarding to them. A brief background of how art therapy began, as well as how it is being used to treat individuals with cognitive disabilities, will be provided. The author’s practicum experience will show which directives worked well with this type of client, such as painting, drawing, and non-traditional types of creating art. Further investigation will reveal results that are being seen now with clients, but as well as what can be expected from these individuals after prolonged exposure to this type of therapy. Exploration on the topic of stigma associated with adults with disabilities will be conducted as well as an examination of the role stigma plays in clients’ recovery and day-to-day accomplishments. While most of the research will show that art therapy is mainly a tool in maintaining problematic behaviors, some evidence will prove that rehabilitation is possible with prolonged therapy. Finally, possibilities for clients’ futures will be explored.
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Art therapy is a useful tool in the healing process and is widely practiced among different settings today. It is used to help individuals, families, or even in a group setting as an alternative form of therapy. One population that tends to be overlooked is individuals with cognitive, mental and physical disabilities. There are some people who believe that those with disabilities cannot benefit from any type of therapy; that they just are the way they are (Gausel, N., & Thorrisen, M.M., 2014). The stigma surrounding adults with disabilities is quite discriminatory, which can be hindering to those who live with disabilities on a day-to-day basis.

Not only is art therapy a way of mentally healing someone who is suffering, but it can also challenge those with physical disabilities to expand beyond their limitations. Whether it is a task as simple as lifting a paintbrush, or perhaps something more precise such as shaping clay, art therapy may be a tool for these individuals to regain some of their mobility. The stigma surrounding adults with disabilities is usually that they are unable to perform a task as efficiently and effectively as someone without a disability. Art therapy challenges that stigma and allows any individual to excel.

Adults with cognitive delays are often not able to express themselves as easily as a person without a disability. Some of these individuals either cannot speak, or do not want to communicate. Art therapy is sort of that “silent” therapy that bridges the gap in communication with these individuals. There certainly can be talking involved, but, for the most part, the individual can be completely concentrated and involved in expressing themselves non-verbally through art. This allows the individual to work through any emotions or feelings they may be experiencing.
What is Art Therapy?

Art therapy is an alternative form of psychotherapy that involves a mental health professional (art therapist), and a client (or clients), who use the creative process as a way of working through unresolved emotions, behaviors or issues in the client’s life (American Art Therapy Association, 2013). Art therapy often starts out non-verbally as the client begins the art-making process while being observed by the art therapist. The imagery produced by the client is then used as the topic of discussion between therapist and client to work through whatever issue arises. According to the American Art Therapy Association (AATA), art therapists are not just one-dimensional therapists. They draw on other theories, practices and psychotherapies in order to effectively help their clients (2013).

Many therapists will agree that a client’s first reaction to using art therapy often is, “I can’t draw,” or “I am not an artist.” However, it is the art therapist’s job to guide the client through the process of self-expression by using the various art materials presented to the client. With that being said, art therapy can be used with virtually any type of client. Clients who suffer from various mental health disorders such as PTSD, depression, anxiety, schizophrenia, etc., can all be helped in some way by using art therapy. This is also true for individuals with disabilities, addictions, abuse victims, those suffering from grief or other physical disorders such as cancer, and even with children as a tool for modifying behavior or working through an unspoken problem (American Art Therapy Association, 2013). Many clients will enter art therapy denying there is any sort of issue or problem they need to work through (personal experience). Once the process begins, or even after a few sessions, some clients may experience emotions and bring up
unresolved issues they were unaware they needed to deal with (personal experience). Art therapy has also been found useful with clients who are unable to verbally express themselves. Perhaps it is a young child, who has yet to learn to speak, or is too shy to vocalize their thoughts. On the other hand, it could be a war veteran, who cannot bear to speak about the tragedies he witnessed first-hand, in fear he may experience another anxiety attack (American Art Therapy Association, 2013). This is where art therapy is found to be very non-threatening. The client does not have to commit to a single piece of work or share their story on a piece of paper if they do not desire to do so. It could be the process of creating that they find peaceful; so peaceful in fact, that it decreases their anxiety and puts them into a state of mindfulness. They may begin speaking to the therapist without even realizing what they are talking about at first.

