

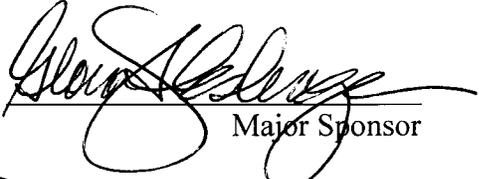
Art Therapy and the Quality of Life among Elderly with Dementia

McKenzie Krohn

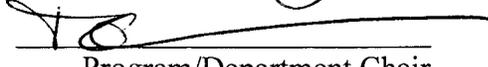
University of Wisconsin—Superior

A Thesis Submitted to the Graduate Faculty in Partial Fulfillment of the Requirements for

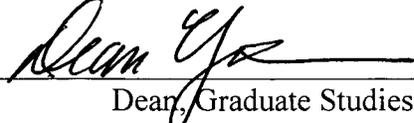
Degree of M.A. in Art Therapy



Major Sponsor



Program/Department Chair



Dean, Graduate Studies

Art Therapy and the Quality of Life among Elderly with Dementia

McKenzie Krohn

University of Wisconsin—Superior

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

Art Therapy and the Quality of Life among the Elderly with Dementia

A look into how art therapy improves the quality of life among the elderly population, who are in the stages of Dementia, living in nursing homes, or community living settings.

Abstract

This thesis will discuss how art therapy works with elderly who are going through different stages of Dementia. History and background will be discussed as well as statistics to emphasize how elderly are affected by this deteriorating brain disease. Art therapy will be discussed to share the importance of how art therapy works as well as how different art based approaches and directives benefit and improve the quality of life among the elderly population. I will discuss three different case studies of residents with varying abilities and cognitive function, who participate in an outpatient service center for adults during the day. I have worked with them through various art based intervention sessions and I will discuss how my personal research shows that Art Therapy is useful in improving the quality of life for elderly clients.

Keywords: art therapy, elderly, dementia, quality of life

Table of Contents

Abstract	3
Ch 1. Introduction	5
1.1. Art therapy.....	5
1.1.1. What Is It?.....	5
1.1.2. How Did It Start?.....	6
1.2 Alzheimer’s disease and Dementia.....	6
1.2.1. Background.....	6
1.2.2. Elderly Care and in Assisted Living Care.....	7
Ch. 2. Art therapy and the Diminishing Brain	8
2.1. How Art Therapy Benefits and Improves the Quality of Life among Elderly Populations.....	8
2.2. Types of Art Therapy Programs in Assisted Living Care.....	8
2.3. Group Sessions vs One on One Sessions.....	10
Ch. 3. Review and Research of Art Therapy Case Studies	12
3.1. Personal Research.....	12
3.2. Real Examples of Hands on Art Therapy Interventions.....	13
3.2.1. Case 1.....	13
3.2.2. Case 2.....	16
3.2.3. Case 3.....	18
Ch. 4. Interpretation and Analysis of Data	21
Ch. 5. Conclusion	25
References	26

Chapter 1: Introduction

1.1: Art Therapy

1.1.1. Since the early 1900s, art therapy has broken barriers and provided a new and unique view into how using various art based interventions through the creative process is healing. This innovative approach is described as the use of the creative process to express creativity in a nonverbal manner through various art media that facilitates growth and meaning to achieve an increased sense of well-being (Malchiodi, 2012). Art therapy is a free expression produced by the client to communicate nonverbally, which may be more beneficial to clients who are uncomfortable or unable with verbal communication. Many unconscious thoughts may arise that a client may not be aware of, but through processing, clients are able to work with the art therapist to come to their own conclusion of what they are portraying in their image. Through art making, clients may find the process to be “cathartic, soothing or playful” (Wadeson, 2010).

There are many different ages and populations of people who can benefit from art therapy from beginning of life to end of life stages. Art therapy is widely used in various health professions: hospitals, treatment facilities, nursing homes, schools, aftercare programs, and other clinical settings to name a few (Wadeson, 2010). Creative functioning tends to be a form of unconscious or conscious communication through every culture. Many different ages of people with various capabilities, disabilities, and cognitive functions may all benefit from art therapy. There is no population that would not benefit from art therapy, unless the client was unwilling to participate. The creative process of expressing artistically may seem daunting at first for some clients, but it is part of the art therapist’s job to ensure the client that expression is not perfect and to create throughout a session freely without judgments (Staples, 2013).