Art therapy is not only used in clinical settings. It can be used in many different settings such as hospitals, nursing homes, schools, clinics, correctional institutions, and crisis or similar shelters. There are different activities and directives that work well with certain populations, but it is ultimately up to the therapist to decide accordingly how they choose to practice. The therapist will determine which type of directive he or she would like to use with the client(s): process-centered, or product-centered. In process-centered art therapy, the actual art-making process is found to be the beneficial or more focused part of the therapy session (American Art Therapy Association, 2013). The therapist focuses on what emotions arise while the client is creating his or her artwork. This type of therapy also works well with individuals who claim that they are not artists, and who worry about the outcome of their final piece (personal experience). The client may or may not be given a directive (assigned art activity), and they may create without a finished product in mind. The healing aspect behind this form of therapy is the process
of making art for art’s sake. In product-centered art therapy, the client focuses on his or her artwork with an end result as the main goal (personal experience). The healing power may lie in what the finished piece portrays to the client. This form of therapy is beneficial for art therapists and other mental health professionals, who need assistance in diagnosing or treating an individual. Adults with developmental disabilities can benefit from both forms of therapy, depending on the severity of their disability. Some may paint a picture and find that the brush strokes help calm their anxiety, whereas others may feel a sense of accomplishment and pride when they finish an actual piece of artwork, such as a painting. Figures 1 and 2 are examples of process vs. product-centered art therapy:

![Image of Witch’s Spell book](image.png)

*Figure 1. Witch’s Spell book. This figure is an example of product-centered art therapy.*

In Figure 1, the artist’s main focus was on creating something that could be sold at an art show later on. In Figure 2, the focus was on using foreign materials as paintbrushes, such as stamps and stencils. The artist of this piece, was not focusing on what he was creating, but rather
just making the art itself. Both artists are diagnosed with some form of cognitive disability and are between 50-60 years of age.

Figure 2. Experimenting with Stencils. This is an example of process-centered art therapy.

Both of these types of art therapy work well with a variety of clients, but ultimately it will be up to the art therapist to decide which of the two will work best with the client they are working with. This type of art therapy is particularly useful for adults in a low functioning category because they do not have the full capacity to remember or follow instruction. The experimentation with a variety of materials tends to be more beneficial for their full attention (personal experience).
History of Art Therapy

Art therapy has been around for many years, but it was not until the 1940s that it became a profession. Around this time, mental health professionals were starting to gain interest in their patients’ artwork, as well as teachers with their students (Malchiodi, p. 9). Cognitive and developmental growth was becoming more and more evident in their works of art. Shortly after, doctors, teachers, clinicians, etc. began using art therapy in their practices. They found that art therapy was enhancing growth and improving overall health, wellness and recovery. Today art therapy is a rapidly growing profession that is being included in more and more educational and clinical settings.

There are several mental health professionals who have sort of “paved the way” for art therapists everywhere, but one in particular was a woman named Margaret Naumberg. With the indirect help of psychotherapists Carl Jung and Sigmund Freud, Naumberg offered many different insights into the world of mental health, and discovered several approaches to art therapy. Also known as the “Mother of Art Therapy,” she is considered the primary founder of American art therapy (Malchiodi, 2003). Naumberg practiced similar psychoanalytic approaches to Jung and Freud, and went on to practice in several psychiatric settings. Much like Jung and Freud, Naumberg believed that clients’ artworks were “a symbolic communication of unconscious material,” and “would aid in the resolution of transference” (Malchiodi, p. 9). This belief stems from psychoanalytic approaches discovered by Jung and Freud used in their clinical work. Without these individuals, art therapy may not be as widespread as it is today (Malchiodi, p. 9).
Cognitive and Physical Disabilities

According to Merriam-Webster online dictionary, a disability is simply defined as “a condition (such as an illness or injury) that damages or limits a person’s physical or mental abilities” (Merriam Webster, 2016). This is where the terms cognitive, mental and physical disabilities are decided. A person with a cognitive disability is someone who has some sort of deficit in his or her learning or thinking. One of the most common cognitive disabilities is known as, “Mental Retardation.” The term “retardation” is not often used today and is considered by some to be insensitive. The updated terminology for “mental retardation” is now referred to as intellectual developmental disorder or “IDD” for short (American Psychiatric Association, 2013). Due to the outdated nature of the DSM-IV-TR, the DSM-V refers to mental retardation as intellectual developmental disorder, therefore the source that was used to obtain the following information had to be edited as so. According to the text, Abnormal Psychology, the criteria for intellectual developmental disorder must meet the following guidelines in order for a diagnosis to occur: Significantly below average intellectual functioning, deficits in adaptive behavior, and onset prior to age 18 (Davison, Johnson, Kring & Neal, p. 445). Deficits in adaptive social functioning must occur in at least two of the following areas: Communication, self-care, home living, interpersonal skills, use of community resources, ability to make own decisions, functional academic skills, leisure, work, health and safety (Davison, Johnson, Kring & Neal, p. 445). The authors explain that it is imperative that the child must develop signs of intellectual developmental disorder before age 18 so that the possibility of the behavior occurring due to illnesses or injury can be ruled out (Davison, Johnson, Kring & Neal, p. 445). The authors
classify the severity of IDD into four different categories: Mild, moderate, severe, and profound. In mild IDD, individuals are said to have an IQ from 50-55 to 70. About 85 percent of individuals with IQs less than 70 are classified as having mild IDD (Davison, Johnson, Kring & Neal, p. 445). In moderate IDD, individuals have an IQ from 35-40 to 50-55. About ten percent of those with IQs of less than 55 are classified as having moderate IDD. Severe IDD consists of individuals with an IQ from 20-25 to 35-40. About three to four percent of those with IQs less than 40 are classified as having severe IDD. Finally, in profound IDD, individuals have an IQ of below 20-25. About one to two percent of people with IQs less than 25 are classified as having profound IDD (Davison, Johnson, Kring & Neal, p. 445). A “high functioning” adult with an intellectual disability could be classified as someone within the mild IDD category, whereas someone who is more “low functioning” might be an individual with an IQ in the moderate to profound range, depending on the individual. A lot of the individuals who have benefitted from art therapy have come from both categories, high functioning and low functioning. However, the difference in their work can often be seen. The following images are examples of artwork done by a high functioning adult with intellectual developmental disorder and also low functioning:

*Figure 3 (Above). Chef from Ratatouille. This is an example of work done by a high-functioning individual.*
Figure 4. “I AM” Mandala. This is an example of work done by a low-functioning individual.

In Figure 3, this client was directed to watch a film (in this case it was the animated movie *Ratatouille*) and then replicate a character from the film using whichever art materials he preferred. This individual was encouraged to think outside the box and use materials that may not be considered traditional. He decided to use aluminum foil and masking tape in order to shape his character into a human figure. In Figure 4, each group member was given a sheet of paper with a pre-printed mandala shape with the words “I AM.” Group members were asked to draw four pictures in each section of the mandala that represented who they were as a person. However, because this individual was very low functioning, they did not understand the directive. Instead, they chose to color their entire page with markers, with no regard to where the lines on the paper were. When the individual was finished, the art therapist had to encourage the artist to think of things that described who they were as a person. Eventually they came up with the words *artistic, happy, sunshine* and *friendly.*
Etiology

The cause of intellectual developmental disorder is believed to be due to several factors, but the most common is by genetic or chromosomal abnormalities. The most common form of IDD is a condition known as Down syndrome. Individuals with Down syndrome have an intellectual disability, but also some distinct physical characteristics as well. Some of these characteristics include, “short and stocky stature; oval upward-slanting eyes; a prolongation of the fold of the upper eyelid over the inner corner of the eye; sparse, fine, straight hair; a wide and flat nasal bridge; square shaped ears; a large furrowed tongue; and short broad hands” (Davison, Johnson, Kring & Neal, p. 447). Life expectancy for individuals with Down syndrome is low, where the mortality rate after 40 is quite high due to physical problems such as heart and intestinal problems.