1.1.2. In the 1900s, various art and psychology professionals started to recognize the importance of art being integrated into therapy sessions. Art Therapy started in 1969 when a small group of art therapists came together to create the American Art Therapy Association, AATA (Wadeson, 2010). To be an art therapist, one must complete a master's degree in art therapy and complete post graduate work to obtain an art therapist title; this title is called a Registered Art Therapist, ATR. There is an additional certification that may be obtained calling for an ATR to pass a national examination, demonstrating their skill base and knowledge of specific theories that are used in art therapy; this title is Board Certified Art Therapist, ATR-BC (atcb.org). Professionals have gained greater understandings on how art is integrated into therapy sessions; it is beneficial due to unlocking parts of the brain that bring a greater pursuit into what the human brain is capable of.

1.2: Alzheimer's disease and Dementia

1.2.1. According to the Alzheimer's Association website, Alzheimer's disease accounts for 60-80 percent of Dementia (alz.org). Alzheimer's disease is one of the most common forms of dementia. Dementia is a general term used for the decline in mental ability severe enough to impact daily life. There are various forms of dementia in which affect the brain, but all share similar qualities. Most forms of dementia impact memory, communication, ability to focus, reasoning and judgment, and visual perceptions (alz.org). Symptoms often start out slow and progressively grow and get worse with time. To be diagnosed, two of the previously mentioned symptoms must be prominent when diagnosing dementia (alz.org).

Health professionals have come a long way to understanding what happens in the stages of Dementia, from beginning (birth) to end stages before death. For example, the brain is compiled

of different regions that are responsible for different functions in our body; for example, movement, communication, and memory. When cells in specific regions of the brain are damaged, that region will no longer function properly (alz.org). With the various forms of dementia, brain cells are affected differently in different regions of the brain. For example, “Alzheimer’s disease is categorized by the amount of high levels of particular proteins inside and outside of the brain that make healthy brain cells hard to communicate with each other. Learning and memory are two regions of the brain that are impaired first; memory loss is categorized as a common, early symptom of Alzheimer’s disease” (Alzheimer’s Association). Dementia and Alzheimer’s disease are brain diseases that deteriorate the brain’s regular functioning, until the client then ultimately passes over. Although dementia is an incurable disease, there are precautions that clients may be taken in order to help manage the symptoms of this disease. Neurological assessments take place and are watched over time to observe how the brain progresses with time. When the brain deteriorates, the brain will function differently, therefore impacting the art making process. Clients will experience things differently at different stages throughout their disease progression, meaning the art outcomes will vary as well (Press, Safar, 2011).

1.2.2. Elderly care for those who endure different forms and stages of dementia seems to be little to none. Many elders with organic brain deterioration tend to be thought of less due to lower brain functioning levels. Although this may seem as a harsh reality, care for the elderly in nursing homes and community living facilities tends to be poor.

Chapter 2: Art Therapy and the Diminishing Brain

2.1. How Art Therapy Benefits and Improves the Quality of Life among Elderly Populations

Art therapy can benefit elderly populations in a few different ways. Through different art directives and through various art materials, elderly populations with interest will benefit from the positive, uplifting benefits art therapy has to offer. Some art directives that are common among elderly populations include, but are not limited to, collage, drawing, painting, and clay work. Elderly populations, especially those of varying forms of dementia, benefit from art therapy the most due to the fact that art therapy can relieve their overall daily burdens. Although their burdens will not be completely relieved, in the moment of using their creative process throughout the session, clients are not worrying about their disease or other impairments. With this relief, clients can create more freely, not having to worry about their deficiencies (Goosman, Ferguson, 1991).