Physical disabilities are caused by several factors such as injury, accident, genetic abnormality, or intellectual disabilities. Individuals with profound intellectual disability sometimes suffer from some sort of physical disability, as talked about previously. Art therapy challenges individuals with physical disabilities to push beyond their limitations and is therefore extremely beneficial in managing painful symptoms due to the disability. The following is an image done by an individual with a physical disability.
In Figure 5, an individual who suffers from a severe physical disability in which he cannot use his arms or hands did this artwork. It is unknown if this individual suffered some sort of injury or if it is caused by some sort of cognitive abnormality, but this individual has to find alternate ways of creating art. In this session, the individual was brought into the art room by wheelchair and positioned at a large easel. The art therapist brought him a large piece of paper that was taped to the easel, as well as a helmet with a metal rod protruding from the front of it. The art therapist then asked the individual which color marker he would like. She would name all the different colored markers she had in her hands until the man smiled for the one he wanted. She would then attach the colored marker he selected to the metal rod with a roll of masking tape and buckled the helmet onto the man’s head. Once the man was ready, he would maneuver his head around so that the marker drew on the piece of paper in front of him. He mainly drew dashes or quick lines, as it was difficult for him to draw an exact picture. The helmet allowed the man to participate in the art sessions despite his inability to work with his arms or hands. The joy
on this man’s face was always apparent, as he always wore a huge smile as he created his piece. Art therapy not only gave him a joy and accomplishment, but it gave him back some semblance of his independence.

**What is Stigma?**

Stigma is defined as a mark of disgrace or a stereotype that sets a certain type of person apart from a group (Gausel, N., & Thorrisen, M.M., 2014). Stigma is most often referred to as being a negative view of someone or something, which is often the case. According to Gausel, N., & Thorssion M.M., “Individuals often establish a sense of identification with others based on some shared social similarity. Thereby, they establish in-groups for similar others (‘us’) and out-groups for dissimilar others (‘them’)” (Gausel N., & Thorrison M.M., p. 89). In other words, the main goal of those who want to stigmatize others is to isolate them. They separate themselves from those who are different than they are, and form a sort of category or false ideal of the person(s) being stigmatized. The person in this new category that was formed, is someone who violates ‘social norms.’ The article goes into greater detail saying, “If people perceive that there has been controllability behind the attribute, then harsher treatment is to be expected” (Gausel N., & Thorssion M. M., p. 90). The article gives the example of inmates, who are expected to be in control of their actions, and if they are not, they are greatly stigmatized (Gausel N., & Thorrrison M.M., p. 90).

Intellectually disabled adults supposedly fall into the category in which their attributes are uncontrollable, however, they are still victims of strong, and often unfair, stigma (Gausel, N., & Thorssion, M.M. p. 90). The most common form of stigma for adults with disabilities is that
they are unable to perform tasks as successfully as people who do not have a disability (personal experience). While this is sometimes true in more extreme cases of disability, most individuals are able to excel and succeed at certain tasks (perhaps with the guidance of a supervisor). This type of stigma often leads to “mistreatment, societal rejection, and a general lack of inclusion and acceptance (Gausel N., & Thorisson M.M., p. 90). For these reasons, stigma is very harmful to adults with disabilities. The judgment and stereotypes that surround adults with disabilities can be very frustrating and limiting for them. People with either cognitive or physical disabilities tend to have lower self-esteem and difficulty accomplishing certain tasks because they get the belief in their heads that they ‘can’t do it.’ The following image is a painting that was done by a woman who self-stigmatized herself on a daily basis:

![Painting for a Friend](image)

*Figure 6. Painting for a Friend. This image was done by a high-functioning adult who struggles with self-stigmatizing behavior.*

The artist who made the painting as shown in Figure 6 is a middle-aged woman with an intellectual disability. This woman functions at a very high level and is extremely observant to others’ behaviors and actions. While working on this painting, the woman displayed behaviors that typically would not come from a high-functioning adult like herself. She began using baby voices when speaking to the art therapist and other group members; she often would ask the art
therapist to help her with tasks she had done before with no problem whatsoever, and when the therapist confronted her on her behavior, she would comment with, “I need help, I’m retarded;” and she would occasionally act as though she had involuntary muscle movements or spasms and tell the therapist, “I’m just kidding, I don’t do that” (personal communication). This woman has, on several occasions, talked to her art therapist about how she overheard others talking about her disability and also about the research she has done on intellectually disabled adults much like herself. It is very evident that because of what she is hearing, reading and seeing from others, she is playing into the stigma that she cannot function as a ‘normal’ human being. Other clients in that same group then pick up on the negative behaviors and begin acting as though they need help performing certain tasks as well, for the same attention the other woman received. This is primarily why it is important not to stigmatize these individuals because they all function at very different levels, and pick up on others’ negativity and stereotypical behaviors. Art therapy is one important tool in diminishing that self-stigmatizing behavior.
Importance of Art Therapy with Adults with Disabilities

When it comes to using art therapy with adults with disabilities, there are a lot of positives that can be gained. One of the most common benefits of art therapy with these individuals is behavior management. Many adults with intellectual disabilities (and some with physical) tend to struggle with their behavior. Some will have outbursts of frustration, sadness, anger or aggression and may find it difficult to express themselves in a healthy way. Others may have difficulty communicating with other people or maintaining healthy relationships. Beavis, Bull and White, talk about one woman’s four-year journey through the use of art therapy. Isobel was an adult diagnosed with cerebral palsy and a mild learning disability, who was facing challenges in her day-to-day life; medical problems; and trouble maintaining relationships. The authors wrote, “She has developed positive ways of dealing with life’s challenges and taken on a fulfilling and meaningful role representing other people with learning disabilities. She is now empowered in a way she could not have been previously” (Beavis, M., Bull, S., & White, I., p. 108). Isobel’s friends and family even noticed her maturity level had developed and she was able to “…tackle some deep-rooted issues within her relationship with her parents” (p. 108).

The story of Isobel told above is a great example of how art therapy can help modify a behavior(s) within someone diagnosed with an intellectual or physical disability. If behavior modification is not desired, art therapy can also help manage an individual’s behavior on a day-to-day basis. The following images are examples of work done by two individuals who use art to manage their behaviors.
Figure 7. Accordion Book, Front. This artwork is an example of work by a woman who manages her mental illness using art therapy.

Figure 8. Accordion Book, Back. This artwork is an example of work by a woman who manages her mental illness using art therapy.

Figures 7 and 8 were both done by a middle-aged woman who uses art therapy to manage and cope with her mental illness. Her diagnosis is unknown, but this individual is known to obsess and fixate over historical events. The directive given to this woman by the art therapist was to create an accordion-style book, which she was taught how to do step-by-step. The contents of the book were to be entirely up to her. She was encouraged to use collage, drawing,
painting, photography, etc., whatever she wanted to portray in her book. The book could then be tied shut so as to keep the contents hidden. This woman never did finish her book; she colored each of the pages a different color and then was done. While she was making this book she showed no behavioral problems such as anger or other uncontrolled emotions, and she left the session much calmer than when she first came in. Figure 9, as shown below, is another example of where art therapy has helped a young man cope with his emotions and outbursts:

*Figure 9. Painting for Dad. An example of art therapy being used to manage aggressive behavior.*

This young man, who was in his late twenties to early thirties, created this painting for his father (see Figure 9). The art therapist had originally given him a canvas and no directive. She told him he could create a painting of whatever his heart desired. After spending a lot of time thinking, he eventually decided he wanted to make a painting for his father. He incorporated hearts because he loved his dad, and the hockey elements because of their shared love for hockey. Before he created this painting, the young man came into the session very frustrated, stating that he “hated everyone” because they annoyed him. This was not the first time this individual had shown signs of anger and aggression, and even some lack of self-esteem. There were several instances during the session in which the young man pushed away all his materials.
and yelled, “I can’t do this!” or “I suck!” (personal communication). With some reassurance, the art therapist was always able to get him back on track and help him develop ways to create that utilized his talents rather than frustrate him. This is a great example of how art therapy has helped a young man manage his reoccurring anger and frustration, and allowed him to go on with his day with a more positive attitude.

Another important aspect of art therapy is the development and maintenance of relationships. These relationships may start out as client-therapist relationships or friendships amongst members in a structured group therapy setting, but eventually they become tools toward their own personal relationships in the outside world.