In a nursing home setting, staff members are an important part in an art therapy setting as well. Staff members are with clients most of the time and clients may work better with specific staff members to help throughout the creative process, if needed (Ferguson, 1991). Through different concepts of how art therapy works, art therapy is shared with clients to better understand how the process is more important than the product (Hubalek, 1997).

2.2. Types of Art Therapy Programs in Assisted Living Care

There are different programs in different living facilities that clients can be a part of. Elderly clients tend to have group art activities as a community, creating together or individually. Clients may benefit in a group setting creating with others by sharing stories and engaging in their community living. Living in assisted living care, clients tend to lose a sense of their own

independence; however, with art therapy, working with the clients to express their feelings and emotions, if the client so chooses to share, the art therapist can work with the client to create a sense of self again, gaining their own identity. Creating an art based program within such facilities helps the clients focus some of the attention, talents, etc, creatively to engage the brain to think more dynamically for better brain function. Some may think that a creative art program may better benefit clients by saying that engaging creatively may act as another medicine for clients. Clients tend to feel better after expressing creatively and be able to alleviate symptoms from their everyday life (Shorters, 2011).

One article labeled *Effects of Art and Music Therapy on Depression and Cognitive Function of the Elderly*, written by Lim Mi Im and Jeong In Lee, shared statistics of how art therapy and music therapy combined impacted 94 elderly people aged 60 years and older over a period of 3 months in 2013. Out of the 94 voluntary participants, 65 were for art therapy, and 29 were for music therapy. Focusing on the 65 elderly participants that were involved in the art therapy portion, the elderly participants benefited better than originally thought. This article presents positive relations between the positive impact that art therapy has on the quality of life for the elderly population that participated in art therapy (Im, Lee, 2014).

Another article called *Memories in the Making*, from the American Journal of Alzheimer's Disease and Other Dementias, discusses the efforts made in the creation of an art program in a nursing home that benefitted the resident's overall quality of life. It was contended that clients who participated weekly had elevated levels of overall positive well-being and positive quality of life. Using various art materials, clients were able to create freely and express what they wanted in a way that would benefit them. Clients that attended regularly benefitted more than those that did not attend sessions weekly (Rentz, 2002).

2.3. Group Sessions vs One on One Sessions

Whether working one on one or in a group, elderly clients may experience what it is like to challenge themselves and others to express and share their experiences with others as well as the art therapist. The art therapist is there for the clients to help facilitate what they would like to express. Elderly populations may take their time in the creative process and may or may not need assistance and guidance along the way. One on one sessions may be more beneficial for some elderly clients who may have other needs that may need to be met or for clients who feel more comfortable working with the art therapist alone. Group sessions may be more beneficial to newer clients, or existing clients, within the facility that are interested in being creative. There are many ice breaker activities an art therapist may utilize to engage the clients into working together and with one another to create a positive environment for everyone. Although group sessions are beneficial, one on one session may have a better impact with an elderly client. Working one on one with a client is more personable and offers a more intimate connection with the client; this connection between that art therapist and the client is healthy and therapeutic for the client. When working one on one with a client, the client will feel that they are being heard, especially when being one of many in a shared community living setting. The art therapist will work with the client to understand their needs and capabilities to assist the client to the best of their ability (LaPorte, Melo, Stanley, Zeltzer, 2003).

Different clients have different needs to be met and therefore have the option of group or individual sessions; in either case, clients can feel that they are being heard by the art therapist. Group sessions, as well as one on one sessions, benefit the clients in different ways. Group sessions work with everyone involved by building each other up, listening and actively engaging in the creative process. One on one sessions with clients are more intimate, in a healthy,

therapeutic manner, and help engage a specific client to make sure their needs and wants are met within the art therapy process.

Chapter 3: Review and Research of Art Therapy Case Studies

3.1. Personal Research

I have found that art therapy has made an impact on elderly client's lives. Through personal research, working hands on with a population of elderly adults with various mental capacities, including but not limited to Alzheimer's disease and other forms of dementia, my findings of how art therapy benefits this population validate the theory that art therapy improves quality of life for such a population from a specific setting.