*Figure 10. Circus Drawing. An example of artwork done by a member of a group therapy session.*

The individual who created the artwork done in Figure 10 is an example of someone who uses art therapy to converse and share with a group. This individual loves to be social and share stories and experiences with others. A lot of times he is overlooked by others or not listened to with full attention, so art therapy is a safe and positive area for him to make friends and work on his relationships with others.
UDAC’s Art Junction

UDAC is a non-profit organization located in Duluth, Minnesota that provides supportive services to adults with both intellectual and physical disabilities. UDAC offers employment options, an exercise program that is respectful and sensitive to each person’s individual needs, and life enriching services such as Life Skills and Art Junction.

Art Junction is run by one art therapist and is open to any client who wishes to participate at certain session times throughout the day. Individuals are asked to sign up for each session, as space is limited to about 5-6 persons per session. The main goal of Art Junction is to give each individual a safe space to express themselves through the use of creative arts. Most of the sessions are designated as “Open Studio” sessions in which each individual can decide what he or she would like to work on (subject matter, materials, etc.), however, a few sessions per week are designated as “Art Wellness” sessions. During these sessions, group members are given a directive decided by the art therapist and usually followed by some sort of guided meditation. Art Junction is also known for their partnership with other organizations such as Animal Allies Humane Society. Once a week, a group of clients is brought to Animal Allies to spend time playing and interacting with the animals, and if they are lucky, sometimes they can get the animals to help them with a few art projects.
The goals of Art Junction are different depending on the session. Usually the art therapist and the client set certain goals for their artwork such as a timeframe of when it will be finished, and what the client needs to do in order to complete the work within that set time. The art therapist might decide that a goal for one person will not work for another person. Perhaps she will decide that a goal for someone who rarely participates in art junction activities just simply signs up for a session or comes into the room to see what others are doing. Often times when a client comes into the room, chances are they want to try what everyone else is working on. The main goal of Art Junction is to create a safe space for clients to create and express themselves through art, which is ultimately the same goal as art therapy. Figures 11, 12, and 13 are examples of artwork done through Open Studio, Art Wellness and Animal Allies sessions.

*Figure 11. Mixed Media Birds. This is an example of work done by a client in an Open Studio session.*
Figure 12. “What’s in Your Head?” An example of work done by a client in an Art Wellness session.

Figure 13. “Dog Treats.” An example of collaborative artwork done by artists in Art Junction and the dogs at Animal Allies.
The artist who created the piece in Figure 11 is an older gentleman who frequents Art Junction on a nearly daily basis. The final product is never pre-planned for this individual; he comes in, sits down and just makes art. He really enjoys visiting with other group members and receiving feedback on his artwork from his friends and peers.

Figure 12 was done by a woman in a morning Art Wellness session. Each group member was given a sheet of paper with the outline of a human head on it. The directive was to fill the person’s head with whatever was on the artist’s mind. This woman was quite low functioning, so she chose to draw a face and then fill in around the face with bright colors. The art therapist sort of determined that the colors were a representation of the woman’s mood, as she seemed to be full of excitement and joy that day.

Figure 13 was a collaboration between several artists, the art therapist, and some of the dogs at Animal Allies that day. The clients that went to Animal Allies were each given a turn interacting with the dogs and trying to get them to make paw prints in the clay plaque that was placed on the floor by the art therapist. Many of the clients were nervous and scared to play with the dogs, but after a while they seemed to warm up to the animals and were using treats to get them to jump and play in the clay. Once the clay plaques were fired, artists back at Art Junction were given various paints and stamps to personalize each plaque, which would be sold at a future sale to raise money for UDAC and Animal Allies.
Activities and Art Directives

There are so many opportunities within the walls of Art Junction that it is nearly impossible to list them all. Some of the many activities and mediums commonly used in art junction are: ceramics, painting, drawing, collage, jewelry making, and finally seasonal sale items, which provide the client with a sense of purpose within the community. Here are some examples of work done by clients in Art Junction:

Ceramics

Figure 14. Clay Hearts. An example of the use of clay in Art Junction sessions.
Figure 15. Clay mugs. An example of the use of clay in Art Junction sessions.