Over the course of a year, I worked with elderly clients at an adult day service center, where clients had varying abilities and mental capacities. Many of the clients have a form of dementia or Alzheimer's disease. At this adult day service center, they live up to their mission statement. Their mission statement is as follows:

"To improve the quality of life for older adults with Alzheimer's – other dementia by offering adult day services committed to enhancing and maintaining self- respect, dignity, and maximum independence; and to offer time off to caregivers who are responsible for an adult in need of supervision and care." (northwest-csa.org, 2008)

While at this outpatient adult day services center, the clients engage in different activities, one being art sessions that I run as an art therapy intern. Each session is two hours long and two art directives are typically prepared and worked on throughout the session, as time allows. The clients tend to respond enjoyably to the two different art directives that are presented for the session. Typically, the directives are related to one another and engage the clients' shared interests. A normal session would consist of painting and/collaging images together. Painting and collage seemed to be the go to media for the elderly population in this setting.

Mainly working in a group setting, of about two to three clients per session created a well-rounded experience for both the clients and myself; these experiences help art therapy interns gather information on how well clients work with one another and enjoy working in a

group setting. Occasionally, I would work one on one with a client and see the benefits with that same client in both group and one on one settings.

3.2. Real Examples of Hands on Art Therapy Interventions

In the following, three case examples of elderly clients I worked with, I observed and reflected upon the process to further prove the validation of how art therapy benefits elderly with different mental capacities and disabilities. With these three case studies, with three different elderly individuals, I saw these clients twice a week for two hours, over the course of a year.

3.2.1. Case 1

Client A was always a constant in the art room with me. Client A always seemed to have an idea of what she wanted to create, regardless of my planned art directive for the day. She



Figure 1

often created collage images that would tell a story with magazine images. I would work with Client A to meet her needs and what she wanted to accomplish by providing her with the required items to create with. Client A appeared to test my capabilities throughout sessions to see what I would do for her within that day's session. For example, Client A is capable of cutting out images, gluing the images down, but Client A will refuse to do these tasks, or say that I would not help her with those said tasks. I would work with Client A, and offer the help in the process but would state that I would not be creating the art for her. I

was there to help Client A find what she needed to complete the image. I would often ask her

what kind of image she was creating and Client A would go through each image and describe what is happening throughout the images she created.

In Figure 1, I was able to gather that the client was creating a restaurant. She picked out the face of her restaurant, knew the restaurant had to have a grill, people, and tables for people to sit at. While creating the image of the restaurant, Client A was describing times when she and her family would go out to the restaurants back in her hometown where she grew up. (Figure 1 was created early in the therapeutic relationship with me.) This session consisted of Client A and myself looking for images together to create her restaurant. I would give Client A the freedom to look through various magazines. Client A spent most of Figure 1's session looking through the magazines for images that had to be right for her image. Another big part of the session was discussing her time with her family visiting their favorite restaurant back in her hometown, where she grew up. She often discussed her family members and where they all



Figure 1.2

1.2 was created about mid-way through in the therapeutic relationship with the intern.)

lived. Reminiscing was a key expression for this session. I often found that reminiscing appears to engage Client A and I learn different facts about her and her family.

In Figure 1.2, Client A was creating an image of a family that lived on a farm and created the inside of the house with the family included. (Figure

In this session, she was trying to get me to help her with most of the steps. Client A wanted me to find the images, glue the images down, and even cut the images out of the magazines for her. I was willing to help her, but stated that I will not be creating the image for her. I helped Client A with trimming the images after she would cut the image out, and I would use a glue stick to put glue on the backs of images, and have Client A place the images on her white piece of paper where she wanted them. I was there to help facilitate for Client A, on what materials to use, how to use the materials, and to assist when needed to or asked to by Client A. The focus of this session was to have Client A work on their own, after trying to rely on me to do tasks for her. I would help minimally, or where it was needed throughout the session.

These images were created to portray a family inside of their house, and their barn outside. Client A was particular on what the family had to consist of, and what the barn had to consist of. Client A came into the session wanting to create a barn that was red and had to have horses. She then went into discussion about how, growing up, one of her family members had horses and how she rode one once. In her image, she included multiple images of horses. She also found a truck with a horse trailer to add to her barn, to carry around the horses. The family image had a mom, dad, and children. She discussed her family and shared with me about her family and her brothers and sisters, and about stories of them growing up. She often talked about one sister of hers, in particular, that was there for her throughout her life and even until the present.

Figure 1.2 session focused on reminiscing of her family and things that she did when she was younger. I was learning more about Client A through the art she was creating and through the stories she shares in session. Art for Client A brought back memories with her family and shared stories with me about her family. She often opened up about how much she missed her

family, and how art sessions enable her to share those memories with me. The art she created in sessions with me often went home with her, where she would hang them on her walls, or share with caregivers or family.

3.2.2. Case 2

Client B has minimal verbal communication, due to a health history of strokes, and tires out while creating within the time of the session. Little is known about the client's health history, but a history of strokes is enough information, to gather and research how to work with Client B. When working with Client B, I would ask direct questions towards her to see what she needs throughout the session, or if she would like any help at any point through her process.



Figure 2

Client B has strong movement early on in session, where she utilizes great control of movement and motions. Client B's most liked media to work with appears to be paint, as it is easily moveable, and she has a paintbrush that is easy to hold and grip. The use of motions and colors Client B uses tends to reflect how she may be feeling that day. I would be there to help Client B with specific directives for the day, but would help guide Client B to create the way she chooses. Client B works on her own for most of the session, until help is asked of me to assist her in her process. In some sessions, myself and Client B use a hand over hand method, which allows the client to put their hand over my hand to create to move materials around together, with direction from the client. This hand over hand method is when the therapeutic relationship between client and therapist is established, and the client feels comfortable.

Figure 2 was created by Client B early on in the therapeutic relationship. This art was created in session to express who Client B is. She stated that she had a love for lilies and dogs. Client B collaged these images onto a wooden letter with modge podge. In this session, minimal help was accepted from me while creating. Client B used a brush to apply the modge podge and add the images on her own. Figure two was created over two sessions, until the client took the creation home. The point of this directive was to create something that expressed the clients name and themselves. This was a creation that freely expressed the client, and something to take back to her home to hang on her door, or in her room, to show a sense of individuality of her space in her group home.



Figure 2.1

Figure 2.1 is a creation from Client B in an open studio session. Client B wanted to create a painting made up of her favorite colors. She painted freely with no specific directive to follow, other than to paint with her favorite colors. She asked for little help from me throughout

this session. I observed her and the way she was painting, and the kind of brush strokes she was using. She used a large paintbrush with a large handle to have a better grip for painting. The larger paintbrush handle was an added adaptation for this client in order to have better control of her painting. Client B has minimal verbal communication, but expressed that she enjoyed painting. I would help Client B with a hand over hand painting method at the latter end of this session, but Client B was still in control of movements of where the paint brush was going.

Client B utilized the materials to express her own creativity through her art. I was pleased to help Client B when she needed the help, but I would also encourage her to use her strength and skill to create on her own as well. Client B appeared to always look forward to art sessions in the art room because it is a free space to be creative, and express herself in a nonverbal manner.

3.2.3. Case 3

Client C creates art occasionally with me in the art room. Client C is in early stages of Dementia, and has difficulty seeing. His vision is sparse on the left side, and to see things or objects that are small, he must hold them close to see them. Client C is not always in the art room with the group and with myself, but when he is in the art room to create, he has plenty of stories to share. With Client C, I tend to notice that he likes to share stories about his life verbally, and that he enjoys more discussion verbally with others than creating. Although creating art is an important aspect in the process, the most important part throughout the entire art process, with my clients, is the process. I have noticed that Client C appears to enjoy engaging in conversation more with the group, while, at times, will engage in the art directive for the day.