Figures 14 and 15 are examples of clay artworks that were done by a few different artists in Art Junction. Often a group member will leave early and never come back to finish a piece, so the art therapist will have more than one person work on a piece. When this happens, these pieces are marked for sale and put into the next sale that Art Junction holds to raise money for UDAC and its’ clients. Often times, the art therapist will have individuals work on these pieces who do not normally get a chance to participate in Art Junction sessions. This gives the individuals a sense of both involvement and accomplishment because when the sale arrives, they are able to point to a piece and show all their friends and family what they helped work on.

Painting

Figure 16. Painting of Spring Flowers. An example of a painting done by a client with a mental disability.
Figure 17. “Duluth, Minnesota.” An example of a painting done by a client with an intellectual disability.

Figure 18. “My House.” An example of a painting done by a client with a physical disability.

Figures 16, 17 and 18 were done by three individuals with different types of disabilities. Figure 16 was created by the same client who made the accordion book in Figures 7 and 8. This individual used the Open Studio sessions to work on paintings of her choosing. In this example, the woman wanted to experiment with different types of paint such as fabric paints, to see what types of textures she could create. While she was painting, she showed no signs of the obsessive
thinking behavior that was mentioned before. This is a good example of how art therapy helps a person manage their mental disability.

Figure 17 was done by a man who has a high functioning form of an intellectual disability. He struggles with self-confidence issues and aggressive behavior. He painted this image of his hometown, Duluth, Minnesota, because according to him it is his favorite place to be. While he was creating this piece, this individual did not show any signs of aggressive behavior that he typically displayed with other staff members at his home.

Figure 18 was painted by a young man with a physical disability. This individual uses arm supports to help him with walking, and at times he would become quite frustrated with himself or his situation. While he created this painting, he was smiling and sharing stories of his family and his home life, and did not once reference his disability.

Drawing

*Figure 19. Free Drawing. This drawing is an example of drawings done in Art Junction.*

The image in Figure 19 was drawn by an elderly woman, whose cognitive abilities were greatly affected by her dementia. This woman did not come to Art Junction often, but when she
did she always asked for paper and colored drawing materials. She usually liked to use a variety of colors, and frequently switched between using markers and crayons. Because she was in the later stages of dementia, the art therapist did not supply her with directives for her artwork. She could not understand direction or guidance with art making, so she usually drew images that had no specific meaning; she simply attended Art Junction for the peaceful environment it provided for her.

Figure 20. Card for a Friend. This image is an example of drawing activities done in Art Junction.

Figure 20 was done by an elderly man who was diagnosed with Alzheimer’s disease. Much like the woman who created Figure 19, this client did not understand directives for art making. The art therapist simply provided him with the drawing materials and some paper, and he did the rest. When asked about this piece, the client’s only response was that it was a card for a friend. He did not give any specifics, and he left right after he made it without taking it with him. Again, this client used Art Junction for the supportive environment and social experience rather than trying to create a finished, cohesive, final product.
Collage

*Figure 21. Collaged Magnet. This image is an example of one type of collage used in Art Junction.*

Oftentimes an individual will chose to work with collage in Art Junction. Many of the clients have voiced that they enjoy working with pictures because it reminds them of things in their lives, but it is also stimulating to look at. In Figure 21, this individual used pictures cut from a magazine to create a small collage inside of a jar lid. Sometimes the art therapist will assist the client as needed, but also allow them the freedom to try and experiment with the images and collage making experience. One major benefit for adults with disabilities when working with collage is that it challenges their dexterity and improves motor skills. Many clients have difficulty with placing images where they would like them, using the scissors, gluing the image down, etc. The art therapist helps guide them, but really allows them independence to work on these important skills that will help them in their daily lives.
Figure 22. Animal Allies Collage. An example of Art Junction’s partnership with Animal Allies.