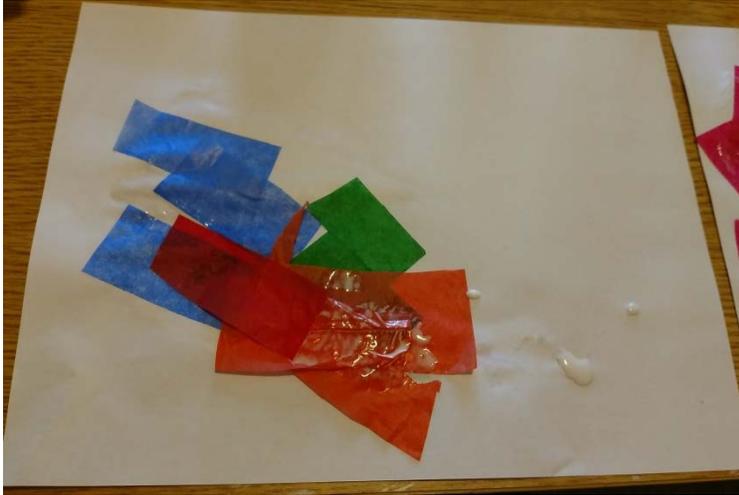


Figure 3

In Figure 3, Client C started to work on his own creating a tissue paper collage. The directive was to engage the client to use materials, and to create layers. Client C has trouble with his eye sight, and he created on one side of the paper. I

was there to help Client C expand on his paper, but when I started to give suggestions to where he could glue pieces of the tissue paper down, he did not want to create anymore. Client C wanted to give up in the session, but I was there to keep encouraging him to continue to create. He did state that he wanted to create a collage for his wife, but as he was creating this he appeared to not enjoy the process of working by himself.

After discussion with Client C about his stress and anxiety of creating his own collage, I collaborated with him to create a separate collage.



Figure 3.1

Figure 3.1 is the creation that Client C and I worked on together. Client C and I made rules of working together; I would pick a color, he would pick a color, I would spread the glue, and he would place the tissue paper where he wanted. Client C

appeared to enjoy the working together better than working alone. I could tell that his stress and/or anxiety that he was feeling from creating on his own had gone down after working together with me.

Client C would create art for his family, or create art in the art room while telling stories. Client C was creative and enjoyed telling stories when he would see images that related to a part of his life. He was willing to share, and enjoyed being around the others in the art room. He appeared to enjoy sessions more when I would work one on one with him than group sessions, where my attention is spread out to everyone in the art room.

Chapter 4: Interpretation and Analysis of Data

Data gathered from personal research points to the validation that art therapy benefits elderly client's overall quality of life. Elderly populations utilize the creative process to alleviate their daily burdens. Wondering whether art therapy works and whether a client's overall quality of life improves through art therapy is the ultimate question, but seeing the studies and hands on experiences of how client's mood levels lighten up from an art therapy session prove the positive impact art therapy leaves (Abraham, 2005).

In the case of Client A, art therapy has helped her tell stories about her life and important events that stand out to her. Art therapy sessions with me helped me understand the client and where they are at in their life stage. Her process was intriguing to watch over the course of a year, to see where she started, to where she is now. Although Client A always created collage images in sessions, she was able to discuss and share with me important parts of her life, reminiscing on how she grew up and how important her family is to her. Through magazine images, she created collages that were metaphoric of her, her life, and her family. Often throughout sessions she would discuss burdens of her current life that others would not listen to. In the art room, together we would discuss what her burdens were and sometimes try to find solutions, but in reality through discussion of what was on her mind, I was able to help her process how to handle her current situations and have her reflect it through her art. With Client A, it was more about the process than the product, and I was able to be that outlet for Client A to express herself creatively through images. Although Client A would have an end image in mind that she wanted to create, the process was more important than the final product created. Almost every piece of art that was created by Client A was taken home with her to hang up in her room, or to share with family.