The collage created in Figure 22 was actually a team effort by about five or six different group members. The idea was to find images in magazines of animals or anything that reminded them of their experience volunteering with Animal Allies Humane Society. Another benefit about using this type of collage with individuals with cognitive disabilities is that it sparked a lot of memory. When the group was finished with this collage, the art therapist went around the room and asked each client what parts they contributed to the piece. A lot of the clients mentioned that they added a particular item because they remembered it resembled a cat they used to have or a dog that their parents owned. This was one of the benefits that the art therapist saw when working with clients who struggle with recalling certain memories.
Jewelry

Jewelry making is very beneficial to clients with disabilities because it challenges them to be precise, and work on fine motor skills. This process tends to test an individual’s patience, but the art therapist works with them to create meaningful pieces that can be sold to earn money, or to be kept for themselves. A lot of the women who wear the jewelry they made have told the art therapist that they feel so beautiful wearing something so pretty, and proud that they made it themselves.

Figure 25. Nature Jewelry. A series of jewelry made by a woman with a physical disability.
Figure 26. Beaded earrings. Jewelry made by a woman with a physical disability.

The woman who created the jewelry in Figure 25 and 26 suffers from physical disabilities that limit her mobility with her arms, hands, and legs. Each piece of art that this woman created genuinely took a lot of hard work and effort to make. There was often a lot of frustration displayed by this client when making her earrings, as each movement was a struggle. She challenged her dexterity and precision when she strung each individual bead onto the wire, and the sense of accomplishment was evident on her face when she finished. Jewelry making in Art Junction is so therapeutic in that sense: it challenges the individual, almost to their breaking point.
A Sense of Purpose- Seasonal Sale Items

Art Junction partners with various organizations and events in Duluth to help raise money for a certain cause, charities, individuals with disabilities, and the UDAC facility. By making seasonal sale items in Art Junction, it gives each individual an opportunity to not only create art, but to sell their work and earn some money for themselves, as well as UDAC. Here are some examples of work that clients have sold in art shows:

*Figure 23. Skull and Spider. An example of work sold in Art Junction’s fall craft sale.*

In Figure 23, this individual worked on painting a cardboard skull and spider that could be sold as a Halloween decoration in the fall craft sale. This individual was extremely proud of the piece he created and wanted to show it to everyone in the facility. Not only did it give him a sense of pride, but he also mentioned how the money would help him buy new clothes and other
things he needed. He also talked about how the person who buys it would be getting a “really cool Halloween decoration for cheap.”

*Figure 24. Repurposed Chair. This individual recycled a chair and gave it a fresh new look.*

In Figure 24, this woman recycled a beat up, scratched chair, glued it together, and gave it a fresh coat of paint. The chair was not sold in the fall sale, but because of the amount of work this woman put into rebuilding it, the art therapist allowed her to sell the chair and keep most of the profits for herself. Again, this gave another adult with a disability a purpose: working hard at something they love, expressing herself into the piece, and making some money to support herself.
Future Possibilities for Clients

The skills that Art Junction has taught these artists open the door to many possibilities. As mentioned previously, many of these clients struggle with negative or inappropriate behavior, and art therapy has provided them with the tools to help manage or modify those behaviors. The woman who struggled with obsessing over historical events has learned which topics are okay to discuss and what behaviors are allowed in a social setting. The young man who struggled with behavioral outbursts of aggression and frustration became calmer when he was involved in the creative process. Not only did Art Junction teach these clients behavioral skills, but it also provided them with a way to earn a steady income. These clients learned that if they show up to the sessions, complete the work, and sell that work, they will receive a paycheck. That is why every single artist in Art Junction takes the time to put their entire concentration and skill into each and every piece they make. These tools will help clients in their day-to-day lives and will allow them to live long, fulfilling lives.
Conclusion

Art therapy is a useful practice that is a growing field to the world of mental health. The benefits of art therapy exceed what has been discussed, and there is no shortage of individuals who could benefit from this type of therapy. Oftentimes, traditional psychotherapy is not enough for an individual. Perhaps they do not know how to communicate using words, or they have a cognitive or physical disability that does not allow them to speak. Art therapy is used when words simply are not enough. Adults with disabilities have reaped the benefits of art therapy in so many ways. It gives them freedom and independence in a world where they rely on someone else to take care of them. It provides them with tools to manage behaviors that will not work in the ‘real world’ or helps them to solve their problems. At times, art therapy may help them work through a personal struggle or some form of grief. There is no limit to what art therapy can do for a person, especially individuals with cognitive and physical disabilities.
References