In the case of Client B, art therapy has helped her work on communication and fine motor skills. With Client B's medical history, I would try to find art directives that would engage her to utilize parts of her brain and movements that could regain strength while engaging creativity. Client B has shown resilience over the course of a year, by wanting to stay in the art room to create art that is a reflection her herself. I would often direct sessions to focus on telling stories about themselves or remember times in their life that were important. Most importantly I wanted to help Client B work on her own, while helping at times, but to challenge herself and what she can do while creating. Over time, she was able to stay in the art room for longer periods of time, and would create more extensive pieces of art. Like Client A, Client B was working more on the process, rather than the product. Working through different art media, such as paint, clay, etc..., Client B was engaging their brain to focus on different motions and use of her hands. Painting appeared to be her favorite media to work with, due to paints' manipulative properties. Observing Client B's physical appearances throughout our art sessions was pleasing. Her energy would appear to rise, and the motivation to create something in the art room was driven by the fact that she could do whatever she wanted, and the fact that she wanted to create on her own without my help most sessions. Although Client B was not very verbal, the physical changes seen in her demeanor in the art room was vastly different than when she is not in the art room. I have noticed that Client B enjoyed being in the art room creating freely, uplifting her mental mood and well-being, creating a free open environment that allowed her to express herself in a nonverbal manner.

In the case of Client C, I found that art was challenging at times. Client C would often come to the art room and if the materials or directive intrigued him enough to stay, he would create, but if they did not, he would either sit and engage in discussion, or leave the art room. I

would never make Client C stay in the art room to create anything, but would always share that he was always welcome anytime and that we enjoy having him in there with us. Client C is further into his Dementia than others that come into the art room, but he did know that there was an art intern that would come on Thursdays and Fridays. Art therapy for Client C was also more about the process than the product. Though some directives he was able to create a final product, he would share the art with his family. Client C would discuss his life and share stories through images he would use in the art room. He was more about sharing stories about himself and his family, and would engage the art room as a whole in discussions. The art room was a way to express him in a creative manner and engage different parts of his brain to create something that was representational of himself. There would be times that I would work with Client C to create a work of art, and that was when I would see him struggle to create on his own. Working together appeared to be beneficial for Client C to create in the art room, because he would appear to get frustrated with some art directives presented, but with my direct help, his frustration with his struggles would appear to diminish. Client C gained a sense of ownership of his life and stories that he would share while being in the art room. Another key aspect for Client C was reminiscing on his life and the important parts of his life that he wanted to share with others. I wanted to focus with Client C that art is a process and that it is free expression in a nonverbal manner, and that art can be messy. Client C would often smile and share that art is messy, but appeared to enjoy that fact that there were no rules in the art room. He would often leave a session with a sense of satisfaction from sharing stories and creating something that reflected what he was feeling that day. Art therapy for Client C was about creating freely with no judgments and lifting the burden of his disease in a creative expression.

Together, the presented data points to the creative process benefitting elderly populations in assisted living centers and communities. When utilizing the creative process, clients are able to express what may not be easily communicated verbally. The power of nonverbal communication through the creative process is a powerful tool for the client (Kahn-Denis, 1997). Some clients create their art and then discuss what they created. Some find meaning in their image after creating, and some create their image with meaning in mind. Reminiscence was a key factor in most art therapy sessions with the clients that I have worked with.

From my stand point on the data found from each study and personal experiences, I concluded that art therapy has no boundaries. Art therapy is there to help clients, especially the elderly, tell their story – a story about them as an individual and their experience. Creating a safe space for clients to create and share freely helps clients feel the positive effects that art therapy has on their daily life (Kramer, Noice, Noice, 2013).

Chapter 5: Conclusion

Overall, art therapy is beneficial in more than one way for clients in need. For the elderly, art therapy is a great outlook for clients who are in nursing homes or other like facilities to help alleviate daily burdens they may face. Clients, especially the elderly, deserve to use their creative side to tell stories, share stories and experiences, and most of all, share who they are as a person. Art therapy and a diminishing brain create an alluring concept to comprehend how the brain functions (Press, Safar, 2011).

Art therapy allows elderly clients to reminisce on their lives and share stories with others. The group of clients I worked with was expressive and open to share about themselves and their lives growing up. Many shared life lessons, and stories about their family and how they miss their family members that have passed. The clients that I worked with, and the three cases that were shared in this paper, were with clients that were in early stages of Dementia and Alzheimer's disease. They worked with me over the course of a year, and from start until end, clients showed increased quality of life while creating in art sessions with me.

Art therapy positively impacts the elderly generations by alleviating some of the symptoms that they may experience from day to day. Whether in a group setting or one on one sessions, clients will understand the process of art therapy and how art therapy is about the process of creating freely. Each client appeared to enjoy the experience and process of creative art making.

References

- Abraham, R. (2005). When words have lost their meaning: Alzheimer's patients communicate through art. Westport, CT: Praeger.
- American Art Therapy Association. (n.d.). Retrieved November 5, 2017, from <https://www.bing.com/cr?IG=2FFC0B22594B43CCB164EBE69A0267DD&CID=3D728B775B8B68020BC580455A8D6931&rd=1&h=w3Z-kqwJ5dZPd7LBmrdzL9TZ1bg20JUj3ZohWtM8ksg&v=1&r=https%3a%2f%2farttherapy.org%2f&p=DevEx,5069.1>
- A. (n.d.). ATCB - Art Therapy Credentials Board. Retrieved November 05, 2017, from <http://www.atcb.org/>
- Help End Alzheimer's. (n.d.). Retrieved November 05, 2017, from <http://www.alz.org/>
- Hubalek, S. K. (1997). I can't draw a straight line: bringing art into the lives of older adults. Baltimore: Health Professions Press.
- Im, M. L., & Lee, J. I. (2014). Effects of art and music therapy on depression and cognitive function of the elderly. *Technology & Health Care*, 22(3), 453-458. doi:10.3233/THC-140803
- Kahn-Denis, K. B. (1997). Art Therapy with Geriatric Dementia Clients. *Art Therapy*, 14(3), 194-199. doi:10.1080/07421656.1987.10759281
- Malchiodi, C. A. (2012). *Handbook of art therapy*. New York: Guilford Press.
- Noice, T., Noice, H., & Kramer, A. F. (2013). Participatory Arts for Older Adults: A Review of Benefits and Challenges. *The Gerontologist*, 54(5), 741-753. doi:10.1093/geront/gnt138

- Rentz, C. A. (2002). Memories in the Making(C): Outcome-based evaluation of an art program for individuals with dementing illnesses. *American Journal of Alzheimer's Disease and Other Dementias*, 17(3), 175-181. doi:10.1177/153331750201700310
- Safar, L. T., & Press, D. Z. (2011). Art and the Brain: Effects of Dementia on Art Production in Art Therapy. *Art Therapy*, 28(3), 96-103. doi:10.1080/07421656.2011.599734
- Shorters, V. (2011, November). Creating a hospital-based arts project for older people: older adults using mental health services can develop a sense of accomplishment by taking part in arts-based therapeutic activities. *Mental Health Practice*, 15(3), 24+. Retrieved from https://link.uwsuper.edu:9433/login?url=http://link.uwsuper.edu:2229/ps/i.do?p=EAIM&sw=w&u=uwsuper_main&v=2.1&it=r&id=GALE%7CA272363738&asid=890960a64bf32eab8bf487350720c72b
- Staples, G. B. (2013, December 9). Art therapy a help to elderly: Tackling creative projects keeps mind, spirit healthy, engaged. *Atlanta Journal-Constitution* [Atlanta, GA], p. D1. Retrieved from <https://link.uwsuper.edu:9433/login?url=http://link.uwsuper.edu:2229/ps/i.do?p=ITOF&sw=w&u=superior&v=2.1&it=r&id=GALE%7CA352214727&asid=c0573b1360b4e9ca753b2a341c5f585c>
- Wadeson, H. (2010). *Art psychotherapy*. Hoboken, NJ: John Wiley.
- Zeltzer, B. N., Stanley, S., Melo, L., & LaPorte, K. M. (2003). Arts therapies promote wellness in elders. (Clinical Report). *Behavioral Healthcare Tomorrow*, 12(2), 7+. Retrieved from https://link.uwsuper.edu:9433/login?url=http://link.uwsuper.edu:2229/ps/i.do?p=EAIM&sw=w&u=uwsuper_main&v=2.1&it=r&id=GALE%7CA99907667&asid=d035f736a7b9788746843ead73844a74